



2021 Grant Guidance



Be sure to check out what's new

**Have a Question? Read the Guidance
Still have a question?**

Feel free to email the
Hemophilia Alliance Foundation Board Chair, Brenda Riske
brendariske@hemophiliaalliancefoundation.org

CHECKLIST OF THE FOLLOWING ITEMS TO BE INCLUDED WITH YOUR APPLICATION:

- Your organization's tax-exempt certification from the IRS, also called the IRS Tax Determination letter. This is a document from the federal government, not from the state.
- A copy of your organization's W-9.
- If the application reflects a collaboration, letter(s) from each collaborating partner(s) must be provided **stating the role each partner will play in the implementation.**
- For patient/consumer assistance programs, attach your criteria or guidelines for granting financial assistance.
- Your budget.

PLEASE NOTE THAT ALL GRANTS ARE SUBJECT TO THE AVAILABILITY OF FUNDS.

Hemophilia Alliance Foundation reserves the right to reduce the grant amount requests if it is deemed that fund requests for certain items are excessive, redundant or not allowable.

2021 Hemophilia Alliance Foundation Grant Guidance

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Hemophilia Alliance Advisor

Jeff Blake, Indianapolis, IN

I. History

The Hemophilia Alliance, a nonprofit corporation, was incorporated in 2005 as a member organization for hemophilia treatment centers. Together the treatment centers are able to purchase clotting factors and related products more efficiently. From its inception, the Hemophilia Alliance planned to dedicate its discretionary revenue to the inheritable blood disorders communities.

Toward that end, the Alliance created a grants committee in 2009. Its first task was to establish a process through which the Alliance could channel its discretionary funds to nonprofit organizations that served people with bleeding disorders which has now expanded to those serving persons with inheritable blood disorders. The first grants were given out that year; they totaled \$250,000. In 2020, the grant awards totaled \$679,710.

In 2013 the grants committee was incorporated as the Hemophilia Alliance Foundation (HAF), and the following year it received its IRS 501(c)(3) tax-exempt certification.

II. Timeline for 2021 Grant Process



Call for Applications; Guidance posted on web site.	Dec 1, 2020
Applications due	Jan 31, 2021
Decisions made by Foundation Board	Mar 15, 2021
Award letters and checks sent	Mar 22, 2021
Grant-funded year begins	Apr 1, 2021
6-Month progress report due	Oct 15, 2021
Final report due	Mar 31, 2022

III. Purpose of Grants

The Hemophilia Alliance Foundation offers these funds for two purposes: (1) to enable eligible organizations to build capacity in order to achieve their mission; and (2) to support direct consumer financial assistance programs in eligible organizations. See examples In Sections V-B and V-E.

IV. Eligibility

A. Types of Applicant Organizations

Grant applications currently are accepted from the following tax-exempt organizations:

1. Local consumer-led organizations serving people with inheritable blood disorders
2. Treatment centers serving people with inheritable blood disorders
3. The 8 Maternal & Child Health Bureau and Centers for Disease Control & Prevention federally-designated and funded regional core centers for partial funding of their respective regional meetings.
4. National organizations not already funded by the Hemophilia Alliance and focused on those with inheritable blood disorders.

B. Grant Ceiling for 2021

The ceiling for applicants for 2021 is **\$8,000**. This includes local patient organizations and hemophilia treatment and sickle cell centers. A local consumer-led organization may apply for both project and family assistance support, as long as the total for both is \$8,000 or less. How it is divided is up to the applicant, as long as the total does not exceed \$8,000.

National organizations and the eight HHS-designated federally designated and funded regional core coordinating centers may apply for up to **\$10,000** for the 2021 grant period.

C. Criteria for Consideration

To be considered for funding, an organization must meet **all** of the following criteria:

1. It serves people with inheritable blood disorders, either directly or through its members;
2. It operates under one of these IRS tax exemptions: 501(c)(3) or 170(c)(1) or other nonprofit status approved in advance and in writing by the HAF board;
3. It has submitted an application by the deadline, **COMPLETE WITH REQUIRED ATTACHMENTS** as itemized in Section VII Submission Requirements;
4. The project or service it describes is within the HAF's guidelines; and
5. The project or service will be completed in the grant year (April 1, 2021 – March 31, 2022).

