

Opening Poll

Please describe your grant writing experience.
(Choose one)

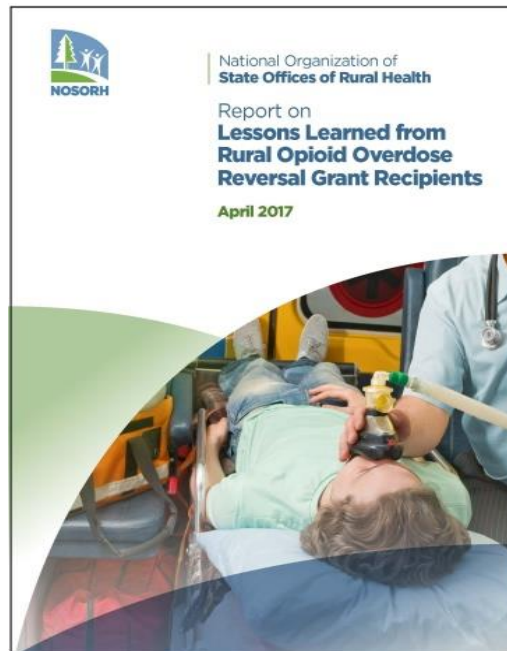
- 1- I've never written a grant
- 2- I've helped with grant applications
- 3- I've led the writing of at least one grant application.
- 4 – I've led the writing of at least one funded grant application.
- 5- I've led the writing of a rural health outreach services grant that was funded.

Keys to Writing a Successful Rural Health Services Outreach Grant Application

National Organization of
State Offices of Rural Health

What is the National Organization of State Offices of Rural Health?

The National Organization of State Offices of Rural Health promotes the capacity of State Offices of Rural Health to improve health care in rural America through leadership development, advocacy, education, & partnerships.





National Rural Health Day™

Celebrating the Power of Rural!



JOIN THE MOVEMENT, TAKE THE PLEDGE TO PARTNER!

www.powerofrural.org



Role of State Offices of Rural Health

- State Office of Rural Health in every state in the nation
- Every State Office of Rural Health is unique
- Roles:
 - Information dissemination
 - Coordination
 - Technical assistance

Applicants are required to notify the State Office of Rural Health (SORH) of their intent to apply to this program

A list of the SORHs can be accessed at

<https://nosorh.org/nosorh-members/nosorh-members-browse-by-state/>.



** Applicants must include
Attachment 4 State Office of
Rural Health Letter.*

What you are going to hear & see:

- Answer 10 key questions before making the decision to apply
- Describe steps and strategies to write a successful application
- Identify resources to support the grant application effort.

- Grant writing tips (not instructions)
- Some samples
- Think like a reviewer

Rural Health Services Outreach Grant Program

DEMONSTRATION

Thanks to
Federal
Office of
Rural
Health
Policy!

Responsive
Rural champions
Resource rich

Program Purpose:

The purpose of this grant program is to expand the delivery of health care services in rural areas.

The Outreach Program is a community-based grant program aimed towards promoting rural health care services by enhancing health care delivery in rural communities. Outreach projects focus on the improvement of access to services, strategies for adapting to changes in the health care environment, and overall enrichment of the respective community's health. Through a consortia of local health care and social service providers, rural communities can develop innovative approaches to challenges related to their specific health needs. Furthermore, the program creates an opportunity to address the key clinical priorities of the U.S. Department of Health and Human Services (HHS): **serious mental illness, substance abuse, and childhood obesity.**

The overarching goals for the Outreach Program are to:

- Expand the delivery of health care services to include new and enhanced services exclusively in rural communities;
- Deliver health care services through a strong consortium, in which every consortium member organization is actively involved and engaged in the planning and delivery of services;
- Utilize and/or adapt an evidence-based or promising practice model(s) in the delivery of health care services;
- Improve population health, and demonstrate health outcomes and sustainability

Outreach Program Health Improvement Special Project (HISP) will focus on the utility of centralized metrics to describe cardiovascular disease (CVD) risk for a subset of individuals. The overarching goal of the HISP is to **demonstrate changes to cardiovascular risk** as a result of the activities supported by the Outreach Program. HISP applicants participating in the Centers for Medicare and Medicaid Million Hearts Cardiovascular Disease Risk Reduction Model Program must propose a project that is unique and separate from that being funded by other federal entities.

