



2010 HEALTHY VISION COMMUNITY AWARD RENEWAL APPLICATION

Applications Must Be Postmarked by Monday, August 31, 2009

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 **Monday, August 31, 2009**.

1. APPLICANT INFORMATION

Project title: _____

Agency/organization: _____

Contact person: _____

Address: _____

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

Web address: _____

Primary agency/organization tax identification number: _____

Note: Tax number will only be used internally by ICF Macro 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
 28-4. 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

* Please review application guide for specific details regarding requirements for applications using screening and eye examinations as program components.

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 agency/organization is awarded and accepts a Healthy Vision Community Award in 2010, 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 ICF Macro.

Name of state/local health agency/nonprofit agency/organization 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 2009 award.
2. Please describe your project accomplishments and document the progress of the existing community award. Please attach your 2009 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 ICF Macro, 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 funding ends.

4. PROJECT DIRECTOR/COLLABORATIONS—20 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:** *The project director resume does 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.

Screener Qualifications (Required for Screening Programs Only)

4. Identify the screeners on this project and clearly define their qualifications. Please provide the necessary documentation to substantiate the above described screener qualifications.

5. PROJECT EFFECTIVENESS—40 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—0 POINTS

Budget Detail

While specific points will not be given for the budget, complete budgets are still required and will be reviewed and considered part of the entire application.

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 2010 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 *2010 Healthy Vision Community Awards Application Guide*.
- Not using the attached budget template, not including the total amount requested, or requesting funds over the \$10,000 maximum.
- Not providing a resume of the proposed project director or screener qualifications for screening programs.
- Not submitting a complete application.
- Not providing at least two letters of support from the collaborators identified in your application. **Note:** *Late letters of support and letters dated 12 months or more prior to submission date will not be accepted.*
- Not incorporating a health education component or including a follow-up/referral system for screening programs.
- Late submission of your application.
- Not submitting a copy of your 2009 Interim Report.

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

SUBMISSION INFORMATION AND INSTRUCTIONS

The original plus six copies (seven applications in total) must be postmarked by the U.S. Postal Service no later than **Monday, August 31, 2009**.

Send application packages to:

Attention: Sandra Townsend
Program Manager
ICF Macro
11420 Rockville Pike, Suite 100
Rockville, MD 20852