V. General Guidelines for All Applicants

A. Types of Grants Considered

Three types of grants will be considered:

1. Projects that strengthen the organization's ability to better serve its constituents;
2. Patient/consumer financial assistance grants; and
3. Regional hemophilia treatment centers' annual meetings.



B. Examples of Projects that Strengthen an Organization

1. The following are some examples of project grants that strengthen the organization:
 - a. Strategic planning process which focuses on staff and volunteer efforts;
 - b. Purchasing office equipment to achieve efficiencies, improved communication;
 - c. Publishing or updating a website to promote awareness of services;
 - d. Purchase of software to achieve efficiencies;
 - e. Developing or purchasing educational materials to improve consumer or family or staff knowledge. Developed materials should contain acknowledgement of the Hemophilia Alliance Foundation as the source of funds. **NOTE:** You will be expected to let other eligible organizations copy and use newly developed materials with appropriate credit to the developer.
 - f. Professional education to enhance staff knowledge (e.g., costs to attend conferences, take courses, etc.)
 - g. Patient/consumer education related to patient/family medical condition and associated emotional and social support.
NOTE: Requests for travel funds to send patients/families to regional or national meetings should be included as part of the project award budget, not as patient financial assistance.
 - h. Recurring costs related to programs such as camps for persons with inheritable blood disorders , other educational programs, and outreach clinics are allowed. Staff salaries for these recurring projects may be requested for up to 20% of the grant amount.

C. Examples of Personnel Costs Allowed

1. 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. Examples of these expenses may include the costs associated with:
 - a. a data entry person to enter file information into a new digital system
 - b. a consultant to lead a planning process or to develop a website
 - c. a speaker at a meeting or conference
 - d. staff time allocated to project but not to exceed 20% of total project request

D. Costs Not Allowed

1. Grant funds will **NOT** be awarded for the following costs:
 - a. Overhead or indirect costs
 - b. Basic, laboratory, or clinical research or related equipment
 - c. Underwriting or sponsorship of fundraising events
 - d. Recurring costs, such as:
 - i. office rent and utilities
 - ii. monthly phone bills for the applicant organization
 - e. Salaries of staff not related to the grant application

E. Guidelines for Awarding Financial Assistance from HAF Funds

HAF) funds for financial assistance are intended to address family hardship. Organizations wishing to underwrite consumer attendance at regional and national meetings may use HAF *project*

funds, but may not use HAF financial assistance funds. Funds provided for Patient Financial Assistance may not be used for other purposes.

VI. Guidelines for Project Collaborations

A. Collaboration Projects Are Encouraged

By combining forces, larger projects are possible. If two eligible organizations collaborate on a project, the total available for the project is \$16,000. If more than two organizations collaborate, the total maximum available is \$8,000 times the number of collaborating organizations. **The organization that submits the grant becomes the fiscal agent for the project, and therefore receives and disburses the project funds.**

B. Limit on Submitting both a Collaboration and an Individual Project

Generally speaking, applicants may submit an application as a single entity or in collaboration with another, but not both *if the collaboration uses all the allowable project funds of each partner*. **However**, if the collaboration budget is less than the maximum allowable ($\$8,000 \times \#$ of partners), one or more of the partners may submit an application for a smaller project as long as the sum of its part of the collaboration and its solo project does not exceed \$8,000.

Example: a consumer-led organization and two treatment centers agree on a collaborative project. The total available to the collaboration is \$24,000. If the two centers budget \$8,000 each for their parts of the collaboration, and the consumer-led entity budgets its part of the effort to be \$4,500, then the collaboration budget is \$19,500. The consumer-led entity could submit separately an application for a project that would not exceed \$3,500.

