



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 people and communities. The Foundation advances those values through *Family Medicine Cares USA* grants by supporting free health clinics that provide a base of care infused with Family Medicine.

REQUIREMENTS AND GUIDELINES for EXISTING CLINICS

Eligibility Requirements:

Grants are available to all new free health clinics that:

- Provide services at no cost to patients receiving care in the clinic. Clinics that receive patient donations, even if voluntary, 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 with income restrictions.
- 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.

Additional consideration is given to clinics that have partnerships/collaborations with hospitals, residency programs, medical schools, AAFP Chapters and/or Chapter Foundations, a Medical Director that is an AAFP member, and collaboration with other non-medical community organizations (e.g., food pantries, schools, health departments etc.)

Grant Guidelines

- **Application Submission:**
 - The deadline is August 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; Board and organizational structure information) will be rejected. Note: Applications not typed will be considered incomplete.
- **Letters of Support:** At least two letters of support from community or medical partners (e.g., health department, local hospitals, food banks, etc.) 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 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 a "champion" of the clinic who maintains 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.** Information to include a description of the patient population you serve; types of services provided; estimated clinic hours and the numbers of hours of direct patient care by volunteer Family Physician's per month.
 - 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. A **Sustainability Plan** is a tool used to help your clinic 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 helps sustain the clinic.
 - 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 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.). Start-up 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 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, software upgrades, etc.), 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 in 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 indicating their acceptance of the award and proposed use of funds.
 - 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, 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 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 plaque information, media outreach protocol, etc.). Grant recipients are requested to provide clinic opening event photos and media coverage, as well as recognition acknowledgement of the AAFP Foundation.

General Information

Please contact Sharon Hunt 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 (hand written or electronic signatures only. Do not use script font for the signature) and email or fax to:

Sharon Hunt
 AAFP Foundation
Family Medicine Cares USA
 11400 Tomahawk Creek Parkway, Suite 440
 Office: 913-906-6000 ext. 4474
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