Technology Equity Award Funding Application

For assistance, please contact the NNLM Region 5 office at nnlm@uw.edu

# Applicant Information

1. [NNLM ID](https://nnlm.gov/membership/directory/):

2. Project Lead First Name:

3. Project Lead Last Name:

4. Project Lead Position Title:

5. Name of Project Organization [institution that will receive funding & lead proposed project]

6. Street Address:

7. City:

8. State:

9. Zip Code:

10. Phone:

11. Project Lead’s Primary Email Address:

12. Institution Tax ID:

**Project Title:** [type title here]

**Proposed Start and End Dates for the Project:** Starting as early as November 8, 2021,

Ending as late as April 30, 2022.

Start Date:

End Date:

**Project Summary:** Provide a one-paragraph description that summarizes the proposed project. (Funded projects are displayed on the NNLM website and are provided by NLM in response to requests from NIH, HHS, OMB, Congress, and the White House.) (Maximum 350 words)

**Partner Organizations:** If you intend to do this project in partnership with other organizations, please list here.

**Explanation of Need:** Provide a statement explaining the need for the project. When possible, support the stated need using data such as known needs assessments or statistics. (Maximum 350 words)

**Project Goals and Objectives:** State the goal(s) and specific objectives of the proposed project. Consider process objectives about what will be done (outputs) and outcomes-based objectives that specify what will happen or change as a result. (Maximum 350 words)

**Project Implementation:** Describe what will be done to meet project objectives. Indicate the rationale for the plan. (Maximum 500 words)

**Schedule/Timeline:** Include a timeline for implementing the plan to meet objectives.

**Targeted Populations:** This award supports the mission of NNLM to help its members support the health information needs in their communities particularly among priority populations.

Please check the box next to each population you intend to target your outreach to.

**Demographics**

[ ]  Adults

[ ]  Children

[ ]  Men

[ ]  Seniors

[ ]  Teens

[ ]  Women

**Geographic Type**

[ ]  International

[ ]  Medically Underserved Areas/Populations

[ ]  Rural

[ ]  Suburban

[ ]  Urban

**Issues and Interests**

[ ]  All of Us

[ ]  Behavioral/Social Determinants of Health

[ ]  HIV/AIDS

[ ]  LGBTQ

[ ]  Maternal Health

[ ]  NIH Helping to End Addiction Long-term (HEAL) Initiative

[ ]  Opioids

**Race and Ethnicity**

[ ]  African Americans or Black

[ ]  Alaska Natives

[ ]  American Indian

[ ]  Asian

[ ]  Latino or Hispanic

[ ]  Native Hawaiians

[ ]  Pacific Islanders

**Evaluation Plan:** Describe how the project will be measured and the methods used to measure success. The evaluation should be tied to project goals and objectives. Describe the measure of success for each objective. (Maximum 350 words)

**Publicity/Promotion:** Briefly describe how you intend to promote your Technology Equity Award to your target population(s). (Maximum 350 words)

**Continuity/Sustainability Plan:** Describe the activities that will sustain project services and/or communication to the targeted community beyond the award agreement period. (Maximum 350 words)

**Personnel Qualifications:** List the project personnel who will be involved in the project and include their role(s) and applicable experience or submit resumes or CVs.

# Budget

**BUDGET TABLE**

*Please complete the budget table provided below and provide a detailed description of each budgeted item. Note instructions given in the form, and allowable expenses listed below.*

|  |  |  |
| --- | --- | --- |
| Budget Item | Description\* | Costs\*  |
| 1. Personnel
 |   |   |
| 1. Consultant costs
 |   |   |
| 1. Equipment
 |   |   |
| 1. Supplies
 |   |   |
| 1. Travel
 |   |   |
| 1. Other Costs
 |   |   |
| Total Direct Costs (TDC=A+B+C+D+E+F) |  (Calculate from above) |   |
| Modified TDC (MTDC=TDC minus Equipment) |  (Calculate from above) |   |
| Indirect Costs (IDC=MTDC\*x%) |  (Calculate from institutional rate and above – See explanation, below) |   |
| Total Costs (TDC+IDC) |  (Calculate from above) |   |

**Allowable expenses:** Personnel, equipment, supplies, travel and other costs such as reproduction of materials, software, Internet service provider fees. These are examples only and are not meant to be all-inclusive. Expenses are also allowed to publicize a health information service, event or resource, including National Library of Medicine (NLM) or National Network of Libraries of Medicine (NNLM) resources or services, but the allowable costs are limited to educational materials or publicity, such as posters, displays, flyers, bookmarks, or brochures.

**Non-allowable expenses:** Furniture is not allowed and food is not allowed.

**Indirect Costs (IDC) or Facilities and Administrative (F&A) Costs:** Indirect cost (IDC)/F&A can be included based on your institution's federally approved IDC agreement (non-research rates apply). A 10% MTDC rate may be used if no IDC agreement exists

\*Required field

**Participant Roles for the Technology Equity Award:** The participants for which the project will be conducted. Include staff conducting the award and groups the award is intended to reach. Select all that apply.

[ ]  Community based organization staff

[ ]  Data resource or tool developer

[ ]  Data scientist

[ ]  Educator, college & post-grad

[ ]  Educator, K-12

[ ]  Emergency preparedness and response

[ ]  General public

[ ]  Health care provider

[ ]  Historian

[ ]  Journalist

[ ]  Library or information professional

[ ]  Public health professional

[ ]  Publisher

[ ]  Researcher

[ ]  Student, college & post-grad

[ ]  Student, K-12

# Reporting Requirements and Acknowledgements

**Please check the box next to each statement to indicate your agreement on behalf of your institution if you receive a funding award. NNLM Region 5 staff will provide all required forms.**

[ ]  We, the awardees, will submit progress and final reports and technology improvement reporting (for projects receiving or purchasing technology) as requested by the funding agency and by the submission dates stipulated in the Request for Proposal.

[ ]  For any web-based resources developed for this project we will ensure accessibility to the greatest possible number of people.

[ ]  For any classes, training sessions, presentations, exhibits and/or site visits we conduct as part of the project, we will submit a Region 5 Activity Report and a Participant Information Sheet to NNLM Region 5 staff within 14 days of the activity.