|  |  |
| --- | --- |
| **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 |
|   |   |

|  |
| --- |
| **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** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **CONCLUSION** |
|  |
| **ADDITIONAL INFORMATION** |
| **FILE NAME** | **DESCRIPTION** | **LOCATION** attachment / link |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |