



P.O. Box 8211 □ McLean, VA 22106-8211 □ Phone & Fax 703-821-8833 □ NatCapLyme@natcaplyme.org

PART I

January 2016

Dear Grant Applicant,

The National Capital Lyme Disease Association (NatCapLyme) appreciates your interest in conducting a project that may potentially lead to a cure for chronic Lyme disease or prevention of Lyme and other tick-borne diseases. Additional research studies to advance the science are greatly needed as well as educational efforts focused on prevention.

Please complete the grant application and return the original signed and dated application, including an initialed copy of this cover letter, and three copies by mail to P.O. Box 8211, McLean, VA 22106-8211. Also, please email a copy of the signed application to natcaplyme@natcaplyme.org. The grant review committee of the board of directors will consider your application as soon as possible.

If you need to make changes in any part of your application following approval, please submit your changes in writing to the above address, as well as send a copy to our email address, also listed above. Again, the grant review committee will consider your changes at its earliest convenience.

NatCapLyme is an all-volunteer non-profit organization that raises funds for Lyme research, prevention and education. Approximately 97% of our funds go directly to programs and research. Meanwhile, our advocacy and legislative efforts focus on one fundamental goal: to advance the pursuit of a cure for Lyme and other tick-borne diseases. We are particularly interested in the advancement of research that focuses on the chronic or post-treatment form of tick-borne illnesses. We look forward to your assistance in sharing those goals with us.

Sincerely,

Monte Skull
Executive Director

Initial here _____

NATCAPLYME RESEARCH GRANT APPLICATION

PART II

APPLICANT:

1. Name & Title _____

Address: _____

Telephone: Day _____ Cell _____

FAX: _____ Email _____

2. Title of Research Project _____

3. Name, Title, Position of Principal Investigator, if different than applicant

4. Name and address of institution where research or project will be conducted

5. Is applicant an individual with no affiliation to a research institution Y ___ N ___,
If yes, please attach a completed W-9

6. Goals and objectives of the research or project pertaining to chronic Lyme disease

7. Timetable for the entire project _____

Timetable for NatCapLyme funded portion _____

8. Annual cost of the project \$ _____

Amount of funding requested \$ _____

9. Other sources of funding and ways in which any financial shortfall will be funded

PART III

1. Discuss the following items on separate attachments:
 - A. Ways in which the project is consistent with NatCapLyme's goals and objectives
 - B. Features that distinguish the project from similar projects (if known)
 - C. Method by which the project's effectiveness will be monitored and evaluated
 - D. If this research is part of an existing project, please explain

2. Please provide the following:
 - A. Description of qualifications of research personnel (CV and PI's publication list)
 - B. Detailed description of project, including the experimental design
 - C. Detailed budget
 - D. One paragraph summary of the project (in layman's terms) to be released to the public by NatCapLyme after grant award is announced.

3. If your project is selected to receive a grant, the researcher must agree to provide the following:
 - A. A detailed financial accounting of all money expended is due to NatCapLyme within 30 days of the completion of the project.
 - B. A written project summary must be provided to NatCapLyme on the official letterhead of the organization, institution, or individual within 30 days of the completion of the project.
 - C. Permission for NatCapLyme to distribute copies of any published articles resulting from the funded project and to publicize the publication or the activity at its discretion.
 - D. Acknowledgment of NatCapLyme's support must accompany any article, poster, presentation, conference or other presentation resulting from the funded project and must accompany any publicity surrounding the event or publication, including any website reference to the project.

4. If applicant is approved for the grant, NatCapLyme needs the following information:

Check payable to: _____

Address to send check: _____

Please include a completed W-9 form if the applicant is an individual with no affiliation with a research institution. (The form can be found on www.IRS.gov website)

NatCapLyme reserves the right to discontinue funding of the research project and/or request return of ALL funds if the project does not meet the specifications submitted or if the information requested above is not supplied on time as agreed to in the grant application, or if the applicant knowingly supplies false information. Any unused funds must be returned to NatCapLyme within 30 days after the funding period has expired unless NatCapLyme agrees in writing to an extension of the project timetable.

The applicant must sign this application to be eligible to receive the grant. By signing, the applicant signifies she or he has the authority to sign such an agreement on behalf of the institution, if applicable, and the applicant agrees to all terms of this application.

_____	_____	_____
Signature of Grant Applicant	Date	Printed Name of Applicant

_____	_____	_____
NatCapLyme Executive Director	Date	Printed Name of Executive Director