

Grant Application

North Carolina Stroke Association

POLICY: The North Carolina Stroke Association recognizes the on-going need for Partnership Hospitals to require additional funds to conduct stroke screenings and community outreach in attempts to educate your community about stroke risk factors and prevention strategies.

In an effort to support this need, the NCSA has established a grants program to assist our Partnership Hospitals with their purchase of screening cartridges.

PURPOSE: The purpose of this policy is to establish a standardized procedure for the usage and expenditure of the NCSA grant funds through the implementation of a grant solicitation and award process to support the Stroke Identification and Screening Program.

PROCEDURE:

1. On December 15, 2012, the NCSA will publish the grant request form to their Partnership Hospitals
2. The application must include the signature of the organization's President/CEO to demonstrate their support.

Application deadlines:

3. A Grant Review Committee has been established by the Board of Directors.
4. Application deadline is January 31, 2012. The committee reviews the applications and submits their award recommendations to the NCSA Board at the February 2012 Board meeting. Hospitals then are notified of the status of their grant request.

All applications must be typed. Hand-written applications will not be accepted.

Application

North Carolina Stroke Association's "Stroke Risk Screenings Across North Carolina Project: 2012"

Date:

Department Name:

Contact Person:

1. Describe your stroke program including the scope and level of care, treatment and services it provides in 500 words or less
2. Describe the process you use for conducting stroke screenings in your community.
3. Describe how/who will conduct your follow-up phone calls to people that have been identified as having risk factors.
4. Clearly illustrate your budget for this project with how many stroke screenings you plan to conduct for 2012.
5. Please sign the request with your name and position and along with a statement of support from your CEO/President.

Signature: _____
Applicant (if not Department Head)

Date _____

Signature: _____
Department Head

Date _____

Signature: _____
President/CEO

Date _____