**ACS Chapter State Advocacy Grant Program** **Criteria**

One of the most effective ways of letting elected officials know your chapter’s views on state legislative issues is by communicating through face-to-face meetings between surgeons and their legislative representatives. Sponsoring a lobby day, or launching an advocacy campaign, provides elected members of your state legislature with the information they need to make the best decisions for their constituents.

Program criteria for the 2025 Chapter State Advocacy Grant Program include:

1. **Applications (see form below) with applicable attachments must be** **emailed to stateaffairs@facs.org for processing**. Applications received will be reviewed and grant recipients confirmed by the ACS Health Policy and Advocacy Group (HPAG).
2. **Chapter leadership (officers, councilors, and governors) are expected to play an active role in the planning of the event.** They are also expected to participate in state advocacy activities with a minimum of 75% of the chapter leadership participating.
3. **In those states with more than one ACS Chapter, those Chapters interested in the state advocacy grant must submit a joint application.** Statewide advocacy requires a united surgical voice which is best developed when diverse chapters are working together. One way to achieve this is through the creation of a Joint Advocacy Committee (JAC) with equal representation from each chapter. *Individual applications will not be accepted in states where multiple chapters exist.*
4. **When a joint application is submitted and approved for a grant, funds will be evenly distributed between each of the chapter applicants unless other arrangements have been agreed upon by the applicants.**
5. **Grant funds must be used to cover the costs of state advocacy activity.** This can include but is not limited to: acquisition of lobbying services; contribution for participation in an advocacy coalition; development, printing and mailing of advocacy materials; reimbursement of travel costs for participants (bus rental, etc); meeting expenses (receptions, food/beverage, room rental, A/V, etc.); and so on.
6. **Chapters may request an amount they believe is necessary to achieve their advocacy goals for the year. Chapters are required to match 50% of the requested amount from their own funds.** For example, a Chapter can request $10,000 but should clearly demonstrate how those dollars, in addition to the 50% match ($5,000), will be used towards achieving the Chapter’s advocacy goals. **Not all applicants are guaranteed to receive a grant, nor the full amount requested.** Chapters that received grants in 2020 and 2021 but did not use the funds for an advocacy activity should utilize those grant funds in 2025. The unused funds for 2020 and 2021 have been approved to be carried over for use in 2025. However, if for some reason a state advocacy activity needs to be cancelled, the Chapter will work with the ACS to determine options for the unspent funds including, but not limited to, deferring funds to the next year, or returning the funds.
7. **Applicants agree to use the grant funds to advance an ACS state-level initiative** to be selected from the following list. Informational toolkits for each issue will be provided.
	1. Prior Authorization Reform
	2. Trauma System Funding
	3. Coverage for Breast, Colorectal, Prostate, or Lung Cancer Screenings
	4. Definition of Surgery, including laser surgery
	5. Bleeding Control Programs (Stop the Bleed) Funding
	6. Other surgical issues relevant to the state (describe): Liability Reforms, Workman’s Comp., Scope of Practice
8. **Grant recipients will receive support from the ACS State Affairs team** to serve as a resource for planning and implementation of the event. If permitted, ACS State Affairs staff will travel to the state to provide onsite support for the activity.
9. **Following completion of the state advocacy activity, chapters will have 45 days to provide a report describing the event and its accomplishments.** This report should detail ways in which the grant funds were spent and assess the overall completion of goals and objectives of the program. The report should include how many meetings with legislators or their staff were held and which topics or bills were discussed and group photos with legislators.
10. Chapters seeking additional state advocacy grants in future years will be evaluated on past participation by chapter leadership in the activity and the required submission of the report following completion of the activity. **Chapters who fail to turn in a report on time will be ineligible to apply for another grant until the report is submitted.**
11. **Grant recipients may be requested to provide a presentation highlighting their advocacy day experience at national ACS events.**

