

2020 Outreach Grant Program Application

Submit this application along with supporting budget or other documentation and the Conflict of Interest Form to kwerner@audiology.org with a Subject Line: *Outreach Grant Application* by **January 31, 2020**.

SECTION 1: Applicant Information

Applicant demographic information, including up to three professional positions, is required. Please be sure to include experience gained during those positions that would be relevant to the proposed activity (i.e., clinical expertise, previous in-services or educational events organized/managed, partnership with different providers/multidisciplinary teams, etc.)

Dr. Mr. Ms.

FIRST NAME LAST NAME ACADEMY ID

ADDRESS

ADDRESS (LINE 2)

CITY STATE ZIP COUNTRY

ORGANIZATION NAME/EMPLOYER

DATES OF EMPLOYMENT: START (MO/YR) END (MO/YR)

BRIEF DESCRIPTION OF ORGANIZATION

RELEVANT EXPERIENCE

ORGANIZATION NAME/EMPLOYER

DATES OF EMPLOYMENT: START (MO/YR) END (MO/YR)

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SECTION 2: Proposal Request

NAME OF PROJECT

ACTIVITY DATE

TYPE (LOCAL, STATE, NATIONAL)

Please include a description of the nature of the outreach activity with rationale as to how it supports the Academy's priority focus of outreach to referring providers. Include at least one measurable goal of the activity and how this/these goals will be tracked and recorded in preparation of a post-activity report to be provided to the Health-Care Relations Committee.

This is a competitive process and all applications are reviewed by a selection committee. A rubric will be used to provide fair rating of applicants based on criteria set in the application. We encourage all applicants to refer to the rubric on the Academy's website before submission. The proposed activity must take place between January 1 and December 31, 2020.

Goal Example: In providing outreach via [activity], attendees will be able to identify three markers that would warrant a referral to an audiologist, as assessed via post-event survey.

DESCRIPTION OF REQUEST (Include project period, funds raised to date, and pending requests).

SPECIFIC ACTIVITIES

MEASUREABLE GOAL(S)

ANY ADDITIONAL INFORMATION

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SECTION 3: Budget

\$

PROJECT BUDGET

\$

REQUESTED AMOUNT

Itemized list of expenses related to this proposal, including supporting documentation of budget items, is required. The maximum amount is \$1,000. If the total amount of the activity exceeds \$1,000, the applicant is required to submit a list of the funding sources for the additional costs, including other grant funding mechanisms, if applicable.

Please be advised that funds will not be released until the post-activity report has been received by the Health-Care Relations Committee.

Allowable expenses include printing costs of presentation items (e.g., poster, handouts, etc.), conference registration, travel to and from a conference (air travel cost or mileage reimbursement), recording expenses, and dissemination expenses.

Rationale for all expenses will be evaluated as a part of the proposal.