The Sexually Transmitted Infection (STI) Awareness Fund provides financial assistance to an FMA Alliance County or FMA Alliance Individual Member to assist in funding projects targeting children and teens about the dangers of sexually transmitted infections. Grants up to $1,000 will be considered.

Date: ____________________

**FMA Alliance County Application:**

County: ________________________________________________________________

Contact Name: __________________________________________________________

Email: ________________________________________________________________

Phone: ________________________________________________________________

Website: ______________________________________________________________

**FMA Alliance Individual Member Application:**

Name: _________________________________________________________________

Email: ________________________________________________________________

Phone: ________________________________________________________________

**Project Information:**

Chairperson: ____________________________

Project Title: __________________________________________________________

Briefly describe how and why the project was chosen:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
How will the project target children and/or teens about the dangers of STIs?
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Approximately how many children/teens will the project impact? ___________

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.*

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