



SNMA

SNMA Community Service Grant Application (Please type)

The purpose of the SNMA Community Service Grant program is to provide financial assistance to SNMA local chapters in their service efforts. These efforts should comply with the mission of the SNMA and ideally will be related to national protocols. SNMA cannot fund speaker honoraria, food or travel. Chapters receiving grants will be required to submit a completed evaluation form and document the project within the Chapter Report Form upon completion. Failure to complete either form may jeopardize a chapter's ability to receive funds in the future. Projects may be chosen for presentation at the Annual National Medical Education Conference.

Submissions are to include:

- i. A 100-200 word description of the event for possible submission to JSNMA (Section IV.D. below)
- ii. 2-3 Photos of the event as a JPEG photo. For all events that have already occurred, the photos must accompany the application. For events that have not occurred, the picture must be emailed to the Community Service Co-Chairs within 30 days of the event. If pictures are not submitted within 30 days of the event, the grant must be returned to the SNMA.
- iii. A list of expenses in a line item format (section VI below).
- iv. Correct contact information for the chapter treasurer or chapter president or chapter vice president (mailing addresses for the purpose of providing grant money)
- v. All application materials should be mailed to communityservice@snma.org

I. Chapter _____

II. Chapter President _____

A. Address _____ Telephone _____
Email _____

III. Project Leader: _____

A. Address _____ Telephone _____
Email _____

IV. Project Description

A. Title _____

1. Is this a National Protocol? _____

B. Goal of Project (25 words or less)

C. Specific Objectives to attain goal



SNMA

- D. Please attach a project description of 250 words or less, including any additional information that will assist in evaluating the project.
- E. Number of proposed chapter participants _____
- F. Number in target audience _____

V. **Resources**-Please describe any resources you anticipate receiving from the following:

- A. University _____
- B. Community _____
- C. Other SNMA Chapters _____
- D. Other health professionals _____

VI. **Proposed Budget**

- A. What additional sources were considered/received for the project?

- B. Amount Requested:
- C. Please attach a precise, itemized budget.

Project Coordinator Signature _____ Date _____
Chapter President Signature _____ Date _____