



## POMA Resident Wellness Grant Committee Event Application 2024-2025

### ***About the POMA Physician Wellness Grant Program***

POMA and the Committee on Physician Wellness are committed to creating and providing opportunities for open dialogue regarding personal well-being in all levels of the osteopathic profession. We promote osteopathic mental health and well-being through focused activities sponsored by POMA and financially supported by the POMA Foundation. The grant is \$500.

### **Grant Timeline**

Grant Application Released – October 11, 2024 (paper or [online form](#))

Submit Grant Proposal Due – November 15, 2024

Expected Grant Notification – December 2024

Program/Project Time Frame – January 1, 2025 through May 31, 2025

Results/Outcomes Report and Survey Responses – Within two weeks following the program.

### **Eligibility Criteria and Guidelines**

- POMA Membership Requirement: Programs require at least 25% osteopathic residents and at least 1 resident in the program is a POMA member.
- No alcohol-related activities or high-risk activities will be approved. Examples of high-risk programs include but are not limited to Axe Throwing, Shooting Ranges, Whitewater Rafting, etc. We encourage you to inquire if you have questions about your activity.
- Support of the program director and facility for ongoing conversation following the completion of the granted project or program.
- The grant does not allow for overhead/facilities and administrative (F&A) costs, nor should the funds be used for overhead/F&A costs.
- Completion/outcomes report on time. Failure to complete result/outcome report will prohibit eligibility for the following year.
- Grant approval is based on the activity submitted. Any modifications to the activity after approval is required to be reviewed and approved by POMA prior to the event being held.
- To encourage collegiality with POMA and the POMA Foundation, POMA/POMAF representatives may attend your activity to demonstrate support for your program.
- POMA is not liable for any loss or risk associated with the activity.

### **Funding**

POMA's Resident Wellness Grant Program is made possible through grants provided by the Pennsylvania Osteopathic Medical Association Foundation, POMA's charitable arm.

### **Have Questions?**

Please email [poma@poma.org](mailto:poma@poma.org), with any questions you have about POMA's Physician Wellness Grant program, including if certain activities would qualify.



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### General Applicant Information

Contact Person: \_\_\_\_\_

Contact Person – Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Address of Institution: \_\_\_\_\_

Program Director: \_\_\_\_\_ Program Coordinator: \_\_\_\_\_

Program Director Phone: \_\_\_\_\_ Program Coordinator Phone: \_\_\_\_\_

Program Director Email: \_\_\_\_\_ Program Coordinator Email: \_\_\_\_\_

Residency Program Social Media Handles:

Facebook: \_\_\_\_\_ Instagram: \_\_\_\_\_

LinkedIn: \_\_\_\_\_ X/Twitter: \_\_\_\_\_

Tentative Date of Wellness Activity (01/01/2025 – 5/31/2025): \_\_\_\_\_

If a POMA representative were available to attend the proposed event to show support for the program, would you be able to accommodate for this? \_\_\_\_\_ Yes \_\_\_\_\_ No

If awarded a grant, indicate who the check should be made payable to and the mailing address where the check should be mailed.

Check made payable to: \_\_\_\_\_

Mailing address: \_\_\_\_\_

### Project/Program Abstract (Summary – one page or less)

A. Title of Wellness Activity: \_\_\_\_\_

B. Description of Wellness Activity

The abstract should present a concise summary of the project/program. Please include the following:

- Statement of need describing the problem being addressed and description of participants.
- Program description, including implementation plan; and
- Goals and measurable objectives of the activity.

**Abstract (plain text only):**

Abstract Digital Upload – The abstract can also be uploaded as a Word or PDF document. Type the word “Upload” in the abstract box to indicate a file will be uploaded.



## **POMA Resident Wellness Grant Event Outcomes Report (email to [poma@poma.org](mailto:poma@poma.org) within 2 weeks of event)**

### **Wellness Grant Outcomes Report**

A representative from the residency program must complete this outcomes report on behalf of the residents who participated and return to POMA within two weeks of the event.

1. What was the general understanding of the purpose of the project/program by participants?
2. Why did you choose the specific wellness project/activity?
3. During the project/program, what tangible tools or strategies were demonstrated or taught to address wellness and life balance?
4. What do you intend to do, upon returning to work, that you learned and practiced during the activity, that will improve your response to stressful situations?
5. What can POMA do to address wellness and life balance for your future?