

PHILADELPHIA PSYCHOANALYTIC FOUNDATION

GRANT APPLICATION TEMPLATE

PROJECT NAME: _____

Sponsoring Organization (PCOP or other 501(c)3 organization): _____

Signature or Letter of Support from Sponsoring Organization: _____

Project coordinator/Director: _____ Contact information: _____

Amount of Grant Request: _____ Duration of Project: From _____ to _____

Is this an ongoing or one-time program? _____

Project Goals: (If the program will be awarding CME/CE credit, please align Project Goals with the relevant APsaA Essential Area CME/CE Goals) _____

Target population: _____ Number expected to be served: _____

Description of Project: _____

How does the project advance psychoanalysis? _____

How will the project be evaluated? _____

Project Budget:

PROJECT INCOME:

Program fees: \$ _____

CME receipts: \$ _____

Other:(specify): \$ _____

In-kind donations: \$ _____

TOTAL INCOME: \$ _____

PROJECT EXPENSE:

Speaker Fees: \$ _____

Site rental: \$ _____

Hospitality: \$ _____

Mailings/PR: \$ _____

Administrative/

Clerical/bookkeeping* \$ _____

Other (specify): \$ _____

TOTAL EXPENSES: \$ _____

*Estimates of these administrative/indirect costs are available from PCOP office for PCOP projects