



# GRANT REQUEST FOR A COMMUNITY ORGANIZATION

*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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Name of FMA Alliance member completing application form:

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Briefly describe your relationship to the organization:

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Member Phone:

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Member Email:

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**Application on behalf of an organization:**

Name of organization:

Contact Person/Position:

Contact Email/Phone:

Mailing address:

Website (if applicable):

**Mission Statement:**

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

Grant amount requested:

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Provide a brief description of how the grant funds will be used:

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Recipients must be a 501(c)(3) organization as determined by the IRS.

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 by the organization no later than six months from date of receipt.

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)