

ASRM Patient Advocacy Grant Program Checklist

IN YOUR SUBMISSION, PLEASE INCLUDE THIS CHECKLIST AND ALL ITEMS LISTED BELOW, IN ORDER

Applicant eligibility

- MUST BE: US based
- MUST BE: A nonprofit organization (501c) in good standing
- MUST HAVE: Attended one of the mandatory orientation sessions
Provide Date/Time Attended: _____

Title page

- Title of the project (**not to exceed 200 characters including spaces**)
- Organization's name
- Organization's contact person and contact information (email, phone, address)
- Total funding amount requested

Letters (optional, 2 max)

- A LOS can be included to provide outside testimonial that backs up a nonprofit's claims of success and promises to deliver, or to provide additional information regarding gaps and needs.

Tax-exempt status

- Evidence that the organization is a non-profit, tax exempt 501(c) charitable organization in good standing
- Written confirmation of tax-exempt status (W-9 or IRS letter)

Abstract (One page maximum)

- Lay-person Abstract (500 words) describing the project in general terms
- Purpose Statement

Program Description (no more than three pages)

- Background on need
- Significance and potential impact to stakeholders in the reproductive health field
- Program plan
- Timeline for project start up, implementation, and completion

Budget

- A detailed **budget and budget justification** for the program proposed
- Funds are available for advocacy, educational, and project expenses, technical assistance, programmatic supplies, etc.
- Funds may not be used towards day-to-day operational expenses

Formatting

- The proposal must be typed in Calibri 12 pt. type with page margins no less than .5 inches and no more than 1 inch.
- Pagination should be included at the bottom of each page (excluding the Title page).
- The entire application must be submitted as ONE PDF FILE to research@asrm.org by ____ EST on _____.**