

World Immunodeficiency Network (WIN) Grant Application Form

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): _____

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Project Description (indicate specific aims): _____

Project Budget (please indicate components in U.S. Dollars or Euros and please list other possible funding sources to complete your project): _____

Name (please print)

Signature

Date

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. Approvals/disapprovals will be sent out by WIN within 30-45 days from application date.
3. 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.
4. Send your application by fax to the attention of Marisa at 212-764-4180.
5. For inquiries please e-mail: win@jmfworld.org.
6. Please print all contact information clearly.