

CALIFORNIA MEDICAL ASSOCIATION FOUNDATION OBESITY PREVENTION PROJECT
“PHYSICIANS FOR HEALTHY COMMUNITIES” MINI-GRANT PROGRAM
APPLICATION GUIDELINES

The CMA Foundation’s Obesity Prevention Project is pleased to offer small grants to medical student organizations and physicians in California to support projects that promote obesity prevention and community health and well-being. Grant guidelines are as follows:

1. Those eligible to apply for grants include organizations composed of medical students currently enrolled in an accredited medical program, practicing California physicians, and medical societies composed of currently practicing California physicians. Grants will support obesity prevention health-related advocacy and community service outreach programs that enhance the well-being of California's communities. Priority will be given to projects for which funding is not traditionally provided by medical schools or local community sponsors. Applicants are strongly encouraged to seek funding from additional sources other than the California Medical Association Foundation, as the funds we are able to provide are limited.
2. Projects must have a completion timeline of no longer than one year after the date of approval. If continuation beyond one year is anticipated, a written explanation must be submitted to the California Medical Association Foundation for approval.
3. Grants will range from \$250-\$1000, with lesser or greater amounts awarded if necessary and when appropriate.
4. The attached application will require a one-page, 500 word maximum statement describing the project or program to be supported and explaining its contribution to obesity prevention and the community. In addition, medical students are required to explain how their project will benefit medical student education. Medical students are required to provide the signature(s) of the medical school dean or their designee, affirming current enrollment status and that all students involved in the project are in “good standing” in their respective program. For all applicants, a short, detailed line-item budget indicating estimated expenses will also be required. **All expenses must be documented throughout the course of the project.**
5. Applications will be reviewed by the California Medical Association Foundation’s Program Committee. *All applications should be received by the LAST BUSINESS DAY of each month. Each application will be processed for consideration on the first week of the following month.* Grantees will be notified by email of their award status.
6. All promotional materials for the project must indicate CMA Foundation support of the project.
7. Grantees will be required to provide an evaluative summary review of the program supported through the CMAF grant, with a comprehensive line-item budget outlining utilization of funds, no later than three months after completion of the project. At that time, grantees will be asked to submit all receipts for project expenses and will be reimbursed promptly for costs incurred within the awarded budget.
8. Grantees are encouraged to disseminate information about successful projects via email or other medium to other medical schools throughout the state, who may wish to replicate such programs on their own campuses.
9. All grant applications and follow-up evaluations are retained on file and may be utilized by the Foundation as a resource to aid other students or to promote the Obesity Project’s mini-grant program. By applying for a grant, please be aware that your ideas may be shared with others.

Questions regarding the above guidelines should be directed to:
Shannon Eldridge, Obesity Prevention Project Coordinator
3838 North Freeway Boulevard, Suite 100, Sacramento, CA 95834
Phone: 916.779.6629, Fax: 916.779.6664, Email: seldridge@thecmafoundation.org

This application is also available online at www.calmedfoundation.org

APPLICATION FORM INSTRUCTIONS

1) Each individual or group that chooses to apply for the California Medical Association Foundation's Obesity Prevention Project *Physicians for Healthy Communities* Mini-Grant Program must submit the following documents:

- Application
- Work plan
- Line-Item Budget
- Timeline
- Evaluation

2) The Project Contact is the person who chooses to accept responsibility for the project or program and for all requested funds.

3) All projects should have an obesity prevention focus and should deal with one of the following categories: Advocacy or Community Involvement. Please check the one category that best describes the project or program you wish to implement—this will help the Foundation track applications based on program type.

4) All applications must be legible and complete for full consideration. Any application found to be incomplete will incur a delay in processing time.

5) Completed applications will be processed for consideration during the first week of the month following your application submission.

