



Administrators in Medicine | AIM Foundation
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Raleigh, NC 27612
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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 or Mail To: ATTN: AIM, 3739 National Dr., Ste. 202, Raleigh, NC 27613