

# Florida Cleft Palate-Craniofacial Association, Inc.

## The Small Grants Program – 2010

Cleft palate teams and Craniofacial Centers within the state of Florida often identify needs, which could be met with the infusion of small amounts of money. These needs range from providing gasoline money for parents to bring their child to clinic meetings, obtaining pamphlets for education of parents and professionals, providing training for neonatal staffs in local hospitals, printing and mailing of meeting notices about local support networks, etc. Some of these costs are most logically met through local resources. Yet there may be situations where a local need reflects a state-wide need which could be alleviated if someone were to pilot a solution. A state level need might also be addressed with a modest sum. The Small Grants Program will solicit and consider proposals from local teams and Craniofacial Centers, which target either local issues or those which have state-wide implications. During 2010 it is estimated that \$1,500 will be available for one or more small grants. As this Fund grows from additional transfers and contributions, the availability of grant funds should increase as well.

## Instructions

This application should be completed and signed, then returned to the  
FCPA  
Box 6006  
Brandon, FL 33508-6001

Every question on the application is important. If the applicant desires to provide more information than can be easily provided on the form, additional sheets may be attached. Please include the applicant's name and address on each sheet of your attachments.

Letters of support are recommended. Such letters should come from people who understand the proposed project and who can comment from their own experience and expertise on the need for the project, its appropriateness for the setting in which it will be implemented, its possibility for successful implementation or other reasons for recommending approval.

## Review Procedures

Applications for a small grant may be submitted at any time. However, the deadline for 2010 is **April 23, 2010**. Applications are reviewed by a special grants committee appointed by the President of the Association and action is recommended to the Executive Committee. Applicants will be notified of the Executive Committee's decision within ten days following the Committee's meeting. Approved projects should be initiated within 60 days thereafter.

You may attach additional sheets if you need additional room for any item on the application.

# Florida Cleft Palate-Craniofacial Association, Inc.

## APPLICATION FOR GRANT AWARD

(Note: Please read and follow attached instructions carefully.)

YOUR NAME: \_\_\_\_\_

NAME OF YOUR CRANIOFACIAL CENTER OR CLEFT PALATE TEAM:

\_\_\_\_\_

NAME OF YOUR INSTITUTION, AGENCY OR PRACTICE: \_\_\_\_\_

\_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ - \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

TITLE OF PROPOSED PROJECT: \_\_\_\_\_

\_\_\_\_\_

TOTAL BUDGET REQUESTED FROM FCPA: \$ \_\_\_\_\_

Is this the total cost of the project?      \_\_\_ YES      \_\_\_ NO

If NO, what is the total cost of the project? \$ \_\_\_\_\_

If NO, how will the remainder of the costs be supported? \_\_\_\_\_

\_\_\_\_\_

Is this a new initiative or is it a replacement of some activity which has been going on at your institution, center or practice? (Normally, FCPA does not provide grants for replacement projects.)

\_\_\_ NEW                      \_\_\_ REPLACEMENT

When is this project scheduled to begin? \_\_\_\_\_ When will it end? \_\_\_\_\_

Who will be responsible for the day-to-day implementation of the project? \_\_\_\_\_

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Exactly what do you plan to accomplish in this project (objectives)?

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What population or group will benefit from this project? \_\_\_\_\_

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What are the specific steps you will follow to implement the project (procedures, activities)?

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Names and roles of individuals who will work with you on this project: \_\_\_\_\_

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How will you know whether or not the project has been successful (evaluation plan)?

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Grants from FCPA are intended to be non-renewable. However, FCPA is interested in seeing projects continue which have been initiated through its grants. What arrangements have been made to continue this project if it receives initial funding from FCPA?

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Additional information (Provide any clarification or explanation which may not be included in the questions above.)

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Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_