

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2008**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

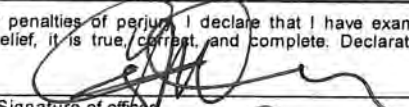
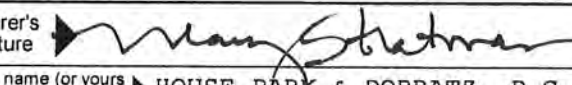
A For the 2008 calendar year, or tax year beginning, 2008, and ending, 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization AMER ACADEMY OF FAMILY PHYSICIANS FDN		D Employer identification number 44-6013671
		Doing Business As		E Telephone number (913) 906-6000
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 11400 TOMAHAWK CREEK PARKWAY, SUITE 430 430	G Gross receipts \$ 7,004,284.	
		City or town, state or country, and ZIP + 4 LEAWOOD, KS 66211 EXTENSION ATTACHED		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer:				
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ WWW.AAFPFUNDATION.ORG				
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				
L Year of formation: 1958 M State of legal domicile: KS				

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities:		
		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.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	24
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	24
	5	Total number of employees (Part V, line 2a)	5	NONE
	6	Total number of volunteers (estimate if necessary)	6	50
Revenue	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	
	8	Contribution and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	4,540,744.	5,843,390.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	419,153.	963,460.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,543.	-119,735.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,966,440.	6,687,115.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,997,639.	3,293,531.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	155,132.	NONE
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses, Part IX, column (D), line 25) ▶ 637,419.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,944,999.	3,321,343.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,097,770.	6,614,874.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	868,670.	72,241.
	20	Total assets (Part X, line 16)	Beginning of Year	End of Year
	21	Total liabilities (Part X, line 26)	15,390,415.	11,998,385.
	22	Net assets or fund balances. Subtract line 21 from line 20.	2,953,597.	2,526,856.
			12,436,818.	9,471,529.

COPY FOR PUBLIC INSPECTION**Part II Signature Block**

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer  Type or print name and title Craig Doane Executive Director	Date 9/16/09	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) P00646998
Paid Preparer's Use Only	Preparer's signature  Firm's name (or yours if self-employed), address, and ZIP + 4 HOUSE PARK & DOBRATZ, P.C. 605 W. 47TH STREET, SUITE 301 KANSAS CITY, MO 64112	Date 9/14/09	EIN 43-1562209	Phone no. 816-931-3393

May the IRS discuss this return with the preparer shown above? (See instructions) ☒ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2008)

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	AMERICAN ACADEMY OF FAMILY PHY FOUNDATION	Employer identification number	44-6013671
	Number, street, and room or suite no. If a P.O. box, see instructions.	11400 TOMAHAWK CREEK PARKWAY, SUITE 430	For IRS use only	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	LEAWOOD, KS 66211		

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ☒ **CHRIS CHAPPAS**
Telephone No. ☒ 913 906-6000 FAX No. ☒ 913 906-6095
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until 11/15/2009
- 5 For calendar year 2008, or other tax year beginning _____, and ending _____
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO OBTAIN THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature *Stan Bruce*
HOUSE PARK & DOBRATZ, P.C.
605 W. 47TH STREET, SUITE 301
KANSAS CITY, MO 64112

Title *CPTA*

Date *11/10/09*
Form 8868 (Rev. 4-2008)

Part III Statement of Program Service Accomplishments (see instructions)**1** Briefly describe the organization's mission:

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.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes" describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 4,171,990. including grants of \$ 3,293,531.) (Revenue \$)

PHILANTHROPIC ENDEAVORS TO ENHANCE HEALTHCARE QUALITY, STIMULATING
RESEARCH PROGRAMS, BRING TOGETHER FAMILY MEDICINE ORGANIZATIONS,
SPONSOR EDUCATIONAL SEMINARS AND TEACHER DEVELOPMENT AWARDS.

4b (Code:) (Expenses \$ 141,538. including grants of \$) (Revenue \$)

HISTORY FOR THE CENTER OF FAMILY MEDICINE - SEE ATTACHED
STATEMENT.

4c (Code:) (Expenses \$ 1,263,789. including grants of \$) (Revenue \$)

PEERS FOR PROGRESS EVALUATES, DEMONSTRATES AND PROMOTES PEER
SUPPORT FOR DIABETES MANAGEMENT AROUND THE WORLD.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► \$ 5,577,317. (Must equal Part IX, Line 25, column (B).)

American Academy of Family Physicians Foundation

EIN: 44-6013671

Statement Attached to and Made Part of Form 990
Return of Organization Exempt From Income Tax
For the Year Ended December 31, 2008

Part III – Statement of Program Service Accomplishments

Purpose Statement
History for the Center of Family Medicine
(Formerly, Archives for Family Practice)

The purpose of the Center for the History of Family Medicine is to serve as the major historical repository for the specialty of family medicine by preserving and organizing the records of enduring organizational and historical value generated by the major national family medicine organizations and by individuals involved in the development and evolution of family medicine. To accomplish this goal, the Center for the History of Family Medicine will:

Appraise, collect, organize, describe, preserve and make available such materials;

Provide appropriate facilities for the retention, preservation, servicing and research use of such materials;

Serve as a research center for the study of the history of family medicine;

Provide reference assistance to researchers and staff of all organizations contributing materials as needed and appropriate;

Coordinate with each contributing organization or individual the efficient transfer of appropriate materials to the Center;

Promote knowledge and understanding of the originals and development of the specialty of family medicine and the discipline of family medicine.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	X
5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11 X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12 X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	X

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

Form **990** (2008)

Yes No

Form **990** (2008)

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.

	Yes	No
1a Enter the number of voting members of the governing body	1a 24	
b Enter the number of voting members that are independent	1b 24	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a X	
b Each committee with authority to act on behalf of the governing body?	8b X	
9a Does the organization have local chapters, branches, or affiliates?	9a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c X	
13 Does the organization have a written whistleblower policy?	13 X	
14 Does the organization have a written document retention and destruction policy?	14 X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?	15a X	
b Other officers or key employees of the organization?	15b X	
Describe the process in Schedule O. (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► SEE STATEMENT 1

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► CHRIS CHAPPAS 10400 TOMAHAWK CREEK PARKWAY LEAWOOD, KS 66211
913-906-6000

Part VIII Statement of Revenue

44-613671

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	111,415.			
	d	Related organizations	1d	345,208.			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	5,386,767.			
	g	Noncash contributions included in lines 1a-1f: \$		111,415.			
	h	Total. Add lines 1a-1f		5,843,390.			
Program Service Revenue				Business Code			
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) STMT 2.		1,091,431.			1,091,431.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
		(i) Real	(ii) Personal				
	6a	Gross Rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	(i) Securities	(ii) Other				
		Gross amount from sales of assets other than inventory					
	b	Less: cost or other basis and sales expenses		127,971.			
	c	Gain or (loss)		-127,971.			
	d	Net gain or (loss)		-127,971.			
	8a	Gross income from fundraising events (not including \$ 111,415. of contributions reported on line 1c). See Part IV, line 18. a		68,864.			
	b	Less: direct expenses b		189,198.			
	c	Net income or (loss) from fundraising events STMT 4.		-120,334.			
	9a	Gross income from gaming activities. See Part IV, line 19. a					
	b	Less: direct expenses b					
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances a					
b	Less: cost of goods sold b						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue				Business Code			
11a	MISCELLANEOUS			599.	599.		
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d			599.			
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			6,687,115.	599.		1,091,431.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	3,202,040.	3,202,040.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	91,491.	91,491.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	NONE	NONE	NONE	NONE
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .				
7 Other salaries and wages	NONE		NONE	
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal	12,980.	11,870.	1,110.	
c Accounting	14,275.		14,275.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	2,412,720.	1,831,997.	262,516.	318,207.
12 Advertising and promotion	15,477.	9,080.		6,397.
13 Office expenses				
14 Information technology	66,396.	47,218.	19,178.	
15 Royalties				
16 Occupancy				
17 Travel	163,674.	57,881.	62,821.	42,972.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	158,316.	26,969.	19,215.	112,132.
20 Interest				
21 Payments to affiliates STMT. 5 . . .	124,912.	124,912.	NONE	NONE
22 Depreciation, depletion, and amortization . . .	11,230.	3,489.	4,718.	3,023.
23 Insurance	8,330.	NONE	8,330.	NONE
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a STAFF DEVELOPMENT AND EDUCAT	10,620.	135.	134.	10,351.
b ANNUAL REPORT	6,960.	3,480.		3,480.
c ART & PRINTING	49,818.	8,269.	1,697.	39,852.
d AUDIO VIDEO PRODUCTION	1,000.	1,000.		
e BANK CHARGES	8,377.			8,377.
f All other expenses	256,258.	157,486.	6,144.	92,628.
25 Total functional expenses. Add lines 1 through 24f	6,614,874.	5,577,317.	400,138.	637,419.
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	72,853.	1	73,340.
	2 Savings and temporary cash investments	3,598,990.	2	2,927,577.
	3 Pledges and grants receivable, net	38,411.	3	29,096.
	4 Accounts receivable, net	160,400.	4	93,014.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sales or use		8	
	9 Prepaid expenses and deferred charges STMT. 6	9,213.	9	23,353.
	10a Land, buildings, and equipment: cost basis 10a 189,716.			
	b Less: accumulated depreciation. Complete Part VI of Schedule D. 10b 182,104.	18,843.	10c	7,612.
	11 Investments - publicly traded securities STMT. 7	9,291,283.	11	6,663,385.
	12 Investments - other securities. See Part IV, line 11	2,200,422.	12	2,181,008.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	15,390,415.	16	11,998,385.	
Liabilities	17 Accounts payable and accrued expenses	939,958.	17	814,868.
	18 Grants payable	309,474.	18	213,180.
	19 Deferred revenue	1,704,165.	19	1,498,808.
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25.	2,953,597.	26	2,526,856.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	9,882,086.	27	7,269,269.
	28 Temporarily restricted net assets	1,460,303.	28	1,029,209.
	29 Permanently restricted net assets	1,094,429.	29	1,173,051.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	12,436,818.	33	9,471,529.
34 Total liabilities and net assets/fund balances	15,390,415.	34	11,998,385.	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
b	Were the organization's financial statements audited by an independent accountant?	2b	X
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X
b	If "Yes," did the organization undergo the required audit or audits?	3b	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

Employer identification number

AMER ACADEMY OF FAMILY PHYSICIANS FDN

44-6013671

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only one organization.)

- 1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
- 11 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of on or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 590(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☒ Type I b ☐ Type II c ☐ Type III - Functionally Integrated d ☐ Type III - Other
- e ☒ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 590(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐
- (ii) A family member of a person described in (i) above? ☐
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
SEE STATEMENT 8									
Total									2,659,952.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (See instructions.)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "fact-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		
b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

- 19a 33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐
- b 33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

[illegible]

Schedule of Contributors

OMB No. 1545-0047

▶ Attach to Form 990, 990-EZ, and 990-PF.

2008

Name of the organization

AMER ACADEMY OF FAMILY PHYSICIANS FDN

Employer identification number

44-6013671

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule

- ☒ For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- ☐ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization AMER ACADEMY OF FAMILY PHYSICIANS FDN

Employer identification number

44-6013671

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 27,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 55,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 130,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **AMER ACADEMY OF FAMILY PHYSICIANS FDN**

Employer identification number

44-6013671**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **AMER ACADEMY OF FAMILY PHYSICIANS FDN**

Employer identification number

44-6013671**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14		\$ 1,498,090.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **AMER ACADEMY OF FAMILY PHYSICIANS FDN**

Employer identification number

44-6013671**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19		\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23		\$ 55,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **AMER ACADEMY OF FAMILY PHYSICIANS FDN**

Employer identification number

44-6013671**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25		\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **AMER ACADEMY OF FAMILY PHYSICIANS FDN**

Employer identification number

44-6013671**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32		\$ 822,373.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33		\$ 192,325.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35		\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **AMER ACADEMY OF FAMILY PHYSICIANS FDN**

Employer identification number

44-6013671**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **AMER ACADEMY OF FAMILY PHYSICIANS FDN**

Employer identification number

44-6013671

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
43		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
45		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
46		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
47		\$ 71,974.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
48		\$ 27,810.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization AMER ACADEMY OF FAMILY PHYSICIANS FDN

Employer identification number

44-6013671

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
49		\$ 15,044.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
50		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
51		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
52		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
53		\$ 9,735.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
54		\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **AMER ACADEMY OF FAMILY PHYSICIANS FDN**

Employer identification number

44-6013671**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
55		\$ 6,440.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
56		\$ 7,060.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
57		\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
58		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
59		\$ 1,200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
60		\$ 10,463.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization AMER ACADEMY OF FAMILY PHYSICIANS FDN

Employer identification number

44-6013671

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
61		\$ 16,860.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
62		\$ 65,055.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
63		\$ 345,208.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
64		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
65		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
66		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **AMER ACADEMY OF FAMILY PHYSICIANS FDN**

Employer identification number

44-6013671**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
67		\$ 215,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
68		\$ 2,177.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
69		\$ 1,289.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Employer identification number

Part II **Noncash Property** (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
47	JEWELRY	\$ 71,974.	09/30/2008
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
68	RUG, TOYS, FLORIDA TRIP.	\$ 2,177.	VARIOUS
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
69	COLLECTIBLE SPORTS MEMORABILIA, RUG, TOYS, BOOKS.	\$ 1,289.	VARIOUS
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

AMER ACADEMY OF FAMILY PHYSICIANS FDN

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that
answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

Open to Public
Inspection

Employer identification number

44-6013671

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if
the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition d ☐ Loan or exchange programs
 b ☐ Scholarly research e ☐ Other _____
 c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	9,468,568.				
b Contributions	158,070.				
c Investment earnings or losses	-2,518,390.				
d Grants or scholarships					
e Other expenditures for facilities and programs	68,865.				
f Administrative expenses					
g End of year balance	7,039,383.				

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ► 87.0000 %
 b Permanent endowment ► 13.0000 %
 c Term endowment ► _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ►

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products	1,080,704.	SEE STATEMENT 9
Closely-held equity interests	1,100,304.	SEE STATEMENT 10
Other -----		

Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.) ►	2,181,008.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15.[illegible]**Part X** **Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.)	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	6,687,115.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,614,874.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	72,241.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	72,241.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	3,727,367.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-3,037,531.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	-3,037,531.
3	Subtract line 2e from line 1	3	6,764,898.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	-77,783.
c	Add lines 4a and 4b	4c	-77,783.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	6,687,115.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	6,692,657.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	77,783.
e	Add lines 2a through 2d	2e	77,783.
3	Subtract line 2e from line 1	3	6,614,874.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	6,614,874.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

SEE PAGE 5

Part XIV Supplemental Information (continued)

RECONCILIATION OF FINANCIAL STATEMENTS TO 990

SCHEDULE D PART XIII LINE 4B AND PART XIII LINE 4B

SPECIAL EVENTS EXPENSES NETTED AGAINST REVENUE FOR 990, INCLUDED IN

EXPENSES FOR FINANCIAL REPORTING PURPOSES - \$77,783

INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS

SCHEDULE D PART V LINE 4

MEDICAL RESEARCH BENEFITTING FAMILY PRACTICE THROUGH THE ROBERT GRAHAM
CENTER.

SUPPORT OF FAMILY PRACTICE MEDICAL RESIDENTS THROUGH SCHOLARSHIPS, GRANT
FUNDING AND OTHER.

GRANTS TO SUPPORT RESEARCH THAT IMPACTS FAMILY PHYSICIAN PATIENT CARE.

SUPPORT OF THE CENTER FOR THE HISTORY OF FAMILY MEDICINE. SEE

DESCRIPTION IN PART III OF FORM 990.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))
		<u>AUCTION</u> (event type)	(event type)	<u>NONE</u> (total number)	
Revenue	1 Gross receipts	180,279.			180,279.
	2 Less: Charitable contributions	111,415.			111,415.
	3 Gross revenue (line 1 minus line 2)	68,864.			68,864.
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	189,198.			189,198.
	8 Direct expense summary. Add lines 4 through 7 in column (d)				
9 Net income summary. Combine lines 3 and 8 in column (d)					-120,334.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes _____ % No	Yes _____ % No	Yes _____ % No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
8 Net gaming income summary. Combine lines 1 and 7 in column (d)					

9 Enter the state(s) in which the organization operates gaming activities: _____	Yes	No
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," Explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," Explain: _____		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		Yes	No
13	Indicate the percentage of gaming activity operated in:		
a	The organization's facility 13a %		
b	An outside facility 13b %		
14	Provide the name and address of the person who prepares the organization's gaming/special event books and records:		
	Name ► _____		
	Address ► _____		
15 a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
c	If "Yes," enter name and address:		
	Name ► _____		
	Address ► _____		
16	Gaming manager information:		
	Name ► _____		
	Gaming manager compensation ► \$ _____		
	Description of services provided ► _____		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 17a		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

OMB No. 1545-0047

2008

Open to Public Inspection

► **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.**
 ► **Attach to Form 990.**

Name of the organization

AMER ACADEMY OF FAMILY PHYSICIANS FDN

Employer identification number

44-6013671

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II **Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

[illegible]

- | | | |
|---|--|--|
| 2 | Enter total number of section 501(c)(3) and government organizations | |
| 3 | Enter total number of other organizations | |

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2008

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
RESIDENT RESEARCH GRANTS	4	4,000.			
WYETH IMMUNIZATION PROJECT TRAVEL SCHOLARSHIPS	23	29,000.			
SCIENTIFIC ASSEMBLY FELLOWSHIP AWARDS	29	29,000.			
TEACHER DEVELOPMENT AWARDS	15	25,991.			
STERN LECTURESHIP HONORARIUM	1	1,500.			
HERBERT EMEJULU, MD	1	2,000.			

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

SCHEDULE I PART I LINE 2

SEE ATTACHED INFORMATION FOR EACH OF THE VARIOUS GRANT AND ASSISTANCE

PROGRAMS OF THE FOUNDATION.

