

**Alexion Charitable Foundation Rare Belonging™ Grants**

# Application

## Eligibility Questions

Please answer the following questions to determine your organization’s eligibility.

- |  |     |    |
|--|-----|----|
| 1. Have you reviewed the Alexion Charitable Foundation Rare Belonging™ Grants Guidelines and Criteria?   | Yes | No |
| 2. Are you a nonprofit organization with 501(c)(3) public charity status or the international equivalent?  | Yes | No |
| 3. Does your organization meet all the Grantee Eligibility requirements as set forth in the Alexion Charitable Foundation Rare Belonging™ Grants Guidelines and Criteria?  | Yes | No |
| 4. Does the project you seek funding for align with the Alexion Charitable Foundation Rare Belonging™ suite of funding priorities as set forth in the Rare Belonging™ Grants Guidelines and Criteria?  | Yes | No |
| 5. Are you willing and able to vet and administer financial grants directly to people affected by a Rare Disease and/or organizations that work to positively impact and support the rare disease community in accordance with the Rare Belonging™ Grants Guidelines and Criteria? | Yes | No |
| 6. Do you have at least national reach in the country where you are located?   | Yes | No |

## Grant Request – General Information

### Project Title

Provide a name or title for the project/program for which you are requesting funds.

### Project Summary

Provide a two to three sentence summary of the project/program for which you are requesting funding.

### Project Start Date (if applicable)

### Project End Date (if applicable)

## Alexion Charitable Foundation Objectives

Which of the following Alexion Charitable Foundation Rare Belonging™ grant objectives does the project/program for which you are requesting funds address (check all that apply)?

Connecting people living with or affected by a Rare Disease with mental health professionals.

Supporting the educational needs of people living with a Rare Disease.

Providing people living with or affected by a Rare Disease with transportation and accommodation funding for pressing needs.

Providing people living with or affected by a Rare Disease with direct financial assistance in times of critical need.

## Budget

**Request Amount (Local Currency)**

**Request Amount Currency Code (Local Currency Code)**

**Total Organization Budget Amount**

**Project/Program Budget**

Total amount of funds needed to provide the program/implement the project.

**Budget Worksheet**

Please complete the separate document entitled "Project Budget".

**Audited Financials**

If requested, do you have audited financial statements available?

Yes

No

## Project Description

**Need**

Explain how the need for this program/project was determined. What needs will be addressed through this project, including the specific needs of the population you will be serving?

**Project Description and Key Activities**

Please provide a detailed description of the project/program for which your organization is seeking funding. Please outline the core goals of the project and explain how the project will be implemented to address the needs outlined above.

### Timeline/Milestones

Please provide three to five major project milestones/benchmarks of progress and the dates when those milestones will be achieved.

| MILESTONE | DATE |
|-----------|------|
|           |      |
|           |      |
|           |      |
|           |      |
|           |      |

### Organizational Capacity

Please provide information demonstrating how your organization is equipped to administer the program, including staffing, organizational infrastructure and subject matter expertise. What evidence of past success, expertise and/or staff experience can you share that demonstrates your organization's capacity to implement this project?

### Measurement

#### Measurement Approach

How will you measure success against intended outputs and outcomes (*i.e.*, what are your processes and tools for collecting, analyzing and reporting impact)?

#### Outputs

Please note: Grantees will be required to submit an Impact Report at the completion of their grant on an annual basis if grant terms are longer than one year. Grantees that do not complete an Impact Report will not be eligible for future funding.

Please quantify all applicable outputs you aim to achieve if awarded an Alexion Charitable Foundation Rare Belonging™ Grant.

**Reach (provide answers to as many parameters as are relevant)**

Total number of individuals served (total, unduplicated)

Total number of children served (under 21 years of age)

Total number of adults served (21 years of age or older)

Other relevant demographic information

**Outputs**

Number of mental health related grants awarded

Number of conference tuition grants awarded

Number of conference mental-health track grants awarded

Number of educational or job-skilling grants awarded

Number of transportation and/or accommodations grants awarded

Number of critical needs grants awarded

Number people reached through awareness efforts

Other relevant outputs

**Additional Outcomes**

Please use the blank field below to include any additional outputs or outcomes you aim to achieve through the proposed project/program.

**Additional**

**Other Donors**

Please provide a list of the current major business/foundation donors that have provided support to the organization within the past two years at or above the same level you are requesting from the Alexion Charitable Foundation. Please provide the amount of funds received from such donors. We do not need information on individual donors. If the organization has not received funds from businesses and/or foundations, please state that in this field.

### **Recognition**

Provide a brief description of how your organization will recognize the Alexion Charitable Foundation for its support.

Approximately how many individuals would be reached with this recognition?

### **Board Members**

List the names and business affiliations of your current, active board members.

### **Affiliation**

The Alexion Charitable Foundation is committed to avoiding conflicts of interest and the appearance of conflicts of interest. Please list and describe the nature of any affiliations your organization or its leadership have with personnel from the Alexion Charitable Foundation or with employees of Alexion Pharmaceuticals, Inc.