**ACS Chapter State Advocacy Grant Program Application**

**CHAPTER(S):**

**PRIMARY CONTACT:** Click or tap here to enter text.

**ADDRESS:**

**CITY, STATE, ZIP:**

**TELEPHONE:** Click or tap here to enter text.

**EMAIL:** Click or tap here to enter text.

**PHONE:** Click or tap here to enter text.

**AMOUNT REQUESTED:**

**CHAPTER MATCH:**

|  |
| --- |
| **CHAPTER ADVOCACY/LEGISLATIVE CHAIR (Name):** Click or tap here to enter text.**CHAPTER DELEGATE(S) TO STATE MEDICAL SOCIETY:** Click or tap here to enter text. |
| **CHAPTER CONTRACT LOBBYIST (Including if Chapter Executive is registered to lobby on behalf of the Chapter)? Y/N, if yes (Name & Contact):** Click or tap here to enter text. |

**CHAPTER POLITICAL ACTION COMMITTEE? Y/N:** No

**Select priority state issue(s) from the following:**

[ ]  Prior Authorization Reform

[ ]  Trauma system funding

[ ]  Coverage for Breast, Colorectal, Prostate, or Lung Cancer Screenings

[ ]  Definition of Surgery including laser surgery

[ ]  Bleeding Control Programs (Stop the Bleed) Funding

[ ]  Other surgical issues relevant to the state (describe): Liability Reforms, Workman’s Comp., Scope of Practice

**Please answer the following questions as completely as possible.**

**Advocacy Goals and Objectives:**

1. **What are the Chapter’s state advocacy goals for 2025?**

1. **How were the Chapter’s 2025 state advocacy goals developed?**

Click or tap here to enter text.

1. **What is the current status of the state legislation included in the 2025 state advocacy goals?**

1. **Please explain why the Chapter is applying for a State Advocacy Grant.**

**State Advocacy Activity Planning and Execution**

1. **What state advocacy activities does the Chapter plan to engage in to support the 2025 state advocacy goals (i.e., lobby day, in-district meetings, joining a legislative coalition, hiring a lobbyist)?**

1. **If hosting an advocacy day at the state capitol or another event, when does the Chapter plan to have it? (Approximate Date, Month, or Time Frame, e.g., Spring/Fall)**

Click or tap here to enter text.

1. **Will it be part of the Chapter’s annual meeting, part of another larger state meeting (i.e., another advocacy day), or an independent event?**

Click or tap here to enter text.

1. **Will the Chapter be the only sponsor of the event, or will other Chapters and/or state surgical/medical societies be invited to be co-sponsors (coalition activity)?**

Click or tap here to enter text.

1. **Define the target audience – who will be invited to participate in this event, i.e., Chapter leadership, Chapter members, residents, all surgeons in the state, etc? What is the goal for the total number of participants?**

1. **How will the event be planned – special Chapter committee, Chapter Council, Joint Advocacy Committee with other chapters, etc.?**

Click or tap here to enter text.

1. **What other state advocacy activities does the Chapter plan to engage in 2025?**

Click or tap here to enter text.

1. **Has the Chapter sponsored an advocacy day in the past? (Y/N) If so, please briefly describe the event; level of participation by surgeons; issue focus; etc.**

Click or tap here to enter text.

1. **How will the planned advocacy activity help achieve the Chapter’s 2025 state advocacy goals?**

Click or tap here to enter text.

1. **Provide a brief outline and budget for how the grant will be used for the activity.**

Click or tap here to enter text.

1. **How much non-grant funding has the Chapter budgeted for advocacy activities in 2025?**

Click or tap here to enter text.

1. **Please explain if and how the Chapter will work with other ACS groups (i.e., COT, CoC) to support state advocacy goals and activities.**

Click or tap here to enter text.

1. **Does the Chapter have a 3-5year strategic plan for advocacy? If yes, how does the Chapter’s 2025 state advocacy goals fit into that plan?**

Click or tap here to enter text.

1. **What other resources will the Chapter anticipate needing for planning and execution to support the 2025 state advocacy goals?**

**More Information (If Necessary):**

Click or tap here to enter text.

**EMAIL COMPLETED APPLICATION TO:**

**American College of Surgeons, State Affairs**

**stateaffairs@facs.org**