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