



# THE HEMOPHILIA ALLIANCE FOUNDATION

## Grant Application Form 2010

We are pleased to announce the second round of funding from the Hemophilia Alliance Grant Program. These funds are made available from discretionary funds of the Hemophilia Alliance. Grants will be awarded to organizations and programs serving people with bleeding-clotting disorders. Chapters and other consumer-led organizations as well as treatment centers are eligible to apply for a grant under this program.

### Committee Members

Joyce Strazzabosco  
Chair

Geoffrey Allen MD

Michelle Rice

Mary Anne Schall

Chad Stevens

Marisela Trujillo, MSW

Applicants may apply for a one-time grant of no more than 12 months duration in the \$3,000 - \$5,000 range. If two or more organizations collaborate on a grant, the total amount requested may be increased accordingly. For example, if a Chapter and a Center collaborate, the total available is increased to \$6,000 - \$10,000 dollars. If four organizations collaborate, the total available is increased to \$12,000 - \$20,000. The Alliance Foundation Committee will give extra consideration to collaboration between HTC's and Chapters. Creation of patient educational pieces from health care professionals will also receive extra consideration. The committee will require that any piece funded by the foundation be made available to related consumer organizations and HTC's, for reproduction at the latter's expense.

The following guidelines will apply:

1. No grant funds will be awarded for administrative overhead or indirect costs.
2. Because this is a one-year grant, no grant funds will be awarded to support recurring costs such as ongoing salaries, rent, monthly phone bills, etc.
3. Personnel expenses incurred exclusively for the grant activities will be considered, however the temporary nature of the duties must be made clear in the application.
4. Projects should contribute to the strengthening of the organization in some demonstrable way. Examples include achieving efficiencies in selected operations,



or improving communications, or increasing the capacity of the organization to do a given task or program, etc.

5. Applications for collaborative projects must include a letter of support from each collaborating organization.
6. Applicants should attach documentation of the organization's 501(c)3 status.
7. Applications must be limited to no more than three typewritten pages.
8. Applications must be submitted on time and be complete as outlined above

Applications are to be sent electronically or postmarked no later than Friday, February 26<sup>th</sup>, 2010, to

**Hemophilia Alliance**  
**1758 Allentown Road #183**  
**Lansdale, PA 19446**  
**Phone 215-279-9236**  
**Fax 215-279-8679**  
**info@hemoalliance.org**

Grants will be reviewed and awarded by the Hemophilia Alliance Grants Committee:



Please print or type the following information. This form must be postmarked no later than February 26<sup>th</sup>, 2010.

Please send completed form to Hemophilia Alliance Foundation, 1758 Allentown Road #183, Lansdale, PA 19446 or via email to [Joe@hemoalliance.org](mailto:Joe@hemoalliance.org)

Region

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Name of Applicant Organization

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Application Submitted by

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Address

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Telephone (\_\_\_\_\_) \_\_\_\_\_

Email

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Amount requested

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Signature (Individual Completing Application)

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Date

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- 1. Organizational Overview: Mission, number of consumers served, programs/services (in 100 words or less) [10 points]:**
  
- 2. Brief description of Project: including timeline [30 points]:**
  
- 3. What specific outcomes will result from this project? [15 points]**
  
- 4. How will this improve the strength of your organization? [15 points]**
  
- 5. How will you measure your success in this progress? [15 points]**
  
- 6. Please list itemized Budget (No funds may be used for administrative overhead or indirect costs). [15 points]**

**Please direct questions to Joe Pugliese.**