



Application Form Checklist

This application form must be completed in one sitting; there is no way to save it and come back! To help you prepare, below is a list of the questions that must be answered and the documents necessary for upload. When you have everything ready to fully complete the application, [click here](#).

If you have any questions, please email us at info@streetmedicine.org.

Document List (documents with an * are required)

- Letter of Support *
- Budget and budget narrative for Grant Funds ([please use template](#))*
- [SMART Objectives](#) for the Grant and activities to measure and show they are achieving the goals ([please use template](#))*
- Needs Assessment ([click here](#) for a comprehensive approach to a Street Medicine Needs Assessment)
 - Rough-sleeping persons - interviews or other sources of information regarding their needs in your community*
 - Community programs currently serving the local homeless population with identification of gaps in service*
- 501(c)3 application or designation (NOT REQUIRED)
- List of team members: name, title, bio or resume
- Any existing proposals or program narratives that will provide us with an overview of your program concept

Form Elements:

Organization Information:

Person Completing the Request:

Primary Signatory:

Program Name:

Program Address:

Program Phone Number:

Website:

Year Established:

Tax Id:



Tax Class:

Primary Contact:

Primary Contact Email:

Primary Contact Phone Number:

Parent Organization Name (if applicable)

Parent Organization Address

Parent Organization Phone Number

Parent Organization Type

Executive Director (if applicable):

Executive Director Email:

Executive Director Phone Number:

Program Mission Statement:

Does the organization have a 501(c)3 designation? (Y/N)

If yes, when did the organization receive 501(c)3 designation?

Does your organization have malpractice insurance for your providers?

If no, how are they covered?

Financials

Other Anticipated Funding Sources:

Donor History, if applicable:

Amount Raised to Date:

Total street medicine program Income for most recent fiscal year:

Total street medicine program Expenses for most recent fiscal year:

Have you received any prior grants?

If yes, tell us about them and if they were successful or unsuccessful

Grant Narrative

Geographic Area Served: (Maximum of 500 words)

Describe how your team keeps medical records: (Maximum of 500 words)

Describe your street safety plan: (Maximum of 500 words)



Describe your rough sleeper engagement plan: (Maximum of 500 words)

Describe your proposed scope of practice: (Maximum of 500 words)

Describe the potential obstacles to your success: (Maximum of 500 words)

Describe any outreach partnerships or components in your organization: (Maximum of 500 words)

Describe any collaborative relationships with other organizations, educational institutions, etc.: (Maximum of 500 words)

If you receive this grant, how will it benefit your program? (Maximum of 500 words)

What are your street medicine programs goals for the next 12 months? (Maximum of 500 words)

How does your vision, mission, and values align with those of the Street Medicine Institute? (Maximum of 500 words)

Tell us about the clinical leadership that is actively involved with your street medicine program: (Maximum of 500 words)

Is your organization performing street rounds? (Y/N)

If yes, when did they start?

How often are street rounds performed?

Who participates in the street rounds? (ex: outreach, nurse, prescriber, etc.)

How many are served?

If no, when do you plan to start?