



Kansas Kids Fund Pediatricians in Action Grant Application



Must be a current member of the Kansas Chapter of the American Academy of Pediatrics to be eligible. Please type your responses using the form fields provided in the template. Applications must be submitted electronically by March 29, 2019 to Melissa Hudelson at mel.hudelson@kansasaap.org.

As the primary contact pediatrician, I describe myself as a(n):

- Practicing community-based pediatrician
- Hospital-based pediatrician
- Other
- Academic pediatrician
- Public health pediatrician
- Medical director
- Pediatric subspecialist

PRIMARY CONTACT PEDIATRICIAN:

Name _____ Title _____

Address _____

City _____ State _____ Zip _____

Phone _____ email _____

SECONDARY CONTACT (IF APPLICABLE):

Name _____ Title _____

Address _____

City _____ State _____ Zip _____

Phone _____ email _____

PROGRAM SUMMARY:

Proposal summary/abstract, including which objective(s) the proposal addresses and the overall goals of the program. Submit project summary in a Word document as an email attachment with this completed form.

Summary should include the following:

1. Describe the target population including the number of children to be impacted and demographic data.
2. Describe the timeline for accomplishing your goals and objectives (not to exceed 18 months).
3. Budget detail and justification (not to exceed \$5,000).

Applications must be received by March 29, 2019. Applicants selected for grant approval will be asked to present their program at the Fall 2020 CME meeting in Wichita, KS.