

**ACCESS TO EXCELLENT CARE FOR SICKLE CELL PATIENTS  
PILOT PROGRAM (ACCEL) FUNDING APPLICATION**

**CONTACT INFORMATION**

Organization name: \_\_\_\_\_

Organization address: \_\_\_\_\_

Requestor name: \_\_\_\_\_

Requestor title: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone number: \_\_\_\_\_

Project title: \_\_\_\_\_

Amount requested: \_\_\_\_\_ Total project budget: \_\_\_\_\_

**ORGANIZATION BACKGROUND**

1. What is the organization’s mission? *(max 840 characters)*
  
  
  
  
  
  
  
  
  
  
2. What are the demographic characteristics of the population/s served by your organization?  
*(max 924 characters)*

3. Please describe how your organization supports or works with people impacted by sickle cell disease. *(max 1,344 characters)*

4. Are there relationships, conflicts of interest or any additional information of which Global Blood Therapeutics should be aware? *(max 1,344 characters)*

## FOCUS AREA

Which access to care need will the proposed project address? Please check all that apply.

- Building a community outreach model from an existing SCD healthcare program
- Expanding available capacity by partnering with non-SCD stakeholders
- Improving transition between pediatric to adult care
- Innovative Nurse Practitioner outreach care models
- Innovative training programs
- Other – please specify \_\_\_\_\_

## PROJECT DESCRIPTION

Please provide a narrative for each of the questions below:

1. What are the project objectives? (*max 1,176 characters*)

2. What are the project activities? (*max 1,260 characters*)

3. What are the project milestones? (*max 1,260 characters*)

4. What are the expected outcomes for the proposed project? *(max 2,016 characters)*

5. Who are the project leaders & what is the background of each key individual? *(max 2,183 characters)*

6. What are the evaluation methods to determine whether the proposed project is successful?  
(max 2,016 characters)

7. What is the sustainability plan (how will the project be supported after the funding period)?  
(max 2,016 characters)

8. What is the geographic scope of the proposed project? *(max 1,260 characters)*

9. What are some potential barriers to success and how will they be addressed? *(max 1,344 characters)*

10. Describe an innovative, creative, or unique characteristic of your proposed project. *(max 1,428 characters)*



11. If the proposed project is a collaboration, please provide the name of the collaborating entity/entities and briefly describe how you have worked with the stated partner/s in the past. (max 2,268 characters)

### OTHER SUPPORT

Are you seeking support from other organizations or entities for the proposed project? If so, please list the name of the organization and the amount of the request. *(max 483 characters)*

### WHERE TO SEND PAYMENT

Payee name: \_\_\_\_\_  
Federal tax ID #: \_\_\_\_\_  
Payee address: \_\_\_\_\_  
City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### SHIPPING ADDRESS (only if different from above)

Shipping address: \_\_\_\_\_  
City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### DISCLOSURES

- Funding proposals should not provide for any use of funds for individual use, capital projects, medical or scientific research, or any other activity listed on the funding restrictions portion of the Request for Proposal. All funding under approved grants may be used only for the approved project, consistent with the terms of the grant agreement.
- The funding period is 12 months from the date of award.
- Grantees are required to submit quarterly progress reports during the funding period documenting milestones achieved and funds used to date. Upon receipt and review of report, if milestones are met, the next installment of funding will be issued. A final report documenting project outcomes and use of funds is due 90 days after the termination date of the grant.



## REQUIRED DOCUMENTATION & ATTACHMENTS

In addition to submitting a completed grant proposal application form, please provide the following documents as PDF attachments:

1. Cover letter written on your organization's letter head with the following information:
  - a. Formal request for funds
  - b. Description of the project for which you seek funding
2. Detailed scope of work including quarterly milestones. If the proposed project is a collaboration between two or more entities, describe what each entity will be responsible for in the scope of work.
3. Biographical sketch of project lead and detailed narrative of key personnel including title, qualifications, role, and % FTE
4. Detailed line item budget that includes:
  - a. Minimal but essential permanent equipment directly relevant to the GBT grant
  - b. Supplies (broken down by subcategory, e.g., postage, print or training materials)
  - c. Indirect costs
  - d. Other expenses relevant to the conduct of the grant's goals/intended outcomes
5. W-9 form (signed/dated not more than 1 year ago)
6. IRS tax determination letter of 501(c)(3) status

## SUPPLEMENTAL INFORMATION

While not required, supplemental information may be included with a proposal submission (e.g., letter of support). All supplemental materials must be submitted as appendices in PDF format.

## WHERE TO SEND COMPLETED PROPOSAL APPLICATIONS

**Email completed applications to [patientadvocacy@gbt.com](mailto:patientadvocacy@gbt.com) by 5pm Pacific Time on May 1, 2019. Applications received after the deadline will not be evaluated.**

## CONTACT INFORMATION

Inquiries concerning this funding opportunity are encouraged. Please contact [patientadvocacy@gbt.com](mailto:patientadvocacy@gbt.com) or call 1-800-741-9102 to request additional information or ask questions.