|  |  |
| --- | --- |
| **GRANT NAME** | **DATE SUBMITTED** |
|  |  |
| **ADDRESS OF RECEIVER** | **SUBMITTED TO** |
|  |  |
| **ADDRESS OF SENDER** | **SUBMITTED BY** |
|  |  |

**Please complete all fields**. In addition, supplementary or supportive information may be provided as attachments.

Text in *blue italics* is guidance text and should be deleted before the template is submitted.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| FULL LEGAL ORGANIZATION NAME | | | 501 ( c ) ( 3 ) ? | | IF YES,  EIN |
|  | | | YES | NO |
| ADDRESS | | |  |  | 00-0000000 |
|  | | | IF NO, PROVIDE FISCAL SPONSOR INFORMATION | | |
| WEBSITE | PHONE | TOTAL ORG.  BUDGET | SPONSOR NAME | | EIN |
|  |  |  |  | | 00-0000000 |
| EXECUTIVE DIRECTOR NAME | TITLE | FISCAL  YEAR | SPONSOR ADDRESS | | |
|  |  |  | | |
| EMAIL ADDRESS | PHONE | MONTH |
|  |  |  |
| ADDITIONAL POINT OF CONTACT NAME | TITLE | DAY | TOTAL # BOARD MEMBERS | |  |
|  |  |  | TOTAL # FULL TIME STAFF | |  |
| EMAIL ADDRESS | PHONE | | TOTAL # PART TIME STAFF | |  |
|  |  | | TOTAL # VOLUNTEERS | |  |
| ORGANIZATIONAL MISSION STATEMENT | | | | | |
| *Detail relevant information about your organization that will be applicable for this Grant evaluation* | | | | | |
| BRIEF ORGANIZATION DESCRIPTION | | | | | |
| *Detail relevant information about your organization that will be applicable for this Grant evaluation* | | | | | |
| PROJECT BUDGET | REQUESTED AMOUNT | | | | |
|  |  | | | | |

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| --- | --- | --- |
| **PROJECT ABSTRACT** | | |
| *Please provide a brief explanation of the proposed medical education process* | | |
| *Please provide detailed information for the proposal in the following sections* | | |
| **INTRODUCTION** | | |
|  | | |
| **STATEMENT OF NEED** | | |
|  | | |
| **BACKGROUND** | | |
|  | | |
| **REACH & IMPACT** | | |
|  | | |
| **GOALS & OBJECTIVES** | | |
|  | | |
| **METHODOLOGY** | | |
|  | | |
| **KEY PERFORMANCE INDICATORS (KPIs)** | | |
|  | | |
| **QUALIFICATIONS / STAFF** | | |
| **NAME AND ROLE** | **QUALIFICATIONS** | **RESPONSIBILITIES** |
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| **CONCLUSION** | | |
|  | | |
| **ADDITIONAL INFORMATION** | | |
| **FILE NAME** | **DESCRIPTION** | **LOCATION** attachment / link |
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