**FUNDING REQUEST**

**TMA FOUNDATION**

**2016-2017 Medical Grants Program**

**Basic Information**

**PROGRAM TITLE:** Click here to enter text.

*(This will be used in print and electronic media)*

**COUNTY MEDICAL SOCIETY OR   
ALLIANCE CHAPTER:** Click here to enter text.

**YOUR NAME:** Click here to enter text.

**TITLE:** Click here to enter text.

**PHONE:** Click here to enter text.

**E-MAIL ADDRESS:** Click here to enter text.

**AMOUNT REQUESTED:** Click here to enter text.

**($7,500 maximum)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Where should contracts and payment be mailed?**

**Contact person:** Click here to enter text.

**Address:** Click here to enter text.

**City:** Click here to enter text. **State: TX Zip Code:** Click here to enter text.

**Society or Alliance Tax ID number:** Click here to enter text.

(Required in order to process grant payments)

**Please describe the program in THREE sentences:**

Click here to enter text.

*This should be a descriptive summary that TMAF can use to promote the program. Limit: 100 words*

**If program is funded, TMAF would like to make a presentation at an upcoming meeting between Nov. 1st and March 1st. when and where does your membership have meetings:**

**Meeting Dates and Time:** Click here to enter text.

**Meeting Location:** Click here to enter text.

**Program Snapshot**

**What will this program accomplish?**

Click here to enter text.

**Why is this program needed?**

Click here to enter text.

**Estimated number of people you hope to reach?**

Click here to enter text.

**What is the age range of those you hope to reach?**

Click here to enter text.

**Cities and/or counties where program will be carried out?**

Click here to enter text.

**Is this a new program?**

Yes  No

***If no:*** *How long has it been in existence?*Click here to enter text.

**TMA Public Health/Science Priorities this program addresses** (check all that apply)

Tobacco Use

Obesity/metabolic syndrome

Mental Health & Substance Use Disorders

Violence, Victimization, Unintentional Injuries

Vaccine-Preventable Diseases (Immunizations)

Unplanned Pregnancy

Environmental Health (or hazards)

**List the program goals (add additional lines for goals if needed)**

**Goal #1:** Click here to enter text.

**How will you measure if this goal is accomplished?**

Click here to enter text.

**Goal #2:** Click here to enter text.

**How will you measure if this goal is accomplished?**

Click here to enter text.

**Goal #3:** Click here to enter text.

**How will you measure if this goal share has been met?**

Click here to enter text.

**Describe other ways you will know if the program is successful:**

Click here to enter text.

**What is the role of physicians/alliance members in the program?**

Click here to enter text.

**List all organizations that are part of this program and the role do they play in the program.**

Click here to enter text.

**What is your program timeline?**

Click here to enter text.

***Example:***

Nov-planning meeting;

Dec-set location;

January purchase supplies;

Feb- host event;

March- program wrap-up

**Is this a one-time program or will it continue in future years?**

One time program

Continuing Program

*Explain plans to continue this program in the future? Who will provide funding, volunteers, etc.?*

Click here to enter text.

**How easily can this program be replicated by another organization?**

Click here to enter text.

**Which elements might make this a difficult program to replicate?**

Click here to enter text.

**Please list all ways you will recognize TMAF if funding is approved?**

Click here to enter text.

**Expense Budget**

**Is this part of a larger program or is the amount requested from TMAF the entire program budget?**

Part of a larger program Entire program

*(If part of a larger program, explain other income sources in the budget outline.)****Please describe the role of this project in the larger program:***

Click here to enter text.

**Has TMAF funded this program in the past?**

Yes No Unsure

***If yes:*** *Describe any changes to the program from previous years:* Click here to enter text.

**If TMAF is unable to fund the full amount, how will this affect your program? What changes will be made?**

Click here to enter text.

**Have you sought reduced costs or no cost services or supplies for your program?**

Yes No

***If yes:*** *List which you have requested and the outcome of your request:* Click here to enter text.

***If no:*** *Please explain why you have not:*Click here to enter text.

**Itemized Budget**

Please provide the purpose of each budget item for which TMAF funds are being requested (column 1) in the “Explanation” field under each section. (See “Budget Instructions for examples)

