## SOMA Chapter Grant Program Initial Grant Request (**IGR**)

**Contact Person’s Information:**

*Name:*

*Position:*

*Phone:*

*E-mail:*

*School:*

Please answer the following questions thoroughly and specifically. Be as detailed as possible with your responses.

1. What is the amount of funding you are requesting?

1. Please provide a DETAILED budget indicating specific program expenses and income.

1. Describe the project for which you are seeking funding and how it promotes the osteopathic profession and philosophy.

1. List the well-defined objectives of the project indicating the impact the project could have if adequately funded.

1. How do you intend to accomplish these objectives? Give a step-by-step plan.

1. What is the timeline of the project?

1. Are there any other sources or anticipated sources that will provide additional funding?

1. If approved, confirm the school administrative contact and mailing address for whom the check should be made payable.

1. Finally, please provide a summary of why you feel this project is important, whom it will benefit most, and what sources you have used to obtain this information.

Please forward your completed IGR to SOMA Foundation Liaison (foundationliaison@somafoundation.org)

*Commitment to Osteopathic Pride & Excellence.*

 **Student Osteopathic**

 **Medical Association Foundation**