



American Academy of Family Physicians Foundation

REQUIREMENTS AND GUIDELINES

The Family Medicine Cares (FMC) USA program is a reimbursement grant for the purchase of durable medical equipment and instruments for the diagnosis and treatment of primary care patients. New Clinics may receive up to \$25,000 and existing clinics may receive up to \$10,000. Priority is given to new clinic applications, but when funds are available, existing clinic applications will be considered for funding.

Please note: This award is intended to provide support to one clinic location only. Therefore, if your organization is an existing clinic and has multiple clinic sites, the application should reflect how funds will be used at one specific clinic in need within your organization.

ELIGIBILITY REQUIREMENTS

New Clinics Only:

- Are not an expansion/relocation of an existing clinic.
- Have opened or will open within 6 months of the application deadline (July 15).
- Have communicated with the National Association of Free and Charitable Clinics (NAFC) their interest in applying for a “new” AAFP Foundation FMC USA free clinic grant.
- The new clinic has received or are in the process of receiving NAFC’s Seal of Excellence. For more information on how to receive this certification, contact www.nafcclinics.org; ariana@nafcclinics.org or melanie@nafcclinics.org.

All Clinics:

- Must provide services at no cost to uninsured and medically underserved patients. Clinics that explicitly solicit patient fees or request patient donations, do not qualify for this grant.
- Must have an AAFP member family physician who maintains ongoing involvement with patient care at the clinic. (i.e., Clinic volunteer, medical director, or board president).
- Must exhibit a focus in primary care.
- Must serve adults and are open to all members of the community.
- Must use active/retired family physicians, residents, or medical students as volunteers in addition to paid staff.
- Cannot have received an FMC USA award **within the last five years**.

Clinics should highlight partnerships/collaborations with hospitals, residency programs, medical schools, AAFP Chapters and/or Chapter Foundations and other non-medical community organizations (e.g., food pantries, schools, health departments etc.) are preferred. While all applications will be reviewed, existing clinics in areas with high (5.0 and above) Area Deprivation Index (ADI) score (<https://www.neighborhoodatlas.medicine.wisc.edu/mapping>) will be given priority. Refer to section 3a in application guidelines for instructions on obtaining your ADI score.

GRANT GUIDELINES

- **Award Amount:** FMC USA Awards are available to new clinics up to \$25,000 and existing clinics up to \$10,000 and are based upon approved needs, number of applicants, and funds available. The funds provided are to be used for the purchase of durable medical equipment and instruments for the diagnosis and treatment of primary care patients. A small percentage of the award may be used for non-durable items (see below).
- **Online Application Submission:** The Deadline is July 15 by 11:59pm
- **Applications must provide descriptions where requested:** Applications directing the reviewers to “see attachments,” rather than a written response, will not be accepted as a complete application.
- **Allowable Items:** The grant is intended to be used to purchase durable, sustainable equipment and instruments necessary for diagnosis and treatment related to primary care. Some items for specialty care will be considered if the item will be used by primary care physicians. Non-durable items are allowable and considered disposable supplies (i.e., vaccines, gloves, speculums, diabetic test strips, lancets, disposable probe covers, tab electrodes, cotton swabs). Management subscriptions for EMRs are considered non-durable purchases. New clinics may budget up to \$1500 for non-durable items and existing clinics may ask for up to \$750 in non-durable items.
- **Non-allowable Items:** The AAFP Foundation does not provide grant funds for indirect or overhead costs (e.g., rent, phone, utility bills, salaries etc.) office supplies, waiting room furniture or equipment for the care and diagnosis of specialty care patients (e.g., dental, vision etc.)
- **Applicant Notifications:** Awards are announced September 30.
- **Distribution of Funds:** For the initial distribution of funds, the following documents are to be returned within 30 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**

Please note: This is a reimbursement grant. Only the ‘actual’ cost of the items requested will be reimbursed. Initially, 80% of the FMC USA award is distributed. The remaining amount of the award (up to 20%) will be distributed upon receipt of a completed reconciliation form. Documentation of all expenditures must be provided within 6 months (180 days) of receiving the award notice unless an extension is approved by the Foundation.

- **Progress Report/Documentation Requirements:** For up to three years following distribution of the award, grant recipients will be expected to complete and return a brief survey on a yearly basis documenting the number of Family Medicine volunteers and other general information about the clinic and patients served. This input will help AAFP Foundation donors better understand the impact of their support.

Media/Communication: Additional information will be provided with award notification. Grants recipients must agree to acknowledge the support of the AAFP Foundation in any promotional materials or media coverage whenever clinic activities funded in whole or in part by this award is made public. It is also requested that awarded clinics share any clinic-related event photos and media coverage with the AAFP Foundation. Grant recipients are requested to provide clinic event photos and media coverage, as well as recognition acknowledgement of the AAFP Foundation.

