

# Vaccines Local Impact Grants

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*Texas Medical Association Foundation*

## *Grant Information*

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### **Project Name**

This will be used in print and electronic media.

*Character Limit: 100*

### **Amount Awarded**

*Character Limit: 20*

### **Decision Date**

*Character Limit: 10*

### **Additional Administrative Contact\***

Please provide name, phone number and email address.

*Character Limit: 500*

## *Objectives and Evaluation*

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The following goals and measurements were submitted as part of your application. Please provide details on the results of your program.

### **Measurable Outcomes**

Describe quantitative and/or qualitative methods you will use to measure how program objectives and intended outcomes were met.

*Character Limit: 2000*

### **Please provide the results of these outcomes.\***

*Character Limit: 2000*

### **Assessment**

Describe other ways you will assess and measure the success of your program.

*Character Limit: 2000*

### **Please provide the results of these assessments.**

*Character Limit: 2000*

## *Accomplishments*

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### **Accomplishments\***

List up to five other accomplishments of your TMAF funded project.

*Character Limit: 2000*

### **Program Changes\***

Describe any noteworthy changes to your program such as additional program partners, new funding partners, or obstacles to planning the project.

*Character Limit: 2000*

### **Unexpected Consequences\***

Have there been any unexpected consequences from this project? (positive or negative results you had not expected)

#### **Choices**

Yes

No

If "yes" what are they?

*Character Limit: 1000*

### **What Have Learned?\***

What have you learned so far that would be useful for someone doing a similar program or for the Foundation board to know? What would you do differently?

*Character Limit: 1000*

## *Program Budget*

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### **Program Budget Status\***

Did your program finish on budget?

#### **Choices**

Yes

No, it is under budget

No it is over budget

### **Program Budget Variance Explanation**

If no, please provide an explanation for the variance with causes, steps taken, and how this will or will not impact the program.

*Character Limit: 1000*

## Promotion

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### Publicity and/or Photos

If you have any publicity or photos to share with the foundation? If yes, please upload (up to 3) here:

If uploading photos, please describe the photos you uploaded using the following criteria:

- **What** is the event?
- **Where** was it held?
- **Who** was involved?
- **When** was it held?
- **Outcome/Highlight** of the event?

If you have more photos to share, please email them to [sean.dunham@texmed.org](mailto:sean.dunham@texmed.org)

*Character Limit: 2000 | File Size Limit: 3 MB*

*File Size Limit: 3 MB*

*File Size Limit: 3 MB*

### Release Forms

Please secure release forms signed by subjects in the photos.

- [Adult Release Form](#)
- [Child Release Form](#)

### Choices

I have read and understand

### Upload Signed Releases

*File Size Limit: 3 MB*