AMA Queensland Foundation

Expression of Interest for Funding

(October 2016)



Criteria

- 1. The AMA Queensland Foundation supports Queensland-based projects.
- 2. The AMA Queensland Foundation supports projects that align with the objectives outlined below:

Vital or Essential Services

- To relieve sickness by providing support of various kinds to disadvantaged and needy persons for medical services and treatment;
- To provide financial assistance to persons in remote and rural regions to enable provision of medical services in those regions;
- To provide funding to disadvantaged students wishing to undertake medical training but unable to do so due to financial hardship;
- To provide financial assistance to projects and activities approved or promoted by AMA Queensland designed to enhance provision of existing medical services;
- To give financial support to persons providing emergency medical assistance in the case of declared natural disasters within Queensland.

Incidental Support Services

- To assist in the development and promotion of the Medical Benevolent Association Queensland and Queensland Doctors' Health Programme;
- To provide funds for medical research projects approved by AMA Queensland;
- To provide a coordinated medical advice service to other not-for-profit organisations or to any government or governmental body or authority;
- To promote and assist the training of doctors in Queensland through the support of education programs, scholarships, fellowship and other initiatives with financial support and expertise.
- Please note, the AMA Queensland Foundation has Public Benevolent Institution (PBI) status with the Australian Taxation Office and therefore in accordance with the ATO Taxation Ruling 2003/5, we only provide funding directly to individuals in need of benevolent relief and not to organisations or agents.
- 4. Should your application be successful, you must agree to complete the AMA Queensland Foundation acquittal form by the pre-agreed date.
- 5. All funding recipients must acknowledge AMA Queensland Foundation in all publicity relating to funded activities/operations. This includes word and logo acknowledgment.

Questions and applications should be forwarded to

AMA Queensland Foundation PO Box 123 Red Hill 4059

T: 07 3872 2222

E: amaqfoundation@amaq.com.au

| APPLICANT DETAIL | .S | | |
|---------------------|----|--------|--|
| Organisation Name | | | |
| ABN (if applicable) | | | |
| Street Address | | | |
| Postal Address | | | |
| CONTACT | | | |
| Contact Name | | | |
| Contact's Position | | | |
| Telephone | | Mobile | |
| Fax | | Email | |

| APPLICATION SUMMARY | | | | |
|---|--|--|--|--|
| Name of project | | | | |
| Project objective (max 50 words) | | | | |
| Project need What need is the project fulfilling? Why is this project needed? How do you know this project is needed? | | | | |
| Project description Describe the project and what the funding would be used for: • Demonstrate with data and evidence. • Outline why your organisation is the best to deliver this project. • Who will this project help (how many people will be assisted)? • In what areas (geographical) do they reside? | | | | |
| Project duration | | | | |
| Include milestones/key performance indicators. How will those outcomes be sustained beyond the life of the project? | | | | |
| Amount | | | | |
| Budget breakdown If possible include a cost benefit analysis of your project. | | | | |
| What will happen if you do not receive funding? | | | | |
| Will there be AMA Queensland Member involvement? If yes, please list their name, email and telephone number | | | | |

| AMA formulates position statements regarding relevant areas of medical practice and health service provision. These can be found at www.ama.com.au/policy/position statements. The AMA Queensland Foundation only supports projects which abide by AMA position statements. • Can you confirm your project would follow these position statements? Yes/No | |
|--|--|
| What are your primary sources of | |
| funds? | |
| Have you had any government funding in the past 5 years? Yes/No. If yes, please provide details. | |
| Do you have a business plan/annual report? Yes/No | |
| If yes, please provide a copy | |
| Any other information you wish to provide? | |
| Including explanation of any acronyms used in the application | |
| Please provide two references, including email and telephone number. | |
| Signature | |
| Today's date | |