**Application Instructions for**

Eligible Physician Health and Wellness Programs and Activities through the TMAF Caring for Physician Healers: Mental Health and Wellness Resources During COVID-19 Fund (PHW Program Fund)

Please let TMAF know if you plan to apply by completing this short survey: <https://www.surveymonkey.com/r/WSQG5YF>

Funding Guidelines/Applicant Requirements

* To bring help to the greatest number of Texas physicians in need of health and wellness resources and strengthen the capacity of physician healers, the Texas Medical Association Foundation (TMAF) has established its Caring for Physician Healers: Mental Health and Wellness Resources During COVID-19 Fund (the “PHW Program Fund”).
* Applicants qualified to apply for a grant from the PHW Program Fund are TMA component County Medical Societies (CMS) seeking support for any of the “Eligible PHW Programs and Activities” featured in the TMAF Grant Application.
* “Eligible PHW Programs and Activities” may be carried out by the CMS Applicant through its established physician health and wellness program (or a physician health and wellness program it seeks to establish), or as independent activities of the CMS Applicant.
* Applications are reviewed by the TMAF Grants Committee and acted on by the TMAF Executive Committee and/or its Board of Trustees.

Deadlines and Grant Distribution Process

* The application must be submitted via email to [sean.dunham@texmed.org](mailto:sean.dunham@texmed.org) as a Word document.
* The TMAF Board or its Executive Committee will act on requests approximately one month after each deadline (August 28, September 30, and October 30, 2020). It is in TMAF’s sole discretion to approve applicants for funding.
* **Approved applicants will be provided a grant contract containing terms and conditions for use of the grant funds. The grant contract must be fully executed before any approved funds may be distributed to the applicant. If interested in reviewing the grant contract prior to completing the TMAF Grant Application, applicants may request a copy.**
* Approved grant funding requests will be available for distribution approximately one month after each deadline.
* Approved grant funding is paid out as follows: The first half (50%) will be paid upon full execution of the grant contract, and the second half (50%) will be paid six months from that date upon the approved applicant’s submission of the interim progress report (see more details below). Approved applicants may request an alternate funds distribution schedule.

Reporting

* TMAF will provide approved applicants a form for reporting progress on the grant-funded activities, as well as a financial accounting of funds expended to date. This report will be required six months after the grant contract is fully executed. **An additional update or final report must be submitted by May 1, 2021**. The approved applicant further agrees that its books and records will be made available for inspection by a director, officer, or agent of the TMAF at reasonable times.
* Grant funding received from TMAF must be used only for the authorized purposes stated in the approved grant application and any funds unexpended by May 23, 2021 must be returned to TMAF by June 30, 2021.

**TMAF Caring for Physician Healers:**

**Mental Health and Wellness Resources During COVID-19 Fund**

**Grant Application**

Date Request Submitted: Click or tap here to enter text.

*(Deadlines are August 28, September 30, and October 30, with funding of approved applications available approximately one month after each deadline according to the following schedule: The first half (50%) will be paid upon full execution of the grant contract, and the second half (50%) will be paid six months from that date upon approved applicant’s submission of interim progress report.)*

Amount requested from TMAF: Click or tap here to enter text.

(Applicants may apply for up to $12,000 to support “Eligible PHW Programs and Activities.” See instructions for additional details on applicant requirements.)

Name, address and phone number of TMA component County Medical Society (CMS) Applicant

Click or tap here to enter text.

Name of CMS President and Chair of the CMS Health/Wellness Program or related Committee Chair, title and contact information

Click or tap here to enter text.

Staff contact person, title, email, and phone

Click or tap here to enter text.

Name of CMS Physician Health and Wellness Program (if applicable)

Click or tap here to enter text.

Is this a proposed or established program?  Proposed  Established

If established, how many years has it been in existence?

Click or tap here to enter text.

Describe the purpose and goals of your established or proposed CMS Physician Health and Wellness Program, including types of physician health and wellness activities and resources currently or proposed to be provided to your CMS members:

Click or tap here to enter text.

**PHW Programs and Activities Eligible for Funding**

Please check the “Eligible PHW Programs and Activities” for which you are seeking support.