C Additional Requirement for Collaborative Projects

Applications for collaborative projects must include a letter from each collaborating organization that is **specific about each entity's role in the project** (e.g., *"we will recruit participants and our staff will supervise their activities"*), and is signed by its Authorized Official.

VII. Submission Requirements

A. Format

See outline in Section IX.

B. Budget and budget narrative

Expenses in the budget must be itemized and justified. **Each major item must be identified; along with the calculation showing how the item's total was derived.** The budget must reflect how the applicant arrived at each major line item's total. **See Sample Budget in Appendix C. Failure to itemize and justify proposed expenses including personnel, names, roles and salary/hourly cost will result in a rejection of the application.**

C. Length of Proposal Narrative (not counting required attachments)

Applications may not exceed the following page limits. Brevity is appreciated; please use the fewest words necessary to describe the organization, the needs, the objectives, the budget.

1. Proposals only requesting project funding – maximum 3 pages.
2. Proposals only requesting patient/consumer assistance funding – maximum 2 pages.
3. Proposals for both project and patient/consumer assistance funding - maximum 4 pages.
4. Proposals for a collaborative project – 4 pages.
5. Regional offices and National organizations – 2 pages.

D. Required Attachments

Applicants must also **include the following attachments with the application**. These attachments will not count against your application page limit. **Applications will not be considered for funding if these required documents are not included:**

1. Copy of the organization's tax-exempt certification from the IRS, also called the IRS Tax Determination letter. This is a document from the federal government, not one from the state. See example in Appendix A.
2. A copy of the organization's W-9. See sample in Appendix B.
3. If the application reflects a collaboration, letter(s) from each collaborating partner(s) must be provided **stating the role each partner will play in the implementation**; If this isn't included or the role and names of partner staff is not included, entire application will not be considered for funding.
4. For patient/consumer assistance programs, attach your criteria or guidelines for granting financial assistance.

NOTE: The Hemophilia Alliance Foundation reserves the right to require additional information as it considers an application.

E. Form of Transmission and Deadline

1. Applications will be available on the HAF website -- <https://hemophiliaalliancefoundation.org> on December 1, 2020. **Applications are to be filled out online and submitted online by pressing the SUBMIT button on the bottom of the application form.** Attachments must be submitted electronically by attaching them to the application.
2. Applications must be received by January 31, 2021, by 11:59 p.m. PST. **Late applications will not be considered.**
3. Applicants will receive an electronic acknowledgement that their application has been received. **IF YOU HAVE NOT RECEIVED AN ACKNOWLEDGEMENT OF RECEIPT, IT MEANS THAT YOUR APPLICATION MAY NOT HAVE BEEN RECEIVED.** Please contact Audra@hemophiliaalliancefoundation.org if you do not receive this acknowledgement.

APPLICANTS ARE RESPONSIBLE FOR ENSURING THAT THEIR APPLICATION AND ATTACHMENTS HAVE BEEN RECEIVED BY JANUARY 31, 2021.

F. Authorized Signature

1. Applications and letters of collaboration must be signed by the organization's authorized official, that is, the person with the authority to incur obligations on behalf of the organization. Such officials are recognized by their authority to:
 - a. sign contracts on behalf of the organization
 - b. approve the organization's budget
 - c. add or subtract staff

As an example, in consumer-led entities, the Executive Director will sign. In the absence of the Executive Director, the President may sign; for an HTC, the Medical Director, Administrative Director or perhaps the Department head would sign depending on rules of institution.



VIII. Causes for Immediate Rejection of Application

A. Failure to submit all required attachments.

These documents are:

- IRS Certification letter (See example in Appendix A)
- Most recently filed Form W-9 (See example in Appendix B)
- Patient/Consumer Assistance Guidelines (only if applying for Patient/Consumer assistance funds)
- Letter(s) from collaboration partner(s) describing their role in the project.

Please note that HAF will not advise applicants that attachments are missing. Incomplete applications will be rejected immediately.

