

National AHEC Organization

Authorization Request to Apply for Support/Funding

INSTRUCTIONS:

THIS FORM SHOULD BE COMPLETED BY NAO MEMBERS OR OTHERS WHO ARE INTERESTED IN PURSUING OPPORTUNITIES THAT WILL ADVANCE THE NATIONAL AHEC ORGANIZATION'S MISSION AND VISION. PLEASE REVIEW THE FORM BEFORE YOU BEGIN WRITING TO INSURE THAT YOU HAVE ALL THE NECESSARY INFORMATION. INCOMPLETE FORMS WILL NOT BE CONSIDERED. IT IS PARTICULARLY IMPORTANT THAT YOU INDICATE YOUR DEADLINE TO RECEIVE NAO'S AUTHORIZATION IN ORDER TO RECEIVE A TIMELY RESPONSE. THE BOARD OF DIRECTORS EXECUTIVE COMMITTEE WILL REVIEW THE FORM AND MAKE A FINAL DECISION. THE DECISION WILL BE COMMUNICATED BY EMAIL TO THE KEY CONTACT AS IDENTIFIED ON THE FORM.

NAME:	TITLE:
ORGANIZATION:	
ADDRESS:	
TELEPHONE:	FAX:
EMAIL ADDRESS:	
DATE SUBMITTED:	DEADLINE FOR NAO RESPONSE:
TITLE/FOCUS OF PROPOSED PROJECT:	

NAO MEMBER: <input type="checkbox"/> YES <input type="checkbox"/> NO		COLLABORATIVE INITIATIVE WORK GROUP MEMBER: <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF COLLABORATIVE INITIATIVE GROUP:			
PROJECT IS IN PARTNERSHIP WITH AN OUTSIDE ORGANIZATION: <input type="checkbox"/> YES <input type="checkbox"/> NO			
NAME OF OUTSIDE ORGANIZATION:			
NAME OF CONTACT FROM OUTSIDE ORGANIZATION:			
TITLE:		TELEPHONE:	
EMAIL ADDRESS:		FAX:	

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WHAT IS NAO'S ROLE IN THE PROJECT? (PLEASE CHECK ALL THAT APPLY):

TO PROVIDE A LETTER OF SUPPORT	<input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, PLEASE PROVIDE SAMPLE)
TO SERVE AS APPLICANT ORGANIZATION	<input type="checkbox"/> YES <input type="checkbox"/> NO
TO SERVE AS SUBCONTRACTOR OF APPLICANT ORGANIZATION	<input type="checkbox"/> YES <input type="checkbox"/> NO
TO SERVE AS FISCAL AGENCY	<input type="checkbox"/> YES <input type="checkbox"/> NO
TO PARTNER WITH OTHER AHEC'S	<input type="checkbox"/> YES <input type="checkbox"/> NO
TO DISSEMINATE INFORMATION TO NAO MEMBERS	<input type="checkbox"/> YES <input type="checkbox"/> NO
OTHER; DESCRIBE:	

BRIEFLY DESCRIBE PROPOSED PROJECT AND HOW IT SUPPORTS NAO'S MISSION/VISION (NO MORE THAN 300 WORDS):

IF RESPONDING TO AN RFP, PLEASE ANSWER THE FOLLOWING QUESTIONS:

WHO WILL WRITE THE PROPOSAL?
WHO WILL BE THE PROJECT DIRECTOR?
WHO WILL BE THE FISCAL/LEAD AGENCY?

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FUNDING ORGANIZATION	
AMOUNT REQUESTED:	
FUNDING PERIOD:	
WILL NAO RECEIVE FUNDING?	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, HOW MUCH?
WHY SHOULD NAO SUPPORT THIS PROJECT?	

COMPLETED FORMS SHOULD BE EMAILED TO NAO HEADQUARTERS

ATTN: PAUL ROSSMANN (P.ROSSMANN@NATIONALAHEC.ORG)

ONCE RECEIVED, IT WILL BE DISTRIBUTED TO THE NAO EXECUTIVE COMMITTEE.

IN THE SUBJECT LINE, ENTER ***"TIME SENSITIVE"*** (AND THE DATE BY WHICH RESPONSE IS NEEDED)

FOR NAO INTERNAL USE ONLY

DATE RECEIVED BY EXECUTIVE COMMITTEE:	
DATE REVIEWED BY EXECUTIVE COMMITTEE:	
RECOMMENDED FOR APPROVAL :	<input type="checkbox"/> YES <input type="checkbox"/> NO
EMAIL NOTIFICATION TO REQUESTOR BY (NAME):	DATE: