

**PHILADELPHIA PSYCHOANALYTIC FOUNDATION**

**GRANT APPLICATION**

**PROJECT NAME:** \_\_\_\_\_

**Sponsoring Organization (PCOP or other 501(c)3 organization):** \_\_\_\_\_

**Signature of Sponsoring Organization:** \_\_\_\_\_

OR

**Letter of Support Attached**

**Project Director:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Duration of Project:** From \_\_\_\_\_ to \_\_\_\_\_

**Select one:**                      Ongoing Program                      One-Time Program

**Amount Requested from the Foundation:** \_\_\_\_\_

**Please list any other funding sources that you are approaching or plan to approach:**

**Project Goals:** (If the program will be awarding CME/CE credit, please align Project Goals with the relevant APsaA Essential Area CME/CE Goals)

**Target population:** \_\_\_\_\_

**Number expected to be served:** \_\_\_\_\_

**Description of Project:**

**How does the project advance psychoanalysis?**

**How does the project advance PCOP's mission?**

**How will the project be evaluated?**

## Project Budget

<b>PROJECT INCOME:</b>	
Program fees:	
CME receipts:	
Other (specify):	
In-kind donations:	
<b>TOTAL INCOME</b>	
<b>PROJECT EXPENSE:</b>	
Speaker Fees:	
Site rental:	
Hospitality:	
Mailings/PR:	
Administrative/Clerical/bookkeeping*:	
Printing:	
Other (specify):	
<b>TOTAL EXPENSES</b>	

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\*Estimates of these administrative/indirect costs are available from PCOP office for PCOP projects