# Allegheny County Medical Society Foundation 2024 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:          Friday, July 5, 2024

Proposals Due:          Monday, September 16, 2024

Funding Decisions:          Tuesday, October 22, 2024

Funds Dispersed By:          November 30, 2024

**How to Apply**

To apply for a grant, complete this form in its entirety. Grant applications will not be considered complete without a fully completed form. Please adhere to the word count requests on the application form.

If you have questions regarding the application, please contact Sara Hussey, ACMS Foundation Executive Director at shussey@acms.org.

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

* Required

## Tell Us About Your Organization

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 is the Mission of your Organization? (Maximum 100 Words) *

## 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. Please adhere to the requested word requirements. Applications that are submitted with excessive word counts will not be considered.

10. Name of Project/Grant Request *

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

12. Provide a brief description of your grant request? (150 words maximum) *

13. 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. (250 words maximum) *

14. What is the budget breakdown for the proposed project? *This question is optional but a
    response will help determine how funds will be used. (150 words maximum)

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

    ○ Yes

    ○ No

    ○ Unsure

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".

16. Please provide a final statement (500 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? *