

Elder Service Innovation Grant Application

Applications are due to Stepha Dragoon at dragoon@ohsu.edu by 5:00 pm PST on Thursday, May 19, 2022

Organization name:
Applicant name and title:
Mailing address:
Street, City, State, Zip code
Telephone (weekday):
Email address:
Amount requested (not to exceed \$7,500):
Project Description
Previously identified need(s) and method of identification (approximately 200 words):
Project goals (approximately 150 words):
Target population(s) (approximately 50 words):

Contact Information





Collaboration with community partners and their project responsibilities (approximately 150 words):

Expected outcomes and how they will help meet the project goal(s) (approximately 300 words):

How is the proposed project innovative, sustainable and/ or scalable (approximately 100 words):

Project Targets and Measurable Indicators

Please describe at least one and up to three project goals below.

Goal one:

a) The measurable targets/deliverables (outcome indicators):

b) The timeline for when targets/deliverables will be completed:

c) The indicators that will measure progress quarterly (process indicators):

Goal two:

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d)	i ille illeasurab	ie targets	/ueliverables i	(Outcome maicators).

h)	The time	line for v	when tar	gets/deli	verables	will be	comp	leted:
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c) The indicators that will measure progress quarterly (process indicators):

Goal three:

- a) The measurable targets/deliverables (outcome indicators):
- b) The timeline for when targets/deliverables will be completed:
- c) The indicators that will measure progress quarterly (process indicators):

Eder Service Innovation Grant

Budget

Please use this form to tell us about how you will use your grant dollars.

- 1. In the first column, list the expense (travel, room rental, printing, etc.) along with a brief description if necessary. If there are personnel costs, state as hourly rate * hours.
- 2. In the second column, list the funds coming from other sources, if any.
- 3. In the last column, list the dollars requested through this grant. The amount requested through this grant may not exceed \$7,500.

Expense (please itemize)	Non-Grant Funds	Grant Funds Requested		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
Total Non-Grant Funds	\$	7		
Total Grant Funds Requested	T	\$		
Non-Grant Funds + Grant Funds R	equested = Total Project Cost: \$			

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