



IMA FOUNDATION 2017 APPLICATION FOR PROGRAM GRANTS

The IMA Foundation is a 501(c)3 arm of the Idaho Medical Association created to support medical education and a strong physician workforce in Idaho. The Foundation's goals include but are not limited to:

1. *Support Idaho medical education/residency training through student scholarships and organizational contributions*
2. *Support loan repayment and other activities to recruit and encourage physicians to practice in Idaho*

Applications are accepted starting on August 16th & must be received or postmarked no later than September 30th.
(Attach extra pages if necessary)

**** IRS Form W-9 must be submitted with application: <https://www.irs.gov/pub/irs-pdf/fw9.pdf> ****

Entity Name		Today's Date		Federal Tax ID # or SSN #	
Name of Primary Contact		Phone		Email Address	
Street Address, City, State, Zip					
Mailing Address (if different from above)				Non Profit Status?	
How Many Years Operating in Idaho?			City and State Where Headquartered		
Explain Entity's Mission in Idaho					
Regions of Idaho Served			# of New Providers Entity Produces Each Year		
Describe Entity's Commitment to Caring for Idaho's Rural and/or Medically Underserved Populations					
Dollar Amount of Grant Funds Requested (attach 1 page description of the proposed budget and how funds will be used)					
\$		_____ New Budget Item		_____ Ongoing Budget Item	
Entity Name As It Should Appear on Check:			Address Where Check Should Be Mailed:		
*Add extra sheets for additional information, if any, the entity would like evaluators to consider					
Entity Representative Signature					
<i>I certify with my signature below that the information given on this application is, to the best of my knowledge and belief, complete and correct and that I have authority to act on behalf of the entity.</i>					
Signature and Title		Date			
Send application to: IMA Foundation, PO Box 2668, Boise, ID 83701 or fax to 208.344.7903 or email to molly@idmed.org					