

**MAGEC South Request for Proposals 2009-10**  
**Educational Programs to Enhance Geriatric Care in South Central Minnesota**

**PLEASE READ**

MAGEC South is authorized to partner with established organizations in supporting geriatric education programs targeted to professionals serving older adults. Preference in funding will be given to collaborative programs that focus on interdisciplinary practice. The educational/training programs must focus on improving the health care of older adults, and the target group must include professionals, educators or students involved in teaching, learning or providing health care to elders. We cannot provide funding to train support staff, volunteers, or family caregivers – while we highly value the contributions of these groups, they are outside the parameters of this funding source. Please only submit proposals for geriatric education for professionals.

Name of Proposed Program \_\_\_\_\_

Amount Requested \_\_\_\_\_

1. Briefly describe the educational program for which you are requesting partnership funding. Include:
  - the date and location
  - target audience (i.e. what groups of professionals are being targeted)
  - educational outcomes
  - anticipated number of professionals served
  - means of participant evaluation.
  
2. Address how this program fits with the mission of MAGEC South “to improve the quality of geriatric care provided to older adults through enhancing education, research and practice throughout south central Minnesota.”
  
3. Is this a collaborative program focusing on interdisciplinary practice?  
\_\_\_\_ Yes      \_\_\_\_ No  
If yes, please explain.

4. Identify the staff, faculty, and others who will be involved in planning and implementing the program. Clearly state each person's positions and role with the program.
  
5. Specify your funding request of MAGEC South. Include a **project budget** that details how the money will be used. Note specifically if you are requesting or have received funding for this program/project from other sources; and if so, specify the sources and amount.
  
6. Describe how MAGEC South's partnership funding of this program or project will be acknowledged or publicized.
  
7. The federal funding authorities for MAGEC require that we submit a report including the names and addresses of all education program participants, along with evaluation data for each funded program. Please include a statement that you will comply in providing this information following completion of your program/project.
  
8. Designate the contact person for the applicant organization, contact information and details regarding payment of any funds that are awarded. Email contact information is required, along with mailing address.

This completed form should be returned by November 25, 2009 to:

Shirley Murray  
College of Allied Health and Nursing  
Minnesota State University, Mankato  
124 Myers Field House  
Mankato, MN 56001

Ph. 507-389-5194  
Fax 507-389-6447  
Email: [shirley.murray@mnsu.edu](mailto:shirley.murray@mnsu.edu)