

**EMORY UNIVERSITY
PRIMARY CARE CONSORTIUM**

ADVOCACY, SOCIAL, AND EDUCATIONAL (ASE) REQUEST FORM

The Advocacy, Social, and Educational Funds are designed to increase awareness of primary care activities within and across Emory Healthcare. The funds offered through this category are designed to support Emory social, educational, and advocacy activities related to enhancing primary care at Emory. Program funds will be available to groups of no less than three people to support events that are well planned, well-advertised (including recognition of the PCC funding), and of general interest to a broad primary care audience.

Date Submitted:

CONTACT INFORMATION

Please provide the name of your organization:

Organization Name	
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Please provide the name and contact information of the individual responsible for fund distribution and reporting:

Name	
E-mail	
Phone	

Please provide the name and contact information of an alternative contact:

Name	
E-mail	
Phone	

ACTIVITY

Please provide the following information:

Name of Activity	
Date of Activity	
Time of Activity	

Type of Activity (check all that apply):

<input type="checkbox"/> Meeting	<input type="checkbox"/> Travel	<input type="checkbox"/> Speaker	<input type="checkbox"/> Other
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If other, please specify: _____

Please list any additional funding you have secured for this activity:

Organization	Amount	Allocation of Funds
	\$	
	\$	
	\$	

Please provide a description of the activity in the space below:

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FUNDING

Please provide the total amount requesting:

Total	
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Please provide a breakdown of the total requested amount above:

Catering	\$	Flight (Travel)	\$	Ground Trans. (Travel)	\$
Space	\$	Lodging (Travel)	\$	Registration/Admin Fees	\$
Speaker Fees	\$	Meals (Travel)	\$	Other	\$

If other, please specify: _____

*Please note: meals per diem limited to \$80/day per person.

Please provide a justification for each line item requested above:

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OUTCOME

Outcomes to be assessed (check all that apply):

<input type="checkbox"/> Attendance	<input type="checkbox"/> Retention	<input type="checkbox"/> Recruitment
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Please describe your plan for assessing and reporting on these outcomes.

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*Please note: you must provide information on attendance, retention, and recruitment upon the conclusion of the event/activity.

SIGNATURES

Signature	
Name	
Date	

*E-mail your request to the Primary Care Consortium BOX folder with #PCCSponsorship in the subject line.