January 1, 2021

**To:  GAFP Members**

**From: Eddie Richardson, MD,**

**President, Georgia Healthy Family Alliance**

**RE: Immediate Needs Community Grants Now Available From GHFA**

 Effective immediately, the Georgia Healthy Family Alliance is opening applications for ***Immediate Needs Community Grants***to provide assistance to GAFP member communities in response to the current COVID crisis in Georgia.  Some examples of these grant solicitations could be housing, transportation and/or food and medicine for individuals that are in a fragile or dangerous situation.

Because our members are on the front lines of public health issues affecting their communities, grants of up to $1,000 will be awarded to GAFP members to address immediate local needs.  Grant applications have been streamlined and a review/approval process has been implemented so we can transmit funds within 3-5 days.

The application period is now open.  The application is below – or a downloadable application can be found on the GHFA website at [www.georgiahealthyfamilyalliance.org](http://www.georgiahealthyfamilyalliance.org/) . Contact Kara Sinkule – ksinkule@gafp.org or call 404-321-7445 with any questions.

**GHFA Immediate Needs Community Grant Application**

*Open and Ongoing Application – Effective January 1. 2021*

***Applicants must be Georgia Academy of Family Physicians members. Grants of up to $1,000 will be awarded to address immediate local needs in Georgia including housing, transportation and/or food and medicine. Grant applications will be immediately reviewed and funding transmitted within 3-5 days.***

**Please Print:**

GAFP Member’s Full Name:

Address City/State Zip Code (to transmit funding):

Email Address:

Best Phone Number to Contact You:

Grant Request Amount (Available – Up to $1,000): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Briefly describe how you will use the grant if awarded all or a portion of your requested amount.

Do you have any other information that may help us to evaluate your grant application?

Please add the name of the grantee and the address where the funding should be sent (if different from above):

**Certification by Grant Applicant:** **I certify that the information contained in this application is true and complete. I understand that a material misrepresentation or omission of any information is grounds for denial of a grant. I understand that the granting of assistance is neither a right nor an entitlement, and that the Georgia Healthy Family Alliance shall have sole discretion in determining whether I qualify for or receive a grant.**

**Signature (Electronic Signature Accepted) and Date:**

Questions?  Contact Kara Sinkule – ksinkule@gafp.org or call 404-321-7445 / [www.georgiahealthyfamilyalliance.org](http://www.georgiahealthyfamilyalliance.org/)