American Academy of Family Physicians Foundation
 EIN 44-6013671
 2008 Form 990
 Schedule I Part II
 Grants and Other Assistance to Government and Organizations in the United States

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Section if applicable	(d) Amount of cash grant	(h) Purpose of grant or assistance
American Academy of Family Physicians 11400 Tomahawk Creek Parkway, Leawood, KS 66209	44-0536051	501(c)(6)	50,000	AAFP 10 Live Programs
American Academy of Family Physicians 11400 Tomahawk Creek Parkway, Leawood, KS 66209	44-0536051	501(c)(6)	75,000	AAFP Family Medicine Interest Group Funding Initiative
American Academy of Family Physicians 11400 Tomahawk Creek Parkway, Leawood, KS 66209	44-0536051	501(c)(6)	25,000	AAFP Family Medicine Interest Group's Virtual FMIG Network
American Academy of Family Physicians 11400 Tomahawk Creek Parkway, Leawood, KS 66209	44-0536051	501(c)(6)	80,000	AAFP/Bristol Myers Squibb Award of Excellence in Graduate Medical Education
American Academy of Family Physicians 11400 Tomahawk Creek Parkway, Leawood, KS 66209	44-0536051	501(c)(6)	50,000	Americans in Motion (AIM) Core Support
American Academy of Family Physicians 11400 Tomahawk Creek Parkway, Leawood, KS 66209	44-0536051	501(c)(6)	38,200	National Conference Scholarships
American Academy of Family Physicians 11400 Tomahawk Creek Parkway, Leawood, KS 66209	44-0536051	501(c)(6)	31,389	National Research Network "Practicality of Screening for Diagnosis of Early Cognitive Impairment in Primary Care"
American Academy of Family Physicians 11400 Tomahawk Creek Parkway, Leawood, KS 66209	44-0536051	501(c)(6)	15,000	NRN Dual Statin Therapy Project
American Academy of Family Physicians 11400 Tomahawk Creek Parkway, Leawood, KS 66209	44-0536051	501(c)(6)	795,481	NRN/Americans in Motion (AIM)
American Academy of Family Physicians 11400 Tomahawk Creek Parkway, Leawood, KS 66209	44-0536051	501(c)(6)	37,500	Research Project for the Robert Graham Center
American Academy of Family Physicians 11400 Tomahawk Creek Parkway, Leawood, KS 66209	44-0536051	501(c)(6)	10,500	Robert Graham Support
American Academy of Family Physicians 11400 Tomahawk Creek Parkway, Leawood, KS 66209	44-0536051	501(c)(6)	1,142,950	Support for "Improving Health Outcomes for America's Seniors"
American Academy of Family Physicians 11400 Tomahawk Creek Parkway, Leawood, KS 66209	44-0536051	501(c)(6)	25,000	Support of the Center for international Health Initiatives
American Academy of Family Physicians 11400 Tomahawk Creek Parkway, Leawood, KS 66209	44-0536051	501(c)(6)	74,650	Tar Wars Core Support
American Academy of Family Physicians 11400 Tomahawk Creek Parkway, Leawood, KS 66209	44-0536051	501(c)(6)	61,802	Support of Practice Support Division "Assisting Family Physician Practices in Obtaining Recongnition as Medical Homes"
American Academy of Family Physicians 11400 Tomahawk Creek Parkway, Leawood, KS 66209	44-0536051	501(c)(6)	210,530	Family Fitness: A New Approach to the Problem of Childhood Obesity (AIM)
Heart to Heart International 401 S. Clairborne, Suite 300, Olathe, KS 66062	48-1108359	501(c)(3)	12,000	Hurricane Ike Disaster Relief & China Earthquake Disaster Relief

American Academy of Family Physicians Foundation
 EIN 44-6013671
 2008 Form 990
 Schedule I Part II
 Grants and Other Assistance to Government and Organizations in the United States

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Section if applicable	(d) Amount of cash grant	(h) Purpose of grant or assistance
International Medical Corp	1919 Santa Monica Blvd, Suite 400, Santa Monica, CA 90404	95-3949646	501(c)(3)	7,000 Mynamar Earthquake Disaster Relief
Heart to Heart International	401 S. Clairborne, Suite 300, Olathe, KS 66062	48-1108359	501(c)(3)	16,242 Aid to schools in Adra-Kyrgyzstan: Replace heating system and buy bed linens for Chuy Boarding School and hearing aid system for Special School # 21
Heart to Heart International	401 S. Clairborne, Suite 300, Olathe, KS 66062	48-1108359	501(c)(3)	9,300 Physicians with Heart
Pfizer Visiting Professorship Exempla St. Joseph Hospital	2005 Franklin St., Denver, CO 80205	84-0735096	501(c)(3)	7,500 Professorship aimed to improve the residency program's evidence based medicine and geriatrics curricula.
N. Oakland Medical Centers	461 West Huron St., Pontiac, MI 48341	38-3128831	Nonprofit hospital	7,500 Professorship to develop chronic pain management strategies
Swedish Medical Center	350 16th Ave, Seattle, WA 98122	91-0983214	501(c)(3)	7,500 Professorship focused on the development of a strategic plan and will include the principles noted in FOFM
UMD/NJMS Family Medicine	122 Clinton St., Hoboken, NJ 07030	22-1775306	State University	7,500 Professorship focused on the development of a strategic plan and will include the principles noted in FOFM
Sutter Health Family Medicine	1201 Alhambra, Suite 340, Sacramento, CA 95816	94-1156621	501(c)(3)	7,500 Professorship aimed to increase physician and patient satisfaction and decrease burnout by equipping residents, faculty and medical staff with skills and support to manage stress.
Health Literacy Awards California AFP	1520 Pacific Ave, San Francisco, CA 94109	94-149565	501(c)(6)	8,000 Health Literacy State Award
District of Columbia AFP	9705 Lawson Pl, Silver Spring, MD 20901	52-6054439	501(c)(6)	8,000 Health Literacy State Award
Georgia AFP	3760 LaVista Rd, #100, Tucker, GA 30084	58-6044158	501(c)(6)	8,000 Health Literacy State Award
Virginia AFP	1503 Santa Rosa Road Suite 207, Richmond, VA 23229	54-0542084	501(c)(6)	8,000 Health Literacy State Award
Wisconsin AFP	210 Green Bay Road, Thiensville, WI 53092	39-0867817	501(c)(6)	8,000 Health Literacy State Award

American Academy of Family Physicians Foundation
 EIN 44-6013671
 2008 Form 990
 Schedule I Part II
 Grants and Other Assistance to Government and Organizations in the United States

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Section if applicable	(d) Amount of cash grant	(h) Purpose of grant or assistance	
Wyeth Immunization Awards					
McLennan County Medical Education & Research Foundation FMRP	1600 Providence Drive, Waco, TX 76707	74-1873453	501(c)(3)	10,000	Wyeth Immunization Awards Program
Munson Medical Center	1400 Medical Campus Drive, Traverse City, MI 49684	38-1362830	Nonprofit hospital	10,000	Wyeth Immunization Awards Program
Toledo Hospital Family	2051 W. Central, Toledo, OH 43606	34-4438256	Nonprofit hospital	10,000	Wyeth Immunization Awards Program
University of Alabama	301 Governors Drive, Hunstville, AL 35801	63-6005396	State University	10,000	Wyeth Immunization Awards Program
UTHSCSA Dept of Family	3rd Floor Family Health Center, 524 N. Leona St., San Antonio, TX 78207	74-1586031	State University	10,000	Wyeth Immunization Awards Program
Director's Residency Fund, Sacred Heart Hospiat	c/o R. Terry Martin, MD, 450 Chew Street, Allentown, PA 18102	23-1352208	501(c)(3)	10,000	Wyeth Immunization Awards Program
York Hospital Family Med	690 Leaf Street, York, PA 17404	23-1352222	Nonprofit hospital	10,000	Wyeth Immunization Awards Program
Oakland Physicians Medical Center	461 W Huron St, Ste 107, Pontiac, MI 48341	38-3128831	Nonprofit hospital	10,000	Wyeth Immunization Awards Program
Joint Grant Awards Program (JGAP)					
Univ of IL, Chicago College of	1919 W. Taylor Street, Chicago, IL 60612-7248	37-6000511	State University	5,468	The Pelvic exam risk as a risk factor for urinary tract infections in women
Univ of VA Hlth System	P.O. Box 400195, Charlottesville, VA 22904-4195	54-6001796	501(c)(3)	7,081	Asthma control through aerobic conditioning
Univ of Pittsburgh, Dept of FM	815 Preeport Rd., Pittsburgh, PA 15215	25-1520340	501(c)(3)	22,201	The effect of targeted video intervention on beliefs regarding hypertension
Albert Einstein College of Medicine	3544 Jerome Ave, Bronx, NY 10467	11-3174011	501(c)(3)	18,960	Psychosocial barriers to care in patients with diabetic foot ulcers
Medical College of GA, Dept FM	1120 15th Street, Augusta, GA 30912	58-6002053	State University	27,573	Eisenhower's alternative speculum examination
UTMB at Galveston Dept of Family Med	P.O. Box 4786-750, Houston, TX 77210-4786	74-6000949	State University	29,579	Has the rate of osteoporosis treatment in older men with fractures improved?
University of Wisconsin	750 University Ave, Madison, WI 53706-1490	36-6006492	501(c)(3)	30,000	The Efficacy of Prolotherapy for Lateral Epicondylitis: A pilor study
				3,065,906	
Other grants under \$5,000				136,134	
Grants to other organizations				3,202,040	



AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDATION

RESEARCH IN FAMILY MEDICINE GRANT AWARDS

In 2007 the AAFP Foundation Research Committee (RC) discussed the need to have a set of criteria clarifying the expectations for projects granted research awards. In 2008 the committee formally adopted the "Guiding Principles for AAFP Foundation Research Grants" to help focus the deliberation of the proposals and determination of grants.

Since these criteria encompass the overall philosophy of the Foundation's grant program, the RC believes it is important for the potential applicants for Foundation research grants should understand the criteria as they consider submitting proposals.

Guiding Principles for AAFP Foundation Research Grants

1. To support research of value to the practicing family physician
Rationale: The funds for this program are provided largely by donations of practicing family physicians; the research they support should have relevance to their practice.
2. To fund pilot studies
Rationale: Considerations of statistical power are important, but it should be a priority to fund innovative high quality research, even if that work is not powered to find statistically significant differences. We should encourage investigators to spend these limited resources on the best possible research methods rather than direct funding preferentially to satisfy the demands of sample size/recruitment. In turn, these high quality pilot studies will generate preliminary data to support larger grant applications to major funders which can and will fund large studies.
3. To encourage proposals by junior investigators
Rationale: Without access to small grant funds to support the generation of pilot data, junior investigators are destined to remain just that in today's funding environment. The role of the AAFP Foundation grant programs in supporting the pathway of junior investigators to major funding should not be underestimated.



AMERICAN ACADEMY OF
FAMILY PHYSICIANS
FOUNDATION

Pfizer/ AAFP Foundation Visiting Professorship Program in Family Medicine

HOST A PROMINENT PHYSICIAN-SCIENTIST ON US

Apply to receive three days of teaching and interaction during the 2009-2010 academic year at your program or school. Six institutions will be awarded \$7,500 each to invite a prominent physician-scientist of their choosing. The guest faculty may give lectures, as well as participate in rounds, seminars and conferences.

Awards are intended to cover the visiting professor's honorarium, travel expenses and other direct expenses incurred by the host institution in conducting program activities. Amounts allotted for each item are at the discretion of the host institution.

The 2009 application process is closed. Updated application information will be posted in January 2010.

See below if you are interested in applying in 2010:

Eligibility

Family Medicine departments within a U.S. medical school or any accredited Family Medicine residency program may apply. Applications from community-based programs are encouraged.

Grant Rules

- Each hospital may submit only one application.
- Submissions must originate from the Chair of the Family Medicine Department or the Residency Director.
- This program will fund just one visit per year per visiting professor.
- A proposed Pfizer Visiting Professor should accept only one nomination per year. Candidates are required to verify that they have not accepted more than one nomination.
- Pfizer Visiting Professorships must consist of three full days of Pfizer-supported professional proceedings. Visits are not to be conducted as an adjunct to other planned meetings or events.
- A member of the Visiting Professorship Academic Advisory Board may not act as a Visiting Professor during his or her tenure on the board. In addition, the home institute of a member of the Academic Advisory Board may not host a Visiting Professor during the board member's tenure.

If you have questions:

Contact Perry A. Pugno, MD, MPH, CPE, AAFP Medical Education Director at (800)274-2237, Ext. 6700, or Susie Morantz, AAFP Foundation Program Manager at (800)274-2237, Ext 4470.



The Pfizer/AAFP Foundation Visiting Professorship Program in Family Medicine 2009

APPLICATION FORM



To be completed by the head of the host institution.

A HOST INSTITUTION:

Department Chair or Residency Director: Title:

Address:

City: State: Zip:

E-mail: Phone:

Signature of Department Chair or Residency Director: _____

Contact name (if different): E-mail: Phone:

VISTING PROFESSOR: Name: Title: Institution:

Address: City: State: Zip:

E-mail: Phone:

PROPOSED DATES OF VISIT: From to

- B** ☐ Check here to confirm that your proposed Visiting Professor has not accepted another nomination. The Visiting Professor must also submit the Verification Form provided on the program web page.

C Items 1 through 4 of section C may not exceed 4 single-space pages. Please include with this form. Awards are made on a competitive basis. Reviewers will be looking for thorough, specific responses to the following:

1. **Impact.** clearly define your objectives for the Visiting Professorship. What changes would occur as a result of this visit?
2. **Background.** Include a description of your residency or department's current leadership, staffing, programs, general organization, and areas of strength as well as areas in need of enhancement.
3. **Fit.** Describe the "fit" between the expertise of the Visiting Professor and the needs and objectives of your organization. How will the organization utilize the contribution of the Visiting Professor?
4. **Agenda.** Provide a detailed daily schedule for the proposed Visiting Professor. This agenda should directly reflect your stated objectives and must include 3 full days of professional activity (ie, grand rounds, lectures, seminars, case discussions, meetings). Identify the individuals or groups with whom the Visiting Professor will meet and the projected topics of discussion. Interaction with residents and fellows is required. Reviewing the specifics of this agenda with the proposed Visiting Professor is appropriate.
5. **Budget Information.** Please provide budget estimate below. **Estimate total need to be equal to \$7,500.**

Travel	Honorarium	Catering	Miscellaneous	TOTAL
\$	\$	\$	\$	\$7,500

D Include the *curriculum vitae* of the proposed Visiting Professor.

Mail one copy of all original application materials to: Susie Morantz, AAFP Foundation
11400 Tomahawk Creek Parkway
Leawood, KS 66211-2672
(800) 274-2237 Ext. 4470 smorantz@aaafp.org

F How did you find out about the program?

The deadline for receipt of applications is March 27, 2009

The Pfizer/AAFP Foundation Visiting Professorship Program in Family Medicine 2009



VERIFICATION FORM

To be completed by the prospective Visiting Professor.

A HOST INSTITUTION: [REDACTED]

VISITING PROFESSOR: Name: [REDACTED] Title: [REDACTED]

Institution: [REDACTED]

Address: [REDACTED]

City: [REDACTED]

State: [REDACTED] Zip: [REDACTED]

E-mail: [REDACTED]

Phone: [REDACTED]

PROPOSED DATES OF VISIT: From [REDACTED] to [REDACTED]

B AFFIRMATION: I [REDACTED] accept a nomination from the above institution and hereby affirm that I have not accepted and will not accept any other nomination to serve as a Visiting Professor in this program during this same program year.

Signature

Date

Mail one copy of all original application materials to:

Susie Morantz

AAFP Foundation

11400 Tomahawk Creek Parkway

Leawood, KS 66211-2672

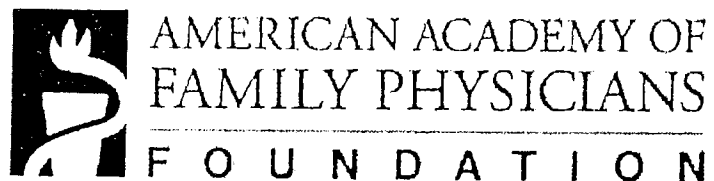
(800) 274-2237 Ext. 4470

smorantz@aafp.org

The deadline for receipt of applications is March 27, 2009.

Applications will be deemed complete only upon receipt of this complete form.

[Return to Web Version](#)



AAFP Foundation Wyeth Immunization Awards Program

These awards recognize Family Medicine Residency programs that have achieved high or improved immunization rates, or are implementing a system to increase childhood immunizations in medically underserved children ages 19-35 months. View [2007, 2008 and 2009 award recipients](#) to read about their winning programs.

View [Best Practices Tip Sheet](#) (2-page PDF; [About PDFs](#))

Learn more about [AAFP Immunization Resources](#).

To Apply:

Applications for 2010 awards will be available beginning November 2009.

THREE AWARD TRACKS ARE AVAILABLE:

- **Best Practices** - Recognizes programs with an effective system in place that are achieving high childhood immunization rates, as measured within a 12-month time frame. See past award recipients and download 2009 application.
- **Most Improved** - Recognizes programs that have greatly improved their childhood immunization rates by overcoming barriers and other challenges, as measured within a 12-month period. See past award recipients and download 2009 award application.
- **System Implementation** - Recognizes programs that will be implementing a system that increases immunization rates in medically underserved children ages 19-35 months. See past award recipients and download 2009 award application.

[Return to top](#)

WINNERS RECEIVE:

- **A monetary award or grant (\$5,000 - \$10,000)** determined by rank of applications as scored by a review panel
- **Travel scholarship for \$1,000** to send a resident to the National Conference of Family Medicine Residents and Medical Students
- **An additional travel scholarship for \$2,000 for top ranking programs** to send a resident to the AAFP Scientific Assembly
- **Framed certificate**

[Return to top](#)

Questions? Contact [Sondra Goodman](#), Programs and Grants Manager at (800) 274-2237, ext. 4457.

This program is sponsored by a grant to the AAFP Foundation from:



Copyright © 2009 American Academy of Family Physicians Foundation

[Contact Us](#) | [Privacy Policy](#) | [AAFP](#) | [Site Map](#)

**AAFP FOUNDATION WYETH IMMUNIZATION AWARDS PROGRAM
2008 APPLICATION FOR BEST PRACTICES/MOST IMPROVED CATEGORIES**

Complete each step below by clicking on the shaded box and then typing your information:

1. Program name:
Address:

Contact name & title:
Phone:
E-mail:

2. Identify 12-month assessment period chosen:
3. Number of children (19-35 months) included in compliance data:
4. Summary of Vaccination Coverage
Step 1. Provide your program's baseline immunization compliance percentage rate for each vaccine/vaccine series in the column labeled "Baseline Compliance Rate" (beginning compliance rate for the time period listed in question 2) in the table below.
Step 2. Calculate and provide your program's improved compliance rate percentage (compliance rate achieved for the time period listed in question 2) for each vaccine/vaccine series and record in the column labeled, "Improved Compliance Rate."

NOTE: Rates for each vaccine/vaccine series must be reported. Incomplete applications will not be considered.

Statistics listed in the U.S. Overall Compliance column is for information only and is not intended to be part of your calculations.

VACCINE	U.S. Overall 2004, NIS Compliance	Baseline Compliance Rate	Improved Compliance Rate
DTP/DTaP/DT (4 doses)	85.2% (+/-0.9)		
IPV (3 doses)	92.9% (+/-0.6)		
MMR (1 dose)	92.4% (+/-0.6)		
Hib (≥ 3 doses)	93.4% (+/- 0.6)		
Hep B (≥ 3 doses)	93.4% (+/-0.6)		
PCV (3 doses)	87.0% (+/0.8)		
PCV (4 doses)	68.4% (+/1.1)		
Varicella (≥ 1 dose)	87.5% (+/-0.7)		
VACCINE SERIES			
4 DTP+3 IPV+1 MMR	83.2% (+/-0.9)		
4 DTP+3 IPV+1 MMR+3 Hib	82.3% (+/-1.0)		
4 DTP+3 IPV+1 MMR+3 Hib+3 Hep B	80.6% (+/-1.0)		
4 DTP+3 IPV+1 MMR+3 Hib+3 Hep B+1 Var	77.0% (+/-1.0)		

5. Please tell us the percentage of patients w/o commercial insurance, for which you are reporting:
6. Please completely explain the method utilized to obtain the compliance data:
7. Designate which award track you are applying for by placing an "x" in the appropriate box. Please select only one award track.