Note Funding Preference Qualification 3: Focus on primary care and wellness and prevention strategies.

Assumptions:

You understand that NOSORH is not the funding agency. FORHP is the expert on this application process!

You have checked your eligibility and are registered and current in grants.gov.

You have personally read every word of the guidance for this opportunity!

- ✓ Footnotes
- ✓ Background
- ✓ Resources
- ✓ 424 Instructions etc...

You participated in or listened to the recording of the FORHP webinar.

https://hrsaseminar.adobeconnect.com/rhc_services_outreach_program/

You read the FAQ shared by FORHP.



You might need:

- Some help deciding whether to apply
- Some direction on how to get a successful application together
- Samples - additional resources

10 generic “pre-grant application” questions

1. What are your chances of being funded?
2. What **partners** can help you meet the needs?
3. Who will write the application?
4. What is the **problem** you are trying to solve?
5. What **data** do you have to document the problem?
6. What **model** or evidence are you adapting to address this need?
7. What do you want to **do** about the problem?
8. Who will do **the work** required by the grant?
9. What will you have **after** you have finished that you don't have now? How can you **measure** that benefit?
10. Can you **sustain** the work after grant funding?
11. How much will it **cost**?



What are your chances of being funded?

Only 25 applications will be funded.

12 on CVD

Unlikely to be funded if the application does not have a VERY high score.



Geographic distribution

Federal Awardee Performance and Integrity

Information System (FAPIIS) <https://www.fapiis.gov>

FUNDING PREFERENCE

Qualification 1: Health Professional Shortage Area (HPSA)

<http://datawarehouse.hrsa.gov/geoadvisor/ShortageDesignationAdvisor.aspx>.

Qualification 2: Medically Underserved Community/Populations (MUC/MUPs)

<http://datawarehouse.hrsa.gov/geoadvisor/ShortageDesignationAdvisor.aspx>

Qualification 3: Focus on primary care & wellness & prevention strategies.

This focus must be evident throughout the project narrative.

**Funding preference request must be included in the Project Abstract.*

**Proof of meeting funding preference (screenshot) & a statement of eligibility must be included in Attachment 6*

What partners can help meet the need?

CONSORTIUM MEMBERS MEETING

DRAFT AGENDA

Walk through the guidance – purpose, funding, requirements

Summarize with the 10 questions.

Share draft project abstract, & rough budget & goals.

Focus on the guidance:

major sections

outside team help

Ask the hard questions

- what do they bring to the project ?

- who will staff report to ?

- who will get funds – for what - indirect?

Gain commitment! (sign the MOU)

Make assignments including due dates.

Commitments:

- ✓ Endorsement
- ✓ Staff for the grant writing team
- ✓ Data
- ✓ Organization information – track record, assets, contribution to sustainability, data etc..
- ✓ What benefit to project
- ✓ Signature on MOU

?What more do they need to know?

Start with making assignments for the attachments. See pp. 29-32

Who will write the application? YOU!

Project Abstract

- Target population & service area
- Focus- purpose -services
- Consortium members
- The model the proposed work is based upon
- Expected outcome
- Funding preference



Make them want to read it and sell your unique need & qualifications!

Who will write the application - assignments?

YOU! The Point Guard - usually the fastest player on the team, organizes the team's offense by controlling the ball & making sure that it gets to the right player at the right time.

Writer(s)
Support staff
Accountant
Evaluator
Reader
Sender
Supporters



Choose your talent wisely!

