

North Carolina Medical Society Alliance

Grant Application

The North Carolina Medical Society Alliance (NCMSA) awards grants for projects which promote the development of and participation in programs and projects that address health and health education issues. See the Grant Application Guidelines attached for further information.

Project Name _____
Requested Grant Amount \$ _____ *Matching Funds available* \$ _____
Organization Requesting Grant _____
When do you plan to start this program? _____
Nonprofit Status _____ Federal ID Number _____
Authorized Contact _____
Mailing Address _____
City/State _____ Zip _____
Phone _____ Fax _____ Email _____
Name of local newspaper _____

(On a separate page please complete the remaining questions)

1. Project Description
Please describe the planned project, stating its name and purpose, goals and objectives, target population, estimated number to be reached, county served, start date and completion date. List all matching funds (include source, amount, method.) Include a statement or documentation showing community needs and the extent of interagency cooperation, as applicable.
2. Project Evaluation Plan
Describe the evaluation process to be used and identify who will be responsible for the evaluation. (Upon completion of this project, please return the Grant Evaluation form provided with this package.)
3. Plan for Continuation of Program
Describe any ongoing efforts that the project may have initiated.
4. Project Budget
Outline the proposed budget for the project.

The NCMSA Executive Committee will review all grant applications. Grants over \$500 require approval by the Board of Directors. **Contact the NCMSA for grant application for grant requests over \$500.**

Return to: NCMSA, 1500 Sunday Dr., Ste 102, Raleigh, NC 27607 or Fax 919-787-4916

Questions: Call: 919-573-1316
E-mail: tsteadman@ncmsalliance.org
Web site: www.ncmsalliance.org

Requested by _____ Date _____
Address _____ City _____ Zip _____
Phone _____ Fax _____ Email _____

North Carolina Medical Society Alliance

Grant Application Guidelines

1. Grants will be considered for projects which promote the development of and participation in programs and projects that address health and health education issues.
2. Priority will be given to programs and projects that are in compliance with the current goals and health initiatives of the North Carolina Medical Society Alliance (NCMSA).
3. The project must be completed within one year of receiving the grant. An evaluation must be submitted to NCMSA within sixty days after completion. Additional information may be requested from the grantee to determine the status of the program or project.
4. Grants from the NCMSA are intended to be “seed money” for programs and projects and shall not be used for general operating expenses.
5. Grants will be made dependent upon the availability of funds. *The grantee must match 25% of grants totaling \$500.00 or less. (An exception may be made for county alliances applying for grant funding for the first time or for county alliances in the process of reorganizing.) Grants over \$500 must be matched 100% by the grantee.* The grantee must identify the source and amount of other donations, including in-kind donations, in the proposed budget for the project.
6. A project may be resubmitted annually for consideration of funding after submitting an annual report. Grants made for continuation of a project must be matched 100% by the grantee.
7. The NCMSA Executive Committee (consisting of President, President-elect, Secretary, Treasurer and Immediate Past President) will review all grant applications. Written notification will be sent after a full review of the grant request.
8. If funds are available, grant requests can be considered throughout the year. **Grants over \$500 must be approved by the NCMSA Board of Directors.**
9. The NCMSA should be recognized in appropriate publications where other donors or sponsors are recognized.

For additional information, contact:

NCMS Alliance
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Raleigh, NC 27607
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North Carolina Medical Society Alliance

Grant Evaluation for Completed Project

The North Carolina Medical Society Alliance (NCMSA) requests project evaluation and follow-up within sixty days after project completion.

Project Name _____

Grant Amount \$ _____ Matching Funds Used \$ _____

Organization Requesting Grant _____

Start date of this program _____ End date of this program _____

Nonprofit Status _____ Federal ID Number _____

Authorized Contact _____

Mailing Address _____

City/State _____ Zip _____

Phone _____ Fax _____ Email _____

(On a separate page please complete the remaining questions)

1. Project Description

Describe briefly

2. Project Results

List the number of volunteers involved in the project. Provide the number and description of recipient(s) served by the project.

3. Plan for Continuation of Program

Describe any ongoing efforts that the project may have initiated.

4. Project Budget

Outline the monetary breakdown of monies used in the project. If all monies were not spent, describe how they will be used.

Deadline: Within sixty days after project completion

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Reported by _____ Date _____

Address _____ City _____ Zip _____

Phone _____ Fax _____ Email _____