

AIM Foundation Simplified Funding Request Form

Date of Application: _____ Amount Requested: _____

Board or Organization Affiliated with the request _____

Contact Name _____

Phone _____ Email _____

Address _____

City _____ State _____ Zip _____

DROPDOWN

Please select the area that is most relevant to your request:

- to improve the overall climate of patient safety and the professionalism of executives, boards and staff;
- special educational events or program enhancements that benefit AIM member boards, board executives and staff;
- research requests that seek to solve problems impacting AIM member boards and board executives and staff;
- partner with other foundations to carry out joint research or projects that improve patient health outcomes through enhanced board, executive and staff professionalism and skill building;
- travel costs to and from AIM sponsored functions.
- other

Tell us briefly about the nature of your request. Feel free to attach additional pages or supporting information, as needed.

Project/Event Name _____

Beginning Date _____ Ending Date _____

Purpose _____

Outcomes/Anticipated Results _____

If funded, I will provide evidence, (receipts, proof of work achieved, minutes of meetings, copies of research, etc.), that funding provided was used for its intended purpose and I will provide additional information to the foundation regarding feedback or knowledge gained because of funding. I understand that failing to provide such evidence and information may remove me from future funding opportunities.

Except for travel requests, I agree to provide a report to the AIM Foundation at the conclusion of the project that is suitable for publishing and redistribution. In addition, if requested and feasible, I agree to present the project at an AIM meeting.

Applicant Signature

Date

Return to: aim@docboard.org or mail to: 3739 National Drive Suite 202 Raleigh NC 27612