Key Strategy: Write for the Reviewer

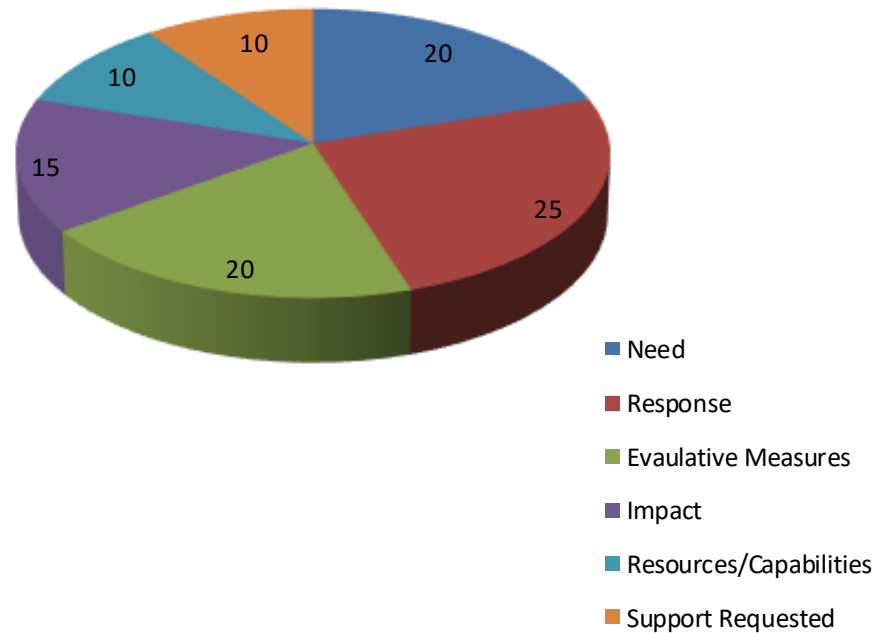
Write to the reviewers.



Follow the narrative
outline.

Pp 12-29

Review Criteria
Pp 35-40



Writing for the reviewer – it isn't easy!

Review Criteria (6 criteria + 57 “check list”)	Narrative Sections (Project Abstract & 8 sections with 20 sub-sections & 3 budgets & 15+ Attachments)	What else they will likely review or look for (not a comprehensive list – check the guidance)
Need (20 pts) <i>15+ check list</i>	Introduction Needs Assessments	Project Abstract (separate from the narrative) Needs Assessment Map (<i>not required</i>)
Response (25 pts) <i>13+ check list</i>	Methodology Work Plan Resolution of Challenges	Introduction (<i>looking for purpose</i>) Grant Guidance purpose (<i>does it fit?</i>) Goals & Objectives Sustainability Plan Work Plan (How) with measures Timeline Replicability Dissemination Challenges (is it addressed in Resources & Capabilities or MOU) #7 Evidence Based Model Documentation
Evaluative Measures (20 pts) <i>8+ check list</i>	Evaluation/ Technical Support Capacity	Measures 2 sets (Are they in the work plan & goals) Project self assessment process (is this in the resources & capability section?) Use of measures data for decision making #8 Logic Model #9 Measures and Baseline data
Impact (15 pts) <i>3+ check list</i>	<i>No Section “Impact” (included in Work Plan as a sub-section)</i>	Work Plan, Project Abstract & Introduction narratives includes expected impact/benefit for target pop. #7 Evidence Based Model Documentation includes information on how model impacts target population
Resources & Capabilities (10 pts) <i>13+ check list</i>	<i>No Section “Resources & Capabilities” Included in as a sub-section of Evaluation/Technical Support Capacity Organizational Information</i>	#3 Memorandum of Understanding #10 Staff Resumes #11 Staffing Plan/job descriptions #12 Org Chart of Applicant #13 Consortium Members List #14 HISP Participation
Budget & Budget Justification (10 pts)	Budget & Budget Justification	Budget Narratives (3 years)

Criterion # 1 Need – 20 points

Sections In Narrative:

Needs Assessment
pp. 12-16

Review Scoring:
pp 35-37

Headings

Target Population Details
Program Development/Target Population Involvement
Barriers/Challenges
Target Service Area Details
Health Care Service Area

- Check out the footnote sources quoted in the guidance.
- Engage the target population determining the need.
- Include a map.
- Strong high quality needs identification methods – ongoing?



