



2017 RARE Patient Impact Grant Program – *Application Form*

Thank you for your interest in applying for the 2017 RARE Patient Impact Grant Program. Before completing this application, you must submit and receive approval of your Letter of Intent.

Please be sure that you have read thoroughly the **2017 RARE Patient Impact Grant Program - Guidance for Applicants** available on www.globalgenes.org/RAREgrants.

This PDF application is intended to provide a way for you to evaluate and organize your application requirements prior to completing the online submission. We recommend utilizing this form to prepare your application and save all answers in a word document before entering the information in the online form. This will eliminate losing your answers if there are technology malfunctions during your submission.

Please note, the Global Genes **2017 RARE Patient Impact Grant Program** is funded entirely by donations made from individuals and the general public, through Global Genes fundraising programs and awareness campaigns including the Denim Dash and Tribute to Champions of Hope.

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1. We have read the **Global Genes' 2017 RARE Patient Impact Grant Program – Guidance for Applicants** and confirm that the organization submitting this application meets the eligibility criteria for a grant. ___ Yes ___ No
 2. Category of grant proposal: ___ RARE Innovation (max of \$15,000)
 ___ RARE Support (max of \$5,000)
 3. Amount of funding requested: \$ _____
 4. Rare disease(s) supported: _____
 5. Prevalence of rare disease: _____
 6. The anticipated number of patients and caregivers to benefit from proposed project:



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Primary Application Contact Information

7. Name: _____

8. Title: _____

9. Email Address: _____

10. Phone: _____

Secondary Application Contact Information (if applicable)

11. Name: _____

12. Title: _____

13. Email Address: _____

14. Phone: _____

Organization Contact Information

15. Organization Name: _____

16. Tax ID #: _____

17. Applicant website (if applicable): _____

18. Organization Mailing Address: _____

19. Organization Mailing City: _____

20. Organization Mailing Zip Code: _____

21. Organization Phone Number: _____

22. Social tags/handles (if applicable): Twitter _____ Facebook _____ Instagram _____



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Organization Details

23. Please provide a brief description of who you are and the rare disorder(s) that you represent. **(max 300 words)**
24. Please give an overview of your finances for the previous financial year including: income, expenditures (please detail the three largest areas of expenditures) and an explanation of restricted, designated or endowment funds (where applicable). Please also provide a brief overview of your level of reserves.

Proposed Project/Activity Details

25. Project/Activity Title: _____
26. Amount requested for grant: _____
27. Please provide a brief description of the project/activity including a clear timeline of the proposed project/activity. **(max 500 words)**
28. Please provide a detailed and itemized budget for your proposed project or activity (template to be provided upon acceptance of Letter of Intent).
29. Please provide details about how you will evaluate whether your project has been a success. How will you collect learnings for future projects? **(max 200 words)**
30. The aim of the Global Genes **RARE Patient Impact Grant Program** is to support children and families affected by a rare disorder. Please give a brief description of how your proposed project or activity will contribute to this vision and include details about those who will benefit. **(max 500 words)**
31. Global Genes works to raise awareness about rare disease as a community, and support rare disease patient advocates with tools and resources to help them become equipped and empowered activists. Please detail how you will partner with Global Genes to meet these goals and build a stronger rare disease community through your project activities.
32. **(max 300 words)**



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RARE Innovation Applicants

33. Please explain how your proposed project is innovative and its potential for broader impact (i.e. can it grow overtime, increase patient impact in the future).
(max 400 words)
34. Please explain how you anticipate your proposed project to be scalable.
(max 400 words)

RARE Support Applicants

35. Please explain why your proposed project is needed in your rare disease community.
(max 400 words)

Endorsing Medical Professional (Support Groups Only)

Name: _____

Mail/Phone/Email: _____

Signature: _____

Declaration concerning the individuals applying for this grant

36. We agree to comply with the grant collaboration framework that is part of the **2017 RARE Patient Impact Grant Program** – *Guidance for Applicants* and available at www.globalgenes.org/RAREgrants
37. We agree to abide by the Standard Terms and Conditions of Grants, that is part of the **2017 RARE Patient Impact Grant Program** – *Guidance for Applicants* and available at www.globalgenes.org/RAREgrants

I declare that the information included in the above application and declaration is a true representation of the work and project/activity proposed, and that this application shall form part of the terms and conditions of any grant awarded.

Applicant Name: _____

Signature: _____ Date: _____