



1. Selection Committee

The selection committee shall be comprised of the following Indiana State Medical Association Alliance board members:

- a) Executive Board, as set forth in the Indiana State Medical Association Alliance bylaws, Article IX, Section I, A.
- b) Health Promotion Chair
- c) SAVE Chair
- d) Project Coordinator

2. Grant Program Mission

In keeping with the mission statement of the ISMA-A: "...support and promote quality health care for the citizens of Indiana."

3. Grant Program Objectives

In keeping with the objectives of the ISMA-A: "...to support health-related charitable endeavors."

4. Who May Apply

Any qualified county alliance as set forth in the Indiana State Medical Association Alliance bylaws, Article IV, County Alliances, or a representative of said county alliance. Representative must pay dues to the Indiana State Medical Association Alliance.

5. Selection Criteria

Having met qualifications for application, projects will be selected based upon ability of project to fulfill the grant program mission, number of applications received, monies available for distribution, and monies requested. Funds are awarded at the discretion of the Selection Committee and may be funded in part or in full.

6. Use of Funds

Funds awarded must be used specifically for materials and services needed to operate the project and may **not** be used for travel, entertainment, meals, or reimbursement for volunteers' time. Funds must benefit citizens of Indiana.



7. How To Apply

The Indiana State Medical Association Alliance County Grant Program Application for Funding must be completed in full and signed by a member of the applying county alliance. Application must be received via e-mail (e-mail confirmation will be sent upon receipt), fax, or mail by midnight of the deadline date.

8. Application Deadline

August 21, 2008

9. Follow-Up Report

If a county is granted project funding, the county must complete an Indiana State Medical Association Alliance County Grant Program Follow-Up Report and attach any materials related to the event.



APPLICATION DEADLINE – AUGUST 21, 2008

Completed application should be sent to:

Jill M. Bruce, ISMA Alliance

322 Canal Walk • Indianapolis, IN 46202

Fax 317-261-2076 • E-mail jbruce@ismanet.org

1. Title of Project _____

2. Amount requested (*maximum of \$500*) _____

3. County Alliance information:

Name of Alliance _____

Contact Name/Title _____

Address _____

City _____ State _____ Zip _____

Home Phone Number _____

Email _____

4. Signature of applicant _____

Date _____



2008 County Grant Program

Application for Funding

5. Project information:

Describe the suggested project and its goals. _____



2008 County Grant Program

Application for Funding

5. Project information (*continued*):

What is the suggested time period for conducting the project? _____

Who will benefit from the project? _____

Describe how this project will have a direct and positive benefit on lives. _____



5. Project information (*continued*):

How will the monies be spent? ***Please include a detailed list of items to be purchased, i.e. materials, facility rental, advertising, printing, etc. and their estimated cost.***

Item	Estimated Cost
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If the ISMA-A only funds a portion of the total costs, how will the balance of the costs be funded? _____
