



## 2021 LARGE Grant Guidance

**Have a Question? Read the Guidance**

**Still have a question?**

Feel free to email the

Hemophilia Alliance Foundation Grant Committee Co-Chairs:

Amy Marquez – [amy@hemophiliaalliancefoundation.org](mailto:amy@hemophiliaalliancefoundation.org)

Stephanie Raymond – [stephanie@hemophiliaalliancefoundation.org](mailto:stephanie@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 your state
- A copy of your organization's W-9
- Other institution documents related to your application
- 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.**
- Detailed budget and narrative

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

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# 2021 Hemophilia Alliance Foundation LARGE Grant Guidance

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**Members of the Hemophilia Alliance Foundation Board**

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- Sabrina Farina, Houston, TX
- Amy Marquez, Eagan, MN
- Stephanie Raymond, Ann Arbor, MI

**Staff Support**

- Audra Ames, St. Petersburg, FL

**Hemophilia Alliance Representative**

- Jeff Blake, St. Petersburg, FL

## I. History

The Hemophilia Alliance, a nonprofit corporation, was incorporated in 2005 as a member organization for hemophilia treatment centers. Together they 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. In 2013, the grants committee was incorporated as the Hemophilia Alliance Foundation, and the following year it received its IRS 501(c)(3) tax-exempt certification.

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 inheritable blood disorders. The first grants were given out that year and have continued annually ever since. **Beginning in 2020, additional grant funds were provided to the Hemophilia Alliance Foundation to establish a new, larger amount of funding for innovative projects that would enhance the care of persons with inheritable blood disorders.**

## II. Timeline for 2021 Grant Process

Call for Applications; Guidance posted on web site	Apr 1, 2021
Applications due .....	June 30, 2021
Decisions made by Foundation Board .....	Aug 23, 2021
Award letters and checks sent .....	Aug 27, 2021
Grant-funded year begins .....	Sep 1, 2021
6-Month Progress reports due .....	Feb 15, 2022
Final Report due .....	Aug 30, 2022

## III. Purpose of Grants

The goal of this grant is:

- To encourage larger scale, creative, and unique projects
- To serve the community with resources that will improve the lives of patients with inheritable blood disorders

## **IV. Eligibility**

### **A. Types of Applicant Organizations**

- A non-profit 501 (c) (3) organization
- An organization that has a history and documented track record of serving the inheritable blood disorders community

### **B. Grant Amount for 2021**

The ceiling for applicants for 2021 is **\$50,000**. Two grants will be awarded.

### **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 Alliance Foundation 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 Alliance Foundation's guidelines, and alignment of changes in blood disorders care
5. Priority for funding will be given to expanding of capacity, collaboration, innovation, integration of programs into hematology serving persons with inheritable blood disorders
6. Well-defined measurable objectives are required
7. The project or service will be completed in the grant year (Sep 1, 2021 – Aug 30, 2022)

## **V. General Guidelines for All Applicants**

### **A. Examples of Projects**

1. The following are some examples of project grants that serve the community:
  - a. 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.
  - b. Creative approaches to larger scale patient education projects including development of regional and shared programs that include curriculum, objectives, timeframe, etc.
  - c. Collaborative projects are encouraged.
  - d. Clinical research projects that evaluate outcomes of care

**NOTE:** You will be expected to let other eligible organizations copy and use newly developed materials with appropriate credit to the developer.

## **B. Examples of Personnel Costs Allowed**

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.

## **C. Costs Not Allowed**

Grant funds will **NOT** be awarded for the following costs:

- a. Administrative or overhead may not exceed 8% of budget
- b. Basic, laboratory research, or related equipment
- c. Underwriting or sponsorship of fundraising events
- d. Construction costs
- e. Recurring costs, such as:
  - 1) office rent and utilities
  - 2) monthly phone bills for the applicant organization
  - 3) Salaries of staff not related to the grant application

## **VI. Guidelines for Project Collaborations**

### **A. Collaboration Projects**

If collaboration between two organizations is planned, the total amount is \$50,000. **The organization that submits the grant becomes the fiscal agent for the project, and therefore receives and disburses the project funds.**

### **B. Additional Requirement for Collaborative Projects**

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

If other funding is being provided in addition to this request, please provide name of source and amount being provided and how the Hemophilia Alliance Foundation funding will be utilized in conjunction.

The Hemophilia Alliance Foundation must be referenced as a source of support in any publication of funded projects.

## **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 and Narrative 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.**

This budget is for funds requested from this Hemophilia Alliance Foundation Grant. Where applicable, the Hemophilia Alliance Foundation grant recipient acknowledges and agrees to comply with the Federal Anti-Kickback Statutes as found in Section 1128 D(b) of the Social Security Act and 42 U.S.C. Section 1330a-7b(b) and the grant recipient acknowledges and agrees to comply with all state and federal statutes.