☐ **Best Practices** – Overall achievement with systems already in place to overcome immunization barriers and achieve high rates in a certain time parameter.

Please describe in detail the systems put in place.
(type description in shaded box or send in a WORD file)

☐ **Most Improved** – Overcoming barriers and other challenges to greatly enhance immunization rates.

Please describe in detail the barriers overcome.
(type description in shaded box or send in a WORD file)

8. Have you received this award previously? ☐ Yes ☐ No

Note: Previous winners may apply if compliance rates show improvement since winning the award and a new plan has been put in place which altered the system.

Reviewers will compare previous applications with new submissions to determine the level of improvement.

9. Please tell us how you learned about this award opportunity:

Need help?

To see previous winners best practices go to www.aafpfoundation.org/wyethimmunization.xml.

If you have questions please contact:

Dianna Azbill, Program Manager
AAFP Foundation
800-274-2237, ext. 4406
dazbill@aafp.org

All completed applications must be returned by April 21, 2008 to:

AAFP Foundation
ATTN: Dianna Azbill
11400 Tomahawk Creek Parkway
Leawood, KS 66211

Or via e-mail at dazbill@aafp.org, by FAX at 913-906-6095

**American Academy of Family Physicians
Wyeth Immunization Awards Program**

2008 Application for Grant to Implement New System

Purpose: To implement a new system that will increase immunization rates in underserved children age 19-35 months.

Note: The US Department of Health and Human Services (DHHS) guidelines for Medically Underserved Area and Population Designation state:

“Population groups with the Medically Underserved Populations (MUP) designation should be those with economic barriers (low-income or Medicaid-eligible populations), or cultural and/or linguistic access barriers to primary medical care services.”

Application

Applications must address all five steps in the *Description of System* and include the required *Budget* and *Needs Assessment* information. Please keep answers brief. Description of System should not exceed 2-pages in length and font size must be 12 or larger.

Description of System – Describe the system (steps 1-5) that will be implemented including:

- 1) Describe the system that will be put in place to increase immunization rates in underserved children: (click on shaded box and type if using electronic format)

- 2) Goals and specific objectives (anticipated outcomes):

- 3) Explain the process for identifying and/or targeting the underserved children you serve:

- 4) How many children do you believe will be impacted:

- 5) What is the timeline and major milestones of the implementation:

Budget – The budget should include the major direct expenses needed to implement the new system. Applications lacking budget information will not be considered.

Needs Assessment – provide information for questions 1-2

(Medically underserved populations are described as those with economic barriers (low-income or Medicaid-eligible), or cultural and/or linguistic access barriers to primary medical care services.)

- 1) Describe in 1-2 sentences your patient population and how it matches the description above:
- 2) Please provide your current rates of immunizations to underserved children age 19-35 months:

VACCINE	Current Compliance Rate %
DTP/DTPa/DT (4 doses)	
IPV (3 doses)	
MMR (1 dose)	
Hib (≥ 3 doses)	
Hep B (≥ 3 doses)	
PCV (3 doses)	
PCV (4 doses)	
Varicella (≥ 1 dose)	
VACCINE SERIES	
4 DTP+3 IPV+1 MMR	
4 DTP+3 IPV+1 MMR+3 Hib	
4 DTP+3 IPV+1 MMR+3 Hib+3 Hep B	
4 DTP+3 IPV+1 MMR+3 Hib+3 Hep B+1 Var	

Follow-up Reporting

A report will be required at the end of the new implementation project that contains a brief description of program outcomes. A form will be provided to 2008 grant winners to report their specific outcomes. Award winners will be encouraged to present their findings at AAFP associated meetings, including their state affiliates.

Future Opportunity

Winners of a 2008 Grant to Implement a New System to increase childhood immunization rates to the underserved will be eligible to apply for future award opportunities offered through the program.

Please tell us how you learned about this grant opportunity:

Contact Information:

Name of Residency:

Contact Person:

Address:

Phone:

E-mail:

Name of Program Director (if different than contact name listed above):

Complete and return this application before April 21, 2008 to: dazbill@aafp.org

Go to www.aafpfoundation.org/wyethimmunization.xml for more information or electronic version of the application. Contact Dianna Azbill at 800-274-2237, ext. 4406 with any questions.

_____ Family Medicine Residency
08 AAFP Foundation Wyeth Immunization Awards
System Implementation Final Report Form

Your completed Final Report is due August 1, 2009.

Please return this completed form by e-mail to sgoodman@aafp.org.

If you need extension, please send your request in writing to prior to the August 1 deadline.

Report completed by:

Name

Date

Name of Program Director:

Name of Program Contact:

Contact Phone Number:

Contact E-Mail:

Stated Goals:

IMPACT of SYSTEM IMPLEMENTATION AWARD

1. # of Children Impacted:
2. Key Outcomes (please group by bullet points):
3. Key Program Components (please group by bullet points):
4. Things that Worked Best:
5. Lessons Learned:

6. Post-system implementation rates of immunizations to children age 19-35 months. If your new system has been implemented long enough to measure post-system implementation rates, describe data collection/methodology and complete the table below.

Pre-System and Post-System Compliance Rates

☐ U.S. Overall Compliance % statistics are for information only and not intended to be part of your calculations.

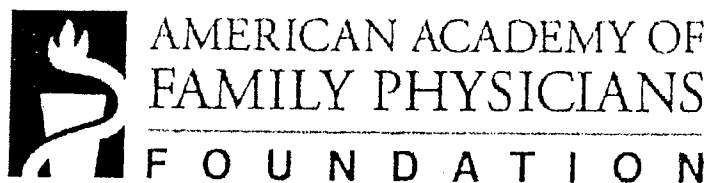
☐ Pre-System Implementation rates were taken directly from your application. You reported PCV (3) and PCV (4) separately and I have summed them and taken the average for purposes of this table.

SUMMARY OF VACCINATION COVERAGE PRE- AND POST-SYSTEM IMPLEMENTATION				
VACCINE	U.S. Overall 2004, NIS Compliance %	Pre-system Compliance Rate %	Post-system Compliance Rate %	*Change in Compliance Rate % (Post-Pre)
<i>DTP/DTaP/DT (4 doses) *</i>	84.8 (+/-0.8)			
IPV (3 doses)	91.6 (+/-0.7)			
MMR (1 dose)	93.0 (+/-0.6)			
Hib (\geq 3 doses)	93.5 (+/- 0.6)			
Hep B (\geq 3 doses)	92.4 (+/-0.6)			
<i>PCV *</i>	73.2 (+/-1.0)			
<i>Varicella (\geq 1 dose) *</i>	87.5 (+/-0.7)			
VACCINE SERIES				
<i>4 DTP+3 IPV+1 MMR *</i>	83.5 (+/-0.9)			
4 DTP+3 IPV+1 MMR+3 Hib	82.5 (+/-0.9)			
4 DTP+3 IPV+1 MMR+3 Hib+3 Hep B	80.9 (+/-0.9)			
4 DTP+3 IPV+1 MMR+3 Hib+3 Hep B+1 Var	76.0 (+/-1.0)			

*denotes p value < 0.05

7. Describe Methodology used to measure post-system implementation rates:

[Return to Web Version](#)



JGAP Fact Sheet

SUBMISSION DEADLINES

There are two JGAP cycles for grant review each year:

- December 1
- June 1

Grant awards are typically announced within six months of the submission deadlines.

ELIGIBILITY

The following candidates may apply:

- Individual family physicians
- Family medicine organizations or associations
- Family medicine residency programs
- Departments of family medicine
- Educational and health care institutions or organizations that will use the JGAP support exclusively for research projects directly involving and impacting family medicine

The principal investigator or one of the co-investigators **must be an AAFP member.**

JGAP **encourages** the submission of proposals for which a family physician is the principal investigator. In addition, **priority** will be **given to new researchers or those who mentor new investigators on the research team.**

The following DO NOT qualify.

Proposals seeking:

- Support for cost of instituting programs
- Support for activities such as videotape production, curriculum design or implementation of a project, etc.

REVIEW PROCESS

Only research grant applications that adhere to the instructions outlined in the JGAP Application Guidelines will be reviewed and considered for grant support per the following established procedures:

1. An administrative review to verify that the application has been properly prepared and completed.
2. Fully prepared applications are then submitted to at least two peers for a technical review and evaluation. Applications at this stage are "blinded" from the reviewers as to applicant, institution and location. Comments and recommendations from the peer reviewers are provided to the Research Committee (RC). Observations and comments made by peer reviewers will also be provided as feedback to applicants.
3. Review and ranking of applications based upon the technical review and evaluations is done by the RC. The RC matches the rankings with available financial resources and makes recommendations for grant awards to the AAFP Foundation Board of Trustees. The RC offers suggestions or provides additional advice to applicants who are unsuccessful in securing a grant award to help strengthen the proposal for future submission.
4. Recommendations for grant funding are made by the RC and the formal awarding of grants is done by the AAFP Foundation Board of Trustees.

OTHER INFORMATION AND TIPS FOR APPLICANTS

Applicants are reminded that historically, most JGAP grant awards have been less than \$30,000 and are projects of one to two year's duration.

From time to time, funds may be available for restricted areas of inquiry or in a specific area of investigation and the Research Committee will announce a Request For Proposals (RFP) on this Web site and through network mailings.

Each year the Research Committee sets aside a portion of grant funds to award to projects that address the annual clinical focus identified by the AAFP.

To request an application:

Phone: 800-274-2237, ext. 4470

Fax: 913-906-6095

Email: smorantz@aafp.org

Copyright © 2009 American Academy of Family Physicians Foundation

[Contact Us](#) | [Privacy Policy](#) | [AAFP](#) | [Site Map](#)



JOINT GRANT AWARDS PROGRAM APPLICATION GUIDELINES

Research grant applications will be considered only if submitted in the exact format of the official AAFP Foundation Grant application form. Proposals will be returned if they do not strictly adhere to the page limit and formatting requirements. **Proposals must be typed using font size 12. Page limits are indicated for each section.**

- The AAFP Foundation will only fund **new uniquely identifiable research projects.**
- The principal investigator or one of the co-investigators must be a **member of the AAFP.**
- The AAFP Foundation Research Committee (RC) will give **priority to new researchers and those who mentor new investigators by including them as part of the research team.** (See Section S)

Electronic Submission Required

One copy of the completed application formatted appropriately for Microsoft Word (doc. file) must be e-mailed to smorantz@aafp.org or sent on CD. (The Application in MS Word format is available <http://www.aafpfoundation.org/x270.xml> or by e-mail request to smorantz@aafp.org) Attachments such as charts and photographs from other sources will be accepted by e-mail and in hard copy.

In addition, **mail** the original copy of the completed application and appendices to:

Chair AAFP FOUNDATION RESEARCH COMMITTEE (RC))

Attention: Susie Morantz

AAFP FOUNDATION,

11400 Tomahawk Creek Parkway

Suite 440

Leawood, KS 66211-2672

Please review these instructions and follow them closely in the preparation of the grant application. These instructions parallel the items in the Grant Application and are so identified.

- A. TITLE OF THE PROJECT** – The title should be brief and descriptive of the intent of the proposed project.
- B. NAME, TITLE, OFFICE ADDRESS, TELEPHONE NUMBER, E-MAIL ADDRESS AND AAFP ID NUMBER OF THE INVESTIGATOR(S) WHO ARE MEMBERS:** – Provide the name, title, office address, phone, e-mail and AAFP ID number (if applicable) for each investigator involved in the project. **NOTE: The principal investigator must be a family medicine researcher,** the one individual designated by the applicant organization to direct the project. If the proposed project is to be under the direction of co-investigators, identify these individuals as "co-investigators."
- C. TOTAL AMOUNT OF GRANT FUNDS BEING APPLIED FOR FROM THE AAFP/F, THE TOTAL COST OF THE PROPOSED PROJECT, AND THE PERCENT OF THE TOTAL PROJECT COST THE AAFP/F AMOUNT REPRESENTS** – Specify the amount of AAFP/F grant funds being applied for and the total cost of the project (calculate the percent of the total cost the AAFP/F funds will represent.) Include other grant funds already secured and in-kind support.
- D. PROPOSED LENGTH OF TIME FOR THE PROJECT TO BE COMPLETED** – Indicate the anticipated start date and the completion date.
- E. NAME OF THE APPLICANT ORGANIZATION/INSTITUTION OR INDIVIDUAL** – The organization, institution, or individual conducting or sponsoring the proposed project must be identified.
- F. NAME OF AUTHORIZED OFFICIAL, TITLE, OFFICE ADDRESS AND TELEPHONE NUMBER** – Specify the name of an official at the organization or institution who is authorized to commit the organization or institution to conduct the study as proposed and ensure that the requirements established by the AAFP/F are met. Include the title, office address and telephone number.

- G. APPLICANT AGREEMENT** – All applicants should be aware of and acknowledge their understanding that, in the event an application is approved, the grant award will be contingent upon agreeing to the following conditions:
1. Grant funds must be used exclusively for the purposes and in the manner set forth in the application. If the funds are not used in keeping with the grant application as approved by the AAFP/F, the grant will be voided and the total amount of grant funds awarded returned to the AAFP/F upon demand;
 2. Unexpended grant funds at the conclusion or suspension of the project will be returned to the AAFP/F;
 3. Approval from the AAFP/F must be obtained, in writing, for any re-budgeting of grant funds prior to any re-allocation of grant funds;
 4. Adherence to the timeline set forth in the grant application. If circumstances prevent adherence to the approved timeline, grantee must submit written explanation of those circumstances to AAFP/F and set forth exact date of expected project completion. The timeline will not be considered revised unless and until AAFP/F notifies grantee of AAFP/F's acceptance of the revised expected completion date;
 5. Submission of written progress reports at the midpoint of the project and a report of the final results upon completion. If a report of your findings is submitted for publication, please provide a reprint or draft;
 6. Financial reports detailing the expenditure of grant funds must be provided on a regular basis (determined by the length of the grant period) and a final accounting summary of the expenditure of grant funds will be due upon completion of the project;
 7. Ninety percent (90%) of the grant funds will be distributed in quarterly payments, if the project timeline is more than a year in length. If the grant period is less than one year, the funds will be distributed in two installments. Following the initial allocation, all subsequent distributions will be made only when all required financial and progress reports have been received by AAFP/F;
 8. The final ten percent (10%) of the grant funds will be distributed upon completion of the project and submission of all required final financial and progress reports;
 9. Reports delinquent in excess of 90 days will prompt a reminder notice from AAFP/F. If grantee does not either obtain an approved timeline extension from AAFP/F (See Section G4) or submit the necessary reports within 60 days of the reminder notice, AAFP/F will consider the project terminated. No further funds will be provided to grantee;
 10. In the event the research project involves human subjects, the applicant must agree to submit the project to an Institutional Review Board (IRB) and obtain approval for research on human subjects prior to the receipt of funding. Grant funds from the AAFP/F will not be released until a copy of the IRB approval or waiver notification is received by the AAFP/F;
 11. The grantee agrees to appropriately acknowledge the support of the AAFP Foundation in any published reports of the project and to provide the AAFP/F with a copy of any resulting published research articles;
 12. The grantee agrees to abide by any additional condition(s) specified at the time an award notification is made by the AAFP/F.
 13. The AAFP/F may disclose information only from proposals of successfully funded projects, including the title of the project, the grantee institution, the principal investigator and the abstract. See "Policy on Information Available to the General Public" on the application form for more detail.
- H. HYPOTHESIS** – State briefly (**one-third page or less**), the research question and specifically what is expected to be answered by this project. In this and all subsequent sections of the application the proposal should not make specific references to individuals, institutions, the location thereof, or any other identifiers. Any such references will be "blinded" prior to review.
- I. ABSTRACT** – Summarize the proposed project, in **no more than two-thirds of a page**, outlining succinctly the objectives and methodology. Applicants are reminded to refrain from identifying specific individuals, institutions or geographical regions in this section.

BACKGROUND, DESIGN AND ANALYSIS SECTIONS – The applicant should **complete these sections using no more than 5 pages**. Under each section address the information requested:

J. BACKGROUND, SIGNIFICANCE AND RATIONALE – Provide the following:

1. A statement of **purpose and specific goals and objectives** of the proposed study and an explanation of the needs or problems it is intended to address.
2. A description of **related work by others and previous work by the applicant** to solve related problems and an explanation of how the proposed research will expand upon or complement those efforts.
3. An explanation of **who will benefit from this research study** and how the results of the project will be communicated to those who will benefit.
4. **In the case of long-term or continuous study**, an explanation of how the project or activity would be continued upon expiration of the requested grant.

K. METHODS AND DESIGN – Provide the following: (*Seeking consultation from an expert in methodology is highly recommended*)

1. An explicit and complete description of the proposed research design(s) and procedures covering both *what* is to be done and *how* it is to be accomplished. The attempt should be made to use conventional language of research methodology found within the scientific research literature when referring to the design(s), for example, cross-over, cross-sectional study, longitudinal study, randomized clinical trial, double-blind placebo controlled, pilot study, descriptive study, etc.
2. A description of the sample population and the number in the study group and explain why this is the appropriate population. (see L.1.below)
3. If a **SURVEY** is to be used, the instrument **MUST BE INCLUDED** as an appendix.
4. An outline of the schedule for implementing the project within the specified time. Outline the timetable for the accomplishment of specific objectives.

L. ANALYSIS OF DATA – Provide the following: (*Seeking consultation from an expert in analytical design is highly recommended*)

1. An explanation of how the effectiveness of the project or activity will be measured. If appropriate, a power analysis should be used to determine sample size.
2. An explanation of the criteria or indicators that will be used in this analysis. How will they be measured? What are the appropriate statistical tests? What specific results are expected?

M. REFERENCE SECTION – The applicant should provide a bibliography of the references cited in the above section(s).

N. BUDGET – Applications for up to \$30,000 will be accepted to support research projects that pose questions of high relevance to Family Practice using rigorous design and appropriate statistical analyses. The Council also welcomes applications for smaller scale studies with lower costs.

Provide a detailed budget with a breakdown of estimated project costs. List separately the amounts of in-kind support being provided by the applicant institution, the amounts to be covered by other grant funds which have been secured by the applicant, and the amounts requested from the AAFP/F. The budget must include all major direct expense categories as enumerated on the application. **Note: The AAFP/F does not provide grant funds for indirect or overhead costs.**

Following are additional guidelines for specific areas:

1. **Salaries and Wages** – All personnel who are to participate in the project should be listed by position and/or title. **Do not name individuals involved in adherence to the required "blinding" of the proposal during peer review.** Indicate the associated full-time equivalency (F.T.E.) for each position and the associated projected costs for each position. If salaries are included for investigators who are also full-time faculty members, justification must be provided as to the need for funds to cover this compensation.
2. **Payroll Taxes and Fringe Benefits** – Specify the amount and the percent of total salary that taxes and benefits represent.

