APPLICATION GUIDE

Questions on the application are in **black**.  
“Hover hints” included in the application are in **green**.  
Considerations from and for the selection committee are in **orange**.

GENERAL INFORMATION

**Project Name**

**Project Director**

**Where are you located?**

**Where is your project taking place?**

- If applicant’s location and project’s location are different, applicant must obtain letter of support from the state affiliate where the project is taking place.
- A letter from an AOA member or affiliate volunteer does **not** replace a letter from an executive.
- We encourage you to request a letter of support from your state affiliate executive as soon as possible.

**AOA State Affiliate Support Letter Upload**

The affiliate letter of support is a requirement of submission. If a project has been declined by the affiliate for a letter for a letter of support, the applicant should notify Optometry Cares as soon as possible.

If no letter of support has been provided with the application by the deadline, the Optometry Cares staff will contact the applicant and affiliate to confirm the application status as incomplete or verify other details such as need for a modest time extension to secure the support. Incomplete applications will not be submitted to the selection committee for review.

**How did you hear about the grants? (Select all that apply.)**

**In what type of practice do you primarily work?** (A list of options to select from will be provided.)

**Please describe your project in one or two sentences.**

The selection committee would like a very brief description of your project. Details will be provided in a later section.

**What is the overall goal of the project?**

Provide details of your project’s goals and how it relates to the HEHC objectives.

**Are you requesting grant funds in order to start a new project?**

- If yes, you must answer whether or not the project is within an already established program.

Start-up funds for new projects, new partnerships or one-time projects may be approved. Applicants seeking funds for a new project should specify how the need has been identified and the long-term impact of the project if it were awarded a grant.

**Are you a past HEHC grant recipient?**

- If yes, please answer the following:
What year(s) were you awarded? (2017, 2018, 2019)
How has your project expanded since receiving your first HEHC grant?
How did you identify that your project needs additional funding?
How do you plan on expanding your project in the future?

The Selection Committee would like past grant recipients to specify if and what is different about this request than past requests. Past grant recipients are not guaranteed additional grants. Past recipients should specify ways the funds will help the project grow, become sustainable, further develop partnerships and/or that the previous project efforts will be changed or improved through 2020 funds. Past recipients should specify if/how grant funds would be used differently than past years. The selection committee will be looking carefully at how the funds will be used.

**BUDGET (10 POINTS)**

Estimates must be in dollar amounts. Please do not use the budget section for vague terms such as “hundreds” or “thousands”. Please use the “Additional Details” text boxes below each subcategory if you would like to provide more specifics (phoropter, shuttle bus, flyers, etc.). The selection committee will be looking for realistic projections of expenses and the applicants may use the comments section to clarify how they have come to that amount when applicable. The selection committee may consider awarding a grant less than the total amount you have requested.

**Equipment:** If purchasing screening equipment, it must be used in conjunction with a plan for a comprehensive exam.

**Marketing/Promotions**

**Educational/Informational Materials**

**Frames:** If you are requesting frames outside of EVF’s Changing Life Through Lenses program, provide specific details about what kinds of frames you need for your project. Essilor Vision Foundation’s Changing Life Through Lenses offers no-cost glasses and a frame kit for try-on, for eye sizes 42-58, in 57 different frame options. Frame costs for the grant budget should only be entered for specialized frames such as pre-school age, special needs, or frame-only requests for those projects who may do their own finishing onsite.

**Print/Supplies/Postage**

**Transportation**

**Other**

**Total Amount Requested**

**PROJECT ACTIVITIES (30 POINTS)**

Please detail specific project activities:

- Key elements
- Clinical protocols
- Location of patient care (if provided)

Please describe the anticipated timeline of your project.

What are your methods of outreach before, during, and after your project? (Check all that apply.) Options include direct patient care, live presentations, social media, educational materials, marketing messaging, and online promotions.
If it is primarily a public awareness project, what is your message? If your project is focusing on direct care, what care will be provided?

For public awareness projects or combination projects that include public messaging, what is your delivery system and geographic reach? What is your target group and how are they underserved?

