



American Optometric Association

**Healthy Eyes
Healthy People**

**2012 Healthy Eyes Healthy People®
STATE ASSOCIATION GRANT APPLICATION**

Optometry Cares® - The AOA Foundation and the American Optometric Association, through a generous grant from Luxottica, Inc., is pleased to announce the Healthy Eyes Healthy People® State Association Grants. These grants provide funding for implementation of activities that support the Healthy People® vision objectives and goals to reduce health disparities.



Applications must be submitted **ONLINE** and be received by **March 9, 2012**

This application is for reference only. Please visit <http://www.aoa.org/x14734.xml> to complete the application online.

If you have any questions about the application process, please contact the AOA Foundation at 314-983-4209 or email Foundation@aoa.org.

Healthy Eyes Healthy People® Project Grant Application Form

HEHP® 2012 Project Grant Application

State Association *

Project Director *

Your Name (If you are not acting as Project Director)

Your Address

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

Your Telephone Number *

Your Fax Number

Your Email Address *

Practice Type *

Project Focus *

What is the project name? *

What is the overall goal of the project? *

What is the key message of the project? *

Letter of recommendation from State Executive Director *

Letter of recommendation from Collaborative Partner *

This Project will include (select all that apply) *

- | | |
|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> Distributed written messaging/educational pieces (white paper, patient or family brochure, etc.) | <input type="checkbox"/> Direct patient care |
| <input type="checkbox"/> Live presentation/lecture | <input type="checkbox"/> Marketing messaging (radio, television, newspaper) |
| | <input type="checkbox"/> Health fair, health event |

Other (please explain below)

Who is your target audience? (select all that apply)

Racial / Ethnic group: *

African American

Asian American

Caucasian

Hispanic

Native American

Other (specify)

Age group: *

Infant 0 – 1

Toddler 2 – 4

Child 5 – 12

Teen 13 – 19

All Of the Above

Specific disease/ocular condition you are targeting? *

Amblyopia

Auto-immune Disease

Binocular Vision

Cataract

Developmental Vision

Diabetes

Glaucoma

Hyperopia

Myopia

Presbyopia

Other (specify)

No Specific Disease Target

Project Collaborations (select all that apply) *

Community Health Center

Community Organization

Professional Organization

Educational Institution

Health Department

Hospital

Clinic

Private Insurance Group

Other (specify)

Please explain Project Collaborations

Project Activities: If direct patient care will be administered, please include the following;

- Clinical Protocols – examinations and tests to be performed

- Patient Visit Schedule – single, weekly, monthly, yearly...
- Data Collection – methods of collecting data (patient outcomes, excel spreadsheets, etc.) *Please note: All data reported to AOA must be deidentified to exclude patient identification without written consent from the patient.*
- Potential risks and benefits to patients
- Patient consent form if applicable (**sample only**)
- Location of patient care; private practice, community health clinic, neighborhood clinic, etc.

If other indirect patient care or project activities will occur, please describe:

Project activities

Project Effectiveness: How will you measure your project effectiveness and how often will you collect these measures (every patient visit, monthly, etc.)? *Please note, the method you choose to measure your effectiveness will be included in your required data reports.*

*

Choose Criteria

Timeline: Indicate any scheduled timelines of your activities; meetings, events, health fairs, etc.

Budget: Please state the amount of money you are requesting and describe in detail how the grant will be used (i.e., office supplies, telephone, postage, printing, etc.). Grants cannot be used to reimburse optometrists for any services or for optometric education. Also list details of "in kind" services provided.

Please use this space to define your project budget: *

I understand that my application for this project is an agreement that I will deliver reports as defined by Optometry Cares® – The AOA Foundation. I agree to electronically submit two complete reports in August and December of the grant year. If my state receives HEHP funding for this project, I understand that 10% of funding will be withheld until my final project report is received. All data reporting will be in a format that is pre-approved by The AOA Foundation's data team. I will attend one of the two conference calls scheduled to review this process, prior to receiving any funds. I understand that by accepting any grant or funding, I have agreed to this reporting schedule.

*

I have thoroughly read and I agree to abide by the above statement.

In order to complete your application, please upload all collaboration letters and other necessary documents using this webform application. No applications will be processed without complete and proper documentation.

We suggest you print a copy of the application prior to submitting.