3. **Consultants** – Specify the type of consultant and associated costs. Indicate the number of days of consulting the figure represents.
4. **Travel** – Specify the type of travel expense (lodging, transportation, meals) and the projected amount. *Note: AAFP/F funds requested for travel must be used only for the purpose of conducting research, **not for presenting results.***
5. **Computer Support** – Specify the type of support required and the associated costs. *Note: AAFP/F funds cannot be used for the acquisition of computers or other electronic hardware.*
6. **Communications** – Specify type of expense (e.g., postage or telephone) and the associated costs.
7. **Supplies and Materials** – Specify the type of expendable supplies and materials and the associated costs.
8. **Equipment Rental** – *Note: The AAFP/F funds generally will not be used to support the capital acquisition of equipment. Should the applicant rent or lease any equipment, the type and associated cost must be stated. If rental would be more costly than purchase then documentation should be provided to justify purchase.*
9. **Other Direct Expenses** – Specify any other direct costs by type and amount not attributable to one of the above classifications.

In the event there are no a costs for a particular category, the applicant should indicate this notation by placing N.A. (not applicable) in that section.

- O. **BUDGET JUSTIFICATION** – For each category of expense indicated on the budget summary page, provide a brief statement justifying the expense in the context of the proposal and how or why the expense relates to the work required.
- P. **IRB AND INFORMED CONSENT** – Discuss the ethical implications of this study and how human subjects will be protected. In the event the research involves human subjects, the applicant is asked to briefly describe the requirements that must be met to submit the project to an Institutional Review Board (IRB). **If applicable, include a draft of the informed consent form in the appendix.**
- Q. **SPECIAL SECTION FOR REQUIRED APPLICATIONS WHICH ARE RESUBMITTED FOR CONSIDERATION** – As the AAFP Foundation Joint Grant Awards Program has evolved; several applications and the associated critiques have been returned to the applicants for possible rework and resubmission in a subsequent review cycle. In those cases, the applicant must include a summary of how the deficiencies cited in the original application have been addressed in the resubmitted application. Also, be sure to note in your transmittal letter that this application is a resubmission and reference the application number assigned to the original application. Every effort should be made to include this information with the application.
- R. **DISCLOSURE OF PRINCIPAL INVESTIGATOR'S AND EACH CO-INVESTIGATOR'S CURRENT RESEARCH AND ONGOING RESEARCH FUNDED DURING PRIOR THREE YEARS** – Priority will be given to new researchers or those who mentor new investigators by including them on the research team. Please list current research and ongoing research funded during the prior 3 years for each investigator. Provide detail within the budget justification (Budget section O) of each individual's role in the project.
- S. **BIOGRAPHICAL SKETCH(ES)** – The applicant is asked to provide a brief biographical sketch for the principal investigator(s) and co-investigator(s) or, in lieu of a biographical sketch, a copy of his/her curriculum vita (c.v.) may be attached.
- T. **APPENDIX** – In the event the applicant wishes to provide supporting materials such as informed consent form, survey instruments or supporting letters, it is requested that a listing be made on the "Appendix" page of the application with the corresponding page numbers for those appendices.

NOTE:

1. If a survey or data collection instrument to be used in the project has been developed, a copy must be enclosed along with any information relative to pre-testing results or assumptions used.
2. If the project requires informed consent, a draft of the informed consent form must be included in the appendix of the proposal.

For additional information or clarification, the applicant should contact the AAFP/F by e-mail to smorantz@aafp.org or by calling 1-800-274-2237, Extension 4470.



JOINT GRANT AWARDS PROGRAM APPLICATION

- A. TITLE OF THE PROJECT
- B. NAME OF INVESTIGATOR(S), TITLE, OFFICE ADDRESS, TELEPHONE NUMBER, E-MAIL AND AAFP MEMBERSHIP ID NUMBERS FOR ALL INDIVIDUALS ON THE RESEARCH TEAM WHO ARE AAFP MEMBERS.
(The principal investigator or one of the co-investigators must be a member of the AAFP.)
- C. TOTAL AMOUNT OF GRANT FUNDS BEING APPLIED FOR FROM THE AAFP/F, THE TOTAL COST OF THE PROJECT, AND THE PERCENT OF THE TOTAL PROJECT COST THE AAFP/F AMOUNT REPRESENTS
- D. ANTICIPATED BEGINNING DATE AND COMPLETION DATE OF THE PROJECT (PLEASE NOTE, SINCE THE EARLIEST A FUNDING DECISION WILL BE ANNOUNCED FOR THE FIRST CYCLE OF 2010 IS MAY 28, 2010, THE PROJECTED START DATE FOR THIS PROJECT SHOULD BE NO EARLIER THAN JUNE 1, 2010.)
- E. NAME OF APPLICANT ORGANIZATION/INSTITUTION OR INDIVIDUAL
- F. NAME OF AUTHORIZED OFFICIAL, TITLE, OFFICE ADDRESS AND TELEPHONE NUMBER
- G. APPLICANT AGREEMENT

In the event a grant is awarded to support this application, the applicant and applicant organization/institution agree to adhere to all award conditions specified by the AAFP Foundation as outlined in the guidelines which accompanied this application.

Typed Name and Signature of Authorized Official

Date

Policy on Information Available to the General Public

The AAFP Foundation makes information about grants supported by its Research Grant Awards Initiative (RGAI) available to the public. The RGAJ grants include awards from the AAFP Foundation Joint Grant Awards Program (JGAP), Research Stimulation Grant, Practice-Based Research Network (PBRN) Stimulation Grant and Resident Research Grant programs.

For research awardees, permission is deemed granted upon submission of an application for a grant to the AAFP/F. Therefore, the AAFP/F may disclose information only from proposals of successfully funded projects, including the title of the project, the grantee institution, the principal investigator and the abstract. The purposes of such disclosure include providing models for novice researchers who are designing their own applications to the AAFP/F, publicizing grant awards, assessing research programs/awardees relative to subsequent success in obtaining funding from other agencies and determining the contribution of awardees to print and online research publications as well as other grants and databases.

INSTRUCTIONS FOR APPLICATION SUBMISSION FOLLOW ON THE NEXT PAGE

Format Specifications

Research grant applications will be considered only if submitted in the exact format of the official AAFP/F Grant application form. Proposals will be returned if they do not strictly adhere to the page limit and formatting requirements.

Font

Proposals must be typed using font size 12.

Page Limits

Page limitations referenced in the instructions for specific sections must be followed.

Submission Requirements

One copy of the completed application and appendices formatted appropriately for Microsoft Word (doc. file) must be E-mailed to smorantz@aafp.org or sent on CD or 3.5-inch diskette.

Appendices such as charts and photographs from other sources will also be accepted.

Mail hard copy of the original application to:

Chair, AAFP Foundation RESEARCH COMMITTEE (RC)
AAFP FOUNDATION
11400 Tomahawk Creek Parkway
Suite 440
Leawood, KS 66211-2672

For further assistance contact Susie Morantz at smorantz@aafp.org or call 800-274-2237 x4470.

Please indicate below how you learned about the AAFP Foundation's research grant programs.

- _____ AAFP Foundation's Website (www.aafpfoundation.org)
- _____ AAFP's website (www.aafp.org)
- _____ Family Medicine research resource website (www.FMResearch.org)
- _____ AAFP Annual Scientific Assembly
- _____ North American Primary Care Research Group (NAPCRG)
- _____ National Conference of Family Medicine Residents and Students
- _____ Research Skills Seminar for Residents and Students
- _____ Residency Director
- _____ Faculty
- _____ Colleague
- _____ Other _____

AS YOU PREPARE YOUR PROPOSAL USE THIS CHECKLIST AS A GUIDE

HYPOTHESIS

- Is the value to Family Medicine evident?
- Is the research question clearly delineated?
- Is this topic already highly researched?
- Is the question researchable?

BACKGROUND

- What makes this research of interest to the AAFP/F?
- Will the study result in **Patient-Oriented Evidence that Matters**?
- Have you provided an adequate, but brief description of relative literature?

METHODOLOGY

- Is the methodology appropriate to the question?
- Is the research design clearly defined?
- Is the plan appropriate to the feasibility and scope of the study?
- Is the study population appropriate?
- Have you addressed IRB requirements?

PLAN OF ANALYSIS

- Is your plan of analysis reasonable and is it appropriate to the study?
- Is the plan clearly delineated?
- Is the data set appropriate for the design?

RESEARCH TEAM

- Is the principal investigator a family medicine researcher?
- Is at least one investigator an academy member?
- Are the principal investigator's qualifications included?
- What is the expertise of the other members of the research team?
- Have you sought adequate statistical and design support?

RESOURCES

- Are you using resources appropriate to the research?
- Have you enlisted adequate personnel to manage the study?
- Is the work plan realistic and do-able?
- Do you have access to a patient-base, if one is required in your study?

BUDGET

- Does your funding request adhere to the budget restrictions outlined in the JGAP guidelines?
- Is your budget reasonable for the work plan?
- Have you blinded the names of personnel listed in the budget?
- Have you provided adequate justification for all study costs?

OVERALL

- Have you adhered to the formatting and page limit requirements?

AAFP FOUNDATION JOINT GRANT AWARDS PROGRAM

H. HYPOTHESIS (Based on the research question, clearly identify the subjects and variables and state how the test of statistical significance will be applied. This section **must be limited to ½ page or less.**)

I. ABSTRACT (This section **must be limited to ½ page or less** and should summarize the proposed research/project, outlining succinctly the objective and methodology.)

AAFP FOUNDATION JOINT GRANT AWARDS PROGRAM

BACKGROUND AND METHODS SECTION (This section **must be limited to five pages** and should address the points listed under sections J. through L in the Application Guidelines.)

J. BACKGROUND (Specific points to address are outlined in the Application Guidelines.)

K. METHODS AND DESIGN (Specific points to address are outlined in the Application Guidelines.)

AAFP FOUNDATION JOINT GRANT AWARDS PROGRAM

L. ANALYSIS OF DATA (Specific points to address are outlined in the Application Guidelines.)

AAFP FOUNDATION JOINT GRANT AWARDS PROGRAM

M. REFERENCE SECTION (Provide a bibliography of the references cited in the above section(s).)

AAFP FOUNDATION JOINT GRANT AWARDS PROGRAM

N. BUDGET (If there are no anticipated expenditures in one of the listed categories, indicate that on the sheet by stating N.A. See instructions for additional guidelines and restrictions of the AAFP/F.)

	<u>IN-KIND FUNDS SECURED</u>	<u>OTHER GRANT FUNDS SECURED</u>	<u>APPLICATION AMOUNT FROM AAFP/F</u>
1. Salaries and Wages (specify position, full-time equivalency [FTE] and amount)	\$ _____	\$ _____	\$ _____
Sub-Total	\$ _____	\$ _____	\$ _____
2. Payroll Taxes and Fringe Benefits (specify amount and corresponding percent of salaries)	\$ _____	\$ _____	\$ _____
Sub-Total	\$ _____	\$ _____	\$ _____
3. Consultants (specify type and amount)	\$ _____	\$ _____	\$ _____

AAFP FOUNDATION JOINT GRANT AWARDS PROGRAM

BUDGET (continued)

	<u>IN-KIND FUNDS SECURED</u>	<u>OTHER GRANT FUNDS SECURED</u>	<u>APPLICATION AMOUNT FROM AAFP/F</u>
4. Travel (specify type of travel expense and amount)	\$	\$	\$
5. Computer Support (specify type of support and amount)	\$	\$	\$
6. Communications (specify type [e.g., postage and telephone] and amount)	\$	\$	\$
7. Supplies and Materials (specify type and amount)	\$	\$	\$
8. Equipment Rental (specify type and amount [If purchase is more cost effective, provide documentation in Section O])	\$	\$	\$
9. Other Direct Expense (detail expense type and amount)	\$	\$	\$
Total	\$ _____	\$ _____	\$ _____

AAFP FOUNDATION JOINT GRANT AWARDS PROGRAM

O. BUDGET JUSTIFICATION (For each category of expense where there is an entry, a brief statement of justification is required. **NOTE:** For the positions listed in Salaries and Wages, provide detail of each individual's role on the project.)

P. IRB APPROVAL AND INFORMED CONSENT (Provide a brief discussion about the ethical implications of this study and how human subjects will be protected.)

AAFP FOUNDATION JOINT GRANT AWARDS PROGRAM

Q. SPECIAL SECTION REQUIRED FOR APPLICATIONS WHICH ARE RESUBMITTED FOR CONSIDERATION (Include a summary of how the cited deficiencies in the original application have been addressed.)

**R. DISCLOSURE OF PRINCIPAL INVESTIGATOR'S AND EACH CO-INVESTIGATOR'S
CURRENT RESEARCH AND ONGOING RESEARCH FUNDED DURING PRIOR THREE YEARS**
(List current and ongoing research projects funded during the last three years for each member of the research team. The information requested must be detailed in this space even though it may be state in the biographical sketches/curriculum vitae.)

AAFP FOUNDATION JOINT GRANT AWARDS PROGRAM

S. BIOGRAPHICAL SKETCH(ES) (Give the following information for the investigator(s) listed on page 1. Begin with the Principal Investigator. Photocopy this page for each person or attach a copy of his/her curriculum vitae.)

NAME	POSITION TITLE
------	----------------

EDUCATION (Begin with baccalaureate or other initial professional education, and include postdoctoral training.)

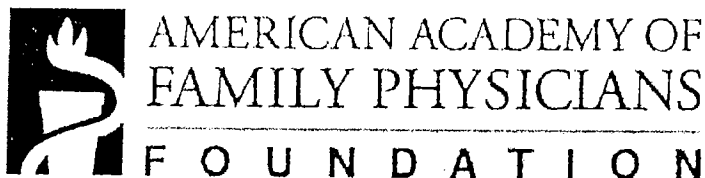
INSTITUTION AND LOCATION	DEGREE	YEAR CONFERRED	FIELD OF STUDY

RESEARCH AND PROFESSIONAL EXPERIENCE: Concluding with present position, list, in chronological order, previous employment, experience, and honors. List, in chronological order, the titles and complete references to all publications during the past three years and to representative earlier publications pertinent to this application. **DO NOT EXCEED TWO PAGES.**

AAFP FOUNDATION JOINT GRANT AWARDS PROGRAM

T. APPENDIX (List the subject and supporting materials, e.g., survey or supporting letter and corresponding page number within appendix.)

[Return to Web Version](#)



Research Stimulation Grants Fact Sheet

Submission Deadlines

Effective July 1, 2008 there are two Research Stimulation Grant cycles for review each year:

- March 1
- September 1

Grant awards are typically announced within three months of the submission deadlines.

The Research Committee will consider:

- Pilot projects or preliminary efforts involving general research in Family Medicine.
- Projects should lead to the completion of a larger research project or be a catalyst for a large-scale project.

The Research Committee will not consider proposals seeking:

- Support for cost of instituting programs.
- Support for activities such as videotape production, curriculum design or implementation of a project, etc.

Review Process

Only research grant applications that adhere to the instructions outlined in the [Research Stimulation Grant Application Guidelines](#) will be reviewed and considered for grant support per the following established procedures:

1. An administrative review to verify that the application has been properly prepared and completed.
2. Fully prepared applications are then submitted to the Research Committee (RC) for review and ranking. The RC matches the rankings with available financial resources and makes recommendations for grant awards to the AAFP Foundation Board of Trustees. The RC offers suggestions or provides additional advice to applicants who are unsuccessful in securing a grant award to help strengthen the proposal for future submission.
3. Recommendations for grant funding are made by the RC and the formal awarding of grants is done by the AAFP Foundation Board of Trustees.

OTHER INFORMATION AND TIPS FOR APPLICANTS

Applicants are encouraged to remember that, historically, most Research Stimulation Grant are awarded for \$7,500 or less and are for projects of six month's to one year's duration.

From time to time, funds may be available for restricted areas of inquiry or in a specific area of investigation and the Research Committee will announce a Request For Proposals (RFP) on this Web site and through network mailings.

To request an application:

Phone: 800-274-2237, ext. 4470

Fax: 913-906-6095

Email: smorantz@aafp.org

Copyright © 2009 American Academy of Family Physicians Foundation

[Contact Us](#) | [Privacy Policy](#) | [AAFP](#) | [Site Map](#)

RESEARCH STIMULATION GRANT APPLICATION GUIDELINES

Administered by the AAFP Foundation

Research grant applications will be considered only if submitted in the exact format of the official Research Stimulation Grant application form as attached to these instructions. Proposals submitted in other formats will not be considered and will be returned to the applicant. NOTE: Proposals must be typed using font size 12.

- The AAFP Foundation will only fund **new uniquely identifiable research projects**.
- The principal investigator or one of the co-investigators must be a **member of the AAFP**.

ELECTRONIC SUBMISSION REQUIRED

One copy of the completed application and appendices **formatted** appropriately for **Microsoft Word (doc. file)** must be **e-mailed to smorantz@aafp.org** or sent on **CD**. (The Application in MS Word format is available by e-mail request to **smorantz@aafp.org**.) **Attachments such as charts and photographs from other sources will be accepted in hard copy.**

In addition, **mail** the original copy of the completed application and appendices to:

Chair AAFP FOUNDATION RESEARCH COMMITTEE (RC)
Attention: Susie Morantz
AAFP FOUNDATION,
11400 Tomahawk Creek Parkway
Suite 440
Leawood, KS 66211-2672

Please review these instructions and follow them closely in the preparation of the grant application. These instructions parallel the items in the grant application and are so identified.

- A. TITLE OF THE PROJECT** – The title should be brief and descriptive of the intent of the proposed project.
- B. NAME, TITLE, OFFICE ADDRESS, TELEPHONE NUMBER, E-MAIL AND AAFP ID NUMBER OF THE INVESTIGATOR(S) WHO ARE MEMBERS:** – Provide the name, title, office address, phone, e-mail and AAFP ID number (if applicable) for each investigator involved in the project. **NOTE: The principal investigator must be a family medicine researcher**, the one individual designated by the applicant organization to direct the project. If the proposed project is to be under the direction of co-investigators, identify these individuals as "co-investigators."
- C. TOTAL AMOUNT OF GRANT FUNDS BEING APPLIED FOR FROM THE AAFP/F, THE TOTAL COST OF THE STUDY, AND THE PERCENT OF THE TOTAL PROJECT COST THE AAFP/F AMOUNT REPRESENTS** – Specify the amount of AAFP/F grant funds being applied for and the total cost of the project (calculate the percent of the total cost the AAFP/F funds will represent.) Include other grant funds already secured and in-kind support.
- D. PROPOSED LENGTH OF TIME FOR THE STUDY TO BE COMPLETED** – Indicate the anticipated start date and the completion date.
- E. NAME OF THE APPLICANT ORGANIZATION/INSTITUTION OR INDIVIDUAL** – The organization, institution, or individual conducting or sponsoring the proposed project must be identified.

