

PHILADELPHIA PSYCHOANALYTIC FOUNDATION

GRANT APPLICATION

PROJECT NAME:

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

Signature or Letter of Support from Sponsoring Organization: _____

Project Director: _____ **Contact information:** _____

Duration of Project: From _____ to _____

Is this an ongoing or one-time program? _____

Amount Requested from the Foundation _____

Please list any other funding sources that you are approaching or plan to approach:

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 does the project advance PCOP mission?

How will the project be evaluated?

Choose a budget template (Excel or Word) and delete the remaining one

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*	
Printing	
Other (specify):	
TOTAL EXPENSES	

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

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* \$ _____

Printing \$ _____

Other (specify): \$ _____

TOTAL EXPENSES: \$ _____

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