



American Academy of Family Physicians Foundation

REQUIREMENTS AND GUIDELINES for EXISTING CLINICS

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. While the focus is to support brand new clinics just opening their doors, when funds are available, existing clinics can apply for grants up to \$10,000.

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

Eligibility Requirements:

- Provide services at no cost to patients. Clinics that solicit patient fees or donations, do not qualify for this grant.
- Have an AAFP member family physician who maintains active, ongoing involvement with patient care at the clinic.
- Have a primary care focus.
- Target populations of the uninsured and medically underserved.
- Are nondenominational and open to all members of the community. Note: Clinics that target a specific sub-set of the population or a specific disease are not eligible to apply.
- Serve adults (and children if SCHIP program is not available).
- Use active/retired family physicians, residents, or medical students as volunteers.
- Have not been awarded an "existing or new clinic" FMC USA grant within the last three years, or a 'new clinic' FMC USA grant within the last five years.

Additional considerations for being awarded are: Existing clinics have partnerships/ collaborations with hospitals, residency programs, medical schools, AAFP Chapters and/or Chapter Foundations. A medical director that is an AAFP member. Clinic has collaborations with other non-medical community organizations (e.g., food pantries, schools, health departments etc.) are obvious. While all applications will be reviewed, clinics in areas with a high **Community Needs Index** (<http://cni.dignityhealth.org/>) score will be given priority (above a 3.5).

Grant Guidelines

- **Application Submission:**

- The deadline is July 15. When the deadline date falls on a weekend, proposals are due the following workday. Awards are announced the end of November.
- Incomplete applications including applications that are missing required documentation (e.g., appropriate letters of support from their community partners and the physician champion) will be rejected. Note: Applications not typed will be considered incomplete.

- **Letters of Support:** At least one letter of support from community or medical partners (e.g., health department, local hospitals, food banks, etc.) that works with the clinic on a regular basis **and** one letter of support from the clinic's Family Physician Champion are required. Support letters are to be dated, addressed to the AAFP Foundation, and written on an organization's or community partner's letterhead.

- **Award Amount:** FMC USA Awards for existing clinics are available up to \$10,000 and vary based upon approved needs, number of applicants, and funds available. The funds provided must be used solely for the purposes outlined in the clinic's application.

- 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 (FP) Clinic Champion:** The FP listed should be an AAFP member and a "champion" of the clinic who has active, ongoing involvement with the patient care provided. Clearly state the FP's leadership role in the clinic and the extent of his/her involvement.

- **Clinic Overview:** Describe clearly and concisely the following:

- a. **Geographic Area.** Provide a description of the patient population you serve (e.g. race, ethnicity, gender, age, poverty and unemployment rates, etc); estimated clinic hours and the numbers of hours of direct patient care by volunteer Family Physician's per month as well as the kind of clinic services offered. Include in your description the Community Needs Index (CNI) score (<http://cni.dignityhealth.org/>) for your clinic's service area. NOTE: If you have a large patient service area from multiple communities/counties, CNI scores can be calculated using zip codes of high need areas in your clinic service area.
- b. **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 roles of leadership, what does that look like?
- c. **Clinic Resources.** Your description should be brief and include other types of resources, such as in-kind support, volunteer staff, or shared resources from other organizations that help to sustain the clinic annually.
- d. **Family Medicine Volunteers.** Provide clear examples of how the residents, medical students, active and retired family physicians 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, discuss how you recruit volunteers for your clinic.
- e. **Partnerships/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 new collaborations/partnerships and how they are helping to enhance clinic sustainability.

Supporting documentation (e.g., organizational chart, a list of board members and their affiliations, summarized business plan) is recommended. Additional attachments may be provided if they will help reviewers have a clear understanding of your clinic and the population served. Please note: 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.

- **Budget Detail:** 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.
- **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, and no other specialty care (e.g., dental exams, eye exams, etc.). Disposable supplies up to \$500 are allowable (vaccines, gloves, speculums, diabetic test strips, lancets, disposable probe covers, tab electrodes, cotton swabs, etc.). Advance purchase of eligible items can be reimbursed to awarded clinics up to 90 days prior to the award announcement.
- **Non-allowable Items:** The AAFP Foundation does not provide grant funds for indirect or overhead costs (e.g., rent, phone, utility bills etc.), software upgrades, monthly subscriptions (e.g. hosting management and data connectivity fees); office supplies, waiting room furniture or equipment for the care and diagnosis of specialty care patients (e.g., dental, vision etc.)
- **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 the end of November to approve funded applications. The applicant will be notified in writing within two weeks after a decision has been made.
- **Award Process:** For the initial distribution of funds, the following documents are to be returned within 45 days of award notice:
 - An **Acceptance Letter** written and signed by the awarded clinic
 - Completed **990 Information Form**
 - Signed and dated **Application Agreement**
- **Distribution of Funds:** 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 (provided by the AAFP Foundation) along with receipts of purchases. Documentation of all expenditures must be provided within 6 months (180 days) of award notice. Otherwise, any remaining award funds will be forfeited.
- **Progress Report/Documentation Requirements** for up to three years following the award. Grant recipients will be expected to complete and return a brief survey on an annual 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** information will be provided upon follow-up of the grant award (award recognition information, media outreach protocol, etc.).

Review Process

The applications are reviewed and scored by a Family Medicine Cares Work Group, a subgroup of the Foundation's Board of Trustees. Applications can receive a maximum of 75 points. The following key criteria is considered when scoring the applications:

- Clinic Overview (Maximum 40 points): Applicant clearly defines the geographic area, patient population and day/hours of clinic operation; clinic's services; organizing and government structure; sustainability plan; partnerships/collaborative efforts with community organizations, hospitals, residency programs or medical schools; volunteer involvement. The need in their community for primary care is clearly stated and is indicated by their Community Needs Index score.
- Applicant Family Physician (Maximum 10 points): The applying family physician has a lead role such as the Medical Director, Board President or active volunteer in the clinic. Describe what is his/her role and level of involvement.
- Budget (Maximum 15 points): Budget requests are appropriate and items are considered durable medical instruments and equipment for the treatment of primary care.
- Application Quality (Maximum 15 points): Application is well written, cohesive and easy to read. Letters of support are appropriate and relevant. If appendices are provided, they are organized and easy to understand.

General Information

The application is a Word document that can be accessed on-line and has been set up to be completed electronically. After the application is complete, please sign it (handwritten or electronic signatures only. Do not use script font for the signature). Email your application to:

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The mission of the American Academy of Family Physicians Foundation is to advance the values of Family Medicine through humanitarian, educational and scientific programming as well as philanthropy dedicated to improving health.