F. NAME OF AUTHORIZED OFFICIAL, TITLE, OFFICE ADDRESS AND TELEPHONE NUMBER

– Specify the name of an official at the organization or institution who is authorized to commit the organization or institution to conduct the study as proposed and ensure that the requirements established by the AAFP/F are met. -Include the title, office address and telephone number.

G. APPLICANT AGREEMENT – All applicants should be aware of and acknowledge their understanding that, in the event an application is approved, the grant award will be contingent upon agreeing to the following conditions:

1. Grant funds must be used exclusively for the purposes and in the manner set forth in the application. If the funds are not used in keeping with the grant application as approved by the AAFP/F, the grant will be voided and the total amount of grant funds awarded returned to the AAFP/F upon demand;
2. Unexpended grant funds at the conclusion or suspension of the project will be returned to the AAFP/F;
3. Approval from the AAFP/F must be obtained, in writing, for any re-budgeting of grant funds prior to any re-allocation of grant funds;
4. Adherence to the timeline set forth in the grant application. If circumstances prevent adherence to the approved timeline, grantee must submit written explanation of those circumstances to AAFP/F and set forth exact date of expected project completion. The timeline will not be considered revised unless and until AAFP/F notifies grantee of AAFP/F's acceptance of the revised expected completion date;
5. Submission of written progress reports at the midpoint of the project and a report of the final results upon completion;
6. Financial reports detailing the expenditure of grant funds must be provided mid project and a final accounting summary of the expenditure of grant funds will be due upon completion of the project;
7. Ninety percent (90%) of the grant funds will be distributed in two payments. Following the first allocation, the subsequent distribution will be made only when the required financial and progress reports have been received by AAFP/F;
8. The final ten percent (10%) of the grant funds will be distributed upon completion of the project and submission of all required financial and progress reports;
9. Reports delinquent in excess of 90 days will prompt a reminder notice from AAFP/F. If grantee does not either obtain an approved timeline extension from AAFP/F (See Section G3) or submit the necessary reports within 60 days of the reminder notice, AAFP/F will consider the project terminated. No further funds will be provided to grantee;
10. In the event the research project involves human subjects, the applicant must agree to submit the project to an Institutional Review Board (IRB) and obtain approval for research on human subjects prior to the receipt of funding. Grant funds from the AAFP/F will not be released until a copy of the IRB approval or waiver notification is received by the AAFP/F;
11. The grantee will acknowledge the grant support of the AAFP/F and AAFP in any published reports of the project by stating, "Funding was received from the AAFP/F-AAFP as a Research Stimulation Grant award. The grantee will also provide the AAFP/F with a copy of any resulting published research articles;
12. The grantee agrees to abide by any additional condition(s) specified at the time an award notification is made by the AAFP/F.

H. HYPOTHESIS – In 120 words or less, state the research question(s) and hypothesis (if applicable), specifying what is expected to be answered by this project.

I. ABSTRACT – Summarize the proposed project, in 250 words or less, outlining succinctly the objectives and methodology. Include a discussion of how the proposed study will lead to the development or completion of a larger project and/or substantive results such as a publication/presentation, etc.

BACKGROUND, DESIGN AND ANALYSIS SECTIONS – The applicant should complete these sections using no more than 2 – 3 pages. Under each section address the information requested:

J. BACKGROUND – Provide the following:

1. A statement of the **purpose and specific goals and objectives** of the proposed study and an explanation of the needs or problems it is intended to address.
2. A discussion of how it is anticipated that the **proposed project will lead to the completion of a larger project and/or substantive results (publication, presentation, etc.)**.
3. A description of **related work by others and previous work by the applicant** to solve related problems and an explanation of how the proposed research will expand upon or complement those efforts.
4. An explanation of **who will benefit from this research study** and how the results of the project will be communicated to those who will benefit.

K. METHODS – Provide the following:

1. An explicit and complete description of the proposed research design(s) covering both *what* is to be done and *how* it is to be accomplished. The attempt should be made to use conventional language of research methodology found within the scientific research literature when referring to the design(s), for example, cross-over, cross-sectional study, longitudinal study, randomized clinical trial, double-blind placebo controlled, pilot study, descriptive study, etc.
2. A description of the sample population and the number in the study sample(s) and explain why this is the appropriate population. (see L.1.below)
3. If a survey is to be used, the instrument **must be included as an appendix**.
4. A timetable for the accomplishment of specific tasks and objectives.

L. ANALYSIS – Provide the following:

1. Describe your reason/rationale for the nature and size of your sample(s). If you based your sample size estimation on a power analysis, please describe briefly.
2. A description of major variables or phenomena to be measured and how they will be measured and/or observed. What are the statistical tests you will use for addressing the research questions and/or testing the hypotheses? What specific results or findings are expected?

M. REFERENCE SECTION – The applicant must provide a bibliography of the references cited in the above section(s).

N. BUDGET – Provide a detailed budget with a breakdown of estimated project costs. List separately the amounts of in-kind support being provided by the applicant institution, the amounts to be covered by other grant funds which have been secured by the applicant, and the amounts requested from the AAFP/F. The budget must include all major direct expenses for the project. **Note: The AAFP/F does not provide grant funds for indirect or overhead costs.**

GUIDELINES FOR SPECIFIC EXPENSE CATEGORIES:

1. **Salaries and Wages** – All personnel who are to participate in the project should be listed by position and/or title. Indicate the associated full-time equivalency (F.T.E.) and projected costs for each position.
 2. **Payroll Taxes and Fringe Benefits** – Specify the amount and the percent of total salary that taxes and benefits represent.
 3. **Consultants** – Specify the type of consultant and associated costs. Indicate the number of days of consulting the figure represents.
 4. **Travel** – Specify the type of travel expense (lodging, transportation, meals) and the projected amount. Only travel expenses directly related to the study will be acceptable. **Note: AAFP/F funds cannot be used to support the travel of an investigator to present his/her findings at a professional meeting or seminar.**
 5. **Equipment Support** – Specify the type of equipment required and the associated costs. **Note: The AAFP/F funds generally will not be used to support the purchase of equipment. If rental of equipment is necessary, the type and associated cost must be stated. If rental would be more costly than purchase, documentation should be provided to justify purchase.**
 6. **Communications** – Specify type of expense (e.g., postage or telephone) and the associated costs.
 7. **Supplies and Materials** – Specify the type of expendable supplies and materials and the associated costs.
 8. **Other Direct Expenses** – Specify by type and amount any other direct costs not attributable to one of the above classifications.
- O. BUDGET JUSTIFICATION** – For each category of expense provide a brief statement justifying the expense, in the context of the proposal and how or why the expense relates to the work required.
- P. APPENDIX** – In the event the applicant wishes to provide supporting materials such as informed consent form, survey instruments or supporting letters, it is requested that a listing be made on the "Appendix" page of the application with the corresponding page numbers for those appendices. **NOTE:**
1. If a survey or data collection instrument to be used in the project has been developed, a copy must be enclosed along with any information relative to pre-testing results or assumptions used.
 2. If the project requires informed consent, a draft of the informed consent form must be included in the appendix of the proposal.
- Q. IRB AND INFORMED CONSENT** – Discuss the ethical implications of this study and how human subjects will be protected. In the event the research involves human subjects, the applicant is asked to briefly describe the requirements that must be met to submit the project to an Institutional Review Board (IRB). **If applicable, include a draft of the informed consent form in the appendix.**
- R. BIOGRAPHICAL SKETCH(ES)** – The applicant is asked to provide a brief biographical sketch for the principal investigator(s) and co-investigator(s).

For additional information or clarification, you may contact Susie Morantz at the AAFP/F:
Call 1-800-274-2237, Extension 4470, or e-mail smorantz@aafp.org

*The Research Stimulation Grant program is
administered by the AAFP Foundation, the philanthropic arm of the Academy.*



RESEARCH STIMULATION GRANT APPLICATION

- A. TITLE OF THE PROJECT
- B. NAME OF INVESTIGATOR(S), TITLE, OFFICE ADDRESS, TELEPHONE NUMBER, E-MAIL AND AAFP MEMBERSHIP ID NUMBERS FOR ALL INDIVIDUALS ON THE RESEARCH TEAM WHO ARE AAFP MEMBERS. (The principal investigator or one of the co-investigators must be a member of the AAFP.)
- C. Total AMOUNT OF GRANT FUNDS BEING APPLIED FOR FROM THE AAFP/F, THE TOTAL COST OF THE PROJECT, AND THE PERCENT OF THE TOTAL PROJECT COST THE AAFP/F AMOUNT REPRESENTS
- D. ANTICIPATED BEGINNING DATE AND COMPLETION DATE OF THE PROJECT (PLEASE NOTE, SINCE THE EARLIEST A FUNDING DECISION WILL BE ANNOUNCED FOR THE FIRST CYCLE OF 2010 IS MAY 28, 2010, THE START DATE FOR THIS PROJECT SHOULD BE NO EARLIER THAN JUNE 1, 2010.)
- E. NAME OF APPLICANT ORGANIZATION/INSTITUTION OR INDIVIDUAL
- F. NAME OF AUTHORIZED OFFICIAL, TITLE, OFFICE ADDRESS AND TELEPHONE NUMBER
- G. APPLICANT AGREEMENT

In the event a grant is awarded to support this application, the applicant agrees to adhere to all award conditions specified by the AAFP Foundation as outlined in the guidelines which accompanied this application.

Typed Name and Signature of Authorized Official

Date

Policy on Information Available to the General Public

The AAFP Foundation makes information about grants supported by its Research Grant Awards Initiative (RGAI) available to the public. The RGAIs include awards from the AAFP/F Joint Grant Awards Program (JGAP), Research Stimulation Grant, Practice-Based Research Network (PBRN) Stimulation Grant and Resident Research Grant programs.

For research awardees, permission is deemed granted upon submission of an application for a grant to the AAFP/F. Therefore, the AAFP/F may disclose information only from proposals of successfully funded projects, including the title of the project, the grantee institution, the principal investigator and the abstract. The purposes of such disclosure include providing models for novice researchers who are designing their own applications to the AAFP/F, publicizing grant awards, assessing research programs/awardees relative to subsequent success in obtaining funding from other agencies and determining the contribution of awardees to print and online research publications as well as other grants and databases.

Instructions for Application Submission Follow on the Next Page

Format Specifications

Research grant applications will be considered only if submitted in the exact format of the official AAFP/F Grant application form. Proposals will be returned if they do not strictly adhere to the page limit and formatting requirements.

Font

Proposals must be typed using font size 12.

Page Limits

Page limitations referenced in the instructions for specific sections must be followed.

Electronic Submission Required

One copy of the completed application and appendices formatted appropriately for Microsoft Word (doc. file) must be E-mailed or sent on CD. Attachments such as charts and photographs from other sources will be accepted in hard copy.

In addition to electronic transmittal, please mail the original to:

**Chair, AAFP FOUNDATION RESEARCH COMMITTEE (RC)
AAFP FOUNDATION
11400 Tomahawk Creek Parkway
Suite 440
Leawood, KS 66211-2672**

For further assistance contact Susie Morantz at smorantz@aafp.org or call 800-274-2237 x4470.

Please indicate below how you learned about the AAFP Foundation's research grant programs.

- _____ AAFP Foundation's Website (www.aafpfoundation.org)
- _____ AAFP's website (www.aafp.org)
- _____ Family Medicine research resource website (www.FMResearch.org)
- _____ AAFP Annual Scientific Assembly
- _____ North American Primary Care Research Group (NAPCRG)
- _____ National Conference of Family Medicine Residents and Students
- _____ Research Skills Seminar for Residents and Students
- _____ Research Skills Seminar for Family Physicians Engaged in Practice-Based Research
- _____ Residency director
- _____ Faculty
- _____ Colleague
- _____ Other _____

H. HYPOTHESIS (In 120 words or less **state the research question, specifying what is expected to be answered by this project.**)

I. ABSTRACT (THIS SECTION SHOULD BE LIMITED TO 250 WORDS AND SHOULD SUMMARIZE THE PROPOSED research/project, outlining succinctly the objective and methodology. Include a discussion of how the proposed study will lead to the development or completion of a larger project and/or substantive results such as publication/presentation, etc.)

BACKGROUND, METHODS AND ANALYSIS SECTION (This portion of the proposal must be **limited to 2-3 pages** and should address the points listed under sections I through K in the Application Guidelines.)

J. BACKGROUND (Specific points to address are outlined in the Application Guidelines.)

K. METHODS (Specific points to address are outlined in the Application Guidelines.)

L. ANALYSIS (Specific points to address are outlined in the Application Guidelines.)

M. REFERENCE SECTION (Provide a bibliography of the references cited in the above section(s).)

N. BUDGET (See instructions for additional guidelines and restrictions of the AAFP/F.)

O. BUDGET JUSTIFICATION (Provide a brief statement justifying the expense.)

P. IRB APPROVAL AND INFORMED CONSENT (Provide a brief discussion about the ethical implications of this study and how human subjects will be protected.)

Q. APPENDIX (List the subject and supporting materials, e.g., survey or supporting letter and corresponding page number within appendix.)

R. BIOGRAPHICAL SKETCH(es) (Give the following information for the investigator(s) listed on page 1. Begin with the Principal Investigator/Program Director. Photocopy this page for each person or attach a copy of his/her curriculum vitae.)

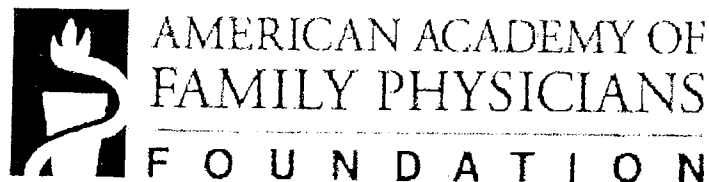
NAME	POSITION TITLE
------	----------------

EDUCATION (Begin with baccalaureate or other initial professional education, and include postdoctoral training.)

INSTITUTION AND LOCATION	DEGREE	YEAR CONFERRED	FIELD OF STUDY

RESEARCH AND PROFESSIONAL EXPERIENCE: Concluding with present position, list, in chronological order, previous employment, experience, and honors. List, in chronological order, the titles and complete references to all publications during the past three years and to representative earlier publications pertinent to this application. **DO NOT EXCEED TWO PAGES.**

[Return to Web Version](#)



PBRN Stimulation Grants Fact Sheet

The AAFP/F Research Committee (RC) recognizes the increasing interest and demand for research projects conducted through practice based research networks. Research conducted in a Family Medicine setting will lead to improvements in the quality of care people receive when they go to the doctor – it makes a difference in people's lives.

Submission Deadlines

- March 1
- September 1

Grant awards are typically announced within three months of the submission deadlines.

Eligibility

- Grant applications are accepted from family physicians who are affiliated/associated with a PBRN in Family Medicine.
- The principal investigator must be a family physician who is a member of the AAFP at the time of application.

What Qualifies

- Pilot projects or preliminary efforts involving research conducted through practice based research networks in Family Medicine settings. Projects should lead to the completion of a larger research project or be a catalyst for a large-scale project.

What Does Not Qualify

Proposals seeking:

- Support for cost of instituting programs
- Support for activities such as videotape production, curriculum design or implementation of a project, etc.

Review Process

Only research grant applications that adhere to the instructions outlined in the PBRN Stimulation Grant Application Guidelines will be reviewed and considered for grant support per the following established procedures:

1. An administrative review to verify that the application has been properly prepared and completed.
2. Fully prepared applications are then submitted to the Research Committee (RC) for review and ranking. The RC matches the rankings with available financial resources and makes recommendations for grant awards to the AAFP Foundation Board of Trustees. The RC offers suggestions or provides additional advice to applicants who are unsuccessful in securing a grant award to help strengthen the proposal for future submission.
3. Recommendations for grant funding are made by the RC and the formal awarding of grants is done by the AAFP Foundation Board of Trustees.

Other Information and Tips for Applicants

Applicants are encouraged to remember that historically, most PBRN Stimulation Grants are awarded for \$7,500 or less and are for projects of six month's to one year's duration.

To request an application:

Phone: 800-274-2237, ext. 4470

Fax: 913-906-6095

Email: smorantz@aafp.org

Copyright © 2009 American Academy of Family Physicians Foundation

[Contact Us](#) | [Privacy Policy](#) | [AAFP](#) | [Site Map](#)

PBRN STIMULATION GRANT APPLICATION GUIDELINES

Research grant applications will be considered only if submitted in the exact format of the official PBRN Stimulation Grant application form. Proposals will be returned if they do not strictly adhere to the page limit and formatting requirements. **Proposals must be typed using font size 12. Page and word limits are indicated for each section.**

- The AAFP Foundation will only fund new uniquely identifiable research projects.
- The principal investigator or one of the co-investigators must be a member of the AAFP.

ELECTRONIC SUBMISSION REQUIRED

One copy of the completed application and appendices formatted appropriately for Microsoft Word (doc. file) must be e-mailed or sent on CD. The Application in MS Word format is available by e-mail request to smorantz@aaafp.org. Attachments such as charts and photographs from other sources will be accepted in hard copy.

Mail the original hard copy of the completed application and attachments postmarked on or before the semi-annual deadline.

Please review these instructions and follow them closely in the preparation of the grant application.

These instructions parallel the items in the Grant Application and are so identified.

