

**Pennsylvania Osteopathic Medical Association Foundation**  
**Request for Residency Mental Health Project/Program Grant**

*Submit to POMAF at [yhersh@poma.org](mailto:yhersh@poma.org) by deadlines as listed below.*

Name of Institution: \_\_\_\_\_

Address of Institution: \_\_\_\_\_

Contact Person Name, Phone, E-mail: \_\_\_\_\_

**Timeline Activities**

Submit Grant Proposal	October 15
Expected Grant Notification	November 15
Program/Project Date	_____
Results/Outcome Report including Survey Responses	June 30

**A. Title Of Project/Program**

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**B. Project/Program Abstract (Summary - one page or less)**

The abstract should present a concise summary of the project/program. Please include need, who will be served, and brief description of the goals and objectives. Provide measurement of success for program evaluation.

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### C. Statement of Need

The statement of need should describe the problem being addressed by the program and a description of the participants.

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### D. Program Description

Describe the program or project and how it will be implemented as well as desired outcome.

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### E. References (if applicable)

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### F. Goals & Objectives

Describe measurable objectives and goals of the program.

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The following questions must be answered as a group at the conclusion of the project/program and submit by June 30.

G. Results/Outcome Survey

1. What was the general understanding of the purpose of the project/program by participants?

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2. During the project/program, what tangible tools or strategies were demonstrated or taught (i.e., coping skills for wellness and life balance)?

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3. What word(s) best describes how you feel when you are experiencing stress or well-being imbalance?

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4. What suggestions do you have to increase the probability of success for the project/program for other institutions?

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5. What do you intend to do, upon returning to work, that you learned and practiced during the activity, that will improve your response to stressful situations?

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