



2009 HEALTHY VISION COMMUNITY AWARD RENEWAL APPLICATION

Applications Must Be Postmarked by Friday, August 29, 2008

Applicants **must** use this form, which is available in printable format by visiting the Healthy Vision 2010 Website at www.healthyvision2010.org/news/hvca/ or sending a request to HVCAMail@shs.net. The narrative (Sections 3 to 5) should not exceed five single-spaced pages in 12-point Times New Roman font. (This limit does not apply to the renewal application cover sheet, project director's resume, and letters of support.) Please note that the complete application package must be postmarked by the U.S. Postal Service no later than **Friday, August 29, 2008**.

1. APPLICANT INFORMATION

Project title: _____

Agency/Organization: _____

Contact person: _____

Address: _____

Telephone: _____ Fax: _____ E-mail address: _____

Web address: _____

Primary organization/agency tax identification number: _____

Note: Tax number will only be used internally by Macro International Inc. for those applications receiving an award.

Please identify organization type:

- Community-based Minority-based School Faith-based State Government
 Local Government Other _____

Please check which Healthy Vision 2010 objective(s) is the focus of your project:

- 28-2. Vision screening for children**
 28-3. Impairment due to refractive errors
 28-5. Impairment due to diabetic retinopathy
 28-6. Impairment due to glaucoma
 28-9. Protective eyewear
 28-10. Vision rehabilitation services and devices

Note: A health education component must be incorporated into your program.

Please check which racial/ethnic group(s) you plan to target:

- African American Alaska Native American Indian Asian
 Hispanic/Latino Pacific Islander White

2. CERTIFICATION

The information contained in this application, including all attachments and support materials, is true and accurate to the best of my knowledge. I understand that if my organization/agency is awarded and accepts a 2009 Healthy Vision Community Award, acceptance of the award implies a commitment to complete the project as stated in the application and to abide by the administrative requirements set by Macro International Inc.

Name of state/local health agency/non-profit organization/agency official: _____

Signature of official: _____ Date: _____

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Please address the following questions in your application narrative.

(Your narrative may not exceed five single-spaced pages using 12-point Times New Roman font.)

3. PROJECT APPROACH AND ACTIVITIES—40 POINTS

Project Approach

1. Please describe your project's approach and objectives. Indicate any new changes since you received the 2008 award.
2. Please describe your project accomplishments and document the progress of the existing community award. Please attach your interim report.
3. Provide a detailed timeline showing project activities, key milestones, and the number of people you expect to reach by the completion of the second year. **Note:** *The award is for a 12-month period beginning when the subcontract agreement is signed with Macro International Inc., but the project may be completed in a shorter period of time.*
4. Please describe how the project activities will address an unmet need in this community. Describe how these activities present a new or innovative approach for this community.
5. Please describe how you plan to sustain this project once funding ends.

4. PROJECT DIRECTOR/COLLABORATIONS—15 POINTS

Project Director

1. Who will direct the project? Please provide a resume of the Project Director's skills, experience, and indicate if this person is replacing the director from the previous year. **Note:** *Project Director resumes do not count toward page limits.*
2. Please describe the primary responsibilities of the partnerships created to implement the project. List the names and contacts of new community groups collaborating with you on the project. The number of collaborations is not limited.

Collaborations

3. Identify the collaborators on this project and clearly define their specific contribution to the project. Please provide letters of support from each collaborator that detail their specific support.

5. PROJECT EFFECTIVENESS—25 POINTS

Project Measurement

1. Describe your performance in achieving the objectives set in year one.
2. What expectations do you have for the renewal project?
3. How will you continue to measure your project's effectiveness?
4. Identify any modifications to your methodology.
5. How will you sustain your program once the HVCA funds have ended?

6. BUDGET—20 POINTS

Budget Detail

1. Using the attached Budget Template, please provide a detailed, line-item budget.
2. Please provide justification for each line item funding amount requested to support project activities for the budget period.
3. Please detail in the budget template the in-kind contributions of your organization/agency.
4. Please detail in the budget template the in-kind contributions of your collaborators.

Note: *Award funds cannot be used to cover indirect costs, vouchers for professional services, or the purchase of personal eyewear or eye examination equipment. See page 2 of the 2009 Healthy Vision Community Awards Application Guide for a full list of items not covered.*

RENEWAL APPLICATION CHECKLIST

What automatically disqualifies an application?

- Not responding to all requirements as outlined in the application.
- Exceeding the application narrative page limit: five single-spaced pages, which must be typed. **Note:** *Application cover sheet, project director resume, and letters of support are not subject to the application narrative page limit.*
- Typeface smaller than 12 point Times New Roman.
- Not providing a detailed timeline of project activities.
- Not adhering to NEI funding guidelines, including requesting funding for items listed as ineligible on page 2 of the *2009 Healthy Vision Community Awards Application Guide*.
- Not using the attached budget template, or not including the total amount requested.
- Not providing a resume of the proposed project director.
- Not submitting a complete application.
- Not providing at least two (2) letters of support from the collaborators identified in your application. **Note:** *Late letters of support will not be accepted.*
- Not incorporating a health education component.
- Late submission of your application.
- Not submitting a copy of your 2008 Interim Report.

Note: Omission of one or more of these requirements will disqualify your application.

SUBMISSION INFORMATION AND INSTRUCTIONS

The original plus six copies must be postmarked by the U.S. Postal Service no later than **Friday, August 29, 2008**.

Send application packages to:

**Attention: Sandra Townsend
Program Manager
Macro International Inc.
11420 Rockville Pike, Suite 100
Rockville, MD 20852**