LOS ANGELES ACADEMY OF
FAMILY PHYSICIANS

LAAFP Grant Proposal Application Form

Please submit application no less than one month prior to event.

Name of Grant Request: _____ Date:_____

Requester: _____Institution Represented: _____

Contact Information: Address: _____

E-mail: _____ Phone: _____

Please attach a brief (1 to 2 page) grant proposal describing your proposed project and how it relates to the mission of the Los Angeles Chapter of the CAFP. Below are the criteria which the LAAFP Grant Review Committee will use in evaluating and rating the strength of your proposal. Please try to address as many of the criteria as possible in your proposal. All proposals will be evaluated by the Grant Review Committee, and their recommendations will then be submitted to the LAAFP Executive Committee. The Executive Committee will make all final decisions via a simple majority vote regarding the approval or denial of your proposal. In addition, the Executive Committee will also have sole discretion regarding full or partial funding of your proposal.

Grant Proposal Criteria:

- What is the mission and/or goals of your proposed program?
- How does the proposed program promote the health of a specific patient population or community?
- How does the proposed program improve the education of a specific patient population or community?
- Does the proposed program engage patients or communities in an area of most need?
- Does the proposed program support residents/medical students interested in primary care?
- Is the proposed program a community-based project?
- How does the project support/uphold the tenets of the specialty of Family Medicine.?
- Declare a clear and specific budgetary plan for funds requested. (Budget may be attached.)
- Does the grant proposal have logistics in place for grant fund management (i.e. academic account/non-profit bank account/account manager)?
- Does the proposed program support specific private industry or profiteering?

Comments: _____

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