**Gerontology Endowment**

**Funding Application**

**Contact Information**

Applicant:

Email Address:

Phone:

Date:

Will submit expanded proposal if requested: Yes No

Will provide the Gero Endowment a written summary of the program within one week of completion: Yes No

Will present on the program if requested: Yes No

Signature

Date

**Please complete the information below:**

Please **BOLD** the Gero outcomes for which you are applying.

TEACHING

1. All FranU nursing students will be required to attain core knowledge specific to the health and wellbeing of older adults. This knowledge should include current evidence about the social, psychological, spiritual, developmental, and biological changes associated with aging.
2. A gerontology-specific practicum will be required of every student.
3. Gerontological content will be infused into current nursing courses.
4. Gerontological content will be taught by a nurse educator with experience, interest, and knowledge of seniors’ health.
5. A mentor program will be developed and implemented between nursing students and nursing professionals with a commitment to gerontological nursing practice.

SCHOLARSHIP

6. Research will be facilitated to “Catapult care of elderly in Louisiana into a distinct national model of excellence” to include the chair’s community-capacity building for healthy aging research.

1. Describe the proposed program
2. Describe the need or justification.
3. Describe the target population(s) to be served (e.g. students, community members).
4. Describe the program’s relevance to the Gero outcome(s) above.
5. How will success be measured?
6. Do similar programs exist in the University, FMOLHS, or community?
7. List the anticipated budget for the proposed project. Attach supporting documentation such as program information, travel (see FranU Travel Policy).

Table 1. Budget

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| Item | Budget request |
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| TOTAL requested of Gero Endowment |  |

1. Provide financial information including estimate of future semester(s) funding requirement.

Table 2. Future Budget Projections

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| Item | Budget request |
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| TOTAL to be requested of Gero Endowment |  |

1. Are there any partners involved in this project? If yes provide a description of the various partners and their respective roles.
2. Is there anything else about this project that might be important in the decision-making process?
3. Please explain your plan to sustain this project post Gero funding.

**Timeline**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Activity** | **Jan** | **Feb** | **Mar** | **April** | **May** | **June-Aug** | **Sept** | **Oct** | **Nov** | **Dec** |
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1. I will provide a written summary of the project to the Gero Chair and presentation(s) if requested.

Name:

Date:

Reviewed by:

Date:

Recommendation