See Sample

County, State and National Comparisons of Top Health Issues for San Luis Valley

Areas of Need	Alamosa	Rio Grande	Conejos	Costilla	Mineral	Saguache	San Luis Valley	Colorado	U.S.
Death Rate from Heart Disease (per 100,000)	146	206	257	129	246	117	184	131	191
Suicide Rates (per 100,000)	n/a	n/a	n/a	n/a	n/a	n/a	25	17	12
Diabetes death rate (per 100,000)	45	19	51	n/a	n/a	n/a	n/a	16	22
Death rates from injury (per 100,000)	24	120	117	159	n/a	n/a	75	46	38
Rate of Mental Health Diagnosed Hospitalizations	3175	2674	2398	2214	2259	1169	2494	2944	n/a
Rate of Failed Suicide Hospitalizations	71	62	95	n/a	n/a	26	62	60	n/a
Percent Uninsured	17	17	17	17	17	17	17	15.5	13.4
Percent Medicaid	28.9	26.4	29.1	32	15.5	25.2	26.1	13.7	21
Percentage of Overweight People							39	36	36
Percentage of Obese People	21	23	18	21	20	23	25	21	28

Data retrieved from Colorado Department of Public Health and Environment, 2008-2010, National Data American Foundation for Suicide Prevention, BRFSS 2009-2010, Colorado Health Institute, County Health Rankings, and 2011 National Data from Center for Disease Control.

Local data

- **Use data from the members of your consortium:**
 - Discharge data
 - Utilization data from human resource agencies, faith based organizations, schools & others
 - Local survey results
- **Weave in qualitative data:**
 - Target population, patient, family or provider, public safety or EMS stories
 - Target population focus group or community meeting quotes
 - Key informant interview quotes

A blue callout box with a wavy top and bottom edge, containing the text "Ongoing needs review !".

Ongoing needs review !

Mapping Tools

- UDS Mapper

<http://www.udsmapper.org>

- State Health Access Data Assistance Center (SHADAC): State Health Compare (**state level**)

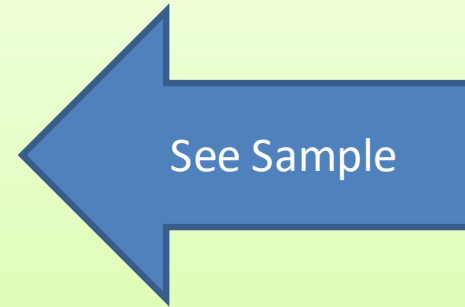
<http://statehealthcompare.shadac.org>

- MapChart - free simple map creator

<https://mapchart.net>

Possible State Data Sources

- State Office of Rural Health
- State Primary Care Office
- State Health Department
- State Hospital Association
- State Licensing Boards



County Health Rankings & Roadmaps

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

HEALTH RANKINGS ▾

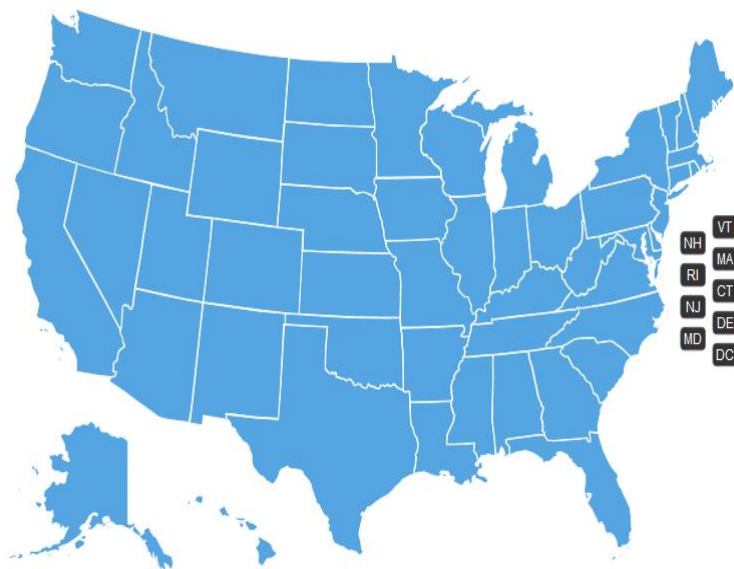
ROADMAPS TO HEALTH ▾

RESOURCES ▾

MORE ▾

Search by county, state, or topic 🔍

HOW HEALTHY IS YOUR COMMUNITY?