APPLICATION INFORMATION AND REVIEW PROCESS

The applications are reviewed and scored by the Family Medicine Cares Work Group, a subgroup of the Foundation's Board of Trustees. Applications can receive a maximum of 70 points.

The application can be accessed through our AAFP Foundation website:

<https://www.aafpfoundation.org/grants-awards/family-medicine-cares-usa/application-details.html#>

Section 1. Clinic Contact

Note: The **Primary Clinic Contact** should be a person who can easily be reached and available to answer any application or administrative inquiries.

Section 2. Family Physician (FP) Clinic Champion (10 Points)

Provide the FP's name, AAFP membership ID, cell phone or best contact number, and email. The FP listed should be a "champion" of the clinic who maintains active, ongoing involvement with the patient care provided. The role and level of FP involvement (e.g., medical director, board president, or active volunteer) is clearly stated.

Section 3. Clinic Overview (40 Points)

Applicant clearly defines the geographic area, patient population, day/hours of clinic operation; organizing and government structure; sustainability plan; partnerships/collaborative efforts with community organizations, hospitals, residency programs or medical schools; volunteer involvement. The need in your community for primary care is clearly stated and indicated by your ADI score. Supporting documentation (e.g., organizational chart, a list of board members and their affiliations, summarized plan of your clinic's sustainability plan etc.) is recommended but not required to help reviewers have a clear understanding of your clinic and the population served.

Describe clearly and concisely the following:

- a. **Geographic Area.** Information to include: 1) A description of the patient population you serve or will be serving (e.g., include race, ethnicity, gender, age, and poverty and unemployment rates, etc.); 2) estimated clinic hours and the number of hours of direct patient care by volunteer Family Physician's per month. 3) Include in your description your clinic's Area Deprivation Index (ADI) score based on your patients' service area. **NOTE:** To obtain your ADI score, visit (<https://www.neighborhoodatlas.medicine.wisc.edu/mapping>) and select your state and "search" the address of your clinic or zip codes where most of your patients come from.
- b. **Services Offered.** Free Clinics can often provide a range of services. Please indicate, in addition to Primary Medical Care, all services that are available at this free clinic.
- c. **Organizational/Governing structure.** Provide information on how each of your Board members and their affiliations within the community support the clinic. If volunteers are in or will be in roles of leadership, what will that look like? If it is a student-run clinic, what will be or are the roles of the students? You may upload an organizational chart to support your description.
- d. **Sustainability Plan.** Sustainability plans are used to help clinics achieve its goals. Your description should include other types of resources, such as in-kind support, volunteer staff, or shared resources from other organizations that will help sustain the clinic long-term. In addition to your description, an Abbreviated Sustainability Plan document may also be uploaded to the application.
- e. **Partnerships/Collaborations.** Partnerships and collaborations with the local community organizations (e.g., food pantries, schools, emergency services, health alliances, etc.) and the health organizations (e.g., public health department, hospitals, residency programs, medical schools, etc.) help increase a community's recognition of the clinic. Describe your existing or

potential collaborations/partnerships and how they are/will be helping to enhance clinic sustainability. Include in your description whether your clinic is a member of the National Association of Free and Charitable Clinics.

- f. **Family Medicine Volunteers.** Indicate how many and type (e.g., residents, medical students, active and retired) of Family Medicine volunteers in your clinic. Provide clear examples of how the volunteers support or will support the clinic. What are or will be their roles and responsibilities in the clinic? If your clinic is in an area where there are no residency programs or medical schools close by, explain how you will recruit volunteers for your clinic.

Section 4. Budget (10 Points)

Budget and budget description is to be item specific with estimated amounts rounded to the nearest dollar. Budget description should list the item, detail the clinic's need for this item and explain how it will be used to enhance patient care. Budget items are for durable medical instruments and equipment for the treatment of primary care.

Section 5. Supporting Documents (10 Points)

Application is well written, cohesive, and easy to read. Letters of support are appropriate and relevant. At least one letter of support from community or medical partners (e.g., health department, local hospitals, food banks, etc.) and one letter of support from the clinic's physician champion. Support letters are to be dated, addressed to the AAFP Foundation, written on an organization's or community partner's letterhead, and signed. Please upload the letter(s) of support to the online application.

Questions?

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AAFP Foundation

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The American Academy of Family Physicians Foundation advances family medicine through philanthropy, using humanitarian, educational, and scientific programming to improve health.

We strive to create a sense of belonging through an inclusive environment that embraces the family medicine community by recognizing individual uniqueness and contribution to family medicine.