**FORM C – NARRATIVE PROPOSAL**

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| Name of Applicant’s Health Care Facility: |
| **Instructions:** Responses to these questions must be either entered into this document (max of 8 pages) or a document needs to be attached to this form (max of 8 pages) and all answers must be numbered/lettered to align with the questions on this form. If responses to questions are entered into this document, all original form language and formatting must remain in place. |

**1. Project Scope and Description** –

1. Describe how the grant funds, if awarded, would reduce violence in the Health Care Facility by identifying existing issues of workplace violence in the facility(ies) and how the proposed Project will effectively address these issues.
2. Include a description of the overall approach, its relevance and effectiveness, as well as the population that will benefit from the implementation of this Project.

**2. Innovation –**

1. Describe what makes the Project innovative and how the approach is different from current practices.
2. Include a description of what makes the proposed Project original or creative, or how it is advancing an existing approach to preventing violence against nurses.
3. Address the potential for widespread applicability or impact of the innovative approach.

**3. Project Goals -** Specify the goals of the proposed Project or plan. The goals should be linked to the Project Scope and Description from Question #1. The goals should address how violence will be reduced and the types of violence that will be reduced.

**4. Implementation Methodology –**

1. Provide a detailed description of how the Project will achieve the proposed goals.
2. Outline a progression of Project related activities and strategies that will occur during the Grant Period, and use **Form D, Project Timeline** to provide greater detail.

**5. Project Evaluation –**

1. Describe how the Applicant will monitor or evaluate the Project to ensure it is successful (proposed Project goals have been successfully achieved or progress is being made). The description should be linked to the Project Scope and Description, Project Goals, and Implementation Methodology.
2. The proposed project evaluation should address the Performance Measures in **Form E, Performance Measures** and should include an explanation of baseline measures and any relevant information on the quality of the data or information used.

**6. Sustainability -** Describe how your facility will continue the Project after the Grant Period ends.

**7. Contextual Information –** Complete the table below in accordance with the instructions provided.

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| **Contextual Information**  In the table below provide the beginning and ending dates of your facility’s most recently completed fiscal year. Also include the items under facility size and staff size as of the beginning and ending date of your facility’s most recently completed fiscal year. | | | |
| **REPORTING PERIOD (Applicant’s Fiscal Year)** | | | |
|  | **Begin Date (mm/dd/yyyy)** | | **End Date (mm/dd/yyyy)** |
| Enter the begin date and end date of the Applicant’s most recently completed fiscal year: |  | |  |
| **FACILITY SIZE** | | | |
| Number of staffed beds or treatment stations |  | |  |
| **STAFF SIZE** | | | |
| Total Number of Registered Nurses (RNs) Employed |  | |  |
| Total Number of Licensed Vocational Nurses (LVNs) Employed |  | |  |
| **WORKPLACE VIOLENCE INCIDENTS** | | | |
| Total number of workplace violence incidents reported during your facility’s most recently completed fiscal year | |  | |
| Of the total, how many were reported by RNs | |  | |
| Of the total, how many were reported by LVNs | |  | |