- A. **TITLE OF THE PROJECT** – The title should be brief and descriptive of the intent of the proposed project.
- B. **NAME OF THE APPLICANT'S PRACTICE BASED RESEARCH NETWORK** – The PBRN conducting or sponsoring the proposed project and the applicant's association/affiliation within that PBRN must be identified.
- C. **NAME, TITLE, OFFICE ADDRESS AND TELEPHONE NUMBER OF THE INVESTIGATOR(S)**
Provide the name, title, office address, phone, e-mail and AAFP ID number (if applicable) for each investigator involved in the project. **NOTE: The principal investigator must be a family medicine researcher**, the one individual designated by the applicant organization to direct the project. If the proposed project is to be under the direction of co-investigators, identify these individuals as "co-investigators."
- D. **TOTAL AMOUNT OF GRANT FUNDS BEING APPLIED FOR FROM THE AAFP/F, THE TOTAL COST OF THE STUDY, AND THE PERCENT OF THE TOTAL PROJECT COST THE AAFP/F AMOUNT REPRESENTS** – Specify the amount of AAFP/F grant funds being applied for and the total cost of the project (calculate the percent of the total cost the AAFP/F funds will represent.) Include other grant funds already secured and in-kind support.
- E. **PROPOSED LENGTH OF TIME FOR THE STUDY TO BE COMPLETED** – Indicate the anticipated start date and the completion date.
- F. **APPLICANT AGREEMENT** – All applicants should be aware of and acknowledge their understanding that, in the event an application is approved, the grant award will be contingent upon agreeing to the following conditions:
 1. Grant funds must be used exclusively for the purposes and in the manner set forth in the application. If the funds are not used in keeping with the grant application as approved by the AAFP/F, the grant will be voided and the total amount of grant funds awarded returned to the AAFP/F upon demand;
 2. Unexpended grant funds at the conclusion or suspension of the project will be returned to the AAFP/F;

3. Approval from the AAFP/F must be obtained, in writing, for any re-budgeting of grant funds prior to any re-allocation of grant funds;
4. Adherence to the timeline set forth in the grant application. If circumstances prevent adherence to the approved timeline, grantee must submit written explanation of those circumstances to AAFP/F and set forth exact date of expected project completion. The timeline will not be considered revised unless and until AAFP/F notifies grantee of AAFP/F's acceptance of the revised expected completion date;
5. Submission of written progress reports at the midpoint of the project and a report of the final results upon completion;
6. Financial reports detailing the expenditure of grant funds must be provided mid project and a final accounting summary of the expenditure of grant funds will be due upon completion of the project;
7. Ninety percent (90%) of the grant funds will be distributed in two payments. Following the first allocation, the subsequent distribution will be made only when the required financial and progress reports have been received by AAFP/F;
8. The final ten percent (10%) of the grant funds will be distributed upon completion of the project and submission of all required financial and progress reports;
9. Reports delinquent in excess of 90 days will prompt a reminder notice from AAFP/F. If grantee does not either obtain an approved timeline extension from AAFP/F (See Section G3) or submit the necessary reports within 60 days of the reminder notice, AAFP/F will consider the project terminated. No further funds will be provided to grantee;
10. In the event the research project involves human subjects, the applicant must agree to submit the project to an Institutional Review Board (IRB) and obtain approval for research on human subjects prior to the receipt of funding. Grant funds from the AAFP/F will not be released until a copy of the IRB approval or waiver notification is received by the AAFP/F;
11. The grantee will acknowledge the grant support of the AAFP/F in any published reports of the project by stating, "Funding was received from the AAFP/F as a PBRN Stimulation Grant award. The grantee will also provide the AAFP/F with a copy of any resulting published research articles;
12. The grantee agrees to abide by any additional condition(s) specified at the time an award notification is made by the AAFP/F.

G. **HYPOTHESIS** – In 120 words or less, state the research question(s) and hypothesis (if applicable), specifying what is expected to be answered by this project.

H. **ABSTRACT** – Summarize the proposed project, in 250 words or less, outlining succinctly the objectives and methodology. Include a discussion of how the proposed study will lead to the development or completion of a larger project and/or substantive results such as a publication/presentation, etc.

BACKGROUND, DESIGN AND ANALYSIS SECTIONS – The applicant should complete these sections using no more than 2 – 3 pages. Under each section address the information requested:

I. **BACKGROUND** – Provide the following:

1. A statement of the **purpose and specific goals and objectives** of the proposed study and an explanation of the needs or problems it is intended to address.
2. A discussion of how it is anticipated that the **proposed project will lead to the completion of a larger project and/or how it will serve as a catalyst for a large-scale project.**

3. A description of **related work by others and previous work by the applicant** to solve related problems and an explanation of how the proposed research will expand upon or complement those efforts.
4. An explanation of **who will benefit from this research study** and how the results of the project will be communicated to those who will benefit.

J. **METHODS** – Provide the following:

1. An explicit and complete description of the proposed research design(s) covering both *what* is to be done and *how* it is to be accomplished. The attempt should be made to use conventional language of research methodology found within the scientific research literature when referring to the design(s), for example, cross-over, cross-sectional study, longitudinal study, randomized clinical trial, double-blind placebo controlled, pilot study, descriptive study, etc.
2. A description of the sample population and the number in the study sample(s) and explain why this is the appropriate population. (see K.1.below)
3. If a survey is to be used, the instrument **must be included as an appendix**.
4. A timetable for the accomplishment of specific tasks and objectives.

K. **ANALYSIS** – Provide the following:

1. Describe your reason/rationale for the nature and size of your sample(s). If you based your sample size estimation on a power analysis, please describe briefly.
2. A description of major variables or phenomena to be measured and how they will be measured and/or observed. What are the statistical tests you will use for addressing the research questions and/or testing the hypotheses? What specific results or findings are expected?

L. **REFERENCE SECTION** – The applicant should provide a bibliography of the references cited in the above section(s).

M. **BUDGET** – Provide a detailed budget with a breakdown of estimated project costs. List separately the amounts of in-kind support being provided by the applicant institution, the amounts to be covered by other grant funds which have been secured by the applicant, and the amounts requested from the AAFP/F. The budget must include all major direct expenses for the project. ***Note: The AAFP/F does not provide grant funds for indirect or overhead costs.***

Following are additional guidelines for specific expense categories:

1. **Salaries and Wages** – All personnel who are to participate in the project should be listed by position and/or title. Indicate the associated full-time equivalency (F.T.E.) and projected costs for each position.
2. **Payroll Taxes and Fringe Benefits** – Specify the amount and the percent of total salary that taxes and benefits represent.
3. **Consultants** – Specify the type of consultant and associated costs. Indicate the number of days of consulting the figure represents.
4. **Travel** – Specify the type of travel expense (lodging, transportation, meals) and the projected amount. Only travel expenses directly related to the study will be acceptable. ***Note: AAFP/F funds cannot be used to support the travel of an investigator to present his/her findings at a professional meeting or seminar.***

5. **Equipment Support** – Specify the type of equipment required and the associated costs. *Note: The AAFP/F funds generally will not be used to support the purchase of equipment. If rental of equipment is necessary, the type and associated cost must be stated. If rental would be more costly than purchase, documentation should be provided to justify purchase.*
 6. **Communications** – Specify type of expense (e.g., postage or telephone) and the associated costs.
 7. **Supplies and Materials** – Specify the type of expendable supplies and materials and the associated costs.
 8. **Other Direct Expenses** – Specify by type and amount any other direct costs not attributable to one of the above classifications.
- N. **BUDGET JUSTIFICATION** – For each category of expense provide a brief statement justifying the expense, in the context of the proposal and how or why the expense relates to the work required.
- O. **APPENDIX** – In the event the applicant wishes to provide supporting materials such as survey instruments or supporting letters, it is requested that a listing be made on a cover page with the corresponding page numbers for those appendices. If a survey or data collection instrument to be used in the project has been developed, a copy must be enclosed along with any information relative to pre-testing results or assumptions used.
- P. **IRB AND INFORMED CONSENT** – Discuss the ethical implications of this study and how human subjects will be protected. In the event the research involves human subjects, the applicant is asked to briefly describe the requirements that must be met to submit the project to an Institutional Review Board (IRB). **If applicable, include a draft of the informed consent form in the appendix.**
- Q. **DESCRIPTION OF PRACTICE BASED RESEARCH NETWORK** – This section should address the points listed below.)
1. Brief demographic descriptions of clinicians and practices in the network, *if available* (number of members, number of practices, locations, patients represented, medical specialists, etc.).
 2. Titles and brief descriptions of *current and/or completed* network research projects (also indicate inclusive dates, funding sources, PI name with his/her institutional affiliation). [No more than four]
 3. Information (titles, dates, funding amounts, PI, funders) on grants received to conduct research projects in the network. [No more than three]
 4. Names, position titles, and FTEs (e.g., 1.0, .60) of current network staff.
 5. Describe nature of existing network relationships with departments of family medicine and with the state academy of family physicians.
- R. **BIOGRAPHICAL SKETCH(ES)** – The applicant is asked to provide a brief biographical sketch for the principal investigator(s) and co-investigator(s) or, in lieu of a biographical sketch, a copy of his/her curriculum vita (c.v.) may be attached.
- S.

For additional information or clarification, you may contact Susie Morantz at the AAFP/F:
Call 1-800-274-2237, Extension 4470, or e-mail smorantz@aafp.org

*The PBRN Stimulation Grant program is
administered by the AAFP Foundation, the philanthropic arm of the Academy.*



PBRN STIMULATION GRANT APPLICATION

- A. TITLE OF THE STUDY
- B. NAME OF APPLICANT'S PRACTICE BASED RESEARCH NETWORK AND NATURE OF ASSOCIATION/AFFILIATION WITH THAT PBRN
- C. NAME OF INVESTIGATOR(S), TITLE, OFFICE ADDRESS, TELEPHONE NUMBER, E-MAIL AND AAFP MEMBERSHIP ID NUMBERS FOR ALL INDIVIDUALS ON THE RESEARCH TEAM WHO ARE AAFP MEMBERS. (The principal investigator or one of the co-investigators must be a member of the AAFP.)
- D. TOTAL AMOUNT OF GRANT FUNDS BEING APPLIED FOR FROM THE AAFP/F, THE TOTAL COST OF THE STUDY, AND THE PERCENT OF THE TOTAL PROJECT COST THE AAFP/F AMOUNT REPRESENTS
- E. ANTICIPATED BEGINNING DATE AND COMPLETION DATE OF THE PROJECT (PLEASE NOTE, SINCE THE EARLIEST A FUNDING DECISION WILL BE ANNOUNCED FOR THE FIRST CYCLE OF 2010 IS MAY 28, 2010, THE START DATE FOR THIS PROJECT SHOULD BE NO EARLIER THAN JUNE 1, 2010.)
- F. APPLICANT AGREEMENT

Typed Name and Signature of Authorized Official

Date

Policy on Information Available to the General Public

The AAFP Foundation makes information about grants supported by its Research Grant Awards Initiative (RGA) available to the public. The RGA grants include awards from the AAFP/F Joint Grant Awards Program (JGAP), Research Stimulation Grant, Practice-Based Research Network (PBRN) Stimulation Grant and Resident Research Grant programs.

For research awardees, permission is deemed granted upon submission of an application for a grant to the AAFP/F. Therefore, the AAFP/F may disclose information only from proposals of successfully funded projects, including the title of the project, the grantee institution, the principal investigator and the abstract. The purposes of such disclosure include providing models for novice researchers who are designing their own applications to the AAFP/F, publicizing grant awards, assessing research programs/awardees relative to subsequent success in obtaining funding from other agencies and determining the contribution of awardees to print and online research publications as well as other grants and databases.

Instructions for Application Submission Follow on the Next Page

Format Specifications

Research grant applications will be considered only if submitted in the exact format of the official AAFP/F Grant application form. Proposals will be returned if they do not strictly adhere to the page limit and formatting requirements.

Font

Proposals must be typed using font size 12.

Page Limits

Page limitations referenced in the instructions for specific sections must be followed.

Electronic Submission Required

One copy of the completed application and appendices formatted appropriately for Microsoft Word (doc. file) must be E-mailed or sent on CD. Attachments such as charts and photographs from other sources will be accepted in hard copy.

In addition to electronic transmittal, please mail the original to:

**Chair, AAFP FOUNDATION RESEARCH COMMITTEE (RC)
AAFP FOUNDATION
11400 Tomahawk Creek Parkway
Suite 440
Leawood, KS 66211-2672**

For further assistance contact Susie Morantz at smorantz@aafp.org or call 800-274-2237 x4470.

Please indicate below how you learned about the AAFP Foundation's research grant programs.

- _____ AAFP Foundation's Website (www.aafpfoundation.org)
- _____ AAFP's website (www.aafp.org)
- _____ Family Medicine research resource website (www.FMResearch.org)
- _____ AAFP Annual Scientific Assembly
- _____ North American Primary Care Research Group (NAPCRG)
- _____ National Conference of Family Medicine Residents and Students
- _____ Research Skills Seminar for Residents and Students
- _____ Research Skills Seminar for Family Physicians Engaged in Practice-Based Research
- _____ Residency director
- _____ Faculty
- _____ Colleague
- _____ Other _____

G. HYPOTHESIS (In 120 words or less state the research question, specifying what is expected to be answered by this project.)

H. ABSTRACT (This section should be limited to 250 words and should summarize the proposed research/project, outlining succinctly the objective and methodology. Include a discussion of how the proposed study will lead to the development or completion of a larger project and/or substantive results such as publication/presentation, etc.)

BACKGROUND, METHODS AND ANALYSIS SECTION (This portion of the proposal must be limited to 2-3 pages and should address the points listed under sections I through K in the Application Guidelines.)

I. BACKGROUND (Specific points to address are outlined in the Application Guidelines.)

J. METHODS (Specific points to address are outlined in the Application Guidelines.)

K. ANALYSIS (Specific points to address are outlined in the Application Guidelines.)

L. REFERENCE SECTION (Provide a bibliography of the references cited in the above section(s).)

M. BUDGET (See instructions for additional guidelines and restrictions of the AAFP/F.)

N. BUDGET JUSTIFICATION (Provide a brief statement justifying the expense.)

O. DESCRIPTION OF PRACTICE BASED RESEARCH NETWORK (This section should be address the points listed below.)

P. IRB APPROVAL AND INFORMED CONSENT (Provide a brief discussion about the ethical implications of this study and how human subjects will be protected.)

Q. APPENDIX (List the subject and supporting materials, e.g., survey or supporting letter and corresponding page number within appendix.)

BIOGRAPHICAL SKETCH(es) (Give the following information for the investigator(s) listed on page 1. Begin with the Principal Investigator/Program Director. Photocopy this page for each person or attach a copy of his/her curriculum vitae.)

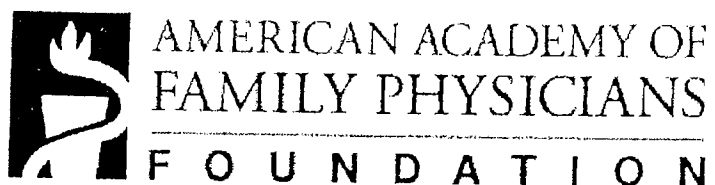
NAME	POSITION TITLE
------	----------------

EDUCATION (Begin with baccalaureate or other initial professional education, and include postdoctoral training.)

INSTITUTION AND LOCATION	DEGREE	YEAR CONFERRED	FIELD OF STUDY

RESEARCH AND PROFESSIONAL EXPERIENCE: Concluding with present position, list, in chronological order, previous employment, experience, and honors. List, in chronological order, the titles and complete references to all publications during the past three years and to representative earlier publications pertinent to this application. **DO NOT EXCEED TWO PAGES.**

[Return to Web Version](#)



Pfizer Teacher Development Awards

This annual award recognizes 15 outstanding, community-based family physicians who combine clinical practice with part-time teaching of Family Medicine.

To apply, the [2009 Award Application Packet](#) must be completed and returned by midnight May 1, 2009. Award recipients will be announced by September 1, 2009.

Award Winners Receive:

- \$1,500 scholarship
- Recognition plaque
- \$500 stipend for their teaching center to host a recognition ceremony

Please note: Award recipients must complete and return a W-9 to the AAFP Foundation before a disbursement is made.

Eligibility Requirements:

- Member of the American Academy of Family Physicians
- Graduated from an ACGME-approved Family Medicine residency program within 7 years (2002-2008)
- Part-time teacher of Family Medicine, where part-time teaching is defined as between 4 hours/month and 32 hours/month, averaged over one year
- Teach voluntarily or receive no more than \$18,000 in compensation for the education time devoted to residents and/or students

Questions? Contact [Sondra Goodman](#), Programs and Grants Manager or call (800)274-2237, ext. 4457.





AMERICAN ACADEMY OF
FAMILY PHYSICIANS
FOUNDATION

2009 Pfizer Teacher Development Award

*Honoring Community-Based Physicians
Who are Outstanding Part-time Teachers of Family Medicine*

APPLICATION PACKET INSTRUCTIONS

The AAFP Foundation is accepting nominations and applications for the 2009 Pfizer Teacher Development Awards, which are presented annually to fifteen (15) community based physicians who are outstanding part-time teachers, and meet these criteria:

- Have graduated from an ACGME-approved family medicine residency program within the last 7 years – 2002 through 2008;
- Are members of the American Academy of Family Physicians;
- Have entered part-time family medicine teaching. Part-time teaching is defined as no less than 4 hours per month and no more than 32 hours per month, averaged over one year; and
- Are teaching voluntarily or receive no more than \$18,000 compensation for the educational time they devote to residents and/or students.

Eligible candidates may serve as preceptors or as volunteer teachers at other sites, including family medicine teaching centers. Many programs nominate Preceptor of the Year or another such award winner. Salaried faculty, previous winners and employees or relatives of the program sponsor are not eligible for this award. You may either nominate a candidate or ask them to apply.

Awardees receive a \$1,500 scholarship to attend a skill-building opportunity to further their development as teachers of family medicine. Their teaching program will also host a recognition event for the winner and receives a \$500 stipend to offset the cost of this event. The final selection of winners will be determined by August 2009. All applicants will be notified of the awards.

Application and Reference Forms are available on-line at www.aafpfoundation.org/ptda.

If you have any questions regarding the awards or application, please call Sondra Goodman at (800) 274-2237, ext 4457 or send an e-mail to sgoodman@aafp.org

Completed Applications (including reference materials) must be returned by May 1, 2009.

Please send application materials to: Sondra Goodman, AAFP Foundation, 11400 Tomahawk Creek Parkway, Suite 440, Leawood, KS 66211, or e-mail them to sgoodman@aafp.org



AMERICAN ACADEMY OF
FAMILY PHYSICIANS
FOUNDATION

2009 Pfizer Teacher Development Award

*Honoring Community-Based Physicians
Who are Outstanding Part-time Teachers of Family Medicine*

APPLICATION PACKET CHECKLIST

From the Applicant/Nominee:

- ☐ **Application Form** (available on-line at www.aafpfoundation.org/ptda)
Please note: on the application form, we ask that you supply the name of the nominator or contact person at your teaching center, who can answer any questions the Foundation might have regarding your application.
- ☐ **Curriculum vitae** (abbreviated if needed, no more than 2 pages in length)

From References (available on-line at www.aafpfoundation.org/ptda):

Reference forms may be submitted by the reference or by the department/program.

- ☐ **Chair/Director Reference form** completed by the **Family Medicine Residency Director** (if teaching residents) and/or the **Medical School Chair** and/or **Pre-Doctoral Director** (if teaching students)
- ☐ **Program/Department Administrator's Statement** should be completed by an administrator or key staff of the appropriate institution in order to attest to the amount of teaching that is provided by the applicant
- ☐ **Peer Reference Form** to be completed by 2 fellow teachers, (they may be full-time, part-time or voluntary staff)
- ☐ **Resident or Medical Student Letter of Recommendation** from one person whom the nominee/applicant has taught.

Complete Application Packet is due by May 1, 2009.

Please send application materials to: Sondra Goodman, AAFP Foundation, 11400 Tomahawk Creek Parkway, Suite 440, Leawood, KS 66211, or e-mail them to sgoodman@aafp.org



AMERICAN ACADEMY OF
FAMILY PHYSICIANS
FOUNDATION

2009 Pfizer Teacher Development Award

*Honoring Community-Based Physicians
Who are Outstanding Part-time Teachers of Family Medicine*

APPLICATION FORM (see also Instructions & Checklist for Directions)

☐ Please place your cursor in the grey box and type your answer. The box will automatically expand as you type. To move to the next box, please press the "Tab" key. For questions, please call 1-800-274-2237, x 4457.

