



**APPLICATION FOR THE
CALIFORNIA MEDICAL ASSOCIATION FOUNDATION
MEDICAL STUDENT COMMUNITY LEADERSHIP GRANT PROGRAM**

INSTRUCTIONS FOR THE APPLICATION FORM

- The local chapter must submit:
 - 1) Application
 - 2) Budget
 - 3) Timeline
- The project contact is the person with responsibility for the project or program for which funds are requested.
- The program categories allow the foundation to track applications according to general program categories. Please check the one category that best describes the organization/project.
- All requested items must be submitted with your application. An incomplete application and supporting information may result in a delay of processing your application.
- All applications MUST be submitted at least 90 days prior to the event.

PLEASE NOTE: IF YOU DO NOT HAVE THE ABILITY TO FUND THE PROJECT UP FRONT, PLEASE CONTACT CMAF AND WE WILL CONSIDER AN ALTERNATIVE ARRANGEMENT FOR FUND DISBURSEMENT.

TO: California Medical Association Foundation
 ATTN: Medical Student Community Leadership Grant Program
 2230 L Street
 Sacramento, CA 95816

DATE: _____

TITLE OF PROJECT: _____

DATE OF PROJECT: _____

CATEGORY:

Educational	
Advocacy	

Community Service	
Other	

TOTAL AMOUNT REQUESTED: \$ _____

APPLICANT

Medical School
Organization

Representative Last name, First name, MI
Date of anticipated graduation

Social Security Number

Degree(s), Date(s) received or pending

Present Institution

Street and number, City, State, Zip code *

Telephone, Facsimile, E-mail

In applying for this grant, we agree to utilize these funds for the purposes described in this application.

Applicant Signature _____

DESCRIPTION OF PROJECT:

Please attach a Word document that summarizes concisely your proposed project or program to be supported, explaining its contribution to the community and to medical student education. Be sure to include a list of deliverables for the event along with their anticipated completion dates.

If you have previously applied for or received MSCLGP funding from the CMA Foundation, please state how your proposal has been improved or how your project builds upon work from prior funding.

BUDGET:

Please attach a detailed line item budget of estimated expenses. Include any anticipated additional sources of funding for this project. Please be as detailed as possible.

PROJECT EVALUATION PLAN:

Please attach a Word document explaining how you will evaluate the success of your project. What are you expected outcomes? Please describe the instrument you will use to assess the success of your project.

Signature of the Medical School Dean or designee affirming “good status” standing of the applicant or student group.

Name, Medical School Dean or Designee (<i>please print</i>):	
Phone Number:	
Signature:	Date:

Check will be made out to and addressed to the following:*
Last name, First name, Initial, Title
Affiliation with student group / project
Street and number, City, State, Zip code
Telephone, Fax, E-mail

*Subject to receipt and approval of Final Report.

Send or e-mail the completed application to:

CMA Foundation
ATTN: Medical Student Community Leadership Grant Program
2230 L Street, Sacramento, CA 95816
Email: lbrown@thecmafoundation.org
Phone: 916-779-6626; Fax: 916-721-2450



**GRANT EVALUATION FOR THE
CALIFORNIA MEDICAL ASSOCIATION FOUNDATION
MEDICAL STUDENT COMMUNITY LEADERSHIP GRANT PROGRAM**

Please use this form upon completion of the project to request reimbursement. Include all invoices, copies and/or pictures of promotion of CMAF in program materials, and copies of any materials generated by the project (event programs, newspaper articles, local newsletter pieces, etc.).

Name of Project

Project Contact Person

Address

Phone

Email

Medical School

Date program was conducted

Number of participants

Please attach a word document that answers the following questions:

1. Did the program achieve the intended goals? Please explain/describe.
2. What were the program costs? (Include line item detail of final costs for food, supplies, speakers, etc.)
3. Please write a short "thank you" testimony of how you benefitted from this opportunity. This will be used to solicit future funding to continue similar grant opportunities.
4. Other feedback (include copies of formal program evaluations, if applicable).

Upon completion of this form please send, fax or e-mail to:

California Medical Association Foundation
ATTN: Medical Student Community Leadership Grant Program
2230 L Street
Sacramento, CA 95816

Phone: 916-779-6624; Fax: 916-721-2450; Email: lbrown@thecmafoundation.org