Overview
The Physician Assistant Foundation’s Global Outreach Humanitarian Assistance Grant Program is intended to further the mission of the PA Foundation — “To foster better health through better care.” This program provides grants to support projects involving PAs and PA students in humanitarian activities designed to improve the quality of life in underserved areas of developing countries and the United States. The grants are intended to promote sustainable development in the areas of healthcare and health education for populations and communities in need. Funding is provided for projects that enhance or expand existing programs and provide the participating PAs and students an invaluable learning experience in healthcare delivery, leadership and project management. To date, global outreach grants have supported worthwhile projects in Africa, Asia, Central and South America, the Caribbean Islands, former Soviet Union countries, and the United States.

Who May Apply & How Grant Funds May Be Used
AAPA members involved in humanitarian efforts through either established humanitarian organizations or PA programs are eligible to apply. Grant funds are disbursed to the organization or program sponsoring the project.

The purpose of the humanitarian assistance grant is to directly support the individual or individuals while preparing for and/or while involved in the humanitarian effort. Acceptable expenses may include costs incurred in preparing for travel to the activity site, such as immunizations, exams, and medications; living expenses while serving at the site; and equipment and supplies needed for the activity. Funds also may be used to purchase materials and equipment that support a specific project that meets the objectives of this grant program. Funds may not be used for capital expenses, salaries or travel expenses/airfare to the site of the activity. Funds must be used within one year of receipt of the grant.

Selection Criteria
Grantees will be selected based on the following:

- Demonstrated need for the humanitarian activity
- Demonstrated support by an established humanitarian organization or a PA program
- Measurability of results/outcomes, described in a project evaluation plan
- Effectiveness and sustainability of the activity. Ideally, the program or organization involved should have existed for at least two years. For a new initiative, an expanded discussion of the program or activity, focusing on the goals and the proposed evaluation methods, should be provided.

Application Deadline is May 15, 2015. Applications may be submitted via:

- Email: pafoundation@aapa.org
- Fax: 571.319.4511
- Postal service: Physician Assistant Foundation
  Global Outreach Grant Program
  2318 Mill Road, Suite 1300
  Alexandria, VA 22314-6868
Requirements

Application
A complete application packet must be submitted, including the following:

1. A signed application form
2. A detailed budget indicating the expenses for which the grant funds will be used
3. If the request is for humanitarian assistance in a developing country, include evidence of support for the project by the host country, such as an affiliation agreement, memorandum of understanding, contract, letter from a government official, or letter(s) from nongovernmental organization(s) involved in the activity.
4. If the request is for an activity within the United States, include a letter from the humanitarian organization with which you will be working. This letter should outline what contributions you will be making to the established program, length of service, and brief background information on the organization.
5. Responses to the following questions (no more than 8 pages total):
   a. What community or country is involved in the program or individual activity?
   b. List current local or national health indicators that demonstrate the need for the program or individual activity (include references if available).
   c. Briefly summarize the program or individual activity.
   d. What are the goals of the program or individual activity?
   e. How long has the program been in operation?
   f. Describe the target population of the program or individual activity.
   g. How is the program or individual activity currently funded?
   h. What role will the PA(s) and/or PA students play in the program?
   i. Describe the evaluation strategies to be utilized in measuring the success of the program or individual activity.

6. Evidence of professional liability insurance coverage

Post-Activity
Grant recipients must submit a written report and photographs (digital preferred) to the PA Foundation within three months of the completion of the humanitarian activity. Specifics about the contents of this report will be provided with the notification of the grant award.

Questions? Contact Peter Murphy at mforgione@aapa.org or 571.319.4510.
Complete all information below and submit with required attachments. Please type or print legibly.

**Applicant Information**

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<tr>
<th>Name of Applicant: ____________________________</th>
<th>AAPA ID#: ____________________</th>
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<tbody>
<tr>
<td>Applicant status:</td>
<td>Preferred Address:</td>
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<tr>
<td>Practicing PA</td>
<td>Work</td>
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<td>PA Program Faculty</td>
<td></td>
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<tr>
<td>PA Student</td>
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<td>Other</td>
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<th>City: ___________________________</th>
<th>State: ___________</th>
<th>Zip: ___________</th>
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<tr>
<td>E-mail: ______________________</td>
<td>Phone: ___________</td>
<td>Fax: ___________</td>
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If applicant is a student: Name of faculty sponsor: ______________________
School: ____________________________________________________________

**Project Information**

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<th>Name of Project: ______________________________________</th>
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<td>Amount Requested: $_____________</td>
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Is this organization incorporated? ❑ Yes ❑ No  If not, please include a W-9 form with the application.
Is this organization a 501(c)3 non-profit? ❑ Yes ❑ No

**Signature**

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.

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<th>Signature of Applicant</th>
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<th>Signature of Community Partner, or Supervisor (if applicable)</th>
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<tr>
<th>Signature of Faculty Sponsor (If applicant is a PA student)</th>
<th>Date</th>
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</table>

Submit signed application form and required attachments via one of the following:

**Email**

pafoundation@aapa.org

(Combine entire application into one pdf document and send as an attachment.)

**Mail**

Physician Assistant Foundation
Global Outreach Grant Program
2318 Mill Road, Suite 1300,
Alexandria, VA 22314-6868

**Fax**

571.319.4511