B. Failure to itemize budget and include budget narrative.

See sample budget and budget narrative in Appendix C

C. Failure to submit application on time.

IX. 2021 Application Format

1. State applicant organization type: Local Chapter/Association/Other, HTC, Regional Office, or National Organization.

2. Contact information

In the event that the staff who submitted the grant request leaves the organization during the grant period, HAF needs the contact information for a second individual who is responsible for the project.

- a. Name of applicant organization
- b. Address of organization
- c. Address to send check if that differs from the organization's address
- d. Name, telephone and email addresses of two contact persons

3. AVAILABLE AMOUNT FOR REQUEST: **\$8,000 maximum total/organization for local patient organizations and hemophilia treatment and/or sickle cell centers; \$10,000 maximum for national organizations and the eight HHS-designated 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
4. Name and signature of authorized Individual
5. Organization description: **brief** description of mission, geographic service area, # served.
6. **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.
7. **Description of staff, their names and their roles on the project.**
8. **Brief** description of the need that the project addresses with data that supports need.
9. Concisely state the specific outcomes or measurable objectives of the project. Objectives must be measurable (see Appendix C)

If you are unfamiliar with writing outcome or measurable objectives, you may refer to the attached measurable objectives.

How will you measure the success of the project?
10. How will the project strengthen your organization?
11. Itemized budget and budget narrative **See sample budget and budget narrative in Appendix D.** Both budget and narrative must include all items and description of expenses for this grant application—HAF funds only.

Budget

Item Description & Calculation Detail	\$ Amount
TOTAL	

Budget Narrative:

The budget narrative must include all detail for each item in the budget. For example, if you are hiring a consultant, list name and role and expertise as well as hourly or project salary. If current staff are participating in this grant, add name and role on the project. Equipment purchase must be justified as to use in project. Any additional costs ascribed to this project must be included.

EXAMPLES OF A SUCCESSFUL GRANT WITH OUTPUT THAT IS SHARED

<https://hemophiliaalliancefoundation.org/resources>

X. 6-Month Progress Report

Grant recipients are required to submit a progress report on the first six months of operation. **An email reminder will be sent to grant recipients in September with a link to the 6-month Progress Report. The online form may also be found on the Grant Information page on the HAF website.**

The report must be submitted online. Once completed, the report is submitted electronically by pressing the “submit” button at the bottom of the form. You will receive an electronic confirmation of receipt.

The Progress Report is due by October 15, 2021, at 11:59 PDT.

As you will see below, the Progress Report also serves as a **vehicle to request project and budget amendments** and to request a deadline extension. **These requests should not be made lightly.** The HAF Board expects projects to be completed in the grant-year timeline. However, we recognize that unanticipated circumstances may arise, and for this reason we will entertain requests for project, budget, and/or deadline changes.

Failure to submit a Progress Report will result in ineligibility to apply for a grant the following year.

Progress Report Content

Contact information

- a. Name of organization
 - b. Name of project
 - c. Amount received
 - d. Name of contact person
 - e. Phone and email for contact person
 - f. Authorized Person's signature
1. Briefly describe the progress of your HAF grant project and/or patient/consumer financial assistance.
 2. Briefly describe any unanticipated hindrances to the project.
 3. Briefly describe your expectations for the date of project's completion.
 4. Do you anticipate having any unused funds from this project? If so, how much?
 5. Generally, funds remaining at the end of the grant will be returned to the HAF. However, if there were hindrances to the project that were out of your control, you may request an extension of up to six months. Do you anticipate:
 - a. returning unused funds? If so, roughly how much?
 - b. requesting an extension of up to 6 months on the grant's deadline? If so, what is the requested new deadline? Any requests for extensions must be for the same purpose for which the grant was originally awarded.
 - c. Any request for use of leftover funds must be used for the same purpose for which the grant was originally awarded.

IF YOUR PROJECT HAS BEEN COMPLETED BY OCTOBER 15, 2021, YOU MAY FORGO SUBMITTING A PROGRESS REPORT AND SUBMIT YOUR FINAL REPORT BY OCTOBER 15, 2021.

