



^ American Academy of Family Physicians Foundation

## REQUIREMENTS AND GUIDELINES for EMERGENCY ASSISTANCE GRANTS

During this time of unprecedented need, starting August 1, 2020, the AAFP Foundation is pleased to be able to offer this one-time \$25,000 grant opportunity for free health clinics located in areas of high need to purchase durable and non-durable medical equipment and supplies and/or to cover operational expenses.

### Eligibility Requirements:

A clinic is eligible if it:

- Provides services at no cost to patients. Clinics that solicit patient fees or donations, do not qualify for this grant.
- Has an AAFP member family physician who maintains active, ongoing involvement with patient care at the clinic.
- Has a primary care focus.
- Targets populations of the uninsured and medically underserved with income restrictions.
- Is nondenominational and open to all members of the community. Note: Clinics that target a specific sub-set of the population or a specific disease are not eligible to apply.
- Serves adults (and children if SCHIP program is not available).
- Uses active/retired family physicians, residents, or medical students as volunteers.
- Has a Community Need Index (CNI) of 4.5 or greater. Go to: <http://cni.dignityhealth.org/>

NOTE: Existing clinics that have partnerships/collaborations with hospitals, residency programs, medical schools, AAFP Chapters and/or Chapter Foundations, a Medical Director that is an AAFP member, and/or collaborate with other non-medical community organizations (e.g., food pantries, schools, health departments etc.) are given additional consideration.

### Grant Guidelines

- **Application Submission:** The application deadline is rolling until all the funds have been disseminated.
  - NOTE: Incomplete applications including applications that are missing required documentation (e.g., appropriate letters of support from their community partners and the physician champion) will be rejected. Applications not typed will be considered incomplete.
- **Letters of Support:** Furnish two (2) letters of support: One from a community or medical partner (e.g., health department, local hospitals, food banks, etc.) that works with the clinic on a regular basis **and one** from the clinic's Family Physician

Champion. Support letters are to be dated, addressed to the AAFP Foundation, and written on the organization's or community partner's letterhead.

- **Award Amount:** The award amount is \$25,000. The funds provided must be used for the purposes outlined in the clinic's application.
- **Primary Clinic Contact:** Your 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 his/her personal email or telephone number in the application.
- **Family Physician (FP) Clinic Champion:** The FP listed should be an AAFP member and a "champion" of the clinic who has active, ongoing involvement with the patient care provided. Clearly state the FP's leadership role in the clinic and the extent of his/her involvement.
- **Clinic Description:** Describe clearly and concisely the following:
  - a. **General Overview.** The geographic area and patient population you serve (includes zip codes served, unemployment rates, poverty level, race, ethnicity, gender, and age when possible); types of services provided; estimated clinic hours and the numbers of hours of direct patient care by volunteer Family Physician's per month.
  - b. **Organizational/Governing Structure.** Include how each of your Board members and their affiliations within the community support the clinic. If volunteers are in roles of leadership, what does that look like?
  - c. **Family Medicine Volunteers.** Examples of how the residents, medical students, active and retired family physicians support the clinic. What are or will be their roles and responsibilities in the clinic? If your clinic is in an area where there are no residency programs or medical schools close by, discuss how you recruit volunteers for your clinic.
  - d. **Partnerships/Collaborations.** Your partnerships/collaborations with the local community organizations (e.g., food pantries, schools, emergency services, health alliances, etc.) and the health organizations (e.g., public health department, hospitals, residency programs, medical schools, etc.).
- **Budget Detail:** The budget and budget description are to be item specific with estimated amounts rounded to the nearest dollar. The budget description should list the item, describe the clinic's need in this time of the COVID-19 pandemic for this expenditure, and explain how it will enhance patient care.
- **Allowable Items:** The grant is intended to be used to purchase durable and non-durable equipment and supplies and/or for overhead expenses. Equipment and supplies directly related to specialty care (e.g., dental exams, eye exams, etc.), rather than primary care, will not be permitted.
- **Applicant Notification:** Upon receipt and acceptance of the grant application by the Foundation, an acknowledgement will be sent to the applicant.
- **Review Process:** The applications are reviewed on a rolling basis and scored by a 10-member Family Medicine Cares Work Group that is made up of current individuals from the Board of Trustees. The maximum score for an application is 75 points. The following key criteria is considered when scoring the applications:
  - Clinic Description (Maximum 35 points): Applicant clearly defines the geographic area, patient population, and day/hours of clinic operation; organizing and government structure; sustainability plan; partnerships/collaborative efforts with community organizations, hospitals,

residency programs or medical schools; volunteer involvement. The need in their community for primary care is clearly stated.

- Applicant Family Physician (Maximum 10 points): The applying family physician has a lead role such as the Medical Director, Board President or active volunteer in the clinic. Describe what is his/her role and level of involvement.
- Budget (Maximum 15 points): Budget requests are appropriate.
- Application Quality (Maximum 15 points): Application is well written, cohesive and easy to read. Letters of support are appropriate and relevant. If appendices are provided, they are organized and easy to understand.
- **Award Process:** The following documents are to be returned within 30 days of award notice:
  - An **Acceptance Letter** written and signed by the awarded clinic.
  - Completed **990 Information Form**
  - Signed and dated **Application Agreement**
- **Progress Report/Documentation Requirements:**

Grant recipients will be expected to complete and return a brief survey 90-days after receipt of the grant. We also may ask, for up to three years on an annual basis after receiving this award, grant recipients provide documentation on the number of Family Medicine volunteers and other general information about the clinic and patients served. This input will help AAFP Foundation donors better understand the impact of their support.

**Media/Communication** information will be provided upon follow-up of the grant award (award recognition information, media outreach protocol, etc.). Grant recipients are requested to provide clinic event photos and media coverage, as well as recognition acknowledgement of the AAFP Foundation.

## General Information

The application is a Word document that can be accessed on-line and has been set up to be completed electronically. After the application is complete, please sign it (hand written or electronic signatures only. Do not use script font for the signature). **NOTE:** Supporting documentation (e.g., organizational chart, a list of board members and their affiliations) is suggested. Additional attachments may be provided if they will help reviewers have a clear understanding of your clinic and the population served.

Applications must provide descriptions where requested. Applications directing the reviewers to “see attachments,” rather than a written response, will not be accepted as a complete application.

Email your completed application, along with supporting documentation to:

**Sharon Hunt**  
[shunt@aafp.org](mailto:shunt@aafp.org)