



THE EDNA G. KNETT  
MEMORIAL FOUNDATION

The Edna G. Kynett Memorial Foundation  
Plaza 16 Suite 102, 16 E. Lancaster Avenue, Ardmore, PA19003  
Phone: 610-896-3868 Fax: 610-896-3869  
shone@pembrokephilanthropy.net

## Guidelines and Procedures How to Apply Cover Sheet

### GUIDELINES AND PROCEDURES

The Foundation currently accepts proposals in any of three broad areas: community health, professional education and research. The Board encourages and gives particular consideration to proposals designed to improve the cardiac health of populations that have a higher than average risk of heart disease and that are generally underserved by our current health system. Innovative approaches that may offer a significant return on investment and a focus on prevention are also priorities, as are those that can demonstrate sustainability.

#### Community Health

In funding community health programs, the Foundation looks for proposals that focus on underserved populations and is particularly interested in programs which include community health workers working in partnership with health care clinics, hospitals or other health care providers.

**Beginning with its Fall 2016 grant cycle, the Foundation is adding a new area of focus to its community health programming: addressing children's exposure to risk factors for cardiovascular disease (The Childhood Cardiovascular Risk Initiative.)** The Foundation seeks proposals to reduce exposure to cardiovascular risk factors in young children and their families in underserved communities. It is interested in projects which maximize impact, such as addressing risk factors in more than one setting, engaging both primary caregivers and children, promoting stress reduction or targeting practices that affect access to healthier foods and physical activity.

**Proposals for the CCRI must address reduction or prevention of exposure to cardiovascular risk factors in young children (ages 3-7) in low income families living in underserved areas.**

**The Foundation is particularly interested in programs which incorporate one or more of the following approaches:**

- a. Engaging both parents/primary caregivers and children (i.e., a two-generational approach.)
- b. Maximizing impact across the child's life, by reaching children and families in more than one setting, such as home, early childhood programs, schools, health care providers, etc. Projects might include community health workers serving as the "connectors" among the various settings.
- c. Targeting physical activity, healthy eating, or environmental and cultural changes that increase access to healthier foods and/or to safe, outdoor physical activities.

d. Addressing stress in children and parents. These programs might include screening and treatment programs for Adverse Childhood Experiences, as well as stress reduction programs, such as meditation, yoga, and relaxation techniques. In addition, the Foundation is interested in parenting programs that promote positive parent/child interactions and address stress-related behaviors, including smoking, drug use, and family violence.

e. Evaluating the effectiveness of using social media (texting, e-mailing, Facebook, Twitter, etc.) among parents, preschool teachers, health care providers and community health workers in improving cardiovascular health.

**Other Selection Considerations (to be addressed in the proposal):**

- Identification of the community, the target population and number of persons to be reached
- The agency's experience in relevant community organizations, such as early childhood education programs, health care settings, and other community-based nonprofit organizations
- Experience of the program leaders and other team members in the target community
- Evidence-based or promising interventions, especially if based on preliminary experiences in the target community.
- Interventions that are sustainable and may be replicated at a reasonable cost
- Clearly defined outcomes for each part of the intervention

To see the full Request for Proposals, please click [here](#)

**Professional Education**

In the area of professional education, Kynett limits its funding to continuing professional education programs that take place in the Philadelphia region and that target physicians and other health services providers who work with underserved populations. The Board will give additional weight to proposals that provide scholarships to healthcare professionals who are not physicians; that emphasize outreach to health professionals who practice in high risk, underserved communities; or that develop innovative curricula for health professionals who practice in those communities.

**Research**

The Foundation is particularly interested in proposals which explore interventions attempting to improve delivery of cardiovascular health services in underserved communities or focusing on risk factors especially relevant to women, children, minorities or the economically disadvantaged.

**Applications**

The Foundation will incorporate review of the Childhood Cardiovascular Risk Initiative (CCRI) proposals into its regular application cycles (deadlines are October 15<sup>th</sup> and April 15<sup>th</sup> each year.) Applicants should indicate whether their proposal should be considered for the CCRI or another focus area. As with the other focus areas, CCRI grants will be made for one year and generally will not exceed \$50,000. The Foundation has not set aside a specific level of funding or number of grants for the CCRI. Funding decisions will be based on the quality of all of the applications (CCRI, other community health, research, and continuing education proposals) received during each cycle.

Each applicant must include its plan for evaluating the proposed program and for disseminating the results, where appropriate. Applicants must be either public entities or tax exempt under Section 501 (c) (3) of the Internal Revenue Code. The Foundation does not fund private foundations, as defined in Section 509 (a) of the Code, or individuals.

The Foundation funds programs located in the Delaware Valley: Philadelphia, Bucks, Delaware, Chester, Montgomery, Berks, and Lehigh Counties and Camden County, New Jersey and New Castle County, Delaware.

## **USE OF FUNDS**

Grants must be used for the direct expenses of the program in question, though under certain circumstances the Foundation will fund general operating expenses. The Foundation does not make grants to support capital campaigns or endowments or for construction or renovation of facilities. Funds may not be used to pay honoraria to in-house staff, to reduce ongoing deficits from operations, or to substitute for third party reimbursement. Support for capital equipment is rarely provided. Kynett funding may not be utilized for routine medical care unless such services are provided as an essential component of a program to test innovative methods of health service delivery.

