

# ASRM Patient Advocacy Grant Program Checklist

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**IN YOUR SUBMISSION, PLEASE INCLUDE THIS CHECKLIST AND ALL ITEMS LISTED BELOW, IN ORDER**

☐ **Applicant eligibility**

- ☐ MUST BE: US based
- ☐ MUST BE: Nonprofit organization (501c) in good standing

☐ **Title page**

- ☐ Title of the project (**not to exceed 200 characters including spaces**)
- ☐ Organization's name
- ☐ Organization's contact person and contact information (email, phone, address)
- ☐ Total funding amount requested

☐ **Letters (optional, 2 max)**

- ☐ A LOS can be included to provide outside testimonial that backs up a nonprofit's claims of success and promises to deliver, or to provide additional information regarding gaps and needs.

☐ **Tax-exempt status**

- ☐ Evidence that the organization is a non-profit, tax exempt 501(c) charitable organization in good standing
- ☐ Written confirmation of tax-exempt status (W-9 or IRS letter)

☐ **Abstract (One page maximum)**

- ☐ Lay-person Abstract (500 words) describing the project in general terms
- ☐ Purpose Statement

☐ **Program Description (no more than three pages)**

- ☐ Background on need
- ☐ Significance and potential impact to stakeholders in the reproductive health field
- ☐ Program plan
- ☐ Timeline for project start up, implementation, and completion

☐ **Budget**

- ☐ A detailed **budget and budget justification** for the program proposed
- ☐ Funds are available for advocacy, educational, and project expenses, technical assistance, programmatic supplies, etc.
- ☐ Funds may not be used towards day-to-day operational expenses

☐ **Formatting**

- ☐ The proposal must be typed in Cambria 12 pt. type with page margins no less than .5 inches and no more than 1 inch.
- ☐ Pagination should be included at the bottom of each page (excluding the Title page).
- ☐ **The entire application must be submitted as ONE PDF FILE to [research@asrm.org](mailto:research@asrm.org) by \_\_\_\_ EST on \_\_\_\_.**