



# GRANT REQUEST COUNTY PROJECT

*The Florida Medical Alliance Foundation is a non-profit charitable organization that works to advance medicine and public health by providing philanthropic support for health-related initiatives throughout the state of Florida.*

Date:

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**FMA Alliance County Project Application:**

County:

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Contact Name:

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Contact Email:

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Phone:

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County Alliance Website (if applicable):

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**Project Information:**

Chairperson(s):

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Project Title:

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Briefly describe how the project supports health-related initiatives in Florida:

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Provide a brief description of project planning details, number of volunteers, and expected completion date (use additional page if necessary):

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What is the total estimated budget of the project?

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Amount requested:

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What specifically will the grant be used for?

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Grants up to \$1000 may be awarded. Applications are reviewed by the Board of Directors on a rolling basis..

A written report demonstrating use of the grant funds as intended must be submitted no later than three months following completion of the project.

Please submit application:

via email: [info@myfmaa.org](mailto:info@myfmaa.org)

via mail: Florida Medical Alliance Foundation  
PO Box 353  
Winter Park, FL 32790

Questions? Contact us at [info@myfmaa.org](mailto:info@myfmaa.org)