

## I: Applicant Information

Applicant Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Business Email Address: \_\_\_\_\_

## II: Patient Organization Information

Name of Organization: \_\_\_\_\_

Head of Organization: \_\_\_\_\_

Organization Address: \_\_\_\_\_

City/State/Province: \_\_\_\_\_

Country: \_\_\_\_\_

Website or Social Media: \_\_\_\_\_

Patient Organization Mission: \_\_\_\_\_

Do you represent:  An Established Patient Organization  An Emerging Patient Organization  
*Check one*

Do you serve:  Patients  Families  Doctors  Nurses

Number of Patients Reached: \_\_\_\_\_

Project Description: Please indicate the event name, specific aims, expected outcomes, participant count, dates, and locations, if applicable.  
*\*You may also attach budget detail files below.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you hosted a similar activity this year?  Yes  No  
*If yes, please describe:*

\_\_\_\_\_

\_\_\_\_\_



### III: Financial Request

Detailed Budget & Justification:

The WIN program provides global support through limited funds. Please share the financial need for your request and provide detailed budget expenses in USD. *Examples include: Tickets for theme parks, zoos, shows, marketing materials, postage, venue rental, food catering, technology costs, gifts, shirts, and transportation.*

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Total Amount Requested: \_\_\_\_\_  
*Maximum \$5,000/ USD Yearly*

Are there additional funding  Yes  No sources for this project?:

Amount of Additional Funds: \_\_\_\_\_

Source of Additional Income: \_\_\_\_\_

Would you be interested in working together with other PI organizations to share best practices?

Yes  No

### IV: File Attachments

Detailed Budget Breakdown: \_\_\_\_\_

Attach File

Project Description: \_\_\_\_\_

Attach File

### VI: Applicant Certification and Acceptance

I confirm that I have read and understand the WIN program [guidelines](#), and will return any unused funds to the Jeffrey Modell Foundation. I certify that the statement and all of the above information are accurate and complete to the best of my knowledge. I agree to comply with the terms of the conditions of the award if issued. I am aware that any fraudulent statements or claims may be subject to penalties and immediate dismissal from the Program. I will acknowledge the Jeffrey Modell Foundation in all materials and publications that result from the Program. I agree to all of the above terms by signing this application.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_