

**NAVY PULMONARY CRITICAL CARE MEDICINE (PCCM FOUNDATION)
FUNDING OPPORTUNITY**

PLEASE CHECK ONE:

Conference Attendance

Research Activity

Educational Activity

1. First Name: _____ **2. Last Name:** _____

3. Rank / GS Level : _____ **4. DOD ID#** _____

5. Date of Birth: _____ **6. Gender:** _____

7. Home Address: _____

8. E-mail Address: _____

9. Training Year (if trainee): _____ **10. Cell Phone#:** _____

11. Have you received prior support from the PCCM Foundation? (yes)/ (no)

12. If yes to #11, please describe (include dates, amount, and purpose of prior support):

13. Purpose of request: (please provide a brief description of project or purpose for funding, please also include a breakdown of the funds). You may attach additional pages if necessary.

Funding Requested: \$ _____ **Date needed:** _____

If this request is intended to support multiple aspects of an activity, please provide a detailed breakdown of how the funds will be used (i.e. travel, hotel, registration, etc). You may attach additional paperwork (if the explanation cannot fit within the space provided).

Applicant Signature: _____ **Date:** _____

I attest to the best of my ability that the above information is correct, and that support for this activity is not available from the local command.

Department Head Signature : _____ **Date:** _____

Instructions:

- All applications for support must be approved / signed by the PCCM Department Head prior to submission. Applications not signed by the DH will be returned.
- Once complete, please submit this form and accompanying materials to the DOD appointed liaison. He/she will route the complete package to the Board of Directors for consideration.
- All materials should be submitted at least 4 weeks prior to the need for funding.
- Notification of selection for funding will be provided by the Foundation Board of Directors.
- DO NOT spend money related to this request until formally notified by the Foundation that you have been selected.