



Florida Medical Association Alliance Ariel Goldman Children's Health Project Fund

The Florida Medical Association Alliance (FMAA) Ariel Goldman Grant was established as a memorial fund in the memory of Dr. & Mrs. Stephen Goldman's daughter, Ariel, who died suddenly in May 2001 of an arteriole-venous malformation (AVM).

The Ariel Goldman Memorial Fund's purpose is to award grants to Florida county projects whose goal is to improve the health and safety of children. Grants awarded are up to \$500 per project.

Criteria

Grant funds are awarded to county projects whose goal is to improve the health and safety of children. A county may submit two grant requests within a five-year period. For a project to be considered for a second grant award within the five-year stipulation, applicants must provide a description of the previous project's success and include how the additional funds will be utilized.

Applications for grant funds will be reviewed and approved by a Special Committee of the FMAA. Grant award recommendations for distribution will be presented to the Chairperson of the Finance Committee and the FMAA Board of Directors. Final approval will be by the FMAA Board of Directors.

Grant awards must be utilized within your project's timeline. In the event that the grant funds will not be used, they shall be returned to the FMAA in full. A written report shall be submitted to the FMAA Board of Directors within four (4) weeks of the project's completion.

The grant award will be published on the FMAA website and be included in the FMAA President's year-end report to the membership.

Please submit completed applications to:

Email: info@myfmaa.org

Florida Medical Association Alliance
PO Box 1403
Land O Lakes, FL 34639

Additional paper and documents may be provided if needed.



Florida Medical Association Alliance
Ariel Goldman Children's Health Project Fund Application

Name of County Organization:

Number of Members:

County President or Contact Name:

Address:

City:

State:

Zip Code:

Telephone #:

Fax #:

E-Mail:

Date:

Project Chair Person:

Project Name:

Describe how and why the project was chosen:

Approximately how many children will this 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.

What is the total estimated budget of this project?

How much money is being requested?

How will the organization utilize these funds if awarded?

Please provide an itemized budget of fund allocation if grant is awarded to the organization.

Additional Comments: