



American Academy of Family Physicians Foundation

## **MISSION STATEMENT**

The American Academy of Family Physicians Foundation advances the values of Family Medicine by promoting humanitarian, educational and scientific initiatives that improve the health of all people. The Foundation advances those values through the *Family Medicine Cares USA (FMC USA)* grants by supporting free health clinics that provide a base of care infused with Family Medicine.

## **GRANT REQUIREMENTS AND GUIDELINES for EXISTING CLINICS**

### **Eligibility Requirements**

Grants are available to all existing free health clinics that:

- Provide services at no cost to all patients receiving care in the clinic.
- Have an AAFP member family physician that maintains active, ongoing involvement with patient care at the clinic.
- Have a primary care focus
- Target populations of the uninsured and medically underserved with income restrictions
- Are nondenominational and open to all members of the community
- Serve adults (and children as needed if SCHIP program not available)
- Use family physician AAFP members, residents, medical students, and retired family physicians as volunteers.
- Demonstrate collaboration with other community organizations (e.g., representation of community members on the board)

### **Would prefer clinics to:**

- Have partnerships /collaborations with hospitals, residency programs, medical schools, AAFP Chapters and/or Chapter Foundations.
- Have a Medical Director that is an AAFP member.

### **Grant Guidelines**

- **Application submission:**

- The deadline is September 15 by 5 p.m. CST. When the deadline date falls on a weekend, proposals are due the following workday.
- Incomplete applications including applications that are missing required documentation (e.g., letters of support from community partners, business plan and organizational structure information) will be rejected. Note: applications not typed will be considered incomplete.
- Clinics that have previously received an 'existing clinic' *FMC USA* grant within the last three years or a 'new clinic' award in the last five years are not eligible to apply.

- **Letters of Support:** Provide at least two letters of support from community partners (e.g., health department; local hospitals, food banks etc.). Letters are to be dated, addressed to the AAFP Foundation, and written on the community partner's letterhead.
- **Award Amount:** Grant awards are available up to \$10,000 and vary based upon approved needs, number of applicants, and funds available. The funds received must be used solely for the purposes outlined in the application form.
- The **Primary Clinic Contact** should be a person who can easily be reached and available to answer any application or administrative inquiries. If the clinic is open only a few hours a week, the primary clinic contact should include in the application their personal email or telephone number.
- **Family Physician Clinic Champion:** The family physician listed should be a 'champion' of the clinic that maintains active, ongoing involvement with the patient care provided.
- **Clinic Description** – Description should include:
  - 1) Descriptions of the estimated number of patients needing services in the area you serve,
  - 2) Clinic hours and the estimated number of hours of direct patient care per month delivered by Family Physicians in the clinic,
  - 3) Organizational/governing structure of the clinic,
  - 4) Type of clinic volunteers (physicians, residents, students and non-medical), and information pertaining to
  - 5) Clinic sustainability and the partnerships/collaborations you have with the local community.
 Support your descriptions by including in the appendices documentation such as an organizational chart, a list of board members and their affiliations, a summarized business plan etc. Please provide any other documentation that will help reviewers have a clear understanding of your clinic structure and needs. Note for organizations with multiple clinic sites: This award is intended to provide support to one clinic location only. Therefore, the application should reflect how funds will be used at one specific clinic in need within your organization.
- **Budget** is to be item specific with estimated amounts rounded to the nearest dollar. Provide a description of how the items requested will be used to enhance patient care.
- **Allowable items:** The grant is intended to be used to purchase durable, sustainable equipment and instruments necessary for diagnosis and treatment. Disposable supplies for equipment up to \$500 are allowable (e.g., vaccines, gloves, speculums, diabetic test strips, lancets, disposable probe covers, tab electrodes, cotton swabs, etc.)
- **Non-allowable items:** The AAFP Foundation does not provide grant funds for indirect or overhead costs (e.g., rent, phone, utility bills, software upgrades etc.), office supplies or waiting room furniture.
- **Applicant notifications:** Upon receipt and acceptance of the grant application by the Foundation, an acknowledgement will be sent to the applicant. The Foundation Board of Trustees meets in November to approve applications. The applicant will be notified in writing within two weeks after a decision has been made.
- **Award process:** In order to allocate the initial distribution, the following documents are to be returned within 45 days of award notice:
  - An **Acceptance Letter** written and signed by the awarded clinic indicating their acceptance of the award and proposed use of funds.
  - Completed **990 Information Form**
  - Signed and dated **Application Agreement**
- **Distribution of funds:** Following the AAFP Foundation Board of Trustees grant approval, grantees must sign and return all grant agreement documents before

allocation of funds (See above). Initially, 80% of the award will be distributed. The remaining 20% will be distributed upon receipt of a completed Reconciliation Form (provided by the AAFP Foundation) documenting the purchase of requested items. Documentation of all expenditures must be provided within 120 days of receiving the first installment of the award. Please note: This grant is a reimbursement grant. The award amount paid out will equal the actual amount spent on purchases only.

- **Progress report/documentation requirements** during the grant year and for two years following: Grant recipients will be expected to complete and return a brief survey on a semi-annual basis documenting the number of Family Medicine volunteers and other general information about the patients served. This input will help AAFP Foundation donors better understand the impact of their support.
- A **media/communication** packet will be provided upon notification of the grant award (framed award certificate information, media outreach protocol, etc.). Grant recipients are requested to provide clinic event photos and media coverage, as well as recognition acknowledgement of the AAFP Foundation.
- **Checklist:** Use the checklist on the application to be sure you have included all required documentation

### **General information**

Please contact Sharon Hunt at [shunt@aafp.org](mailto:shunt@aafp.org) to request an application. The application is a Word document that has been set up to be completed electronically. After the application is complete, please sign it (electronic signatures accepted) and email or fax to:

**Sharon Hunt**  
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*Family Medicine Cares USA*  
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