



New York State Chapter of the American Trauma Society

Application for Program Funding

Applicants Name: _____ ATS Membership #: _____

Hospital or Institution Name: _____

Address: _____

Phone: _____ E-mail: _____ Fax: _____

Amount requested by ATS: \$ _____

Other ATS awards during calendar year? Y / N

Choose Type of Program: Individual program

Regional Program

Purpose for funding:

- Injury Prevention Program
- Trauma System Development Education (New York State Trauma Center managers/registrar/directors)
- Trauma Center Public Awareness Program
- Other (please describe): _____

Describe how you will utilize the funding (ie., informational brochures, video tapes, injury prevention materials, support of professional educational program, etc.)

- Please include copies of any materials to be used with the funding application (if available at time of funding request or after completion of project).

Are there additional funding sources or co-sponsors of this program/project? Yes / No

If yes, briefly describe and note amount:

Date of event or project: _____ Location (if any): _____

Check should be made payable to: _____

Mailed to: _____

I agree that if funding is approved, The New York State Chapter of the American Trauma Society will be listed on any announcements or materials as a co-sponsor of the project.

Applicants Signature _____

Date of application _____

Return to: Gina Ryan, RN
Trauma Program PI Coordinator
Kessler Trauma Center
University of Rochester Medical Center

Phone: 585-275-7401

E-mail: gina_ryan@urmc.rochester.edu

(NYATS Board Only)

Date received: _____ **Response date:** _____

Disposition: Approved / Denied / Pending approval end of year Date/ Amount awarded/check # _____