



Grant Guidelines

PURPOSE

The MEDICAL SOCIETY OF DELAWARE created the *Delaware Medical Education Foundation, Ltd.* in 1992 to create a vehicle to provide funding to:

- Improve and expand continuing medical education programs, thereby providing Delaware physicians with up-to-the-minute clinical information in the ever-changing field of medical science, and
- Sponsor programs to educate the public on medical issues.

PROGRAM GOALS

- To aid in development of educational programs accredited by the Medical Society of Delaware to meet the needs of Delaware physicians.
- To aid in development of educational programs to enhance public health.
- To offset costs of the Medical Society's administration of its educational programs.

GRANT MAKING APPROACHES

- Development of professional education activities open to all physicians and other health care professionals in Delaware.
- Development of public education activities and health initiatives which benefit all Delawareans.
- To provide funding to CME activities receiving less than 50% of funding through commercial sources.
- To provide funding for the fees incurred in certifying educational activities hosted by non-profit organizations, state and federal agencies.
- Where appropriate, to provide funding to cover expenses of the Society's CME Program.

PROGRAMMING GUIDELINES

Foundation Priorities

The Foundation will consider requests which address our program goals and further its purpose.

Geographic Consideration

All grants are awarded to non-profit organizations in the State of Delaware.

Activities/Projects Not Funded (at present)

- Direct support of individuals
- Religious purposes
- Media campaigns (unless they are directly related to one of our grant programs)

Qualifying Organizations/Projects

The organization or institution, as well as the purpose of the proposed project, must qualify for support under regulations of the United States Internal Revenue Service.

Sustainability of Project

Grantees must demonstrate the potential to financially sustain the project once Foundation funding has ended.

Annual Ceiling

Grant requests will be reviewed by the DMEF Board of Directors in the Spring and Fall of each calendar year. The total annual amount of DMEF grants awarded will be limited to five percent of the total DMEF assets at the end of the previous fiscal year.



Delaware Medical Education Foundation, Ltd.
A CHARITABLE FOUNDATION OF THE MEDICAL SOCIETY OF DELAWARE

Grant Funding Application

(pages 3 – 9)

Note: If a question does not pertain to your program/event, please indicate "N/A," otherwise it will be considered an unanswered question and may be rejected.

Provide Program Name:

Does this program support the mission of the DMEF?

Is this a CME Activity accredited by the Medical Society of Delaware or are you/will you seek accreditation by the MSD?

Is this an MSD sponsored program that will educate the public on medical issues?

Requested Amount :

Start Date:

Duration:

Section I. Background of your organization (10% of total score)

Provide a brief description of your organization and its ability to provide public or continuing medical education programs on medical issues.

Section II. Program Description (30% of total score)

Describe your program – include the following elements –

- Provide the names and affiliations of your planning committee members

- Needs Assessment – Describe why this activity is needed. What is the practice gap that this activity will address? Provide documentation that supports the need for this program/activity.

- Describe your target audience – who will be the learners in this program

- Objectives: Identify the objectives of this program – use measurable objectives that show what you want to change.

- If the program is a Continuing Medical Education Activity: include a list of your Speakers, their affiliations and CVs; how these speakers are qualified to provide this program; content of your program – provide an agenda with topics, times, location; list any materials that you anticipate providing to your learners – handouts, take aways, etc. (Include attachments as applicable.)

Section III. Timeline (10% of total score)

Provide a timeline with dates, activities, person(s) responsible, and deliverables. (May be submitted as a separate document submitted with the application.)

A large, empty rectangular box with a thin black border, intended for the applicant to provide a timeline with dates, activities, responsible persons, and deliverables.

Section IV. Evaluation (15% of total score)

Describe how you will evaluate this program.

Section V. Budget (25% of total score)

Provide a program preliminary budget that includes the following items by completing and returning **Addendum A** with this application.

Expenses:

- Faculty Honoraria and Travel
- Facility Expenses
- Food and Beverage
- Audio Visual
- Event Materials –
- Instructional/Handouts
- Accreditation Fees
- Marketing and Promotion Expenses
- Additional expenses

Revenues:

- Registration or other Fees for participation
- Exhibits
- Grants – Commercial and Non commercial (educational)
- Other Revenue received or anticipated for this program
- Internal Allocations from your institution

In Kind contributions must be reflected as such.

Will you seek commercial support for your program? What percentage of your budget will be from commercial support?

Section VI. Attach any Letters of Support (10% of total score)

(See attached)

Grant Funding Application and Attachments Submission Information

Date of Submission:

Organization Name:

Organization Contact Info (mailing address and phone number)

Authorized Representative Name:

Authorized Representative Title:

Authorized Representative Signature:
(electronic signature will suffice for electronic submission):

DELAWARE FOUNDATION FOR MEDICAL EDUCATION
Grant Funding Application

ADDENDUM A
Preliminary Budget

	<i>(Insert line item expenses in this column where indicated in yellow)</i>	<i>(Place the total of the Expenses, Revenues, and Profit/Loss in this column where indicated in yellow)</i>
Expenses:		
Faculty Honoraria	\$0	
Expected Faculty Travel Cost (mileage, tolls, air/train fare, hotel)	\$0	
Food and Beverage		
Audio/Visual	\$0	
Event Materials – Instructional/Handout (printing and/or copying expenses)	\$0	
Accreditation Fees	\$0	
Marketing and Promotion Expenses (advertising, mailing/postage, etc. costs)	\$0	
Additional Expenses (please explain) 3 hrs @ \$35/hr for administrative time for creation of marketing materials and sending out via electronic communication.	\$0	
Revenues:		\$0
Registration or other fees for participation in program/ activity	\$0	
Exhibitor fees received	\$0	
Grants – Commercial	\$0	
Grants – Noncommercial (educational)	\$0	
Internal allocations/support from your institution	\$0	
In-kind contribution (dollar value)	\$0	
Other revenue received/anticipated	\$0	
Expenses Over Revenues (profit or loss)		\$0

**DELAWARE MEDICAL EDUCATION FOUNDATION
Grant Funding Application**

CHECKLIST

- Completed application with all questions are answered and application signed
- Documentation that supports the need for this program/activity
- Program/Activity Speakers' curriculum vitae
- Program Agenda to include topics, times, location
- Include any handouts created for programs/activities
- Timeline with dates, activities, persons responsible, and deliverables
- Preliminary budget included with application (Addendum A)
- Letters of support included with application

Submit this Grant Funding Application and additional documentation to:

Mail:

Lynn Robinson
Director, Professional and Public Education
Medical Society of Delaware
900 Prides Crossing, Iron Hill Corporate Center
Newark, DE 19713

Email:

Lynn.Robinson@medsocdel.org