North Carolina Medical Society Alliance

Grant Application

The North Carolina Medical Society Alliance (NCMSA) awards grants for projects which promote the development of and participation in programs and projects that address health and health education issues. See the Grant Application Guidelines attached for further information.

Project Name _____

Requested Grant Amount $_____ *Matching Funds available* $_____

Organization Requesting Grant _____

When do you plan to start this program? _____

Nonprofit Status _____Federal ID Number_____

Authorized Contact_____

Mailing Address_____

City/State_____Zip_____

Phone_____Fax_____Email_____

Name of local newspaper_____

(On a separate page please complete the remaining questions)

1. Project Description
   Please describe the planned project, stating its name and purpose, goals and objectives, target population, estimated number to be reached, county served, start date and completion date. List all matching funds (include source, amount, method.) Include a statement or documentation showing community needs and the extent of interagency cooperation, as applicable.

2. Project Evaluation Plan
   Describe the evaluation process to be used and identify who will be responsible for the evaluation. (Upon completion of this project, please return the Grant Evaluation form provided with this package.)

3. Plan for Continuation of Program
   Describe any ongoing efforts that the project may have initiated.

4. Project Budget
   Outline the proposed budget for the project.

The NCMSA Executive Committee will review all grant applications. Grants over $500 require approval by the Board of Directors.

Return to: NCMSA, PO Box 30939, Raleigh, NC 27622 or Fax 919-787-4916

Questions: Call: 919-573-1316
E-mail: velia@firstpointresources.com
Web site: www.ncmsalliance.org

Requested by_____Date_____

Address_____City_____Zip_____

Phone_____Fax_____Email_____

North Carolina Medical Society Alliance

Grant Application Guidelines

1. Grant money to assist charitable or civic organizations with funding necessary for projects which include community partners or enhance community partnership development through health related and health education initiatives.

2. Priority will be given to programs and projects that are in compliance with the current goals and health initiatives of the North Carolina Medical Society Alliance (NCMSA).

3. The project must be completed within one year of receiving the grant. An evaluation must be submitted to NCMSA within sixty days after completion. Additional information may be requested from the grantee to determine the status of the program or project.

4. Grants from the NCMSA are intended to be "seed money" for programs and projects. They are not to be used for any of the following purposes:
   - **Political campaigns or lobbying efforts**
   - **New small businesses established for personal gain or profit**
   - **To support organizations in their annual fund drives, fundraisers or capital campaigns**
   - **To give scholarships or sponsorships**
   - **To fund an agency's deficit or endowment**
   - **For direct support of religious activities. (secular activities provided by religious organizations may be eligible)**
   - **For salary or overhead**
   - **Food, paper products, or other items that can easily be donated by community partners.**

5. Grants will be made dependent upon the availability of funds. ***The grantee must match 25% of grants totaling $500.00 or less.*** *(An exception may be made for county Alliances applying for grant funding for the first time or for county Alliances in the process of reorganizing.)* ***Grants over $500 must be matched 100% by the grantee***. The grantee must identify the source and amount of other donations, including in-kind donations, in the proposed budget for the project.

6. Applicants must include the endorsement of a NCMSA member in good standing. The same project may not be resubmitted for two (2) consecutive years.

7. The NCMSA Executive Committee (consisting of President, President-elect, Secretary, Treasurer and Immediate Past President) will review all grant applications. Written notification will be sent after a full review of the grant request.

8. Grant cycles are June 1 – November 30 and December 1 – February 28. If funds are available, grant requests can be considered throughout the year. **Grants over $500 must be approved by the NCMSA Board of Directors.**

9. The NCMSA must be recognized in appropriate publications where other donors or sponsors are recognized. Every attempt should be made to include NCMSA in social media outreach, promotional activities and marketing materials.

(continue)

For additional information, contact:

NCMS Alliance
PO Box 30939
Raleigh, NC 27622
Phone: 919-573-1316, FAX 919-787-4916
Email: velia@firstpointresources.com
Website: www.ncmsalliance.org

North Carolina Medical Society Alliance

Grant Evaluation for Completed Project

The North Carolina Medical Society Alliance (NCMSA) requests project evaluation and follow-up <u>within sixty days after project completion</u>.

Project Name_____

Grant Amount $_____Matching Funds Used $_____

Organization Requesting Grant _____

Start date of this program_____End date of this program_____

Nonprofit Status _____Federal ID Number_____

Authorized Contact_____

Mailing Address_____

City/State_____Zip_____

Phone_____Fax_____Email_____

(On a separate page please complete the remaining questions)

1. Project Description
   Describe briefly

2. Project Results
   List the number of volunteers involved in the project. Provide the number and description of recipient(s) served by the project.

3. Plan for Continuation of Program
   Describe any ongoing efforts that the project may have initiated.

4. Project Budget
   Outline the monetary breakdown of monies used in the project. If all monies were not spent, describe how they will be used.

Deadline: Within sixty days after project completion

Return to: NCMS Alliance
1500 Sunday, Ste 102
Raleigh, NC 27607

Questions: Call: 919-573-1316, FAX 919-787-4916
E-mail:tsteadman@firstpointresources.com
Web site: www.ncmsalliance.org

Reported by_____Date_____

Address_____City_____Zip_____

Phone_____Fax_____Email_____

(Rev 03/2020)