

<ul style="list-style-type: none"> • <i>Only projects that support the SCMS Foundation Mission will be considered on a quarterly basis.</i> • <i>Proposals should not exceed two (2) pages.</i> 	
DATE SUBMITTED	
SUBMITTED TO	Spokane County Medical Society Foundation
NAME / ORGANIZATION	
CONTACT INFORMATION / MAILING ADDRESS	
NOT-FOR-PROFIT REQUEST (Y/N)	
LIST OTHER FUNDERS	
DOLLAR AMOUNT REQUESTED	

I. PROJECT ABSTRACT & PROGRAM DESCRIPTION

II. DELINEATE HOW FUNDS WILL BE USED

III. HOW DOES THIS REQUEST FULFILL THE MISSION OF THIS FOUNDATION

IV. GOALS, OBJECTIVES & OUTCOME MEASURES (Written report to be submitted for inclusion in The Message within 1 year)

To promote and support the development of future physician and physician assistant leaders within our community, and identify and fund important and innovative projects that advance the health of our community