

Administrators in Medicine | AIM Foundation 3739 National Drive, Suite 202 Raleigh, NC 27612

aim@docboard.org | O: (919) 573-5445

## **AIM Foundation Funding Form**

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, boar and staff;  Special educational events or program enhancements that benefit AIM member boards, boa 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:  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 fundiopportunities.  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 present the project at an AIM meeting.	Board	or Organization Affiliated	with the Request:		
Phone Number:	Contact Name:				
City: State: Zip:					
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