

2595 Patriot Boulevard Glenview, Illinois 60026 USA 224/521-9525 chestnet.org

**Name of Grant:** CHEST Foundation Community Service Grant Honoring D. Robert McCaffree, MD, Master FCCP

# Application Deadline: April 30, 2016 – DEADLINE HAS BEEN EXTENED TO MAY 2, 2016 All applications are now due May 2, 2016 by 11pm CST

Amount of Grant: up to \$15,000 1-year grant

**Background:** In 1998, D. Robert McCaffree, MD, Master FCCP, created the Governors Community Service Awards during his term as the President of the American College of Chest Physicians (CHEST). Since its inception, this program has conferred over \$2 million to support the nonprofit and nongovernmental agencies in which CHEST members generously donate their time and medical expertise.

#### **Proposal Focus**

To support those significant community-based projects that benefit from the volunteer service of CHEST members worldwide. Selected projects must show a clear impact on their community and have the potential for long-term sustainability and replicability. The grant is paid to the nonprofit or nongovernmental organization in which the CHEST member donates time and medical service.

#### **Funding Guidelines**

- Up to \$15,000 for 1 year: July 1, 2016, through June 30, 2017.
- Only direct costs will be allowed. Indirect costs are not allowed.
  - PI salaries will not be supported. For a complete list of budget allowances, please see the Grant Resources & FAQ page on the foundation's website.
- It is viewed favorably for the application to indicate institutional commitment to the project and to include fiscal support in addition to the grant funds being sought.

#### **Applicant Qualifications**

- CHEST membership at time of application.
- Applicants must be currently (>6 months) providing a voluntary service to a nonprofit, nongovernmental organization (NGO).
  - This grant supports volunteer service in existing projects, expansion of existing projects, or development of a new activity.
- The organization or service project's primary intent must be to provide community service and not to conduct research.
- This organization must be either a documented US 501(c)3 or an official NGO.
  - If your program is not affiliated with a 501(c)3 or NGO, you might contact your hospital or another nonprofit organization (eg, the local American Lung Association) that could potentially assist by providing you a place to receive and distribute the funding.

#### **Requirements Once Funded**

- Provide interim progress report as requested.
- Final written report on the project addressing research and results.
- Final budget reconciliation of project funds.

- Submit for presentation the results from your project to the annual CHEST meeting within a year following grant completion.
- CHEST membership for the duration of the grant project, including NCE requests.

### **Expectations Once Funded**

- Be active in CHEST Foundation activities.
- Join and participate in a network closely related to grant project focus.

# **Required Narratives and Attachments**

Applications must be submitted in English.

*Applications must be submitted prior to the deadline via the grant portal for consideration. No e-mailed or mailed proposals will be accepted.* 

# Application components to be addressed within the grant portal:

- 1. Background/Vision ( $\leq$ 250 words for each question below)
  - a. Provide a description of where your project is located (city, province/region, country).
  - b. List if the project is: (1) the continuation of an existing project; (2) the expansion of an existing project; or (3) the development of a new project.
  - c. Describe how long the organization has been in existence and when you became a volunteer.
  - d. Describe what your program will accomplish with the grant.
- Personal Experience Related to the Project eg, CHEST member involvement (≤250 words for each question below)
  - a. Describe your role in the project Whether it is totally voluntary, using your personal time and/or resources, specific duties you perform, amount of time dedicated to this project/organization, other information that you would like to have considered.
- 3. Detailed Project Description ( $\leq$ 250 words for each question below)
  - a. Describe the project or organization's mission (ie, this clinic provides free outpatient health services to the homeless or poor, etc).
  - b. Identify which population(s) your project serves by describing the geographic location, economic status, age group, sex, ethnicity, and other characteristics.
  - c. Estimate how many patients/families are served by your project and what impact your project has had on the patients and/or community.
  - d. Describe how your project will be replicable/sustainable once funding from the CHEST Foundation has been utilized.

#### Additional components that allow document uploads:

- 4. Budget See CHEST Foundation Grant Resources Page for Budget Template
- 5. Current Curriculum Vitae NIH Format
- 6. One Support Letter
  - $\circ$  One letter from a person or group who has benefited from the project.
- 7. Organization Mission Statement
  - Please note the CHEST Foundation does not provide support to political or religious organizations.
- 8. Summary of Finances for Grant-receiving Organization's Most Recent Annual Report
- 9. Current W9 for Your Organization or Equivalent W8

# Grantees can have no more than one active grant from the CHEST Foundation per year. Grantees may only receive up to two community service grants from the CHEST Foundation.