



2018 RARE Patient Impact Grant Program – *Application Form*

Thank you for your interest in applying for the 2018 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 **2018 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 **2018 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 2018 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
 RARE Support
 3. Amount of funding requested: \$ _____ (max of \$15,000)
 4. Rare disease(s) supported: _____
 5. Prevalence of rare disease: _____
 6. The anticipated number of patients and caregivers to benefit from proposed project:



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 _____

Organization Details

- 23. Please provide a brief description of your organization and the rare disorder(s) that you support. (max 300 words)



24. Please give an overview of your finances for the previous fiscal 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 600 words)**

28. If there are current models or methods used to achieve the same goal as the proposed project or program, please explain why it will not work for your community or group. **(max 300 words)**

29. Please provide a detailed and itemized budget for your proposed project or activity.

30. Please provide details about how you will evaluate whether your project has been a success. How will you collect learnings for future projects? **(max 300 words)**

31. 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)**

32. Global Genes works to raise awareness about rare disease as a community and to 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. **(max 300 words)**

33. Global Genes values and encourages collaboration within the rare disease community. Share how your foundation collaborates with others in the rare disease space. **(max 300 words)**



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RARE Innovation Applicants

34. 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)**

35. Please explain how you anticipate your proposed project to be scalable. **(max 400 words)**

RARE Support Applicants

36. 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:

37. We agree to comply with the grant collaboration framework included in the **2018 RARE Patient Impact Grant Program – *Guidance for Applicants*** and available at www.globalgenes.org/RAREgrants.

38. We agree to abide by the Standard Terms and Conditions of Grants included in the **2018 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: _____