



**FMAA**  
 FLORIDA MEDICAL ASSOCIATION ALLIANCE

**FMA ALLIANCE AWARDS OF EXCELLENCE**  
***Application for County Fundraiser***

Please note this award will NOT be dependent on the greatest dollar amount raised.

Alliance Name:
County President:
Contact person and email:
Address:
City/State/Zip:
Project Name:
Project Chair:

- How many volunteers participated?
- How much time was given to the project?
- How many people benefited from this program?
- How much money was raised?
- How was the money used or distributed to recipients?

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Describe your fundraiser. What did you do, who did it benefit and how many people participated?

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Describe the impact that the project had on the community. Did you include the local community or focus on medical families/friends only? How much community involvement did you have?

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**Submission via email preferred:** [myinfo@fmaa.org](mailto:myinfo@fmaa.org)  
 Or mail to: Elaine Hale, 1136 Gatlin Avenue, Orlando, FL 32806