



## ***Application for Grant Support***

### ***Support for Pediatrician Project Ideas***

*The Foundation provides a way for pediatricians to put their ideas to work. The Foundation is available to offer assistance with developing ideas for research studies, public relations or other outreach programs for improving children's health and safety. Further, the Foundation can offer assistance in the grant application process. If a grant is obtained, then the Foundation will help administer the grant for a small percentage of the grant amount. The Foundation staff, in conjunction with the pediatrician, develops a budget, while the pediatrician champion administers and oversees the project.*

### ***Projects Funded by Pediatricians***

*The Foundation may offer assistance to those pediatricians who wish to fund a project and wish to use the Foundation as simply a fiscal agent, such as CATCH grants or personally funded projects. A nominal administrative fee will be charged.*

*All project requests will be reviewed by the Foundation Board of Directors, and pediatricians will be notified as to the status of their request. Requests will only be considered if the pediatrician is a member in good standing with the Tennessee Chapter of the American Academy of Pediatrics (TNAAP).*

### ***Primary Contact Pediatrician:***

*Name:* \_\_\_\_\_

*Title:* \_\_\_\_\_

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

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

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

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

### ***Secondary Contact Person (if applicable):***

*Name:* \_\_\_\_\_

*Title:* \_\_\_\_\_

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

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

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

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



1. *Proposal summary/abstract, including the overall goals of the program:*
  
2. *Describe the following:*
  - a. *Applicant organization (Describe how you and your program will fit into the chapter's activities and mission.)*
  
  - b. *The target population (eg, infants, toddlers, adolescents, parents)*
  
  - c. *The target community (eg, urban, rural, agricultural, state, or local)*
  
  - d. *What are the problems in this community that prompted you to pursue this project (eg, geographic, cultural, socioeconomic, communication)?*
  
  - e. *How will the proposed program address these problems?*
  
3. *Identify possible community collaborative partners for this program (eg, grassroots associations, parents, faith-based groups, local businesses, local public health service agencies, school boards, hospitals).*



*4. Describe any barriers you might encounter in pursuing the project?*

*5. Describe the time line for accomplishing your goals and objectives.*

*6. Budget detail and justification for the grant.*

*7. Describe how you will measure the achievement of your goals and objectives.*



8. *Identify the long-range goals for this program and plans for sustainability and replication in other communities beyond the grant period.*

9. *Identify sources of possible future funding beyond the Tennessee Pediatric Society Foundation.*

**Signatures:**

Primary Pediatrician \_\_\_\_\_ Date \_\_\_\_\_

Secondary Contact \_\_\_\_\_ Date \_\_\_\_\_

**Please submit the above information to:**  
Catherine M. Fenner, Executive Director  
Tennessee Pediatric Society Foundation

*Thank you for your generous support!*

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



Tennessee Chapter

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