## **DISCLOSURE**

Each application must disclose any financial or potential financial interest which any person, whether or not associated with the institution submitting the application, may have in the proposed program or any device, drug, procedure or technique which may be developed, in whole or in part, with funding from Kynett. Applicants must also list all other funders, both those committed and those with whom applications are pending.

## **EVALUATION AND MONITORING**

As a condition of accepting Foundation funds, grantees must provide annual project reports, including budgets, and participate in any evaluation conducted on behalf of the Foundation.

## **APPLICATION DEADLINES AND NOTIFICATION**

The application deadlines are **April 15<sup>th</sup>** and **October 15<sup>th</sup>** of each year. Applications received by the relevant deadline and containing all the required information will be reviewed by a Board committee and the full Board of Trustees. The Trustees will make the final selection for each year's awards. Successful applicants will be notified in December, following the October deadline, and in June, following the April deadline. The Foundation does not generally provide critiques of individual applications or reasons for a grant's rejection. Applications which have been rejected may be resubmitted in future years, but any resubmission must include a letter explaining what changes have been made in the application and the reasons for those changes.

## **ACKNOWLEDGEMENT**

Grantees should include appropriate recognition of the Foundation's support in their annual reports and other materials.



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## HOW TO APPLY

*The grant application must include the information requested below. If you are applying for a Childhood Cardiovascular Risk Initiative grant, please be sure that your narrative has addressed the specific criteria set out in “Guidelines and Procedures” above.*

### **A. The Application Cover Sheet**

### **B. A concise narrative (maximum of eight pages) that includes:**

1. Abstract or Summary, including start and end dates
2. Type of program (childhood prevention, other community health, intervention project, continuing medical education, research, etc.) Include all that apply.
3. Program goals, objectives
4. Program details
  - a. Program setting and target population: A description of the population and numbers of persons that you expect to reach
  - b. Program description
    - i. Details of how the program will be carried out, including timeline
    - ii. A description of any focus on prevention
    - iii. What do you consider to be the most important aspect of the program?
    - iv. What is the agency’s and its staff’s experience in the target community and with this type of programming?
  - c. Program evaluation
    - i. How will the program be evaluated/ how will you define success?
    - ii. How will the program improve cardiovascular health in the target community? What is the expected impact on underserved populations or those at increased risk for cardiovascular disease?
5. Dissemination and next steps
  - a. If the program is successful, what will be your next steps (including how you would disseminate information to relevant community groups)?
  - b. Describe any plans to publish your results
  - c. How will you sustain the program?

**6. Other information**

- a. Key personnel and staff and their qualifications**
- b. Teaching contact hours or CME credit, if appropriate**
- c. Other possible sources of funding for the program (and whether pending, approved, received)**
- d. Description of any financial or potential financial interest which any person or entity, whether or not associated with the institution submitting this application, may have in the proposed program or any device, drug, procedure or technique which may be developed, in whole or in part, with funding from Kynett.**

**C. Attachments**

- a) Copy of the organization's IRS exemption letter**
- b) List of the organization's Board of Directors, with affiliations**
- c) Organization's current budget and a detailed program budget**
- d) Most recent audited financial statement (if annual revenue is over \$125,000), or 990**
- e) Past major contributors**
- f) Annual Report, if available**

**Send 2 copies of the application and attachments to:  
The Edna G. Kynett Memorial Foundation  
c/o Pembroke Philanthropy Advisors  
Plaza 16 Suite 102, 16 E. Lancaster Avenue  
Ardmore, PA 19003  
Attn: Sue Hone, Grants Manager**

**And email the application and attachments to  
[shone@pembrokephilanthropy.net](mailto:shone@pembrokephilanthropy.net)**

**If you have questions about the application procedure or process, please call the Foundation's office at 610-896-3868.**



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### Grant Application Cover Sheet

Category: Childhood Risk Prevention  Community Health  Professional Education  Research

Name of organization: \_\_\_\_\_

Program name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (please provide your **direct** phone number, including the extension. Do not use a number that goes only to voicemail) \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_ Website address: \_\_\_\_\_

Name and title of contact person: \_\_\_\_\_

Name of Executive Director: \_\_\_\_\_

Federal Tax ID number: \_\_\_\_\_ Year organization was founded: \_\_\_\_\_

Mission of Organization: \_\_\_\_\_

Geographic area served by program: \_\_\_\_\_

Amount requested: \$ \_\_\_\_\_ Date(s) and amount(s) of previous Kynett Foundation grants, if any: \_\_\_\_\_

Type of grant you are requesting:  General Operating  Program

Summarize purpose of the grant: \_\_\_\_\_

Program's start and end dates: \_\_\_\_\_

Organization's annual budget: \$ \_\_\_\_\_ Program budget, if applicable: \$ \_\_\_\_\_

Major funding sources, with amounts: \_\_\_\_\_

Submitted by: Name: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_