



**Ariel Goldman Memorial Fund
Grant Application**

The Ariel Goldman Memorial Fund provides financial assistance to an FMA Alliance County, FMA Alliance Individual Member, or community organization to assist in funding projects whose goal is to improve the health and safety of children. Grants up to \$1,200 will be considered.

Date _____

Person completing application: _____

Phone: _____ Email: _____

FMA Alliance County Application:

County: _____

Contact Name: _____

Email: _____

Phone: _____

Website: _____

FMA Alliance Individual Member Application:

Name: _____

Email: _____

Phone: _____

Application on behalf of an organization:

Name of organization _____

Mailing address _____

Phone _____ Email _____

Website _____

Contact Person/Position _____

Is the organization a 501(c)(3)? _____ If YES, please provide IRS documentation.

Mission Statement: _____

Project Information:

Chairperson: _____

Project Title: _____

Briefly describe how and why the project was chosen: _____

Approximately how many children will the project impact? _____

How will this project improve the health and safety of children?

Provide a brief description of project planning details, number of volunteers, and timeline:

Will Alliance members' youth be involved? _____

What is the total estimated budget of this project? _____

How much money is being requested? _____

How will the project utilize these funds if awarded?

If total project costs exceed the grant request, from where will the balance of funding come?

Please submit application to:

Email: info@myfmaa.org

Mail: Florida Medical Alliance Foundation

PO Box 353

Winter Park, FL 32790

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.

www.myfmaa.org

Please use this page for any additional information you would like to include.