**CPTI Advocacy Training Grant**

**2024-25 Application**

**Application Procedure**

* Review [Application Guidelines](https://www.aap.org/en/advocacy/community-health-and-advocacy/community-pediatrics-training-initiatives/community-pediatrics-training-initiatives-grants/) for additional information.
* Application answers must adhere to stated maximum words counts.
* Two required attachments must be submitted with the application
	+ **Letters of support** (1 from each of the following)
		- AAP Chapter
		- Program Director of pediatric residency program

The application and required attachments must be submitted by e-mail to Courtney Day, cday@aap.org, **by Friday, January 12, 2024 (Midnight EST).**

**APPLICANT INFORMATION**

**Pediatric Residency Program:**

**Program Director Name and E-mail:**

**Advocacy Program Director Name and E-mail:**

**AAP Chapter Leader Name and E-mail:**

**Faculty Applicant**

Name and Credentials:

Title:

Phone:      E-mail:

Member of both national AAP and state chapter? Yes/No

Previous AAP Advocacy Conference Attendance? Yes/No

**Resident Appliant**

Name and Credentials:

Year in Residency:

Phone:      E-mail:

Member of both national AAP and state chapter? Yes/No

Previous AAP Advocacy Conference Attendance? Yes/No

**ADVOCACY TRAINING PROGRAM**

**Identify a current gap in your training program that your project would address. How will your participation in this grant program benefit your residency program? Priority will be given to those applications that include how the program will address an identified health disparity in the community of their institution (300 words or less).**

**Provide a summary of the educational project you would implement if awarded this grant. Your summary must address the following 4 elements (350 words or less):**

* **Key components of the project (new activities, curriculum enhancement, etc.).**
* **Anticipated number of participants (residents, faculty, community partners, etc).**
* **Description of what skills participants will learn or practice.**
* **Description of how the project will impact participants.**

**Goal & Objectives**

**Describe the overall goal and up to 5** [**SMARTIE objectives**](https://www.cdc.gov/healthyyouth/evaluation/pdf/brief3b.pdf) **(Specific, Measurable, Achievable, Realistic, Time-bound, Inclusive and Equitable) for the Advocacy Training Grant program. Consider what skills participants will develop, the impact on the residency training program itself, and/or the partnership with the chapter. (Word limit: 400)**

***[Not sure how to write a SMARTIE objective? Click*** [***here***](https://downloads.aap.org/AAP/PDF/How%20to%20Write%20SMARTIE%20Objectives.pdf) ***for more information.)***

Overall Goal:

Objective 1:

Objective 2:

Objective 3:

Objective 4:

Objective 5:

**EVALUATION**

**Describe how you will evaluate your project to determine its success. Include quantitative and/or qualitative measures. Ensure the measures are tied to your objectives. (350 words or less)**

**CHAPTER PARTNERSHIP**

**Describe how your AAP Chapter was involved in the development of the proposed educational project and how you will collaborate with them on implementing it. (250 words or less)**

**TIMELINE AND BUDGET**

Timeline

**All educational project activities must occur between April 17, 2024, and March 31, 2025. Your timeline should directly reflect the project as described in the application. A final report is due 60 days after completion of all activities (or by May 31, 2025, whichever comes first).**

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| --- | --- |
| Project Activity | Anticipated Completion Date |
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|  |       |
|  |       |

Budget

The total amount requested should not exceed $1,000. Budget line items should directly reflect the project activities as described in the application. Each item should include a brief description and formula to justify how the amount was determined. Refer to the Application Guidelines for additional information.

|  |  |  |
| --- | --- | --- |
| **Activity** | **Description/Formula** | **Amount** |
|  |  |  |
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