



## PA FOUNDATION

### IMPACT Grant Application

#### Sponsoring Organization Attestations

*Form may be completed digitally. Download the PDF form, then open in Adobe Acrobat. Click "Edit PDF" to add text.*

I attest that the contents of this grant application are true and accurate. I agree that if awarded a grant, information about this project and my photograph may be published in AAPA and PA Foundation publications and news releases.

I attest that the individuals and organizations applying for this grant do not advocate, support, or engage in discrimination in the provision of health care on the basis of age, color, disability, ethnicity, gender identity or expression, national origin, union membership, political affiliation, race, size, religious affiliation, sex, sexual orientation, or socioeconomic or veteran status.

**Signature of main contact at sponsoring organization (*digital signature accepted*):**

\_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_