

Tennessee Pediatric Society Foundation

Sub-grant Application (Please Print Clearly)

It is policy of the Tennessee Pediatric Society Foundation to encourage it's TNAAP members to apply for grants that require a 501c3 funding arm, by providing the services of being the "fiscal agent" for these projects. The projects must be in concert with our own mission statement as follows: The Tennessee Chapter of the American Academy of Pediatrics is committed to being a leading voice, advocate and authority for the physical, mental and social welfare of infants, children and adolescents, as well as for the pediatricians who care for them.

Requesting Organization: _____

Primary Contact: _____

Address: _____

City, State, ZIP: _____

Phone: _____ *Cell:* _____

Fax: _____ *E-mail:* _____

Affiliated TNAAP Member: _____

Phone: _____ *Cell:* _____

Fax: _____ *E-mail:* _____

Explanation of 501c3 Need: _____

Amount Requested: _____ *Purpose of Grant: Event* ___ *Meeting* ___ *Other* _____

Program Dates: _____

Target Audience: _____

Funding Agent: _____

Primary Contact Signature _____ *Date* _____

TNAAP Member Signature _____ *Date* _____

Required Attachments: 1) Program description and goals (limit 200 words); 2) Copy of program agenda; 3) Funding agent guidelines; 4) Copy of requesting organization's tax status letter (private practice not required to supply tax letter)

I accept this application and confirm the purpose and goals of this program are in concert with the mission of TPSE.

TNAAP Executive Director _____ *Date* _____

