



American Academy of Family Physicians Foundation

## **MISSION STATEMENT**

The American Academy of Family Physicians Foundation advances the values of Family Medicine by promoting humanitarian, educational and scientific initiatives that improve the health of all people. The Foundation advances those values through the *Family Medicine Cares USA* grants by supporting free health clinics that provide a base of care infused with Family Medicine.

## **REQUIREMENTS AND GUIDELINES for NEW CLINICS**

### **Eligibility Requirements:**

Grants are available to all new (opened within 12 months of deadline date) free health clinics that:

- Provide services at no cost to all patients receiving care in the clinic.
- Have completed or in the process of completing the Volunteers in Medicine (VIM) development process.
- Have an AAFP member family physician who maintains active, ongoing involvement with the patient care provided at the clinic.
- Have a primary care focus.
- Target populations of the uninsured and medically underserved with income restrictions.
- Are nondenominational and open to all members of the community.
- Serve adults (and children as needed if SCHIP program not available).
- Will use active family physician members, residents, medical students, and/or retired family physicians as volunteers.
- Demonstrate collaboration with other community organizations (e.g. Representation of Community members on the board)

### **Would prefer clinics to:**

- Have partnerships/collaborations with hospitals, residency programs, medical schools, AAFP chapters and/or Chapter Foundations.
- Have a Medical Director that is an AAFP member.

### **Grant Guidelines**

- **Application submission:**
  - The Deadline is September 15 by 5 p.m. CST. When the deadline date falls on a weekend, proposals are due the following workday.
  - Incomplete applications including applications that are missing required documentation (e.g., letters of support from community partners, proposed business plan and organizational structure information) will be rejected. Note: Applications not typed will be considered incomplete.
- **Letters of Support:** Provide at least two letters of support from community partners (e.g., health department, local hospitals, food banks etc.). Support letters are to be dated, addressed to the AAFP Foundation, and written on the community partner's letterhead.
- **Award Amount:** *FMC USA* Awards are available up to \$25,000 and vary based upon approved needs, number of applicants, and funds available. The funds received must be

used solely for the purposes outlined in the application form.

- **Budget** is to be item specific with estimated amounts rounded to the nearest dollar. Provide a description of how the items requested will be used to enhance patient care.
- The **Primary Clinic Contact** should be a person who can easily be reached and available to answer any application or administrative inquiries. If the clinic is open only a few hours a week, the primary clinic contact should include in the application their personal email or telephone number.
- **Family Physician Clinic Champion:** The family physician listed should be a 'champion' of the clinic that maintains active, ongoing involvement with the patient care provided.
- **Clinic Description:** Description should include:
  - 1) Descriptions of the estimated number of patients needing services in the area that you will be serving,
  - 2) Estimated clinic hours and the numbers of hours of direct patient care by Family Physician's per month,
  - 3) Organizational/governing structure of the clinic,
  - 4) Type of clinic volunteers (physicians, residents, students and non-medical), and information pertaining to
  - 5) Clinic sustainability and the partnerships/collaborations you have or plan to have with the local community (e.g. public health entities, hospitals, residency programs, medical schools, food pantries etc.). Support your descriptions by including in the appendices documentation such as an organizational chart, a list of board members and their affiliations, and a summarized business plan etc. Please provide any other documentation that will help reviewers have a clear understanding of your clinic structure and needs.
- **Allowable items:** The grant is intended to be used to purchase durable, sustainable equipment and instruments necessary for diagnosis and treatment. Start-up disposable supplies up to \$500 are allowable (vaccines, gloves, speculums, diabetic test strips, lancets, disposable probe covers, tab electrodes, cotton swabs, etc.). In such cases, please explain how these supplies will be sustained after the initial supply of disposable products is exhausted.
- **Non-allowable items:** The AAFP Foundation does not provide grant funds for indirect or overhead costs (e.g., rent, phone, utility bills, software upgrades etc.), office supplies or waiting room furniture.
- **Applicant notifications:** Upon receipt and acceptance of the grant application by the Foundation, an acknowledgement will be sent to the applicant. The Foundation Board of Trustees meets in November to approve funded applications. The applicant will be notified in writing within two weeks after a decision on the application has been made.
- **Award Process:** In order to allocate the initial distribution, the following documents are to be returned within 45 days of award notice:
  - An **Acceptance Letter** written and signed by the awarded clinic indicating their acceptance of the award and proposed use of funds.
  - Completed **990 Information Form**
  - Signed and dated **Application Agreement**
- **Distribution of funds:** Following the AAFP Foundation Board of Trustees grant approval, grantees must sign and return all grant agreement documents before allocation of funds. Initially, 80% of the award will be distributed. The remaining 20% will be distributed upon receipt of a completed Reconciliation Form (provided by the AAFP Foundation) and documentation (receipts) of purchases. Documentation of all expenditures must be provided within 120 days of award. Please note: This grant is a reimbursement grant. The award amount paid out will equal the actual amount spent on purchases only.
- **Progress Report/Documentation requirements** during the grant year and for up to four years following, grant recipients will be expected to complete and return a brief survey on a semi-annual basis documenting the number of Family Medicine volunteers and other

general information about the patients served. This input will help AAFP Foundation donors better understand the impact of their support.

- A **media/communication** packet will be provided upon notification of the grant award (award plaque information, media outreach protocol, etc.). Grant recipients are requested to provide clinic opening event photos and media coverage, as well as recognition acknowledgement of the AAFP Foundation.

### **General information**

Please contact Sharon Hunt to request an application. The application is a Word document that has been set up to be completed electronically. After the application is complete, please sign it (electronic signatures accepted) and email or fax to:

**Sharon Hunt**  
AAFP Foundation  
*Family Medicine Cares USA*  
11400 Tomahawk Creek Parkway, Suite 440  
Office: 913-906-6000 ext. 4474  
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