If you have draft language of the email, message, flyer, newsletter, social media or other channel, please provide the language or general message you hope to convey. The selection committee will be looking for messages that are appropriate for the audience, use of channels that have a high likelihood of reaching the targeted audience and a clear call to action for the audience.

For direct care projects, please be specific about the care provided and the outreach method utilized. The selection committee is looking for details about the care provided and ensuring that this project helps close the gap between a referral for care and the comprehensive care provided by an optometrist. Projects must include comprehensive eye and vision care and the selection committee would like to see details about wraparound services such as follow up care, specialty care, etc. as it applies in your project.

**COLLABORATIONS AND PARTNERS (30 POINTS)**

How many optometrists are participating?

How many collaborative partners are participating?

Types of Collaborators: Educational institution, community health center, community organization, professional organization, health department, hospital, clinic, charity/NGO, private insurance group, other

Describe the responsibilities of your partner(s) and how they are specifically contributing and/or are necessary to your project. Please include how long you have been collaborating or, if this is a new initiative, how you have developed your relationship with your community partner(s).

The selection committee is looking for details about unique partners and any long-lasting partnerships. Unique partners would be those that are not “typically” associated with the optometric profession or eyecare. Novel partnerships and collaborators can demonstrate community-wide recognition that eye and vision care is integral to whole health and quality of life. Collaborators that have strong community recognition or vast networks can help with outreach and success of a project. If this is a new partnership, the selection committee would like to know more about the expected involvement of the partners and collaborators. If the collaborator’s letter demonstrates they are fully aligned with the expectations for the project, this demonstrates to the selection committee that the project has investment from all involved.

Collaborative Partner Recommendation Letter Upload

If you do not receive an HEHC grant, will your project take place in-full, in-part, or not at all?

- Please explain if you would seek other funding, scale the project down, postpone, etc.

This question will be used to demonstrate sustainability. The selection committee will look carefully at the applicant’s plans to seek alternate funders, evaluate and adjust the scale of the project or discontinue any efforts of the projects based on the decision of the selection committee. Applications that can communicate a “plan b”
have demonstrated that the project is important to their community and that they are open to problem solving so that the needs are met.

**PROJECT EFFECTIVENESS (20 POINTS)**

How many children in your community do you estimate will be reached by your project? People overall?

- The reach should reflect how many children/people in your community will receive your messaging efforts.

How many children in your community do you estimate will be directly impacted by your project?

- The number should reflect how many children you think will actively participate in your project.

The selection committee will be looking for details about attendance expectations as well as the ripple effect of the project’s execution. The selection committee will be considering reach of messaging as well as the call to participation or action through messaging. The selection committee will not select grant recipients based solely on the largest audience.

From the provided list, which data will your project be collecting? (Check all that apply.)

- Web traffic before, during and after your project; comprehensive exams provided through or as a result of this project; number of new eyeglass wearers; value of or hours of in-kind services provided; website or social media traffic

How will you use this data after project completion?

The selection committee would like to know if data gathered from the project will be shared with a broad audience to help drive more children and families to seek eye and vision care. If applicants will use project results to improve future program efforts, please provide how the data will be evaluated.

When your project is considered complete, what will the impact be?

- Is it one-time or a ripple effect? How will you know you have accomplished your goals?

The selection committee would like to know how the program efforts and outcomes align with the objectives of the Healthy Eyes Healthy Children program.

**PUBLICITY/RECOGNITION**

How will you promote your project?

- Promoting your project is integral to reaching underserved children and their families. Please briefly describe your promotion plan, which could include presentations, media interviews, or educational materials for children. If awarded, all grant recipients will have access to a “resource kit”, which will provide templates for press releases, a PowerPoint template for community presentations, tips for talking with the media, and many other resources.
Please include information about sharing the results or impact of your project once it is complete or under way and specify who the audience will be for this promotion. The selection committee would like to know if and how your project’s results could be shared in an effort to drive quality eye and vision care to underserved children across the country.

How will you promote your award?

The selection committee would like to see how you will not only promote the Healthy Eyes Healthy Children Community Grants program, but the program sponsor(s) as well. Any relevant logos will be provided in the resource kit for award recipients.

Additional Information Upload

You will have the option to upload additional documents that may not apply to other sections of the application.