XI. Final Report

Grant recipients are required to submit a final report after the project's completion. An email reminder will be sent to grant recipients in February with a link to the Final Report. The online form may also be found on the Grant Information page on the HAF website.

The Report must be submitted online. Once completed, the report is submitted electronically by pressing the "submit" button at the bottom of the form. You will receive an electronic

confirmation of receipt. Report must include program agenda, brochure, other successes and how measurable objectives were achieved.

FAILURE TO SUBMIT A FINAL REPORT WILL MAKE THE RECIPIENT INELIGIBLE TO RECEIVE FUNDING FOR THE SUBSEQUENT YEARS' PROJECTS UNTIL THAT REPORT IS RECEIVED. IF THE RECIPIENT HAS APPLIED FOR AND BEEN AWARDED A GRANT FOR THE FOLLOWING YEAR, THE AWARD CHECK WILL BE HELD UNTIL THE FINAL REPORT IS RECEIVED.

Please note that copies of receipts and other justification of expenses **are not required** in this submission; however, it is expected that adequate documentation would be available in the event of an audit. The HAF Board reserves the right to conduct a program and financial audit of documents and finances associated with this grant.

Final Report Content [maximum length 2 pages] Grantees will receive the form to fill out online.

1. Contact information
 - a. Name of organization
 - b. Name of contact person
 - c. Phone and email for contact person
 - d. Authorized person's signature
2. Name of project and amount of grant.
3. Objective(s) of the project.
4. Describe how well the proposed objectives were met.
5. Describe how the project strengthened the organization and/or its patients/consumers.
6. Financial report: Please reproduce here the original budget, adding a column showing actual expenses.

Example:

All expenses must be included. In 6 month project report, actual vs budgeted must be included.

Item	Budgeted	Actual Spent
Consultant, Susan Smith.	\$1,500	\$1,500
Laptop computer	750	800
LCD projector	600	580
Lunch at strategic planning session for 15 participants	675	540
Breaks during meeting for 15 participants	225	180
Total	\$3750	\$3600

Budget Narrative;

Consultant: Susan Smith has expertise in moderating boards in strategic planning process. Her charge is \$100/hr for 15 hrs. Charge budgeted and actuals were equal.

Equipment: Laptop computer used for developing educational materials. Laptop was purchased for \$800 which was \$50 more than budget but LCD project (used for board presentations, educational presentations) was \$20 less than budgeted.

Meals at session: Lunch at strategic planning session for 15 participants @ \$45 each was budgeted but only 12 persons participated and cost was less than budgeted by \$135. Morning and afternoon snack breaks 15 participants X \$15 was budgeted but there were only 12 participants so actual cost was \$45 less than budgeted.

Total amount budgeted was \$3750. Actual spent was \$3600. Check for \$150 will be sent to HAF.

Any unused funds are to be returned to the HAF at the end of the grant period.

XII. Frequently Asked Questions

1. Q. Can I submit a proposal for less than \$8,000 (or less than \$10,000 for national organizations and regional coordinating centers)?
A. Yes.
2. Q. We will apply for patient/consumer financial assistance funding. For an objective, can we just estimate how many people will ask for help and how much they might need?
A: Yes, that's an appropriate objective for patient assistance. It is not an acceptable objective for an education program which must have SMART objectives—
 - Specific: Concrete, detailed, and well defined so that you know where you are going and what to expect when you arrive
 - Measurable: Numbers and quantities provide means of measurement and comparison
 - Achievable: feasible and easy to put into action
 - Realistic: Considers constraints such as resources, personnel, cost, and time frame
 - Time-Bound: A time frame helps to set boundaries around the objective
3. Q. We are moving to more efficient office space. Would the costs associated with the relocation be acceptable as a grant request?

