



**Sexually Transmitted Infection
Awareness Fund
Grant Application**

The Sexually Transmitted Infection (STI) Awareness Fund provides financial assistance to an FMA Alliance County or FMA Alliance Individual Member to assist in funding projects targeting children and teens about the dangers of sexually transmitted infections. Grants up to \$1,000 will be considered.

Date: _____

FMA Alliance County Application:

County: _____

Contact Name: _____

Email: _____

Phone: _____

Website: _____

FMA Alliance Individual Member Application:

Name: _____

Email: _____

Phone: _____

Project Information:

Chairperson: _____

Project Title: _____

Briefly describe how and why the project was chosen:

How will the project target children and/or teens about the dangers of STIs?

Approximately how many children/teens will the project impact? _____

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.

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