



MINNESOTA ACADEMY of OPHTHALMOLOGY

FUNDING REQUEST

If funding is available and relevant to the mission of Minnesota Academy of Ophthalmology, requests will be reviewed by the board of directors on an ongoing basis.

Date: _____

Individual or Group Requesting Funds: _____

Contact Person: _____

Email: _____

Phone: _____

Project (Proposal) Name: _____

Project Beginning Date: _____ Project Ending Date: _____

Total Cost of Project: _____ Amount Requested: _____

(Attach a budget.)

.....
Brief Description of Project (no more than 3 sentences, please).

Is this project supported by other funding sources? Please provide information other funding sources.

.....

Instructions:

1. Attach a description of the goals, objectives, timelines, target population, expected attendance by target population and the benefits to the MAO. *Please limit requests to a maximum of two pages.*
 2. On the attached page show a budget for the project, with cost of items such as: personnel, equipment, materials, printing, postage, telephone, and travel. Include other sources and amounts of funding.
 3. Upon completion of the project please submit a report. The report should include information on how the program advanced the MAO's mission; and a detailed list of expenditures. *Please limit reports to a maximum of two pages.*
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PROPOSED BUDGET

Name of Project: _____

LIST EXPENSES (See Instructions, Item 2)	AMOUNT	JUSTIFICATION (How Amount Relates to Project)

Total Cost of Project: _____

OTHER SOURCES OF FUNDING	AMOUNT

This Funding Request for _____ has been approved in the amount of \$_____.

Proposals that are not approved will be returned to the project manager with a memorandum of explanation.