# Hemophilia Alliance Foundation

# 2019 Application Format

1. State applicant organization type: Local Chapter/Association/Other, HTC, Regional Office, or National Organization.
2. Contact information
3. Name of applicant organization
4. Address
5. Name of contact person
6. Telephone of contact person
7. Email of contact person
8. Amount Requested: **$8,000 maximum total/organization** **for local consumer-led organizations and hemophilia treatment centers; $10,000 maximum for national organizations and the eight regional coordinating centers.**

a. Amount for project.

b. Amount for patient/consumer assistance.

c. For collaboration list partners, and how much is included for each.

1. Name and signature of authorized Individual
2. Organization description: **brief** description of mission, geographic service area, # served.
3. **Brief** description of the project and/or patient/consumer-financial assistance you propose. For patient/consumer-family financial assistance programs, attach your criteria or guidelines for awarding assistance.
4. **Brief** description of the need that the project addresses.
5. Concisely state the specific outcomes or measureable objectives of the project.
6. How will you measure the success of the project?
7. How will the project strengthen your organization?
8. Itemized Budget - Format

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| --- | --- |
| **Item Description & Calculation Detail** | **$ Amount** |
|  |  |
|  |  |
|  |  |
| **TOTAL** |  |

**See Sample Budget in Appendix C**

**Be sure to include required attachments specified in the Guidance**