- A. Yes, new furniture, better equipment, even the moving van would qualify. The new rent would not qualify.
4. Q. We want to hire a consultant to assess our operations and help us improve. Would that qualify?
- A. Yes, a consultant doing a time-limited project would qualify.
5. Q. Can we apply for both project and consumer financial assistance funds?
- A. Yes, as long as you meet the eligibility requirements and follow the guidelines and amount does not exceed allowable amount.
6. Q. We didn't use all the dollars we received last year because it was for a camp improvement and camp was already in progress when we received it. We'd like to do the project this spring when the snow melts. Can we do this?
- A. If you are unable to use your grant funds during the grant period, you may request an extension. Submit a report with any progress made and the reason you weren't able to complete the project. If approved by the board, you may be given up to an additional 6 months to finish. Or, you can return the funds and apply for the project again for the next grant cycle.
7. Q. We are partnering with our HTC to host a Men's Retreat later this year and they sent me their W-9 and 501c3 letter. The letter is a state sales tax exempt letter. Will this suffice?
- A. No, but you may not need it at all. We only require the attachments for the organization that is actually applying for the grant, not for the collaborators.
8. Q. Can we send consumers to national meetings using patient/consumer financial assistance grant funds?
- A. No, you must use project funds if you wish to subsidize patient/consumer attendance at meetings/conferences.

XIII. Where to Email for Help

You are welcome to email the Hemophilia Alliance Foundation Board Chair, Brenda Riske, at brendariske@hemophiliaalliancefoundation.org.

Appendix A: Sample IRS Determination Letter

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date:

YOUR NONPROFIT, INC.
P. O. BOX 123
MISSION WAY, CA 95050

Employer Identification Number:
12-3456789
DIN:
123456789910
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required
Yes
Effective Date of Exemption
January 3, 2002
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because of this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,

Ms. Mission

Director, Exempt Organization

Letter 111

This document is a sample for the sole purpose of displaying what an IRS determination letter looks like. This is not an actual determination letter. The use of this document is intended strictly for informational purposes and not any commercial purpose. This document is not for sale.

Appendix B: Sample Blank W-9 Form

Applications must include a copy of the organization's current W-9.

<p>W-9 Form (Rev. October 2007) Department of the Treasury Internal Revenue Service</p>	<p>Request for Taxpayer Identification Number and Certification</p>	<p>Give form to the requester. Do not send to the IRS.</p>	
<p>Print or type See Specific Instructions on page 2.</p>	<p>Name (as shown on your income tax return)</p>		
	<p>Business name, if different from above</p>		
	<p>Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see Instructions) ▶</p>		
	<p>Address (number, street, and apt. or suite no.)</p>	<p>Requester's name and address (optional)</p>	
	<p>City, state, and ZIP code</p>	<p>List account number(s) here (optional)</p>	
<p>Part I Taxpayer Identification Number (TIN)</p>			
<p>Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.</p>			
<p>Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.</p>			
<p>Part II Certification</p>			
<p>Under penalties of perjury, I certify that:</p>			
<p>1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and</p>			
<p>2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and</p>			
<p>3. I am a U.S. citizen or other U.S. person (defined below).</p>			
<p>Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.</p>			
<p>Sign Here</p>	<p>Signature of U.S. person ▶</p>	<p>Date ▶</p>	
<p>General Instructions</p> <p>Section references are to the Internal Revenue Code unless otherwise noted.</p> <p>Purpose of Form</p> <p>A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.</p> <p>Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:</p> <ol style="list-style-type: none"> 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued), 2. Certify that you are not subject to backup withholding, or 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income. <p>Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.</p>			
<p>Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:</p> <ul style="list-style-type: none"> • An individual who is a U.S. citizen or U.S. resident alien, • A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, • An estate (other than a foreign estate), or • A domestic trust (as defined in Regulations section 301.7701-7). <p>Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.</p> <p>The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:</p> <ul style="list-style-type: none"> • The U.S. owner of a disregarded entity and not the entity, 			

APPENDIX C: SMART MEASURABLE OBJECTIVES

Once you have developed your goals, it is time to think about objectives and activities needed to accomplish these goals. First, ask yourself the following questions:

- **WHAT** are we going to do?
- **WHY** is it important for us to accomplish this activity?
- **WHO** is going to be responsible for the activities?
- **WHEN** do we want this to be completed?
- **HOW** are we going to do these activities?

