



## 2009 HEALTHY VISION COMMUNITY AWARDS 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](http://www.healthyvision2010.org/news/hvca) or by sending a request to [HVCAMail@shs.net](mailto: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 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: \_\_\_\_\_

Organization/Agency: \_\_\_\_\_

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 your organization/agency type.

- Community-based    Minority-based    School    Faith-based    State Government  
 Local Government    Other \_\_\_\_\_

Please check up to two (2) Healthy Vision 2010 objectives that will be the focus of your project.

- 28-2. Vision screening for children**  
 **28-3. Impairment due to refractive errors**  
 **28-4. Impairment in children and adolescents**  
 **28-5. Impairment due to diabetic retinopathy**  
 **28-6. Impairment due to glaucoma**  
 **28-7. Impairment due to cataract**  
 **28-8. Occupational eye injury**  
 **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: \_\_\_\_\_

# 2009 HEALTHY VISION COMMUNITY AWARDS

## APPLICATION NARRATIVE

Please address the following questions for 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.
2. Please describe how this project will be implemented so that you can meet its objectives.
3. Provide a detailed timeline showing project activities and key milestones. **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 after year one.

### 4. PROJECT DIRECTOR AND COLLABORATIONS—15 POINTS

#### Project Director

1. Who will direct the project? Please provide a resume of the Project Director's skills and experience. **Note:** *Project Director resumes do not count toward page limits.*
2. Please describe the primary responsibilities of the Project Director and provide the percentage of time s/he will spend on this project.

#### 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 how you will meet the project objectives.
2. Describe how you will evaluate the effectiveness of the project.
3. Describe how you will assess the contributions of the collaborators.
4. Describe what measures you will put in place to sustain this project.

### 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.*

## 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 National Eye Institute 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 incorporating a health education component.
- Not submitting a completed 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.*
- Late submission of your application.

**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**