

DEBRA CANADA MICRO-GRANT Program Outline & Application Form

DEBRA Canada understands the need to create awareness within the medical community and promote new ways for people to improve the lives of those affected by EB. For patients with EB, research and knowledge IS care. To this end, the DEBRA Canada provides micro-grants to expedite the exploration of new ideas for understanding EB and improving patient care. Awards up to \$3500 CAD will be available annually. Please ask only for what you need to complete the proposal, as micro-grant/research funds are limited.

WHO CAN APPLY?

- Only Members (individuals and/or member groups) of DEBRA Canada may request financial support for an EB-related research, conference or project that will directly impact Canada's EB community.
- Applications may be submitted by faculty, staff, student, EB caregiver or EB patient. (See Micro-Grant Application Form below).
- Contact our office for membership details (email: ehoyos@debracanda.org or toll free 1-800-313-3012).

DETAILS:

1. Micro-grants are part of the DEBRA Canada's Small Grants framework. Maximum awarded per project/applicant is \$3500. If your request is for more than \$3500 kindly submit your request with an additional page detailing costs and benefits to the EB Community. Approval will be at the sole discretion of DEBRA Canada's Board of Directors.
2. A call for micro-grants is open ALL YEAR.
3. The number of projects that can be funded, depend on the budget available and can vary year to year.
4. Applications will be discussed and decided upon by a Committee with recommendations forwarded to the Directorship of DEBRA Canada for approval.
5. Depending on the scope of application it will be reviewed by both the scientific and parent (lay) advisory boards of DEBRA Canada for their impact on care, scientific validity and for their adherence to the priorities of patients and their families.
6. Successful and unsuccessful applicants will be informed promptly no later than 30 days (if no additional material or information is required for final review).
7. After completion of grant request or project, you are asked to complete the project summary report (see the Reporting Form on pg.7). Based on these reports, projects will be presented to the EB community at the following DEBRA Canada Annual General Meeting, in our newsletter and on our website.

If you have any further questions, please contact:

Erin Hoyos, Project Coordinator/Administrative Officer: ehoyos@debracanada.org

Application Form

DEBRA CANADA MICRO-GRANTS

*Please submit application form (preferably by email) outlining the aims, costs and timeframe of the planned project

debra@debracanada.org (Subject: "Micro- Grant Application")

Fax: 905- 469-1850 (ATTN: DEBRA Canada, Micro-Grant Application)

By Mail:

DEBRA Canada

1500 Upper Middle Rd, Unit #3

PO Box 76035

Oakville, ON,

L6M 3H5

APPLICANT

Note: The applicant must be a member of DEBRA Canada.

Name of applying group / organization/ individual	
Name of individual responsible for the project	

CONTACT DETAILS OF THE ORGANIZATION

Address	
Phone	
Website (if available)	

CONTACT DETAILS OF INDIVIDUAL RESPONSIBLE FOR THE PROJECT

Title (Mr / Ms / Mrs / Prof. / Dr.)	
Surname	
Forename(s)	
Telephone (landline or mobile)	
E-mail	

GRANT OUTLINE

1. Project title

2. Approximate timeframe

How many days, months or years?

Start date - end date (approx.)

[MM/YYYY - MM/YYYY]

3. Aims

~ 300 - 500 words

Details of the project to be funded, its aims and the need it addresses

Benefits to people with EB and the approximate numbers involved

4. Staff and volunteers

Please outline how your group will manage the project, including numbers of staff or volunteers next to the person responsible stated above.

5. Financial details

Total support requested

(Please enter \$ amount)

Please also include or attach a detailed budget.

How will any costs not covered by the grant be met?

Any other funding already raised or any fundraising planned for this project?

How do you or your group plan to continue with the project once the grant is spent?

ATTACHMENTS

Please list any attachment you are enclosing to this application form

Signature: _____

Date: _____

On behalf of the member group

This page is for 'Office use only'

Received Date: Micro-grant Program	Name:
Comments:	
Reviewed by: DEBRA Canada Officer	Lead Name:
Comments:	

Group's annual income and expenditure for the last year Please also attach the latest annual accounts	This may be requested by Treasurer for additional info. before final approval.
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Micro-Grant Program Request Approved		
\$	Signed:	Date:
Comments:		
Request declined	Signed:	Date:
Rationale:		

Applicant informed of outcome	
Signed:	Date:
<p style="text-align: center;">Telephone <input type="checkbox"/> Email <input type="checkbox"/> Letter <input type="checkbox"/></p> <p style="text-align: center;">Applicant wishes for grant request to be resubmitted the following calendar year <input type="checkbox"/></p>	

Payment details
Payment due date:
<input type="checkbox"/> Cheque (cheque # _____) <input type="checkbox"/> Other _____

Reporting Form MICRO GRANTS

Please note:

Based on this report, your project will be presented to the community at the DEBRA Canada Annual General Meeting, in the newsletter and on the website.

Please submit this report, preferably by e-mail (otherwise by mail or fax) to:

debra@debra-canada.org (Subject: Report - Project Grant)

Fax: 905-469-1850 (ATTN: DEBRA Canada - Micro Grant Report)

By Mail:
DEBRA Canada
1500 Upper Middle Rd, Unit #3
P.O Box 76035
Oakville, ON
L6M 3H5

If you have any further questions, please contact:

Erin Hoyos, Administration: ehoyos@debracanada.org

GRANT HOLDER

Name of person/ group /
organization

Name of individual responsible
for the project

(please note any changes
regarding your contact details
given in the application)

PROJECT REPORT

1. Title of project

2. Timeframe

Start date - end date

[MM/YYYY - MM/YYYY]

3. Achievements (300 - 800 words)

Please outline what you have achieved with your project (with reference to original aims and needs of people with EB).

4. Attachments, supporting material (if available)

Please list any attachments and supporting material you wish to attach to this report; these will be used to present your project to the community via various media channels.

Signature: _____

Date: _____

On behalf of the member group