Once you have answered the questions listed above, define your SMART objectives to move those ideas into action. SMART objectives are:

- **Specific:** Concrete, detailed, and well defined so that you know where you are going and what to expect when you arrive
- **Measurable:** Numbers and quantities provide means of measurement and comparison
- **Achievable:** feasible and easy to put into action
- **Realistic:** Considers constraints such as resources, personnel, cost, and time frame
- **Time-Bound:** A time frame helps to set boundaries around the objective

The following table lists questions for each SMART objective that will help translate your goals into SMART objectives.

SPECIFIC	MEASURABLE	ACHIEVABLE	REALISTIC	TIME-BOUND
What exactly are we going to do in this application? What strategies will we use?	How will we know that change has occurred?	Can it be done in the proposed timeframe?	Do we have the resources available to achieve this objective?	When will this objective be accomplished?
Is the objective clear?	Are we able to gather these measurements?	Are the limitations and constraints understood?	Is it possible to achieve this objective?	What is the stated deadline?
Is the objective described with strong action verbs such as conduct, develop, build, plan, or execute?		Can we do this objective with the resources available in this application?		
Who will be involved?				
Is the outcome specified?				
Will this objective lead to the desired results?				

Taken from The Centers for Disease Control and Prevention:

https://www.cdc.gov/phcommunities/resourcekit/evaluate/smart_objectives.html

APPENDIX D: Sample Itemized Budget and Narrative

Budget

Item	\$ Amount
Personnel , for example	
Strategic Planning Consultant @ \$100/hr for 9 hrs	\$900.00
Administrative person @ \$15.00/hr for 80 hrs	\$1,200.00
Honorarium for 2 conference speakers @ \$100/speaker	\$200.00
Equipment for example:	
1 desktop HP computer	\$450.00
1 small desk	\$175.00
1 desk secretarial chair	\$125.00
Supplies for example:	
10 10-packs of pocket folders @ 7.50/10-pack	\$75.00
1 5-pack Zapdos 32GB Flash Drive @ \$55.48/5-pack	\$55.48
Travel for example	
Round trip air fare for 4 staff @ \$575 each	\$2,300.00
Mileage reimbursement at \$.55/mile for 330 miles	181.50
Parking for 50 participants at \$15/participant	750.00
Tuition/Registration	
Registration for 3 nurses @ 175/person	\$525.00
Consumer financial assistance for example	
Awards averaging \$200 for up to 5 patient/consumer families	\$1,000.00
Other	
Extended warranty for computer	\$100.00
Total Expenses	\$8,000.00
Total Amount Requested	\$8,000.00

Budget Narrative

Personnel: Joan Jett is an experienced strategic planning consultant who will moderate the board strategic planning meeting, write up the plan and submit back to the board. She charges \$100/hr and can complete this effort in 9 hours. Sam Smith is a data entry person who works for the chapter part-time and will complete entry of all meeting registrations, all vendor participation and fees, all speaker applications, manage all reimbursements for tuition and travel. Two speakers who are yet to be identified will be retained and provided an honorarium of \$100 each.

Equipment: The current desktop of the chapter is currently shared and a new desktop computer with chair and desk are required for the additional staff. It will be used for this project as well as other projects of the chapter.

Supplies: For the strategic planning session both folders and flashdrives with program materials will be provided to the participants.

Travel: Travel for 4 staff to the annual NHF meeting is requested. For the patient education program, mileage reimbursement for participants who require support will be

provided. It is estimated that approximately 8 families for a total of \$41/family will be needed. Additionally, 50 participants at the education program will receive parking reimbursement.

Tuition/registration: Registration for 3 nurses is requested. Travel is requested for 4 staff but one staff member is a speaker and no registration is required for that person.

Financial assistance (policy attached)—Request for up to 10 families is requested. This number is based on need from previous years. Policy limits assistance to \$200/request.

Other: Support for extended warranty of 3 years for the desktop computer is requested.

TOTAL REQUEST: \$8000.00