Send or email the completed application to:

CMA Foundation
Obesity Prevention Project Mini-Grant Program
3835 North Freeway Boulevard, Suite 100
Sacramento, CA 95834
Phone: 916.779.6620
Fax: 916.779.6658
seldridge@thecmafoundation.org



**CALIFORNIA MEDICAL ASSOCIATION FOUNDATION—OBESITY PREVENTION PROJECT
 PHYSICIANS FOR HEALTHY COMMUNITIES MINI-GRANT PROGRAM
 MEDICAL STUDENT APPLICATION**

DATE: _____

TITLE OF PROJECT: _____

Advocacy	Community Involvement	Other
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TOTAL AMOUNT REQUESTED: \$_____

FOR MEDICAL STUDENTS

Local Medical Student Chapter:	
Local Chapter Representative (Last name, First name, Middle Initial)	
Primary Project Contact (Last name, First name, Middle Initial)	Social Security Number
Additional Project Members	
Degree(s), Date(s) received or pending	
Current Institution	
Mailing Address*	
Permanent Address (If different from mailing address)	
Phone	Fax
Email	

* Checks will be mailed to this address unless otherwise specified.

In applying for this grant, I / we (circle one) agree to utilize these funds for the purposes described in this application.

Applicant Signature(s) _____

Signature of the Medical School Dean or designee affirming “good status” standing of the applicant or student group is required to be eligible for this grant.

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

DESCRIPTION OF PROJECT:

Summarize the proposed project or program to be considered for support from the California Medical Association. Explain the project’s intended contribution to obesity prevention, the community and medical student education. (500 words maximum. You may attach additional sheets if necessary. Please write clearly and legibly.)

BUDGET:

Explain how your proposed grant money will be spent (include a short, line-item budget detailing the project’s estimated expenses. You may attach additional sheets if necessary. Please write clearly and legibly)

How will you evaluate the success or contribution of your project?



CALIFORNIA MEDICAL ASSOCIATION FOUNDATION—OBESITY PREVENTION PROJECT
***PHYSICIANS FOR HEALTHY COMMUNITIES* MINI-GRANT PROGRAM**
PHYSICIAN APPLICATION

FOR PHYSICIANS AND COMPONENT MEDICAL SOCIETIES

Local Medical Society:	
Primary Project Contact (Last name, First name, Middle Initial)	License Number
Additional Project Members	
Professional Title	
Organization	
Specialty	Mode of Practice
Mailing Address*	
Phone	Fax
Email	

* Checks will be mailed to this address unless otherwise specified.

In applying for this grant, I / we (circle one) agree to utilize these funds for the purposes described in this application.

Applicant Signature(s) _____

DESCRIPTION OF PROJECT:

Summarize the proposed project or program to be considered for support from the California Medical Association. Explain the project's intended contribution to obesity prevention and the community. (500 words maximum. You may attach additional sheets if necessary. Please write clearly and legibly.)

BUDGET:

Explain how your proposed grant money will be spent (include a short, line-item budget detailing the project's estimated expenses. You may attach additional sheets if necessary. Please write clearly and legibly.)

How will you evaluate the success or contribution of your project?



California Medical Association Foundation
CMA Foundation Grant Evaluation – Medical Student

Project Name

Project Contact Person

Permanent Address

Mailing Address (If different from Permanent Address)

Phone

Email

Medical School

Dates program was conducted (Start date and End date)

Number of participants

Did the program achieve the intended goals? Please describe.
(Attach additional sheets if necessary)

What were the program costs?

(Include line item budget of all final costs. Examples: Costs of food, supplies, speakers, etc.)

How were program results evaluated?

(Include copies of formal program evaluations and any program feedback received, if applicable)

Please attach copies of any materials generated by the program (i.e. articles, newsletters, etc.)

Upon completion of the program please return form to:
CMA Foundation, Obesity Project Mini-Grant Program
3835 North Freeway Boulevard, Suite 100, Sacramento, CA 95834
Email: seldridge@thecmafoundation.org Phone: 916.779.6629 Fax: 916.779.6664



California Medical Association Foundation
CMA Foundation Grant Evaluation – Physician and Component Medical Societies

Name of Project

Project Contact Person

License Number

Mailing Address

Organization

Specialty

Phone

Email

Dates program was conducted (Start date and End date)

Number of participants

Did the program achieve the intended goals? Please describe.

(Attach additional sheets if necessary)

What were the program costs?

(Include line item budget of all final costs. Examples: Costs of food, supplies, speakers, etc.)

How were program results evaluated?

(Include copies of formal program evaluations and any program feedback received, if applicable)

Please attach copies of any materials generated by the program (i.e. articles, newsletters, etc.)

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