

## MissionPOCUS: Grant Application

Thank you for your interest in the MissionPOCUS™ grant opportunity. MissionPOCUS is a philanthropic initiative driven by the POCUS Certification Academy™. MissionPOCUS offers grant funding to a selected organization with the purpose of expanding point-of-care ultrasound to new communities and practitioners. Examples of past projects can be found on our [website](#).

To be considered, please complete the application below. Attachments will be accepted for the written statements if properly noted for the corresponding question. However, signatures will only be accepted within this form. All application materials must be returned to [Sam Forcum](#), Grant Manager, by January 31<sup>st</sup>, 2022, to be considered. Applicants will be notified by February 25<sup>th</sup>, 2022.

### Organization Information

Organization Full Name	_____	Website	_____
Business Address	_____		
City, State/Province	_____		
Country	_____	Zip/Postal Code	_____
Year in Operation	_____	Number of Staff	_____
Is this a 501(c) organization in good standing?		Yes	No

### Primary Contact Information

First Name	_____	Preferred Name	_____
Last Name	_____	Suffix	_____
Email	_____	Phone	_____
Position/Title	_____		

### Project Proposal

Descriptive Title	_____		
Start Date	_____	End Date	_____

### Project Site Location

Address	_____	City	_____
Province/State	_____	Zip/Postal Code	_____

If awarded this grant, please describe the project you envision. (min: 250 words)

What resources would you be using this funding for? (min: 250 words)

What will be the outcomes of the proposed project? (min: 250 words)

What is the impact of the proposed project? (min: 250 words)

### Agreement to Terms

By signing this application, I certify that the statements herein are true, complete, and accurate to the best of my knowledge. I and my organization agree to comply with any resulting terms as requested by the Point-of-Care Ultrasound Academy upon my acceptance. I am aware that false or fictitious statements will invalidate this application and eliminate my organization from current and future MissionPOCUS projects.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

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If not selected for MissionPOCUS 2022, would you like to be considered for future POCUS Certification Academy granting opportunities?

Yes

No