



Administrators in Medicine | AIM Foundation  
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## AIM Foundation Funding Form

Date of Application: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

Board or Organization Affiliated with the Request: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Please Select the Area(s) 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;
- 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 – please specify: \_\_\_\_\_

**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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return To: [aim@docboard.org](mailto:aim@docboard.org) or Mail To: ATTN: AIM, 3739 National Dr., Ste. 202, Raleigh, NC 27613