Application deadline: May 1, 2009. ☐

APPLICANT

AAFP Member ID#:

Full Name and Title (MD/DO):

Mailing Address: E-mail:

Telephone Number:

NOMINATOR OR CONTACT (person the Foundation can call with questions about the application):

Name and Title:

Mailing Address: E-mail:

Telephone Number:

APPLICANT'S EDUCATION

Name of School	City & State	To	From	Degree

Residency Attended:

Residency Director:

Year applicant graduated from his/her family medicine residency program (check one):

☐2002 ☐2003 ☐2004 ☐2005 ☐2006 ☐2007 ☐2008

FELLOWSHIP INFORMATION

Has the applicant, or will the applicant, be completing a Fellowship (Y/N)?

Type of Fellowship:

Length of Fellowship:

Completion Date:

PROGRAM OR DEPARTMENT with which the applicant is associated in a teaching capacity:

Program/Dept. Name:

Program/Dept Administrator Name & Title:

Mailing Address: E-mail:

Telephone #:

REFERENCES

☐ Residency Director ☐ Dept. Chair ☐ Predoctoral Director

Name & Title:

E-mail: Telephone Number:

Mailing Address:

Two full-time, part-time, or voluntary Teaching Colleagues who will submit a reference form:

Teaching Colleague #1

Name & Title:

E-mail: or Mailing Address:

Telephone Number:

Teaching Colleague #2

Name & Title:

E-mail: or Mailing Address:

Telephone Number:

One resident or student who will submit a letter of recommendation:

☐ Resident or ☐ Student

Name & Title:

E-mail: or Mailing Address:

Telephone Number:

PRACTICE INFORMATION

Are you currently active in the practice of family medicine (Y/N)?

Type of practice: ☐ Fee for service ☐ Full salary ☐ Other, please explain

What percentage of your practice is:

Geriatrics	%	Pediatrics	%	Adult Medicine	%
Obstetrics	%	Surgery	%	Chemical Dependency	%
Other (Please explain)		%			

ESSAY QUESTIONS

☐ Please answer the following 8 questions, limiting your answer to 150 words per question.
No attachments are allowed and will not be reviewed if included. ☐

- 1) Describe your practice setting.
- 2) Tell us about your community involvement (included volunteer and charitable work).
- 3) Tell us about your professional involvement (include offices held).
- 4) Why did you choose family medicine as a career?
- 5) What are your plans for teaching?
- 6) What do you feel you can offer your students?
- 7) Describe the physician/patient relationship and what it means to you.
- 8) Describe the most challenging physician/patient encounter and explain how you would instruct students or residents to deal with the situation.

CURRICULUM VITAE Please attach your CV as a separate document.; It should not exceed 2 pages in length. ☐

Applicant's signature _____ **Date:** _____

THANK YOU ☐



AMERICAN ACADEMY OF
FAMILY PHYSICIANS
FOUNDATION

11400 TOMAHAWK CREEK PARKWAY, SUITE 440, LEAWOOD, KANSAS 66211
1-800-274-2237

2009 Pfizer Teacher Development Awards

*Honoring Community-Based Physicians
Who are Outstanding Part-time Teachers of Family Medicine*

Statement from Program / Department Administrator

- ☐ This form is available on-line at www.aafpfoundation.org/ptda and must be completed and returned no later than **May 1, 2009**. Please send this form to Sondra Goodman, at the above address, or e-mail to: sgoodman@aafp.org & THANK YOU & ☐

TO BE COMPLETED BY ADMINISTRATOR:

Name of Applicant:

Name and Title of Administrator:

E-mail Address of Administrator: Phone Number:

Mailing Address of Administrator:

This applicant (check one) ☐ IS or ☐ IS NOT teaching family medicine on a part-time basis for

(Name of program or department)

Part-time teaching is defined as not less than 4 hours nor more than 32 hours /month, averaged over 1 year.)

Give an estimate of the average number of hours **per month** the applicant will be teaching.

Does the applicant receive compensation for teaching in this program/department? ☐ YES ☐ NO

If yes, please indicate the amount received per year.

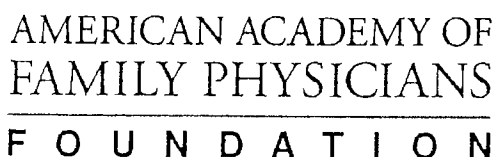
Observations about the applicant's commitment to teaching, teaching skills or any outstanding characteristics:

Signature/Electronic Signature of Reference

Date

☐ All information will be held in the strictest confidence.

This form must be received no later than **May 1, 2009**. Questions? Call 1-800-274-2237 ext 4457. ☐



2009 Pfizer Teacher Development Awards

*Honoring Community-Based Physicians
Who are Outstanding Part-time Teachers of Family Medicine*

CHAIR/DIRECTOR REFERENCE FORM

☐ This form is available on-line at www.aafpfoundation.org/ptda and **must be completed and returned no later than May 1, 2009.** Please send this form to Sondra Goodman, at the above address, or e-mail to: sgoodman@aafp.org **THANK YOU** ☐

Name of Applicant: _____

Your Name: _____

How are you associated with the applicant?

☐ Residency Director ☐ Department Chair ☐ Pre-doctoral Director

Rate the applicant in EACH of the following categories by making an X in the appropriate box. To provide consistency in this numerical scale, please use the following guideline to determine the numerical value to be given for each criteria:

1 = Ranks in top 50% of current peers

2 = Ranks in top 40% of current peers

3 = Ranks in top 30% of current peers

4 = Ranks in top 20% of current peers

5 = Excellent - in top 10% of current peers

6 = Exceptional - Best Teacher ever worked with

NOTE: Please provide specific comments below to support a rating of 5 or 6.

[illegible]

PERSONAL/PROFESSIONAL DEVELOPMENT	1	2	3	4	5	6
Leadership ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative & motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Demeanor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Use the space below for specific comments to support ratings of 5 or 6 and for any additional comments.

Tell us about yourself:

How many years have you been associated with this program? _____

If you are a residency director, is this applicant a graduate of your program. ☐ Yes ☐ No

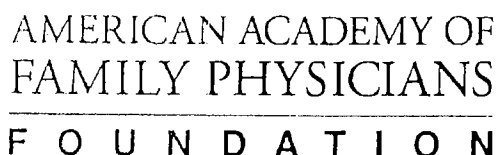
Month and year applicant completed residency? _____

Signature/Electronic Signature of Reference

Date

☐ All information will be held in the strictest confidence.

This form must be received no later than **May 1, 2009**. Questions? Call 1-800-274-2237 ext 4457. ☐



2009 Pfizer Teacher Development Awards

*Honoring Community-Based Physicians
Who are Outstanding Part-time Teachers of Family Medicine*

PEER REFERENCE FORM

- ☐ This form is available on-line at www.aafpfoundation.org/ptda and **must be completed and returned no later than May 1, 2009**. Please send this form to Sondra Goodman, at the above address, or e-mail to: sgoodman@aafp.org **THANK YOU** ☐

Name of Applicant: _____

Your Name: _____

Rate the applicant in EACH of the following categories by making an X in the appropriate box. To provide consistency in this numerical scale, please use the following guideline to determine the numerical value to be given for each criteria:

- 1 = Ranks in top 50% of current peers
2 = Ranks in top 40% of current peers
3 = Ranks in top 30% of current peers
4 = Ranks in top 20% of current peers
5 = **Excellent** - in top 10% of current peers
6 = **Exceptional** - **Best Teacher** ever worked with

NOTE: Please provide specific comments to support a rating of 5 or 6 in the space provided below

[illegible][illegible]

PERSONAL/PROFESSIONAL DEVELOPMENT	1	2	3	4	5	6
Leadership ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative & motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Demeanor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Use the space below for specific comments to support ratings of 5 or 6 and for any additional comments.

Tell us about yourself:

Are you a part-time or full-time teacher? _____ Volunteer or paid? _____

How many years have you taught at this program or department? _____

What is your specialty? _____

Signature/Electronic Signature of Reference

Date

☐ All information will be held in the strictest confidence.

This form must be received no later than **May 1, 2009**. Questions? Call 1-800-274-2237 ext 4457. ☐



AMERICAN ACADEMY OF
FAMILY PHYSICIANS
FOUNDATION

11400 TOMAHAWK CREEK PARKWAY, SUITE 440, LEAWOOD, KANSAS 66211
1-800-274-2237

2009 Pfizer Teacher Development Awards

*Honoring Community-Based Physicians
Who are Outstanding Part-time Teachers of Family Medicine*

RESIDENT OR MEDICAL STUDENT LETTER OF RECOMMENDATION

☐ This form is available on-line at www.aafpfoundation.org/ptda and must be completed and returned no later than **May 1, 2009**. Please send this form to Sondra Goodman, at the above address, or e-mail to: sgoodman@aafp.org & THANK YOU & ☐

Name of Person you are writing this letter in support of:

Your Name:

Reason(s) you are recommending applicant for the 2008 Pfizer Teacher Development Award:

☐ All information will be held in the strictest confidence.

This form must be received no later than **May 1, 2009**. Questions? Call 1-800-274-2237 ext 4457. ☐

August 19, 2008

«PDName»
«PDTitle»
«Teaching_Center»
«PDAdd1»«PDAdd2»
«PDCityStateZip»

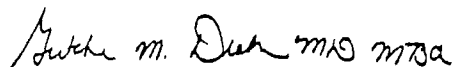
Dear Dr. ,

Congratulations! I am pleased to notify you that «WinnerName» was selected as a recipient of the 2008 Pfizer Teacher Development Award, which recognizes outstanding community-based new physicians who combine clinical practice with part-time teaching of family medicine.

In conjunction with Dr. «LName»'s scholarship, _ teaching center is eligible to receive a \$500 stipend to host a recognition ceremony honoring Dr. «LName»'s accomplishments as a family medicine educator. To receive your \$500 payment you will need to send an e-mail to sgoodman@aaafp.org stating the date and place of the recognition ceremony, and a brief description of the planned event.

It is our hope that the recognition ceremony will allow Dr. «LName»'s peers, medical students or residents, local representatives of the _ Academy of Family Physicians and Pfizer to offer their congratulations. If you have any questions, please contact Sondra Goodman, Manager of Programs and Grants, at 1-800-274-2237 ext. 4457 or by e-mail sgoodman@aaafp.org. Thank you for your continued support of the Pfizer Teacher Development Award program.

Sincerely,



Gretchen Dickson, MD, MBA
Chair, Pfizer Teacher Development Awards Committee

Cc: «ConName», «ConTitle»
«WinnerName»

August 19, 2008

«WinnerName»
«Add1»
«City_State_Zip»

Dear Dr. «LName»,

Congratulations! I am pleased to notify you that you have been selected as a recipient of the 2008 Pfizer Teacher Development Awards.

Pfizer Teacher Development Awards recognize outstanding, community-based new physicians who combine clinical practice with part-time teaching of family medicine. As an award recipient you will receive a \$1,500 scholarship to attend a skill-building opportunity, of your choice, which is intended to further the development of your teaching skills. In addition, your teaching center will receive a \$500 stipend to host a recognition ceremony honoring your accomplishments as a teacher of family medicine.

Enclosed you will find a 2008 Award Winner's Checklist that explains the various components and activities associated with this award. Please note that by September 3rd we need to receive your close-up photo (a "head-shot"), so you can be part of the 2008 Scientific Assembly Wall of Fame!

If you have questions please contact Sondra Goodman, Programs and Grants Manager. She can be reached by e-mail (sgoodman@aaafp.org) or phone at the AAFP Foundation (800-274-2237 ext. 4457).

Again, congratulations. We commend you on your devotion to the specialty and the future of family medicine.

Sincerely,



Gretchen Dickson, MD, MBA
Chair, Pfizer Teacher Development Awards Committee

Enclosure

Cc: «PDName»
«ConName»



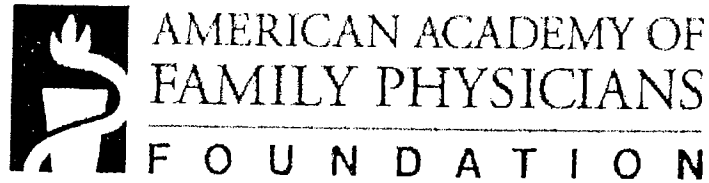
AMERICAN ACADEMY OF
FAMILY PHYSICIANS
FOUNDATION

PFIZER TEACHER DEVELOPMENT AWARDS

2008 AWARD WINNER'S CHECKLIST

- ☐ **Please send a close-up picture of yourself (as a jpg file if possible) by e-mail.** A "headshot" is best. This picture should be attached to an email sent to sgoodman@aafp.org. Your picture will become part of the 2008 Wall of Fame that will be featured at the upcoming Scientific Assembly. Deadline to send this picture is September 3, 2008.
- ☐ **Framed Certificate.** Please provide the address where you would like your framed certificate delivered. This will be shipped by Federal Express at the end of September (or sooner if you need it). This information can be emailed to sgoodman@aafp.org.
- ☐ **News Release.** I will be e-mailing you a draft press release that we can work on together. We want to work with you to let others in your community know that you are being recognized with this honor!
- ☐ **Receipt of Scholarship Funds.** A \$1500 scholarship check will be issued to you, to assist in covering the costs of attending a teaching enhancement program of your choice. You should make your own arrangements and you do not need to save any receipts or submit any invoices for reimbursement. When you have determined the educational session(s) or skill-building opportunity please send the following information:
 - Sponsor and Name of the event;
 - City/State where the event will be held;
 - Event dates;
 - Web site address of event.(For example, I will be attending the "14th CV Medicine in the Cascades" held in Bend, Oregon from August 14-16, 2008. Go to www.aafp.org/online/en/home/cme.html for details.) Please let me know if you would like a list of opportunities attended by past award recipients. You should request your scholarship check by December 31, 2009 or request an extension of time from the AAFP Foundation.
- ☐ **AAFP Foundation Survey.** AAFP Foundation will send you an e-mail survey following the completion of your teaching enhancement opportunity, which you must complete and return. The results from your survey give our Board of Trustees and funders an understanding of how the Pfizer Teacher Development Awards program has been of benefit to you and how we can improve the program. The survey results also serve as a list of potential teaching enhancement opportunities for future award winners.
- ☐ **Contact Information.** Please address your questions to: **Sondra Goodman**, Manager of Programs and Grants, E-mail: sgoodman@aafp.org; Phone: 800-274-2237 ext. 4457; Fax: 913-906-6095; or by mail, AAFP Foundation, 11400 Tomahawk Creek Parkway, Suite 440, Leawood, KS 66211.

[Return to Web Version](#)



Student Externship Matching Grants

Annual matching grants awards of \$1,250 per externship are available *only* to AAFP Constituent Chapters or Chapter Foundations. The goal of the Student Externship Matching Grant Program is to stimulate interest among medical students to select a career and/or pursue research opportunities in Family Medicine. Eligibility and program requirements are outlined in the [Student Externship Matching Grant Program Fact Sheet](#).

The 2009 application process is now closed. Applications for 2010 Student Externship Matching Grants will be available in November 2009. Updated information about applying will be posted at that time.

Interested in knowing which AAFP Constituent Chapters or Chapter Foundations received matching grants in recent years?

[2008 Student Externship Matching Grants](#) (1-page PDF file; [About PDFs](#))

[2009 Student Externship Matching Grants](#) (1-page PDF file; [About PDFs](#))

Those receiving a matching grant award in 2009 must complete and submit the [2009 Disbursement of Funds form](#) (1-page Word file. [About Downloading](#)) to receive their payment.

Questions? Contact [Sondra Goodman](#), Programs and Grants Manager or call (800)274-2237, ext. 4457.

Copyright © 2009 American Academy of Family Physicians Foundation

[Contact Us](#) | [Privacy Policy](#) | [AAFP](#) | [Site Map](#)



Student Externship Matching Grant 2009 Program Fact Sheet

Program Background

The American Academy of Family Physicians Foundation assumed responsibility for supporting the Student Externship program in 1992 when it took over administration of the program from the AAFP. The AAFP Foundation recognizes that the program provides a valuable experience for a medical student to work along side a family physician, seeing first hand what it means to be on the front line of health care delivery, or to participate in a family medicine research project.

The Student Externship Matching Grant program provides an important partnering opportunity between the AAFP Foundation and AAFP's constituent Chapters and Chapter Foundations. The AAFP Foundation secures matching funds and promotes the program to those institutions/organizations involved with medical students. Administration of the program is handled by the Chapters and Chapter Foundations.

Program Goal

The goal of the Student Externship Matching Grant Program is to stimulate interest among medical students to select a career, and/or pursue research opportunities in family medicine.

Eligibility

AAFP Chapters or Chapter Foundations that intend to sponsor a Student Externship and have allocated funding for this purpose may apply for a matching grant(s). Sponsoring Chapters or Chapter Foundations are encouraged to work with an academic institution or family medicine residency program to identify and provide a one-on one, student-to-mentor experience. The externship may contain a research component, but this is not a requirement. To qualify for a matching grant the medical student externship must provide the student with a one-on-one learning experience; be a minimum of 4-weeks in duration; mentors/preceptors must practice in the field of family medicine; and when possible, externs should be involved with a Family Medicine Interest Group.

Program Administration

The AAFP Foundation has established broad parameters for administering the program but recognizes that Sponsors may need to develop additional guidelines specific to their situation. These modifications may be made, with approval from the AAFP Foundation, as long as they adhere to the overall goal of exposing students to family medicine and/or fostering research among medical students and their family physician mentors. The additional guidelines may specify the Sponsor's role, including delineation of the process used to match students and mentors. Sponsors might wish to specify a preference for utilizing mentors in a private practice setting, or set other parameters for administration of the externship.

Summary of Chapter or Chapter Foundation Responsibilities

- ✓ Identify the initial \$1,250 to support 50% of a \$2,500 externship grant. The Sponsor's \$1,250 match must be secured *prior to* submitting the Letter of Intent.
- ✓ Identify family medicine mentors/preceptors and match them with the extern(s);
- ✓ When possible, award the externship to students involved with a Family Medicine Interest Group;
- ✓ Develop a procedure and schedule for the setting up the externship and disbursing externship funds,
- ✓ Acknowledge AAFP Foundation support in any program materials developed; and
- ✓ Complete a Grant Disbursement Request Form requesting payment from AAFP Foundation;

How to Apply for a Matching Grant

To request a matching grant the Chapter or Chapter Foundation responsible for the administration of the student externship needs to complete and submit the 2009 Student Externship Matching Grant Program Letter of Intent, which is available on-line at www.aafpfoundation.org/studentexternships. If you have any problems accessing this information on line, please call 1-800-247-2237, ext 4457.

2009 Application Deadline

The deadline for submitting a Letter of Intent is February 4, 2009. A confirmation e-mail will be sent back acknowledging receipt of the Letters of Intent. If you do not receive an e-mail confirmation, please call to verify that your Letter of Intent was received.

