

Grant Application

Name of Organization: _____

Chairman of Organization: _____

Address: _____

Telephone/Fax Number: _____

Email Address: _____

**Geographic Area Your
Organization Serves:** _____

**Number of Patient Families
in Your Organization:** _____

**Do you Represent
(check one):**

- An established patient organization**
- An emerging patient organization**

Amount Requested \$ _____
(Maximum U.S. \$5,000):

(Please see budget request on next page)

Grant Application

Project Description (indicate specific aims)

Project Budget (please indicate components in US\$)

Other Sources of Funding for this project

Amount \$ _____

Amount \$ _____

Application Information:

1. Your application will be strengthened by including a brief letter of support from a clinical immunologist/physician in your region or country.
2. Your application will be approved by an independent Advisory Board.
3. All materials printed or produced must credit the Jeffrey Modell Foundation by using our logo accompanied by the following "This _____ (Please Specify) _____ was made possible, in part, by a grant provided by the Jeffrey Modell Foundation WIN Program.
4. Approvals/disapprovals will be sent out by WIN within 30-45 days from application date.
5. Grantees must provide a brief summary of accomplishments of specific aims upon completion of the project. Further grant applications will be considered only after the summary report is submitted.
6. Send your application by e-mail to win@jmfworld.org or fax to 212-764-4180.

Name (please print)	Signature	Date
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