**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 for a collaborative project – 4 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 example 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 and their budget.**

**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 online on the Foundation website on April 1, 2021.

**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 June 30, 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](mailto:Audra@hemophiliaalliancefoundation.org) if you do not receive this acknowledgement.

**APPLICANTS ARE RESPONSIBLE FOR ENSURING THAT THEIR APPLICATION AND ATTACHMENTS HAVE BEEN RECEIVED BY JUNE 30, 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

For example, in consumer-led entities, the Executive Director would sign (or, in the absence of the Executive Director, the President); for an HTC, the Grants Administrator, Medical Director, Administrative Director or institution designated responsible person would sign.

Upon the award of a grant by the Hemophilia Alliance Foundation, the grant recipient acknowledges and agrees to all the terms and conditions of the grant as provided in the grant guidelines. The terms and conditions include but are not limited to the following:

- The grant application is submitted by a duly authorized representative having full authority to bind the applicant entity; and
- All required documents submitted with the grant application are true and correct; and
- A progress report on the first 6 months of the operation of the grant shall be submitted; and
- A final report after the grant project is completed, not later than the end of the grant term, shall be submitted

## **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 the Hemophilia Alliance Foundation will not advise applicants that attachments are missing. Incomplete applications will be rejected immediately.

### **B. Failure to itemize and justify the budget.**

See sample budget in Appendix C



## C. Failure to submit application on time.

## IX. 2021 Application Format

1. State applicant organization type: Local Chapter/Association/Other, HTC.
2. Contact information  
In the event that the staff who submitted the grant request leaves the organization during the grant period, the Foundation needs the contact information for a second individual who is responsible for the project.
  1. Name of applicant organization
  2. Address of organization
  3. Address to send check if that differs from the organization's address
  4. Name of two contact persons
  5. Telephone numbers of the two contact persons
  6. Email of the two contact persons
3. Amount Requested: **\$50,000 maximum total**. For collaboration list partners, and how much funding is included for each.
4. Name and signature of institution/organization fiduciary designated individual
5. Organization description: **brief** description of mission, geographic service area, # served.
6. **Brief** description of the project,
7. **Brief** description of the need that the project addresses.
8. Timeline for project completion.
9. Concisely state the specific outcomes or measurable objectives of the project. Well-conceptualized and clearly stated outcomes and objectives will receive higher consideration. If you are unfamiliar with writing outcome or measurable objectives, you may refer to the following CDC article:  
<https://www.cdc.gov/std/Program/pupestd/Developing%20Program%20Goals%20and%20Objectives.pdf>
10. Statement of how the project will strengthen the care of persons with inheritable blood disorders.

11. Itemized Budget - Format

**This is total budget for project that is requested from the Hemophilia Alliance Foundation**

Item Description & Calculation Detail	\$ Amount
<b>TOTAL*</b>	

**\*Cannot exceed \$50,000**

12. Budget Narrative

**Detailed description of each budget item including personnel names, roles, consultants, collaborators, details for travel, meeting expenses, etc.**

**See Sample Budget and Narrative in Appendix C**

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

## **X. 6-Month Progress Report**

Grant recipients are required to submit a progress report on the first six months of operation.

**A 6-month progress report will be emailed to grant recipients in January 2022 to complete and submit.**

Once submitted, you will receive an electronic confirmation of receipt.

The 6-Month Progress Report is due by February 15, 2022, at 11:59 PST.

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 Hemophilia Alliance Foundation 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 large grant the following year.**

## **Progress Report Content [maximum length one page].**

1. Contact information
  - a. Name of organization
  - b. Name of project
  - c. Amount received
  - d. Name of two contact persons
  - e. Phone and email for two contact persons
  - f. Authorized Person's (person with institution/organization fiduciary responsibility) signature
2. Briefly describe the progress of your Hemophilia Alliance Foundation grant project.
3. Briefly describe any unanticipated hindrances to the project.
4. Briefly describe your expectations for the project's completion.
5. Unused funds from this project. Funds remaining at the end of the grant will be returned to the Alliance Foundation. However, if there were hindrances to the project that were out of your control, you may request an extension of up to six months. Please describe the following:
  - a. Return of unused funds.
  - b. Projected amount of unused funds
6. If requesting an extension of up to 6 months on the grant's deadline, state requested new deadline. Any requests for extensions must be for the same purpose for which the grant was originally awarded.
7. Any request for use of leftover funds must be used for the same purpose for which the grant was originally awarded.

## **XI. Final Report**

**Grant recipients are required to submit a final report after the project's completion. A final report will be emailed to grant recipients in August 2022 to complete and submit.**

Once submitted, you will receive an electronic confirmation of receipt.