**Confidential, Free Coaching**

Description: Confidential, non-reportable coaching sessions will be provided to physicians by licensed PhD professional counselors, licensed clinical social workers or other similarly trained professionals who are not licensed to prescribe medication. These professionals will be vetted by the CMS, and physicians who wish to use this service will select the counselor from among the ones offered through the CMS physician health and wellness program. Most CMSs limit the number of such sessions per physician.

How Grant Funds Must Be Administered: The CMS will directly pay the professional counselors for each coaching session or will pay a negotiated discounted rate to a mental health group. Fees will not be paid to physicians or other health care practitioners who are authorized to prescribe dangerous drugs or controlled substances.

**Physician Health and Wellness Education and Resources**

Description: Education and resources will include video/audio, podcasts, symposiums (*e.g.*, offered via Zoom or PP with audio), apps, physician wellness video library, articles, websites, and books.

How Grant Funds Must Be Administered: Any fees for educational content or presentations will only be paid directly by the CMS to individuals who are not physicians or other health care practitioners authorized to prescribe dangerous drugs or controlled substances. No continuing medical education (“CME”) credit will be offered to physicians for any of these activities.

**“Finding Meaning in Medicine” Video Conference**

Description: “Finding Meaning in Medicine” (“FMM”) is a licensed program developed by physician Rachel Remen. The program utilizes a topic-based discussion format and meets monthly. FMM small group meetings are informal times of discussion spent with colleagues to rediscover or enrich meaning that leads to deeper satisfaction in physicians’ work. FMM conferences are led by certified group leaders.

How Grant Funds Must Be Administered: An annual license fee will be paid by the CMS to the Remen Institute for the Study of Health and Illness (RISHI) and fees will be paid to RISHI to train physicians to be certified group leaders. Fees will not be paid to physicians or other health care practitioners who are authorized to prescribe dangerous drugs or controlled substances. No CME is offered to physicians for FMM activities.

**Yoga**

Description: Yoga helps reduce stress, increase flexibility, and promote peace of mind. Classes will be suitable for beginners and those more experienced.

How Grant Funds Must Be Administered: Any fees associated will be paid directly by the CMS to the yoga instructor and will not be paid to physicians or other health care practitioners who are authorized to prescribe dangerous drugs or controlled substances. This activity would not offer CME to physicians.

**Stress Reduction Meditation**

Description: Group meditation sessions will be led by individuals trained in the stress physiology and mind-body research, as well as the mindfulness presentation and practice during the workshop.

How Grant Funds Must Be Administered: Any fees to trainers will be paid directly by the CMS. Fees will not be paid to physicians or other health care practitioners who are authorized to prescribe dangerous drugs or controlled substances. No CME is offered to physicians for this activity.

**Budget**

Download the [TMAF PHW Grant Budget Sheet](http://www.texmed.org/uploadedFiles/Current/2016_About_TMA/Related_Organizations/TMA_Foundation/TMAF_Grants_and_Awards/TMAF%20PHW%20Grant%20Budget%20sheet.xlsx).

**Eligible PHW Programs and Activities**

For each of the “Eligible PHW Programs and Activities” you checked in this application, provide the following information in the chart below.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Activities**  *Complete the line for the activity (activities) for which you are seeking support.* | **How will these be promoted to CMS physician members?** | **How will the impact be evaluated?** For example, number of physicians reached, evaluations by participants, etc. | **How many physician members do you aim to reach?** | **Start/end dates**  if applicable; if ongoing, then state such (e.g. an online presentation available on demand) | **Other information** |
| **Confidential, Free Coaching** |  |  |  |  |  |
| **Physician Health and Wellness Education and Resources** |  |  |  |  |  |
| **“Finding Meaning in Medicine” Video Conference** |  |  |  |  |  |
| **Yoga** |  |  |  |  |  |
| **Stress Reduction Meditation** |  |  |  |  |  |

**I certify that the information submitted in this application is true and correct to the best of my knowledge. I further understand that any false statements may result in denial of this application or revocation of the funding.**

Signature:

Date:

Printed Name:

Title: