

# **TKoster's Charitable Fund Innovated Health Care Award Opportunity American College Health Foundation**

## **AWARD PROPOSAL GUIDELINES**

### **Fund Objective:**

The *TKoster's Charitable Innovated Health Care Award* was established by Teresa Koster to support efforts to provide quality health care for students. The purpose of the fund is to provide financial support to student health centers and their staff for the development of innovative practices that improve access to quality health care for students.

**The TKoster's Charitable Innovated Health Care Award Funding Opportunity** will provide \$3,500 to help fund the development of creative solutions to access issues specifically related to:

- 1) Understanding students' health care needs and perspectives.
- 2) Assessing students' knowledge of available health services and their appropriate utilization.
- 3) Strengthening methods of health care delivery, including the development of community and public health strategies that reach out to populations at risk.
- 4) Strengthening the use of technology to integrate health service delivery with an educational system focused on appropriate utilization of health services and improved health status.
- 5) Creating innovative strategies that support student's access to needed health care services.

### **Eligibility Requirements:**

Only campus health professionals who are American College Health Association Individual Members or employed at an ACHA Member Institution are eligible to apply. If an applicant is not an Individual Member but is employed at a Member Institution, the institution's representative individual member (RMI) must also sign the application. An ACHA Membership Number must be included on the application form. At least one person signing the application must be an ACHA member or RMI.

### **Ineligible Requests:**

This funding opportunity does not support activities directly tied to fundraising events, advertising unrelated to the project, purchase of routine supplies/equipment other than that needed to implement the project. It does not cover attendance at conferences or professional development activities unrelated to the project. However, activities such as outside speakers used to train leaders for the project are acceptable. Funding does not cover indirect costs.

### **Application Procedure:**

- 1) All applications must be typed, single or double-spaced.
- 2) Electronic submissions are required. Please email your proposal and signed Application Cover Sheet Form in **ONE pdf file** to ACHF at: [achf@acha.org](mailto:achf@acha.org). **Only proposals in pdf formatted documents will be accepted.**

- 3) The Application Form Cover Sheet must be signed by two different individuals: first, the proposed Project Director and second, the Project Director's supervisor or authorizing agent.
- 4) Applicants may apply to only one ACHF funding opportunity per project per year. An applicant may apply to more than one opportunity **if the projects are completely unrelated**.
- 5) If an applicant is unable to submit electronically, applications will be accepted by mail if received on or before the deadline date. No exceptions. (Please notify the ACHF Office in advance if you plan to mail your application.) An original plus five (5) copies (total of six) of the proposal must be mailed ONLY if not submitting electronically.

**Application Review/Award Process:**

Each application will be reviewed for completeness and for its relevance to the funding objective. Weight will be given to proposals that develop or utilize partnerships and that can demonstrate internal financial and in-kind support. It is important that project outcomes and impact be both identifiable and measurable. Consideration will be given to proposals where institutional commitment to sustain the project is evidenced. Decisions will be made by the American College Health Foundation Board of Directors.

**Application Timeline:**

The deadline for applications for the 2022 school year is **February 1, 2022**. **All applications must be received or postmarked by the deadline date**. Recipient(s) will be announced at the 2022 Annual Meeting scheduled for May 31–June 4 in San Diego, CA.

**Amount of Financial Assistance:** Individual allocations have no minimum amount and range to a maximum of \$3,500.

**Length of Financial Assistance:** Project funding is available for use over a 12-month period. Allocations are distributed in two payments, 50% at the beginning of project work (mailed to the school in early July of 2022 and the remaining 50%, six months later (January 2023), after a mid-year report has been submitted to the ACHF office.

**Post Project Requirements:** Recipients shall submit a project results report to the American College Health Foundation within 60 days of the completion of the funding cycle. In addition to the final report, an abstract describing the results of the project will be submitted to the American College Health Foundation and Award benefactor, Teresa Koster. Copies of the abstract may be made available to ACHA members during the ACHA annual meetings or in ACHA/ACHF publications to demonstrate the effectiveness of the fund's objective. Recipients will also be required to make a presentation at a future American College Health Association conference (state, regional, national) and/or write an article for publication in a college health related periodical discussing project outcomes. This requirement can also be filled by being interviewed or writing an article for the ACHF quarterly newsletter, *The Impact*. Please also take and include a photo of your project, project group, students interacting with the project, or a headshot of the Project Director at the school which ACHF may print in "*The Impact*."

2022 APPLICATION FORM COVER SHEET

**TKoster's Charitable Fund Innovated  
Health Care Award Opportunity**

<b>Title of Project:</b>  
<b>Total Funds Requested:</b>  
<b>Project Director:</b> Name: _____ ACHA Membership #: _____ Position title: _____ College/University: _____ Address: _____ _____ Telephone: TEL: _____ Cell: _____ (optional) E-Mail Address: _____
<b>Student Health Center Authorizing Agent:</b> Name: _____ Title: _____ College/University: _____ Address: _____ _____ Telephone: TEL: _____ Cell: _____ (optional) E-Mail Address: _____
<b>Post Project Requirements</b> Recipients shall submit a project results report to ACHF and Award benefactor, Teresa Koster and may be requested to make a presentation at a future ACHA conference (state, regional, national) and/or write an article for publication in a college health related periodical discussing the outcome of the project. In addition, Teresa Koster may share successful innovative practices with university health centers to advance the fund's objective of expanding access to quality health care for college students.
<b>Project Director</b> I agree to accept responsibility for the implementation of the proposed project and to provide the post project requirements as outlined if the project proposal is awarded as a result of this application. SIGNATURE (in ink) _____ DATE: _____
<b>Project Director's Supervisor or other Authorizing Agent:</b> I endorse the proposed project and accept responsibility to monitor project progress and completion of post project requirements. SIGNATURE (in ink) _____ DATE: _____

## **FUNDING OPPORTUNITY PROPOSAL OUTLINE**

Please submit TKoster's Charitable Fund Innovated Health Care Award Opportunity proposals using the following format:

### **Section I. Executive Summary (1/2 page)**

Provide an overall description of the project initiative.

### **Section II. Project Description (three page limit)**

This section should address the following points:

- Describe the overall funding request in a concise paragraph.
- List the specific objectives of this funding request.
- Explain in what ways this proposal will benefit students.
- Identify key personnel/partnerships who will be involved in the project.
- Describe evaluation procedures that will be used to measure the outcomes/impact of this proposed project.
- Identify other in-house resources that will be available to support this proposed project.
- Indicate total amount of funds requested. (Complete Section III to show how these funds will be used to support the proposed project)

### **Section III: Budget (one page)**

Provide budget detail, including funds requested and justification for their use.

### **Submission:**

Email completed award proposal and signed Application Form Cover Sheet in *one* pdf file to [achf@acha.org](mailto:achf@acha.org).

If unable to submit electronically, hard copies of applications can be mailed to:

American College Health Foundation  
8455 Colesville Road, Suite 740  
Silver Spring, MD 20910

For more information, please contact [achf@acha.org](mailto:achf@acha.org).