



Primary Applicant Contact Information

- 7. Name: _____
- 8. Title: _____
- 9. Email Address: _____
- 10. Phone: _____

Secondary Applicant 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. Provide a brief description of your organization and the rare disorder(s) that you support.
(max 300 words)



2019 RARE Patient Impact Grant Program – *Application Form*

24. Provide 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. If you are a support group, indicate your fiscal sponsor and provide the required information, as stated above.

Proposed Project/Activity Details

25. Project/Activity Title: _____
26. Amount requested for grant: _____
27. Provide a brief description of the project/activity including a clear timeline of the proposed project/activity. **(max 1000 words)**
28. If there are current models or methods used to achieve the same goal as the proposed project or program, explain why it will not work for your community or group. **(max 500 words)**
29. Provide a detailed and itemized budget for your proposed project or activity.
30. Will this grant be your sole funding source? If no, provide a description of your additional funding. **(max 100 words)**
31. Provide details about how you will evaluate whether your project has been a success. How will you collect learnings for future projects? **(max 600 words)**
32. The aim of the Global Genes **RARE Patient Impact Grant Program** is to support children and families affected by rare disorders. 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 600 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 400 words)**

RARE Innovation Applicants

34. Explain how your proposed project is innovative and describe its potential for broader impact (i.e., can it grow overtime, increase patient impact in the future). **(max 500 words)**



2019 RARE Patient Impact Grant Program –
Application Form

35. Explain how you anticipate your proposed project to be scalable. (max 500 words)

RARE Support Applicants

36. Explain why your proposed project is needed in your rare disease community.
(max 400 words)

RARE Travel Support Applicants

37. Describe how the offered programming and services make your conference a unique experience for attendees. (max 400 words)

Endorsing Medical Professional (Support Groups Only)

Name: _____

Mail/Phone/Email: _____

Signature: _____

Declaration concerning the individuals applying for this grant:

38. We agree to comply with the grant collaboration framework included in the **2019 RARE Patient Impact Grant Program – *Guidance for Applicants*** and available at www.globalgenes.org/RAREgrants.

39. We agree to abide by the Standard Terms and Conditions of Grants included in the **2019 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: _____