Find your community

See what affects health

HOW CAN ROADMAPS TO HEALTH HELP YOU?

	McDowell County	Trend	Error Margin	Top U.S. Performers	West Virginia	Rank (of 55)
Health Behaviors						
						55
Adult smoking	29%		28-30%	14%	26%	
Adult obesity	42%		36-48%	26%	35%	
Food environment index	6.1			8.4	7.2	
Physical inactivity	38%		32-43%	19%	29%	
Access to exercise opportunities	41%			91%	58%	
Excessive drinking	10%		9-11%	12%	11%	
Alcohol-impaired driving deaths	43%		34-52%	13%	32%	
Sexually transmitted infections	138.9			145.5	254.5	
Teen births	92		83-101	17	44	
Additional Health Behaviors (not included in overall ranking) —						
Food insecurity	22%			10%	15%	
Limited access to healthy foods	2%			2%	6%	
Drug overdose deaths	93		71-121	9	35	
Motor vehicle crash deaths	32		24-43	8	17	
Insufficient sleep	42%		41-43%	28%	37%	

U.S. Census Bureau QuickFacts

<div> ALL TOPICS <div></div> Q = Browse more datasets <div> COOK COUNTY, MINNESOTA MINNESOTA </div> <div> Enter state, county, city, town, or zip code </div> </div>			
<div> <div></div> PEOPLE </div>			
Population			
Population estimates, July 1, 2015, (V2015)	5,194	5,489,594	
Population estimates, July 1, 2014, (V2014)	5,233	5,457,173	
Population estimates base, April 1, 2010, (V2015)	5,176	5,303,925	
Population estimates base, April 1, 2010, (V2014)	5,176	5,303,925	
Population, percent change - April 1, 2010 (estimates base) to July 1, 2015, (V2015)	0.3%	3.5%	
Population, percent change - April 1, 2010 (estimates base) to July 1, 2014, (V2014)	1.1%	2.9%	
Population, Census, April 1, 2010	5,176	5,303,925	
Age and Sex			
Persons under 5 years, percent, July 1, 2014, (V2014)	4.0%	6.4%	
Persons under 5 years, percent, April 1, 2010	4.2%	6.7%	
Persons under 18 years, percent, July 1, 2014, (V2014)	16.3%	23.5%	
Persons under 18 years, percent, April 1, 2010	16.8%	24.2%	
Persons 65 years and over, percent, July 1, 2014, (V2014)	24.3%	14.3%	
Persons 65 years and over, percent, April 1, 2010	20.3%	12.9%	
Female persons, percent, July 1, 2014, (V2014)	50.5%	50.3%	
Female persons, percent, April 1, 2010	50.1%	50.4%	
Race and Hispanic Origin			

Need – Strategy

- **You**...show them that the need is so critical they must recommend your project for funding.
- **They**might calculate a “per target population” cost for your project.
- **They** ...will judge your consortiums’ capacity when they read the need statement

Are the problems you describe the same problems & FORHP wants to address?

Criterion #2 Response – 25 points

Sections In Narrative:

Methodology p. 16-18

Work Plan p. 19-21

Resolution of
Challenges p. 21-25

Review Scoring:

pp. 37-38

Important

Headings (3 sections)

✓ **Methodology – Strategy**

- Goals & Objective
- Program Goals and Healthy People 2020 Initiative
- Evidence Based Promising Practice Model
- Sustainability Plan

✓ **Work Plan**

- Work plan
- Impact
- Replicability
- Dissemination plan

✓ **Resolution of Challenges**

See Sample

Goal check!

