

**Ohio College Health Association
Mini-Grant Funding Application 2009-2010 Academic Year
Grant to be used for 2010-2011 Academic Year**

IMPLEMENTING COLLEGE/UNIVERSITY	
Date	
Principal Investigator	
College/University	
Health Service Name	
Address	
Address	
Telephone Number	
Fax Number	
P.I. e-mail	
Contact Person/Phone	
ACHA Identification # (indicate if institutional or individual)	

REQUESTED BUDGET		
OCHA Requested Funding: (up to \$500)	University Contribution: (if applicable)	Total Funding:

Classification: Educational Promotional Research Other: _____

Educational: Purchase/provide health-related educational materials

Promotional: Provide health-related marketing concerning health care facility services and/or other health-related issues

Research: Supplement cost of health-related research activities

Other: Equipment, public service, etc.

If funding is being requested for a program, please indicate proposed start/end dates:

_____ to _____

Signature of Principal Investigator

OHIO COLLEGE HEALTH ASSOCIATION	
Mini Grant Officer	Karen Borneman, M.D.
University	Cleveland State University Student Health Center
Address	2351 Euclid Ave S. R. 153
Address	Cleveland, OH 44115
Telephone	216-687-3649
Fax	216-687-9319
e-mail	k.borneman@csuohio.edu

INSTRUCTIONS

1. Return the completed form to the above mini grant officer by January 31, 2010.
2. Please allow eight to ten weeks for processing and for a Board decision. Grants for the 2010-11 academic year will be officially awarded at the OCHA annual meeting in April 2010.
3. You will be notified by mail, or please feel free to call the mini grant officer.
4. Any printed materials should include the statement:

Funding provided in full, or in part, by the Ohio College Health Association
5. Please submit printed materials to the mini grant officer for review prior to distribution.
6. **All applicants must be an ACHA member for eligibility in the grant process.** Visit our web site at www.ohiocollegehealthassociation.org to download or print out the application form. **Return the application to:**
7. **Karen Borneman, M.D.**
2351 Euclid Ave SR 153 Cleveland, OH 44115
8. Colleges or universities that are awarded a grant must report back to the board or at the annual conference of the outcome of the grant request. Suggestions may include a poster demonstration at the annual conference or receipts of purchases from the grant money.

FUNDING DESCRIPTION/PROGRAM ABSTRACT

Please summarize information about the program (may type on separate sheet(s) of paper if desired).

GENERAL INFORMATION:

OBJECTIVE(S):

PURPOSE:

TARGET POPULATION:

RANGE OF SERVICES PROJECT WILL PROVIDE:

BUDGET:

Reviewed by OCHA Officers

Marsha Tilden, OCHA President Date

Lois Wells, OCHA Treasurer Date

Karen Borneman, OCHA Mini-Grant Officer Date