

TMA Alliance Philanthropic Fund

Improving the health of Tennessee's communities by promoting health education and supporting community service efforts across the State in meeting health care needs.

TMA/TMAA Health Grant Guidelines

Purpose: Providing grant money to assist County Alliances with funding necessary for projects created by and/or implemented by Alliance members.

Objectives: Increase the TMA Alliance visibility in a positive and proactive way.
Help put the TMA Alliance mission into action by providing information or service of value to your community.

Eligibility: County Alliances and Members-At-Large. Members- at- large need to have been members of TMAA for 2 years.

Fund restrictions: These grants are not to be used as a conduit for funds from the TMA/TMAA to other projects that do not have active alliance participation.

Grant requirements

- Submit grant by deadline date of March 1, for 2012
- Submit Grant on TMAA Health Grant Request Form, attaching additional information **if** needed to explain the project.
- TMA and TMAA must be recognized as supporters of the project, either in a verbal presentation at the time of the project or in writing in materials printed for the project.
- TMA should be sent a thank you note upon completion of the project. Send note to current TMA President and Executive Director.
- A written report or display board is to be presented to TMAA at the next annual meeting.
- Any unused funds should be returned to TMAA

WORKSHEET FOR COMPLETING HEALTH GRANT REQUESTS

In order to help you provide the most information in the smallest space, the following suggestions are offered to aid you in completion of the TMA/TMAA Health Grant Request form.

Alliance: List your group and any other group involved in this project.

Project Name: Please give the complete name of the project that will be used in all publicity associated with project; i.e., The Hamilton County Health House, The West Tennessee Consolidated Teen Health Workshop, The Knoxville Serenity Shelter.

Number of Alliance Members involved: Actual number.

Number of Participants: Targeted group and estimated number of Attendees.

Brief project description: Please tell us about this project as if you were telling someone who never heard of it. Using outline or other brief descriptions, please tell us what exactly you will be doing during the duration of your health project; i.e., *We will be going to the shelter once a week and providing parenting classes for the homeless women and children who are in the shelter. We will use the money to buy snacks and a small book for each child to keep. We will be doing this on a weekly basis for nine months.* **OR** *We will use this grant money as part of our Teen Health Workshop budget. We will serve _____ students and teachers for a one-day workshop with _____ speakers serving _____ school systems. Lunch will be provided.*

Estimated budget outline: This is extremely important. We want to know both what you expect your total budget for the project to be **and** what part of it you expect to fund with this grant. A well thought-out budget can be the factor which decides which project will be granted the most funds. For example, if you are going to fund snacks at the parenting class and give each child a book to take home, give the price of the books and snacks that you expect to provide. Include the napkins, the drinks, etc. This budget will not only help you think through your own plans carefully, it will demonstrate that you have done so. It will help both the grantee and the grantor in knowing that you have “done your homework” and have planned appropriately. Write down the budget in financial form; i.e., Income and Expenditures. Under income, list all sources from which you expect to make money, including any money paid by the persons or agency being served. Under expenses or expenditures, list all the items you have thought of that will cost money. Since the TMA/TMAA rarely funds total project costs, tell us how you will cover your expenses and carry out your project with partial funding from the TMAA

We request \$ _____ from the TMA/TMAA. Insert the actual amount of money you would like to have this year.

Signed: _____,

County President and the County Health Promotion Chair

Please look at the grant request for the deadline date.

To receive your approved Grant funds, you must submit a **written request** to the TMAA treasurer once you are ready to begin your project. Don't hesitate to call the TMAA Health Promotions Chair, the TMAA President or Judy Ginsberg in the TMAA office - 800-659-1862 - if you have any questions.

**TMA/TMAA HEALTH
GRANT REQUEST**

ALLIANCE NAME: _____

PROJECT NAME: _____

NUMBER OF ALLIANCE MEMBERS INVOLVED: _____

NUMBER OF PARTICIPANTS: _____

BRIEF PROJECT DESCRIPTION: *Can be attached to Grant Request*

ESTIMATED BUDGET OUTLINE: *Can be attached to Grant Request*

AMOUNT REQUESTED FROM TMA/TMAA: _____

SIGNED: _____
COUNTY PRESIDENT and COUNTY HEALTH PROMOTIONS CHAIR

DEADLINE: MARCH 1, 2012
PLEASE RETURN THIS REQUEST TO:

Kalpana Gowda, TMAA Health Promotions Chair
2228 Shannon Drive
Murfreesboro, TN 37129