- **Goals are GENERAL**
 - Are your goals stated as a result of what you want accomplished to address the need?
- **Objectives are OPERATIONAL**
 - Specific? Measurable? Achievable? Relevant? Timely?
- *Can the progress of your project be measured according to quantifiable assessments?*
- *Is it clear who is responsible?*

Example of Goals & Objectives

Goal: To provide comprehensive access to care to cancer patients in Central Alabama including the indigent, underinsured and uninsured patients who cannot afford comprehensive care as prescribed by their doctor.

Objective: Increase access to transportation to chemo or radiation appointments for at least one thousand indigent, underinsured and uninsured cancer patients within one year.

GOAL I:

Objective 1.

Activities	Responsible Staff/Organization	Estimated Completion	PIMS Measure	Process or Outcome Measures	Long Term Impact

Work Plan Reminders (3 years)

In addition to the goals and objectives which address expanding care include goals and objectives

- Evaluation plan
- Measurement (required PIMS, project specific and clinical)
- Consortium communication (meetings)
- Timeline
- Sustainability
- Dissemination & Replicability
- Reporting requirements (p. 43-44)
 - Quarterly FFRs
 - Annual progress report
 - Year 1 – strategic plan, project assessment plan
 - Year 3 – sustainability plan, final project assessment, final close out

Make this an attachment!

Evidence Based reminder

- Excellent resources in the guidance
- Tailor what you learn
- Review the work other prior grantees
(see p. 4) (consider contacting them directly)

Attachment 7 “Evidence based or Promising Practice Models”

A word about sustainability

See Sample

- ✓ **Scale back?**
- ✓ **Income generation**
 - Consulting
 - Fee for service
- ✓ **Contributions/Sponsorship**
 - Social/Civic
 - Business
- ✓ **Events**
- ✓ **Adoption**
 - Government
 - Faith based

Rural Health Information Hub

The screenshot displays the Rural Health Information Hub website. The browser address bar shows the URL <http://www.raonline.org/sustainability>. The page content includes a section titled "Planning a new program? Start here" with a link to [Dynamics of Sustainability: A Primer for Rural Health Organizations](#). Below this, a paragraph describes it as a "starter guide" for planning sustainability. A bulleted list follows: Opportunities for reflection and discussion on sustainability; Case studies of rural programs that achieved sustainability; and An initial sustainability assessment. Another section, "For existing programs working toward sustainability," links to [Quick Course in Positioning for Sustainability](#) and [Sustainability Formative Self-Assessment Tool](#). It explains that based on the Georgia Health Policy Center Sustainability Framework, the tool helps teams reflect on their program's positioning. A bulleted list includes: Steps to create a plan for improving sustainability potential; Program services; Program needs; Costs and budgeting; and Funding strategies. A third section, [Bringing the Future into Focus: A Step-by-Step Sustainability Planning Workbook](#), is described as a step-by-step guide for producing a sustainability plan. On the right side, there is a "SHARE THIS PAGE" section with icons for Facebook, Twitter, LinkedIn, Google+, and Email. The footer contains copyright information (2002-2014 Rural Assistance Center), contact details (Phone: 1-800-376-1000, Email: [info@raonline.org](#)), and links to [Accessibility](#), [Disclaimer](#), [Fraud Advisory](#), [Privacy Policy](#), and [Sitemap](#). A "Back To Top" button is also present. The Windows taskbar at the bottom right shows the date and time as 9:17 AM Wednesday, 12/3/2014.

Read other projects' plans.

Resolution of challenges

Discuss challenges that are likely in designing & implementing the activities described in the Work Plan, & approaches that will be used to resolve such challenges...engagement, personnel turnover, tracking etc...



History is evidence.
Be strategic.

Response – strategy

- **You**....show them you know how to plan, implement, sustain & share the results of a project that will expand the delivery of health care services, using an evidence based model, with a rural consortium.
- **They** ... will judge your consortiums' strategic thinking, management capacity & ability to use evidence/data.

When it seems redundant to another section – don't skip it!

Summarize, give the basics, don't use the same words from another section and reference to the other section.

