

# Allegheny County Medical Society Foundation 2023 Grant Application

The ACMS Foundation grants support home and community environments that nurture and develop healthy children and families for a healthy Allegheny County.

The following is a list of criteria that will be considered in the review process:

- \* RFP's will be accepted from Non-Profit 501(c)3 organizations in Allegheny County, PA.
- \* Project will create an impact on communities in Allegheny County, PA.
- \* Project addresses a pressing need or timely issue OR presents a unique approach to addressing an "every day," ongoing challenge.
- \* Project has potential for broader impact or replication.
- \* Project will respond to the ACMS Foundation Mission: Advancing Wellness by confronting Social Determinants & Health Disparities.

## Proposal Review and Timetable

This timetable provides key dates and deadlines for the span of application process.

RFP Release Date:	Wednesday, July 5, 2023
Proposals Due:	Friday, September 15, 2023
Funding Decisions:	Tuesday, October 24, 2023
Funds Dispersed By:	Thursday, November 30, 2023

## How to Apply

To apply for a grant, complete this form in its entirety. Should you wish to create your own RFP document using the questions in this form, you must still complete the form below and you can submit additional documents directly to Melanie Mayer - [mmayer@acms.org](mailto:mmayer@acms.org). Grant applications will not be considered complete without a fully completed form. Proposals must be completed and submitted with all required responses and attachments in order to be considered for funding in this grant cycle.

If you have questions regarding the application, please contact Sara Hussey, ACMS Foundation Executive Director at [shussey@acms.org](mailto:shussey@acms.org).

Please visit <https://www.acms.org/acms-foundation/acmsgiants/> for more information on grant applications and requirements.

\* Required

1. Name of your Organization (must be 501(c)3 - non-profit): \*

2. Primary Contact First Name: \*

3. Primary Contact Last Name: \*

4. Primary Contact E-mail Address: \*

5. Primary Contact: Role at your Organization: \*

6. Organization Website \*

7. Organization Address \*

8. Organization Phone Number \*

9. What does your organization do? What is your founding mission? Who do you support? \*

## Project/Grant Request Information

In this section, we will ask you to describe the specific project or program that the ACMS Foundation grant money will support. Please review the grant application requirements on our website.

10. Name of Project/Grant Request \*

11. Amount of Funding Requested (ACMS will accept requests up to \$20,000): \*

12. What are the goals of this project or program? \*

13. Who will your project help? \*

14. In what geographic area of Allegheny County will this grant money be put to use? \*

15. Do you have collaborating partner organizations? If yes, please list any applicable partners. \*

16. What is the implementation timeline for your project/program? \*

17. Is this a one-time program? If not, what is the plan for sustainability? \*

18. How will your project be evaluated and what are the measures of success?

If this request is for an existing program, please include outcome data demonstrating measurable impact to program participants. Please limit your response to under 1,000 characters. \*

19. What is the opportunity cost of not funding this project at this time? \*

20. What is the budget breakdown for the proposed project? \*This question is optional but a response will help determine how funds will be used.

21. Have you received funding from the Allegheny County Medical Society Foundation in the last 5 years? \*

- Yes
- No
- Unsure

22. Please provide a brief update on outcomes from previous funding from the ACMS Foundation (dates and names of programs/projects are helpful). \*

## How does your project tie into the mission and vision of the ACMS Foundation?

ACMS Foundation Mission: "Advancing wellness by confronting social determinants and health disparities".

ACMS Foundation Vision: "We envision a healthy and safe community".

23. Please provide a final statement (1000 word maximum) that describes how your organization's mission and the program or project that will be covered by the grant dollars, ties into the mission and vision of the ACMS Foundation? \*

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