

*Tennessee Pediatric Society Foundation*

***Sub-grant Application*** (Please Print Clearly)

*It is policy of the Tennessee Pediatric Society Foundation to encourage its TNAAP members to apply for grants that require a 501c3 funding arm, by providing the services of being the "fiscal agent" for these projects. The projects must be in concert with our own mission statement as follows: The Tennessee Chapter of the American Academy of Pediatrics is committed to being a leading voice, advocate and authority for the physical, mental and social welfare of infants, children and adolescents, as well as for the pediatricians who care for them.*

*Requesting Organization:* \_\_\_\_\_

*Primary Contact:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*City, State, ZIP:* \_\_\_\_\_

*Phone:* \_\_\_\_\_ *Cell:* \_\_\_\_\_

*Fax:* \_\_\_\_\_ *E-mail:* \_\_\_\_\_

*Affiliated TNAAP Member:* \_\_\_\_\_

*Phone:* \_\_\_\_\_ *Cell:* \_\_\_\_\_

*Fax:* \_\_\_\_\_ *E-mail:* \_\_\_\_\_

*Explanation of 501c3 Need:* \_\_\_\_\_

*Amount Requested:* \_\_\_\_\_ *Purpose of Grant: Event* \_\_\_ *Meeting* \_\_\_ *Other* \_\_\_\_\_

*Program Dates:* \_\_\_\_\_

*Target Audience:* \_\_\_\_\_

*Funding Agent:* \_\_\_\_\_

*Primary Contact Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

*TNAAP Member Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

***Required Attachments:*** 1) Program description and goals (limit 200 words); 2) Copy of program agenda; 3) Funding agent guidelines; 4) Copy of requesting organization's tax status letter (private practice not required to supply tax letter)

*I accept this application and confirm the purpose and goals of this program are in concert with the mission of TPSE.*

*TNAAP Executive Director* \_\_\_\_\_ *Date* \_\_\_\_\_