Criterion # 3 Evaluative Measures – 20 points

**Sections In
Narrative:**
Evaluation and
Technical
Support
Capacity pp. 21-
25

Review Scoring:
p. 38

Headings

- Logic Model (*Attachment 8*)
- Project Monitoring
 - performance measures (PIMS)
 - standard & clinical measures
 - project specific measures
 - risk calculator for HISP
- Quality Assurance and Quality Improvement
- Project Assessment
- Resources & Capabilities
(not directly related to this criterion)



See Samples

Should you consider contracting out the evaluation component?

Writing the evaluation plan

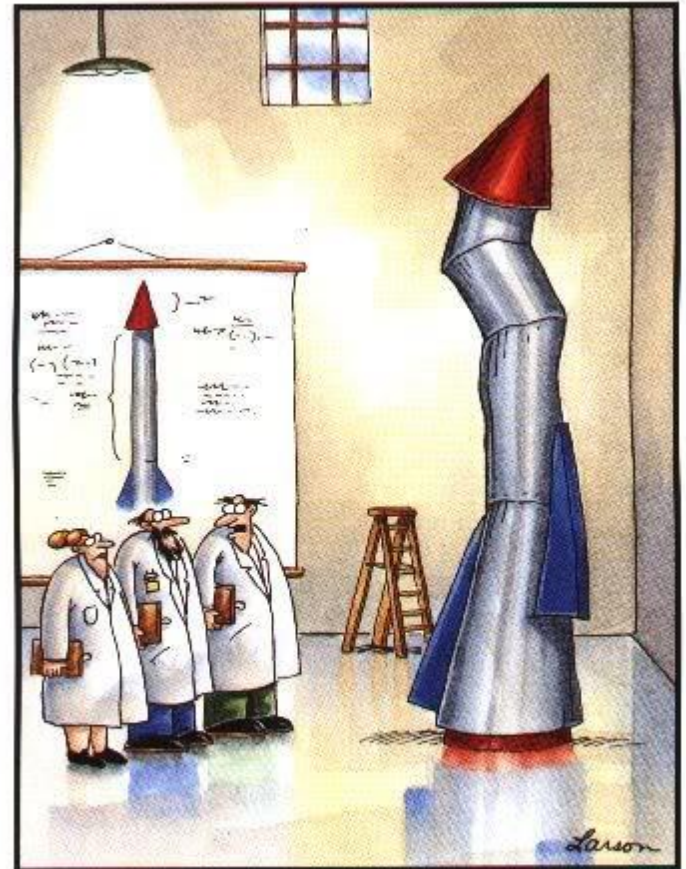
Description of what you will do to measure the results of the project and its impact on the purpose.

- Questions to be answered?
- What data will be collected?
(See Appendix A - PIMS: 4 required + clinical)
(Project Specific & Program Assessment measures)
(Include all measures in Attachment 9)
- Who has responsibility?
- Why are you collecting this data?
- When will the data be collected? How?
- How will it be analyzed?
- How, when and to whom will it be reported?
- How, when and who will act on it?



Evaluative Measures – strategy

Your job ...show that you can use data to make decisions about the project, document the story about the good work & lessons learned, assess the program and expand the knowledge base about what works.



"It's time we face reality, my friends. ...
We're not exactly rocket scientists."

Criterion #4 Impact – 15 points

Sections In Narrative:

Work Plan

p. 20

(not a separate section for
impact)

Review Scoring:

p. 39

- Positive impact
- Replicability
- Disseminate widely

Impact – strategy

Easy 15 points!

Your job... “demonstrate” that your plan benefits the target population and that you are skilled at sharing results & lessons learned to inform the evidence base so other programs can start & grow.

- State Offices of Rural Health – conferences, newsletters
- National Rural Health Association
- Rural Health Information Hub
- Social media, local, state media, newsletters etc...



Consider adding a communication/information dissemination flow chart of internal and external communication. Keep it simple!