**(Insert extra lines in categories as needed)**

**1 2 3**

|  |  |  |  |
| --- | --- | --- | --- |
| **Itemized Budget Description** | **Amount Requested From TMAF** | **Matching Funds/Resources** | **Budget For Total Program** |
| Personnel  (Including consultants/ sub-contractors) |  |  |  |
|  | $ | $ | $ |
|  | $ | $ | $ |
| **Total** | **$** | **$** | **$** |
| **Personnel Explanation:** Click here to enter text. *Have you attempted to identify volunteers who can provide this service or volunteers who can be used and thus reduce this personnel expenditure?* | | | |
|  |  |  |  |
| Travel (staff and/or other participants) |  |  |  |
|  | $ | $ | $ |
|  | $ | $ | $ |
| **Total** | **$** | **$** | **$** |
| **Travel Explanation:** Click here to enter text. *Explain the purpose and role of the budgeted item.* | | | |
|  |  |  |  |
| Communications (telephone, fax, postage) |  |  |  |
|  | $ | $ | $ |
|  | $ | $ | $ |
| **Total** | **$** | **$** | **$** |
| **Communications Explanation:** Click here to enter text. *Explain the purpose and role of the budgeted item.* | | | |
|  |  |  |  |
| Printing/copying (Include quantities of each item listed) |  |  |  |
|  | $ | $ | $ |
|  | $ | $ | $ |
| **Total** | **$** | **$** | **$** |
| **Printing/copying Explanation:** Click here to enter text. *Explain the purpose and role of the budgeted item.* | | | |
|  |  |  |  |
| Supplies (Include quantities of each item listed) |  |  |  |
|  | $ | $ | $ |
|  | $ | $ | $ |
| **Total** | **$** | **$** | **$** |
| **Supplies Explanation:** Click here to enter text. *Explain the purpose and role of the budgeted item* | | | |
|  |  |  |  |
| Fees Paid to Third Parties (Detail quantities) |  |  |  |
|  | $ | $ | $ |
|  | $ | $ | $ |
| **Total** | **$** | **$** | **$** |
| **Fees Paid to Third Parties Explanation:** Click here to enter text. *Have you negotiated with them to reduce the cost of their fees (e.g. a mall wants to charge full price to rent space, they may be willing to discount the cost if you request this).* | | | |
|  |  |  |  |
| Other Direct Expenses (Detail quantities) |  |  |  |
|  | $ | $ | $ |
|  | $ | $ | $ |
| **Total** | **$** | **$** | **$** |
| **Other Direct Expenses Explanation:** Click here to enter text. *Explain the purpose and role of the budgeted item* | | | |
|  |  |  |  |
| Other (Detail quantities) |  |  |  |
|  | $ | $ | $ |
|  | $ | $ | $ |
| **Total** | **$** | **$** | **$** |
| **Other Explanation:** Click here to enter text. *Explain the purpose and role of the budgeted item* | | | |
|  |  |  |  |
| **Total** | **$** | **$** | **$** |

**Budget Instructions**

**1. Column #1 “Amount Requested from TMAF”:** In addition to listing the amount requested, complete the column to the left titled “Itemized Budget Description” with details about the amount you are requesting (see example below). This detail is your “budget narrative” and helps TMAF understand the need or use of the money being requested.

**2. Column #2 “Matching Funds/Resources” (secured or anticipated to be secured):** (this can be money, time, volunteers or supporting services from your organization or partners.) The total in column #2 must equal or exceed the amount being requested from TMAF (column #1). Volunteer time is considered an in-kind donation. To calculate the value of volunteer time, the Independent Sector[[1]](#footnote-1)\* volunteer time currently values an hour of volunteer time at **$23.07**. Place an actual or reasonable estimate of the dollar value of all non-cash resources. For example, if video production services are being donated at no cost, provide the figure of what would normally be charged and the name of the company or person donating the service.

Please describe all amounts in column #2 in the Itemized Budget Description column (far left). Matching resources and funds need not be related to the funding requested from TMAF (e.g. an in-kind donation of a DVD player might be needed to show an educational presentation, yet the funds you are requesting from TMAF will support vaccines).

**3. Column #3 “Total Expenses”:**  Columns 1 and 2 added together equal Column 3. **Inaccurately calculated totals will not be considered.**

*Example:*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **1**  **Amount Requested From TMAF** | **2**  **Matching funds/ Resources** | **3**  **TOTAL Expense Budget For Program** |
| Personnel (Including consultants/ sub-contractors) |  |  |  |
| 10 Student volunteers (8 hours each) | $ | $1,845 | $1,845 |
| **Total** | **$**  *Example* | **$1,845** | **$1,845** |
| **Personnel Explanation:** Student volunteers will conduct 4 two-hour classes *Have you attempted to identify volunteers who can provide this service or volunteers who can be used and thus reduce this personnel expenditure?* | | | |
| Supplies |  |  |  |
| 75 pedometers ($5 each) | $375 | $ | $375 |
| 1500 Promotional Stickers | $200 | $ | $200 |
| **Total** | **$575** | **$0** | **$575** |
| **Supplies Explanation:** Pedometers will be given to 75 students at the start of a six week period to track their steps. Their daily steps will be recorded and over this time to encourage activity. Pedometers are being sold at a discount from the sporting goods store. Promotional stickers with healthy food choices, activity encouragement, and anti-tobacco messages will be given out at the health fair. Stickers will be given at cost from local print company *Explain the purpose and role of the budgeted item* | | | |
| **Total** | **$575** | **$1,845** | **$2,420** |

1. \* INDEPENDENT SECTOR is a just and inclusive society of active citizens, vibrant communities, effective institutions, and a healthy democracy whose mission is to promote, strengthen, and advance the nonprofit and philanthropic community to foster private initiative for the public good. [↑](#footnote-ref-1)