The Final Report is due by August 30, 2022, at 11:59 PST.

**FAILURE TO SUBMIT A FINAL REPORT WILL MAKE THE RECIPIENT INELIGIBLE TO RECEIVE FUNDING FOR 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 Hemophilia Alliance Foundation 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]:**

1. Contact information
  - a. Name of organization
  - b. Name of two contact persons
  - c. Phone and emails for two contact persons
  - d. Authorized person’s signature who has fiduciary responsibility
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:

Item	Budgeted	Actual Spent
Salary for PI (20% supported time for this project)	\$32,000	\$32,655
Benefits for PI (20% of institutional benefits)	\$5000	\$4844
Consultant	\$8000	\$10000
Software for project data analysis	2600	0
Travel to national meeting to present results of project	2400	3200
Total	\$50,000	50,699*

**\*If overspent, please identify from where additional funds derive**

7. Amount, if any, of funds remaining. Any leftover funds must be used for the same purpose for which the grant was originally awarded with Hemophilia Alliance Foundation approval.

**XII. Frequently Asked Questions**

1. Q. Can I submit a proposal for less than \$50,000?  
A. Yes.
2. Q. We are moving to more efficient office space. Would the costs associated with the relocation be acceptable as a grant request?  
A. No.
3. Q. We want to hire an expert consultant to assist us with specific expertise in our project. Would that qualify?

- A. Yes, with documentation in budget and clear delineation of use of consultant. Up to 25% of total budget may be used in the manner.
- 4. Q. Changes in the university or chapter organizational personnel make some revisions necessary as to grant fund use. Can we revise the timeline and budget?
  - A. You need to complete a report on the award and your progress. The 6-month report is to be used for this purpose. If the reason you didn't use it is compelling, you may request an extension and the board may approve the timing change. If not, you should return unused funds and describe the circumstances for changes.
- 5. Q. We are partnering with another organization for this project. Do we need to include this other organization's W-9 and 501c3 letter in our application?
  - A. No. We only require the attachments for the organization that is applying for the grant and who will have financial responsibility for the funds, not for the collaborating organization.
- 6. Q. If I have previously applied and successfully received a HAF grant, am I still eligible for this grant?
  - A. Yes.

### **XIII. Need Help?**

Please email our Hemophilia Alliance Foundation Grant Committee Co-Chairs:

Amy Marquez – [amy@hemophiliaalliancefoundation.org](mailto:amy@hemophiliaalliancefoundation.org)

Stephanie Raymond – [stephanie@hemophiliaalliancefoundation.org](mailto:stephanie@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  
DLN:  
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](http://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.

Form <b>W-9</b> (Rev. October 2007) Department of the Treasury Internal Revenue Service	<b>Request for Taxpayer                  Identification Number and Certification</b>	Give form to the requester. Do not send to the IRS.
Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name, if different from above	
	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) ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		
<b>Part I Taxpayer Identification Number (TIN)</b>		
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.		Social security number ..... ..... ..... OR Employer identification number ..... ..... .....
<b>Part II Certification</b>		
Under penalties of perjury, I certify that:		
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 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 3. I am a U.S. citizen or other U.S. person (defined below).		
<b>Certification instructions.</b> 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.		
<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
<b>General Instructions</b>		
Section references are to the Internal Revenue Code unless otherwise noted.		
<b>Purpose of Form</b>		
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.		
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:		
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.		
<b>Note.</b> 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.		
<b>Definition of a U.S. person.</b> For federal tax purposes, you are considered a U.S. person if you are: <ul style="list-style-type: none"> <li>• An individual who is a U.S. citizen or U.S. resident alien,</li> <li>• A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,</li> <li>• An estate (other than a foreign estate), or</li> <li>• A domestic trust (as defined in Regulations section 301.7701-7).</li> </ul> <b>Special rules for partnerships.</b> 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.		
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: <ul style="list-style-type: none"> <li>• The U.S. owner of a disregarded entity and not the entity,</li> </ul>		

## Appendix C: Sample Itemized Budget and Narrative

### Budget

Item	\$ Amount
<b>Personnel</b> , 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
<b>Equipment</b> for example:	
1 desktop HP computer	\$450.00
1 small desk	\$175.00
1 desk secretarial chair	\$125.00
<b>Supplies</b> 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
<b>Travel</b> 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
<b>Tuition/Registration</b>	
Registration for 3 nurses @ 175/person	\$525.00
<b>Consumer financial assistance</b> for example	
Awards averaging \$200 for up to 5 patient/consumer families	\$1,000.00
<b>Other</b>	
Extended warranty for computer	\$100.00
<b>Total Expenses</b>	\$8,000.00
<b>Total Amount Requested</b>	\$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 flash drives 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: \$50,000.00**