The Ariel Goldman Memorial Fund provides financial assistance to an FMA Alliance County, FMA Alliance Individual Member, or community organization to assist in funding projects whose goal is to improve the health and safety of children. Grants up to $1,200 will be considered.

Date________________

Person completing application: __________________________________________________________
Phone: ___________________________ Email: _______________________________

<table>
<thead>
<tr>
<th>FMA Alliance County Application:</th>
<th>FMA Alliance Individual Member Application:</th>
</tr>
</thead>
<tbody>
<tr>
<td>County: __________________________</td>
<td>Name: __________________________________________</td>
</tr>
<tr>
<td>Contact Name: ____________________</td>
<td>Email: _________________________________________</td>
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<tr>
<td>Email: __________________________</td>
<td>Phone: _________________________________________</td>
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<tr>
<td>Phone: __________________________</td>
<td>Website: ______________________________________</td>
</tr>
</tbody>
</table>

Revised June 2020
Application on behalf of an organization:
Name of organization__________________________________________________________

Mailing address ________________________________________________________________

Phone__________________________ Email__________________________________________

Website______________________________________________

Contact Person/Position________________________________________________________

Is the organization a 501(c)(3)?__________ If YES, please provide IRS documentation.

Mission Statement: ___________________________________________________________

____________________________________________________________________________

Project Information:
Chairperson: ______________________________

Project Title: ________________________________________________________________

Briefly describe how and why the project was chosen: _______________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Approximately how many children will the project impact? ___________

How will this project improve the health and safety of children?

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Revised June 2020
Provide a brief description of project planning details, number of volunteers, and timeline:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Will Alliance members’ youth be involved? ________________________________

What is the total estimated budget of this project? _________________________

How much money is being requested? _________________________________

How will the project utilize these funds if awarded?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

If total project costs exceed the grant request, from where will the balance of funding come?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Please submit application to:

Email: info@myfmaa.org
Mail: Florida Medical Alliance Foundation
PO Box 353
Winter Park, FL 32790

The Florida Medical Alliance Foundation is a non-profit charitable organization that works to advance medicine and public health by providing philanthropic support for health-related initiatives throughout the State of Florida.

www.myfmaa.org

Revised June 2020
Please use this page for any additional information you would like to include.