



## The Nightingale Fund Application Form

This cover sheet is required to be completed and submitted with 1) your proposed project budget, 2) a list of Faith Community Nursing (FCN) activities undertaken in the last year and 3) a short narrative describing the project(s) for which you would like funding.

### Proposal Contact Information

Organization name:

EIN:

Address:

City, State, Zip Code:

Contact Person:

Title:

Phone Number:

E-mail Address:

### Basic Information

Date the FCN program was commissioned at your organization:

Number of faith community nurses in your program:

If more than one nurse, how often do the nurses meet as a group?

In a brief narrative signed by the FCN coordinator and the leader of the sponsoring organization, please include the following:

- Describe the activity or activities for which you are requesting grant support.
- What outcomes are you hoping to achieve with this project?
- How many people do you hope to help through this project?
- Amount of grant request.
- Total project budget.
- Project time line.

Attach a detailed project budget and a list of activities the FCN program has undertaken in the last year.

**Return completed applications by October 31 to:**

The Nightingale Fund

c/o Hampton Roads Community Foundation

One Commercial Place, Suite 1410

Norfolk, VA 23510-2103

Questions? Contact Susan Saunders at [SusanSaundersRN@cox.net](mailto:SusanSaundersRN@cox.net)