

# FUTURE OF NURSING™

## Campaign for Action

AT THE CENTER TO CHAMPION NURSING IN AMERICA



### Nursing Innovations Fund Final Report Instructions

#### ***Reporting Instructions and Due Date***

Please answer the below ten questions, which have been devised to guide you in providing the content we need for your final report. The preferred length for this report is no more than four pages, using Arial 11-point font and single-line spacing. Submit completed final report in PDF format and project deliverables to [NursingInnovations@aarp.org](mailto:NursingInnovations@aarp.org) by <time and date> (typically within 30 days after end of your project.).

#### ***Agreed upon Project Deliverables***

[Insert each project deliverable as stated in memorandum of understanding.]

#### ***Questions***

1. Was the project successful in meeting established goals and deliverables? Please describe.
2. What impact has the project made?
3. Identify any new partnerships that were developed and the roles that the partner(s) played on the project.
4. Has your organization received funding, in addition to the initial matching funds, from foundations, corporations, or government bodies for the project? If so, who are the funders? What were the funds for? How much did each funder provide?
5. Did you receive funding, in addition to the initial matching funds, from individual donors? If so, how much did they provide and what was their general interest in supporting your efforts?
6. Did the project encounter internal or external challenges, and if so, how were they addressed?
7. When considering the design and implementation of this project, what lessons did you learn that might help others implement similar work in this field?
8. What are the post-project plans for this work with regard to replication and sustainability?

9. Describe any technical assistance the Center to Champion Nursing in America (CCNA) could provide for your post-project plans.

10. Did CCNA assist or hinder your work on the project in any way? Describe any recommendations for CCNA to consider moving forward.

Final narrative report completed by:

Name:	
Organization:	
Title:	
Address:	
City, State, Zip:	
Email Address:	
Phone Number:	
Date Completed:	