



# GEORGIA HEALTHY FAMILY ALLIANCE

**To: GAFF Members**

**From: Patrick “PJ” Lynn, MD, FAAFP  
President, Georgia Healthy Family Alliance**

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

The Georgia Healthy Family Alliance (GHFA) Executive Committee met last week to address the current COVID-19 crisis unfolding in communities across Georgia. Effective immediately, GHFA is opening applications for **Immediate Needs Community Grants** to provide assistance to GAFF member communities. 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 GAFF 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 open effective March 23, 2020. The application is below – or a fillable application can be found on the GHFA website at [www.georgiahealthyfamilyalliance.org](http://www.georgiahealthyfamilyalliance.org) . Contact Kara Sinkule – [ksinkule@gaff.org](mailto:ksinkule@gaff.org) or call 404-321-7445 with any questions.

## **GHFA Immediate Needs Community Grant Application**

*Open and Ongoing Application – Effective March 23, 2020*

***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:** \_\_\_\_\_

GAFF Member’s Full Name: \_\_\_\_\_

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

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# GEORGIA HEALTHY FAMILY ALLIANCE

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.

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

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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](mailto:ksinkule@gafp.org) or call 404-321-7445  
/ [www.georgiahealthyfamilyalliance.org](http://www.georgiahealthyfamilyalliance.org)