

Maryland Chapter, American Academy of Pediatrics Foundation  
**2021 Mini-Grant Application**

1.1	<b>Practice Name</b>		
1.2	<b>Mailing Address</b>		
1.3	<b>County</b>		
1.4	<b>Email</b>		
1.5	<b>Telephone</b>		
1.6	<b>Fax</b>		
1.7	<b>List All Providers in Practice (include MDs, DOs, NPs, PAs)</b>	<b><u>Provider Name</u></b>	<b><u>Is Provider Current MDAAP member? (yes/no/unknown)</u></b>
1.8	<b>Name and Title of Person Submitting Application</b>		
1.9	<b>How many total patients do you have in your practice?</b>		
1.10	<b>What percentage of your patients have Medicaid?</b>	%	
2.1	<b>Is your practice a current Reach Out and Read (ROR) site?</b>	Yes	No
2.2	<b>If yes, how many year/s ROR at your practice? (If no, write "N/A")</b>		

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3.1	Have you previously applied for an MDAAP Foundation Mini-Grant?	Yes	No
3.2	If yes, what year/s? (If no, write "N/A")		
4.1	Have you received an MDAAP Foundation Mini-Grant in the last 5 years?	Yes	No
4.2	If yes, what year/s? (If no, write "N/A")		
4.3	If you have received an MDAAP Foundation Mini-Grant, how much was the most recent award? (If no, write "N/A")	\$	
5.1	How much did you spend on books in calendar year <b>2020</b> ?	\$	
5.2	How many books did you give out in calendar year <b>2020</b> ?		
6.1	Have you received other grants for books for calendar year <b>2021</b> ? If yes, from whom and how much? (If no, write "N/A")	\$	\$
6.2	How much do you anticipate spending on books in calendar year <b>2021</b> ?	\$	
7.1	How would receiving an MDAAP Foundation Mini-Grant impact your patients/families?		