Matching Grant Award Allocations

Matching Grant Awards are made on a first come-first served basis, based upon receipt of the completed Letter of Intent. One matching grant per applicant organization will be allocated, up to a predetermined number of grants available. Additional awards are allocated based upon the sequence of submissions and upon the number of externships requested.

Notification of Matching Grant Award

All applicants will be notified of awards by **February 13, 2009**.

How to Request Payment of Matching Grant Funds

The Request for Grant Funds Disbursement must be completed and returned to the AAFP Foundation in order for us to process the payment for your grant award. Once this is submitted, a check request will be initiated and mailed to you within 30 days. **All requests for disbursement of 2009 program funds must be submitted to the AAFP Foundation by December 1, 2009.** To request a hard-copy of this form letter please call 1-800-247-2237, ext 4457.

Questions? Contact Sondra Goodman, Programs and Grants Manager at 1-800-274-2237, ext 4457 or by email sondragoodman@aafp.org



American Academy of Family Physicians Foundation

Student Externship Matching Grant

Program Fact Sheet

Program Background

The American Academy of Family Physicians Foundation assumed responsibility for supporting the Student Externship program in 1992 when it took over administration of the program from the AAFP. The AAFP Foundation recognizes that the program provides a valuable experience for a medical student to work along side a family physician, seeing first hand what it means to be on the front line of health care delivery, or to participate in a family medicine research project.

The Student Externship Matching Grant program provides an important partnering opportunity between the AAFP Foundation and AAFP's constituent Chapters and Chapter Foundations. The AAFP Foundation secures matching funds and promotes the program to those institutions/organizations involved with medical students. Administration of the program is handled by the Chapters and Chapter Foundations.

Program Goal

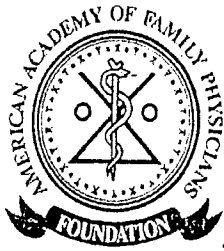
The goal of the Student Externship Matching Grant Program is to stimulate interest among medical students to select a career, and/or pursue research opportunities in family medicine.

Eligibility

AAFP Chapters or Chapter Foundations that intend to sponsor a Student Externship and have allocated funding for this purpose may apply for a matching grant(s). Sponsoring Chapters or Chapter Foundations (Sponsors) are encouraged to work with an academic institution or family medicine residency program to identify and provide a one-on-one, student-to-mentor experience. The externship may contain a research component, but this is not a requirement. To qualify for a matching grant the medical student externship must provide the student with a one-on-one learning experience; be a minimum of 4-weeks in duration; mentors/preceptors must practice in the field of family medicine; and when possible, externs should be involved with a Family Medicine Interest Group.

Summary of Chapter or Chapter Foundation (Sponsor) Responsibilities

- ✓ Identify the initial \$1,250 to support 50% of a \$2,500 externship grant. The Sponsor's \$1,250 match must be secured *prior to* submitting the Letter of Intent.
- ✓ Identify family medicine mentors/preceptors and match them with the extern(s);
- ✓ When possible, award the externship to students involved with a Family Medicine Interest Group;



American Academy of Family Physicians Foundation

- ✓ Develop a procedure and schedule for the setting up the externship and disbursing externship funds,
- ✓ Acknowledge AAFP Foundation support in any program materials developed; and
- ✓ Complete a Grant Disbursement Request Form requesting payment from AAFP Foundation;

Program Administration

The AAFP Foundation has established broad parameters for administering the program but recognizes that Sponsors may need to develop additional guidelines specific to their situation. These modifications may be made, with approval from the AAFP Foundation, as long as they adhere to the overall goal of exposing students to family medicine and/or fostering research among medical students and their family physician mentors. The additional guidelines may specify the Sponsor's role, including delineation of the process used to match students and mentors. Sponsors might wish to specify a preference for utilizing mentors in a private practice setting, or set other parameters for administration of the externship.

How to Apply for a Matching Grant

To request a matching grant the Chapter or Chapter Foundation responsible for the administration of the student externship needs to complete and submit the 2008 Student Externship Matching Grant Program Letter of Intent. This form letter is available for downloading at www.aafpfoundation.org/studentextern. To request a hard-copy of this form letter please call 1-800-247-2237, ext 4457.

2008 Application Deadline

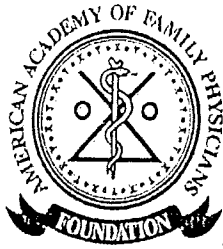
The deadline for submitting a Letter of Intent is **February 4, 2008**. A confirmation e-mail will be sent back acknowledging receipt of the Letters of Intent. If you do not receive an e-mail confirmation, please call to verify that your Letter of Intent was received.

Matching Grant Award Allocations

Matching Grant Awards are made on a first come-first served basis, based upon receipt of the completed Letter of Intent. One matching grant per applicant organization will be allocated, up to a predetermined number of grants available. Additional awards are allocated based upon the sequence of submissions and upon the number of externships requested.

Notification of Matching Grant Award

All applicants will be notified of awards by **February 15, 2008**.



American Academy of Family Physicians Foundation

How to Request Payment of Matching Grant Funds

The Request for Grant Funds Disbursement (available for downloading at www.aafpfoundation.org/studentextern) must be completed and returned to the AAFP Foundation in order for us to process the payment for your grant award. Once this is submitted, a check request will be initiated and mailed to you within 30 days. **All requests for disbursement of 2008 program funds must be submitted to the AAFP Foundation by December 1, 2008.** To request a hard-copy of this form letter please call 1-800-247-2237, ext 4457.

Questions?

Contact Sondra Goodman, Programs and Grants Manager at 1-800-274-2237, ext 4457 or by email sondragoodman@aafp.org



AMERICAN ACADEMY OF
FAMILY PHYSICIANS
FOUNDATION

**Student Externship Matching Grant Program
2009 Request for Grant Funds Disbursement**

Chapter or chapter foundation:

Number of externships awarded:

Full name of extern:

Date of birth:

Year in medical school: ☐M1 ☐M2 ☐M3 ☐M4

Address of student:

E-mail address of student:

Name and ID # of medical school:

Name of mentoring family physician:

Externship setting (e.g., rural FP office, FP residency program, etc.):

Dates the externship will take place:

If this is a **research externship**, please specify the topic:

Please sign below indicating your commitment to adhere to the stated
principles and procedures as established by the AAFP Foundation for the
Student Externship Matching Grants Program.

(Signature)

(Date)

(Position)

Requests for Disbursement of Matching Grant Money must be received by December 1, 2009.

☐ This form can be downloaded at www.aafpfoundation.org/studentexternships and must be completed and submitted to receive your matching grant payment. Please submit this form to: Sondra Goodman, Programs/Grants Manager e mail sgoodman@aafp.org or ☎ by fax to 913-906-6095 or ☎ by mail to 11400 Tomahawk Creek Parkway, Suite 440, Leawood, KS 66211-2672. Questions? Call 1-800-274-2237 ext 4457 ☐

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

► Attach to Form 990. To be completed by organizations
that answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

AMER ACADEMY OF FAMILY PHYSICIANS FDN

Employer identification number

44-6013671

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- | | | |
|--|-----------|---|
| a Receive a severance payment or change of control payment? | 4a | X |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | X |
| c Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | X |
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- | | | |
|--|-----------|---|
| a The organization? | 5a | X |
| b Any related organization? | 5b | X |
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- | | | |
|--|-----------|---|
| a The organization? | 6a | X |
| b Any related organization? | 6b | X |
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
CRAIG M. DOANE	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	181,300.	2,500.	4,824.	18,159.	24,939.	231,722.	NONE
DOUGLAS HENLEY, M.D.	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	448,364.	NONE	13,921.	68,330.	60,838.	591,453.	NONE
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**SCHEDULE J-2
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

**Open to Public
Inspection**

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

Employer identification number

AMER ACADEMY OF FAMILY PHYSICIANS FDN

44-6013671

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JERRY ROGERS, MD PAST PRESIDENT	1.	X						450.	NONE	NONE
MARK H. BELFER, D.O. PRESIDENT	1.	X		X				7,200.	NONE	NONE
RICHARD G. ROBERTS, M.D. VICE PRESIDENT	1.	X		X				4,875.	NONE	NONE
MARY JO WELKER, M.D. TREASURER AND AT-LARGE	1.	X		X				1,200.	NONE	NONE
CRAIG M. DOANE EXECUTIVE DIRECTOR - NONVOTING	40.	X		X	X	X		NONE	188,624.	43,098.
BRADLEY J. FEDDERLY, M.D. BOARD MEMBER	1.	X						450.	NONE	NONE
THOMAS J. WEIDA, M.D. BOARD MEMBER	1.	X						NONE	NONE	NONE
JEFFREY J. CAIN, M.D. BOARD MEMBER	1.	X						NONE	NONE	NONE
GLEN R. STREAM, M.D. BOARD MEMBER	1.	X						NONE	NONE	NONE
DENIS E. CHAGNON, M.D. BOARD MEMBER	1.	X						300.	NONE	NONE
MICHAEL FLEMING, M.D. BOARD MEMBER	1.	X						600.	NONE	NONE
RONALD E. CHRISTENSEN, M.D. BOARD MEMBE	1.	X						600.	NONE	NONE
DENNIS R. CRYER BOARD MEMBER	1.	X						NONE	NONE	NONE
CANDACE S. HOWELL, MPH BOARD MEMBER	1.	X						NONE	NONE	NONE
KATHLEEN L. WISHNER, PH.D. BOARD MEMBER	1.	X						NONE	NONE	NONE
JEFF G. HIMMELBERG BOARD MEMBE	1.	X						NONE	NONE	NONE
KENNETH P. MORITSUGU, M.D. BOARD MEMBER	1.	X						NONE	NONE	NONE
CAOLYN LOPEZ, M.D. BOARD MEMBER	1.	X						1,050.	NONE	NONE
JANE A. WEIDA (CORSON), M.D. BOARD MEMBER	1.	X						1,950.	NONE	NONE
LINDA STONE, M.D. BOARD MEMBER	1.	X						900.	NONE	NONE
ROBERT C.M. BOURNE, M.D. BOARD MEMBER	1.	X						900.	NONE	NONE

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2008

JSA

8E1294 1.000

51P1ZD K501 09/08/2009 10:27:46

700

46

► **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**

Name of the Organization

Employer Identification number

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

[illegible]

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

► To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No. 1545-0047

2008

**Open To Public
Inspection**

Name of the organization

AMER ACADEMY OF FAMILY PHYSICIANS FDN

Employer identification number

44-6013671

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art-Works of art	X	25	4,820.	AUCTION VALUE
2 Art-Historical treasures				
3 Art-Fractional interests				
4 Books and publications	X		1,428.	AUCTION VALUE
5 Clothing and household goods	X		7,099.	AUCTION VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities-Publicly traded				
10 Securities-Closely held stock				
11 Securities-Partnership, LLC, or trust interests				
12 Securities-Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate-Residential				
16 Real estate-Commercial				
17 Real estate-Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (STMT 11)		98.	98,068.	
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a	X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	X
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	X
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2008

JSA

8E1298 1.000

51P1ZD K501 09/08/2009 10:27:46

700

48

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

This image shows a full page of a handwriting practice worksheet. It consists of multiple rows of horizontal dashed lines spaced evenly apart, providing a guide for letter height and placement. The background is plain white, and there are no margins or additional markings.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

AMER ACADEMY OF FAMILY PHYSICIANS FDN

Employer identification number

44-6013671

CONFLICT OF INTEREST POLICY MONITORING AND ENFORCEMENT.

PART VI SECTION B LINE 12C.

ON AN ANNUAL BASIS, ALL BOARD MEMBERS ARE REQUIRED TO SIGN A CONFLICT OF

INTEREST STATEMENT WHICH DISCLOSES ANY CONFLICTS OR STATES THAT THERE ARE

NONE.

Name of the organization

Employer identification number

AMER ACADEMY OF FAMILY PHYSICIANS FDN

44-6013671

PROCESS FOR DETERMINING COMPENSATION FOR EXECUTIVES AND KEY EMPLOYEES

PART VI SECTION B LINE 15A AND B

ANNUALLY, HUMAN RESOURCE (HR) STAFF AND THE EXECUTIVES OF THE AAFP REVIEW

COMPENSATION TRENDS IN GENERAL AND DETERMINE THE INCREASE RANGE FOR THE

FOLLOWING YEAR FOR MERIT AND MARKET. THE DECISION ON INCREASE FOR THIS

SPECIFIC POSITION IS THEN MADE BY THE EXECUTIVE VICE PRESIDENT IN

CONSULTATION WITH HR.

PERIODICALLY, THE HR STAFF REVIEW CURRENT MARKET COMPENSATION DATA ABOUT

SIMILAR POSITIONS IN THE RELEVANT GEOGRAPHIC AREA. BASED ON THE MOST

RECENT ANALYSIS, THE HR STAFF BELIEVE THAT THE COMPENSATION LEVEL IS

APPROPRIATE FOR THE POSITION.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
► **See separate instructions.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

AMER ACADEMY OF FAMILY PHYSICIANS FDN

Employer identification number

44-6013671

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
AMERICAN ACADEMY OF FAMILY PHYSICIANS 44-0536051 11400 TOMAHAWK CREEK PARKWAY LEAWOOD, KS 66211	MEDICAL ASSOC	KS	501(C)(6)		N/A

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2008

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?		(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	
							Yes	No		Yes	No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
AAFP INSURANCE SERVICES 43-1226253 11400 TOMAHAWK CREEK PARKWAY LEAWOOD, KS 66207	INSURANCE ADMIN	KS	AAFP FOUNDATION	C CORP	733,951.	4,151,947.	100.0000

Part V Transactions With Related Organizations**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV.

	Yes	No
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to other organization(s)	1b	X
c Gift, grant, or capital contribution from other organization(s)	1c	X
d Loans or loan guarantees to or for other organization(s)	1d	X
e Loans or loan guarantees by other organization(s)	1e	X
f Sale of assets to other organization(s)	1f	X
g Purchase of assets from other organization(s)	1g	X
h Exchange of assets	1h	X
i Lease of facilities, equipment, or other assets to other organization(s)	1i	X
j Lease of facilities, equipment, or other assets from other organization(s)	1j	X
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	X
l Performance of services or membership or fundraising solicitations by other organization(s)	1l	X
m Sharing of facilities, equipment, mailing lists, or other assets	1m	X
n Sharing of paid employees	1n	X
o Reimbursement paid to other organization for expenses	1o	X
p Reimbursement paid by other organization for expenses	1p	X
q Other transfer of cash or property to other organization(s)	1q	X
r Other transfer of cash or property from other organization(s)	1r	X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1) AMERICAN ACADEMY OF FAMILY PHYSICIANS	C	345,208.
(2) AMERICAN ACADEMY OF FAMILY PHYSICIANS	O	1,787,170.
(3) AMERICAN ACADEMY OF FAMILY PHYSICIANS	B	2,659,952.
(4) AAFP INSURANCE SERVICES	O	46,906.
(5)		
(6)		

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships.

[illegible]

FORM 990, PART VI, LINE 17 - STATES
=====

AL, AK, AZ, AR, CA, CO, CT,
FL, GA, IL, KS, KY, ME, MD, MA, MI,
MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,
RI, SC, TN, UT, VA, WA, WV, WI,

FORM 990, PART VIII - INVESTMENT INCOME
=====

DESCRIPTION -----	(A) TOTAL REVENUE -----	(B) RELATED OR EXEMPT REVENUE -----	(C) UNRELATED BUSINESS REV. -----	(D) EXCLUDED REVENUE -----
INTEREST AND DIVIDENDS NET OF EXPENSES	400,612.			400,612.
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	-43,132.			-43,132.
EARNINGS OF SUBSIDIARY AAFP INSURANCE SERVICES	733,951.			733,951.
	-----	-----	-----	-----
TOTALS	1,091,431.			1,091,431.
	=====	=====	=====	=====

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS
=====

DESCRIPTION -----	AMOUNT -----
ANNUAL AUCTION	111,415. -----
TOTAL	111,415. =====

FORM 990, PART VIII - FUNDRAISING EVENTS
=====

DESCRIPTION -----	GROSS INCOME -----	DIRECT EXPENSES -----	NET INCOME -----
ANNUAL AUCTION	68,864.	189,198.	-120,334.
TOTALS	----- 68,864.	----- 189,198.	----- -120,334.
	=====	=====	=====

FORM 990, PART IX - PAYMENTS TO AFFILIATES
=====

DESCRIPTION -----	(A) TOTAL EXPENSES -----	(B) PROGRAM SERVICE EXP. -----	(C) MANAGEMENT AND GENERAL -----	(D) FUNDRAISING EXPENSES -----
PAYMENTS TO STATE CHAPTERS FOR FMPC PROGRAM	124,912.	124,912.	NONE	NONE
TOTALS	124,912.	124,912.	NONE	NONE
	=====	=====	=====	=====

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
PREPAID EXPENSES	23,353.

TOTALS	23,353.
	=====

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES
=====

DESCRIPTION -----	ENDING BOOK VALUE -----	COST OR FMV -----
EQUITIES	3,803,632.	FMV
CORPORATE BONDS	1,051,565.	FMV
FIXED INCOME MUTUAL FUNDS	1,298,594.	FMV
TREASURY & FEDERAL AGENCY OBL	99,032.	FMV
CASH EQUIVALENTS	410,562.	FMV

TOTALS	6,663,385.	
	=====	

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

=====

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION	(IV)		(V)		(VI)		(VII) AMOUNT OF SUPPORT
			YES	NO	YES	NO	YES	NO	
AMERICAN ACADEMY OF FAMILY PHYSICIANS	44-0536051	09			X	X		X	2,659,952.

TOTAL AMOUNT OF SUPPORT									2,659,952.
									=====

SCHEDULE D, PART VII - INVESTMENTS - FINANCIAL DERIVATIVES

=====

DESCRIPTION	BOOK VALUE	COST OR FMV
-----	-----	-----
ALTERNATIVE INVESTMENTS	1,080,704.	FMV

TOTALS	1,080,704.	
	=====	

SCHEDULE D, PART VII - INVESTMENTS - CLOSELY HELD EQUITY INTERESTS

=====

DESCRIPTION -----	BOOK VALUE -----	COST OR FMV -----
INVESTMENT IN AAFP INS SVCS	1,100,304.	COST

TOTALS	1,100,304.	
	=====	

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION -----	(A) CHECK -----	(B) NUMBER OF CONTRIBUTIONS -----	(C) REVENUES REPORTED -----	(D) METHOD OF DETERMINING -----
JEWELRY	X	44	5,771.	AUCTION VALUE
JEWELRY	X	1	70,974.	APPRAISAL
MEDICAL EQUIPMENT	X	12	4,322.	AUCTION VALUE
SERVICES	X	2	1,550.	AUCTION VALUE
SOFTWARE	X	3	402.	AUCTION VALUE
TRAVEL AND ENTERTAINMENT	X	24	12,362.	AUCTION VALUE
WINE	X	12	2,687.	AUCTION VALUE
 TOTALS		 ----- 98.	 ----- 98,068.	