

A. Introduction

Name of Reque	sting Applicant:
Mailing Address	of Requesting Applicant:
Contact Person	of Requesting Applicant:
E-Mail Address	of Requesting Applicant:
Contact Phone I	Number:
•	ing amount for year one (please itemize by intern): ne Budget Template provided
•	ble to accept less than your requested amount? tipends to support travel and lodging/per diem expenses for interns
B. <u>History w</u>	ith GCACH and Applicant Background
•	in your current relationship with GCACH and current/ past commitments that you have with GCACH.
•	our sources of funding to precept interns. use the Budget Template Provided on Page 3
3. Do you curre	ently offer internships in your organization?
	ibe your existing application process or attach your internship application. If you don't ve an application process, what criteria would be used to select the intern?



C. <u>Applicant Intent</u>

5.	Please explain why your organization is applying for preceptor funds.
6.	What, if any, opportunities for Bi-Directional integration, interprofessional education, or cross training would be available as part of this internship?
7.	Please describe the internship program you are proposing, and your organization's capacity to implement the program.
8.	What criteria will be used to select the preceptor?
9.	Please explain the anticipated role and responsibilities of: a. The intern
	b. The preceptor



10. Please list the location(s) of internship site(s).
11. Please list the timeframe/ duration for the internship(s).
12. What target population do you aim to help address through this internship?
D. About the Intern
13. If possible, please provide the name(s) of the proposed intern(s) and their specialties. NOTE: This is limited to three (3) interns
14. Please explain your internship evaluation process. If you are using a process from an educational institution, describe how it is being used within your organization. NOTE: This is a requirement and must be provided to GCACH within 14 days of the completion of the internship
15. Please list the intern's accredited or certified educational or training institution(s).



E. About the Preceptor

16. If possible, please provide the name of the preceptor(s) for each intern, and their specialties.

F. Budget Template

Please use the template below to outline the budget for the planned use of funding:

Income / Other Sources of Funding		
Line Item Description	Dollar Amount	
	\$	
	\$	
	\$	
	\$	
	\$	
TOTAL INCOME	\$	

Examples of income may include other grants or stipends.

Expenses/ Planned Budget		
Line Item Description	Dollar Amount	
	\$	
	\$	
	\$	
	\$	
	\$	
TOTAL EXPENSES	\$	

Examples of expenses may include stipend to intern, stipend to preceptor organization, training, evaluation, etc.