Criterion # 5 Resources/Capabilities

10 points

Sections In
Narrative:
Evaluation &
Technical Support
Capacity
(Sub-section on
Resources &
capabilities)
&
Organizational
Information
Pp 25-28

Review Scoring:
p. 39-40

Headings

- ✓ **Resources & Capabilities**
 - Staffing the activities - how roles relate to consortium and activities
 - experience job descriptions
- ✓ **Organizational Information**
 - Applicant Organization
 - Consortium Composition
 - Consortium Involvement

Attachment 3 – Memorandum of Understanding

Attachment 10 – bio sketches of key positions

Attachment 11 – staffing plan, with table of contents, staff, FTE, knowledge, skills

Attachment 12 – Org Chart of Applicant

Attachment 13 – List of Consortium Members

Staffing

Right people to address the right problem with the right skills at the right time with the right partners!

- Project Director is key
- Name names – tell about achievements. track record, education, experience
- Relationship with the community
- Role in the work plan is obvious

If you don't have the position filled?

Resources/Capabilities

Lead sentence for first paragraphabout the applicant...

_____ *the applicant* has the mission, management capacity, c) systems (financial and other) staffing, leadership, to ensure the successful implementation of the project.

Weave in successful track record!

Write a paragraph or more about each area of expertise for the applicant

**Do the similar summary for
each of the consortium members.**

Applicant Organization Resources & Capabilities

Mission & current services

Management capacity

Program direction

Hiring & managing staff

Financial systems and
expertise

1 permanent staff at time
of grant (preferred)



Consortium Members

- Mission and experience are a natural fit for the project
- Contribute and share staff and resources
- Have defined roles and subcontract (?)
 - Data
 - Connection to target population
 - Outreach
 - Dissemination
Communication
 - Policy
 - Sustainability



High Functioning Consortiums

- ✓ Communicate with the director and each other
- ✓ Know the plan
 - goals
 - program assessment
 - personnel including turnover
 - decision making & disagreement
- ✓ Monitor expenditures
- ✓ Use data to make decisions
- ✓ Build sustainable programs
- ✓ Demonstrate and disseminate their results to inform the “evidence base”.

MOU includes: Project role
Allocation of resources,
commitment to serving and
meeting, contributing data and
ensuring sustainability.

**ADD A FLOW CHART/ORG CHART
FOR HOW THE CONSORTIUM
FUNCTIONS!**

Strategic, mission minded, evidence
based, connected to the community!

Resources/Capabilities: Strategy

You...“prove” the applicant & the consortium & staff has the knowledge, experience and skills to implement the work plan to bring benefit to the target population, manage the grant funds & reporting activities & share the results & lessons learned, widely.

They...will judge EVERY part of your application when they score the criteria. “If they can’t even follow the directions in the guidance how can they manage the grant?”



Criterion #6 Support Requested – 10 points

**Sections In
Narrative:**
pp. 28-29 &
SF 424
Application
Guide

**Review
Scoring:**
p. 40

The pieces:

- ✓ Budget
- ✓ Budget Justification
- ✓ 424 Form

Budget strategies & mistakes

Strategies

- Partners agree on plan
- Partners are sub-contractors as feasible
- Document how/why you plan to use contractor

Mistakes

- Leadership isn't budgeted
- Doesn't match work plan
- Evaluation is left out
- Not budgeting required travel
- Rounding

Budget Narrative

Lead sentences

“Funds of ____ are requested to support a 1.0 FTE Project Director to oversee all aspects of the program including service delivery, consortium relations and ensuring all reporting requirements are met. Salary based on”

“Travel funds of ____ are requested to provide travel to the required grantee meeting. Costs are calculated based on county travel policies and include \$x for air fare, \$x per day for per diem, \$x for lodging for 2 travelers for 3 days in Rockville, Maryland.”

Budget: Strategy

You.. make sure that reviewers can read the budget and know what you plan to do and that you have the management capacity and financial systems to do it!

They... may judge your entire plan (evaluation, consortium strength, management capacity etc...) entirely on the budget.

Reminders:

3 year budget

Required travel

Understand indirect costs

The application packet

- ✓ 80 page limit
 - ✓ 13+ attachments plus the project abstract, budget and justifications (3 years) *and work plan (3 years)*
- = approximately 45 pages or less to provide all the other details

Writing a grant application is like having a baby

It will give you the blues.

It might keep you up all night.

You will clean up others' messes.

In the end it will make your life meaningful and your community healthier !



#powerofrural