



## 2020 – 21 Ignite Grant Application

**ASDSA Ignite Grants** are designed to provide both the hands-on assistance and funding critical to successfully advocate for state legislation which will improve patient safety. The 2019-20 Ignite Grants will be awarded to state dermatological societies who would like to pursue ASDSA's "Medical Spa Safety Act," "Reducing the Risk of Skin Cancer and Excessive UV Exposure in Children Act (SUNucate)," and "Safe Laser and Energy-based Device Act (PULSE)." It should be noted that the grant is not a "no strings attached" program. This program is for state societies that desire assistance from ASDSA in navigating the legislative process. This may include developing an advocacy strategy, hiring a lobbyist, and determining when compromise is appropriate. Grants are made on an annual basis; states may re-apply each year for multi-year efforts. Applications are due by **July 15, 2020**.

### **Sponsor Contact Information** (must be an ASDSA member)

Name:

Member of ASDS? (required)

ID #

Address:

City:

State:

Zip:

Phone:

Alternate Phone:

Fax:

Email:

Name of organization that will serve as trustee for the fund (trustee must be incorporated):

## Application

1. Which ASDSA model legislation will you be pursuing?

Medical Spa Safety Act

Reducing the Risk of Skin Cancer and Excessive UV Exposure in Children Act (SUNucate)

Safe Laser and Energy-based Device Act (PULSE)

2. Will your organization be pursuing any other legislation?

3. Goal: What do you expect to achieve if awarded this grant?

4. Objectives: What specific, realistic, measurable changes that lead to the goal, are expected to occur as a result of this policy endeavor?

5. Success: How would your organization define success in terms of this endeavor?

## **Advocacy Effort Financial Information**

1. Grant Amount Requested: \$
  
2. Total budget for advocacy initiative: \$
  
3. Additional amount contributed from your state society: \$  
(Note: Some supplemental financial support must be provided)
  
4. Total organizational budget: \$  
(Please include the latest organizational balance sheet upon submittal of application)
  
5. Please specify how the grant funds will be used:

## Benchmark Assessment

1. Describe any current or planned outside organized support for your goal. (state medical society, patient advocacy group, etc.)

2. How does your goal fit into existing state law and regulation?

3. Have you identified a state legislator to sponsor your bill?

Yes (please name):

No

4. Have you identified a lobbyist to advocate on behalf of the bill?

Yes (please name):

No

If yes, describe the lobbyist's qualifications regarding conflicts of interest, experience with medical issues, effectiveness amongst targeted audience and agreed-upon expectations:

5. Has your group ensured compliance with your state's lobbying and disclosure laws?

Yes

No

## **Preliminary Agreement**

Should your group be selected as a recipient of an Ignite Grant, we will draw up an agreement. However, prior to reviewing your application, we should agree upon the following:

ASDSA staff may provide support for this initiative, potentially including travel to your state to discuss the bill with the appropriate staff and leadership.

It is understood that advocating for the passage of this legislation will be a joint effort between the ASDSA and the applicant. This means that both groups will agree upon an advocacy strategy, a lobbyist, the proposed legislation, the bill sponsor, changes or amendments to the legislation, and public communication relating to the legislation.

It is understood that grant funds are distributed upon conclusion of the advocacy campaign. Expenses must be approved by ASDSA prior to being incurred in order to receive reimbursement.

In order to make quick decisions when necessary during the legislative process, both the ASDSA and your group will identify one representative each that has the authority to make the decisions on behalf of the group.

Signature:

Date: