

## **Application Form for PReS Funding**

### **Funding opportunity for Patient Organisations working for children with rheumatic conditions**

#### **Applicant Information:**

- **Organisation Name:**
- **Contact Person:**
- **Position:**
- **Email:**
- **Phone Number:**
- **Address:**

#### **Project Information:**

- **Project Title:**
- **Project Description:** (Please provide a detailed description of the project, including objectives, expected outcomes, and how it will benefit children with rheumatic conditions.)
- **Project Timeline:** (Please specify the start and end dates of the project.)
- **Budget:** (Please provide a detailed budget for the project, including a breakdown of costs.)

#### **Eligibility Criteria:**

- Is your organisation a registered patient organisation working with children with rheumatic conditions? (Yes/No)
- Does your organisation have an annual income of less than 150,000 EUR? (Yes/No)
- Are you able to send a clear plan for the proposed activity or initiative, including objectives, expected outcomes, and a clearly defined budget? (Yes/No)

**Supporting Documents:** (Please attach the following documents to your application.)

- Proof of registration as a patient organisation
- Project plan
- Budget breakdown
- Any other relevant supporting documents

**Declaration:** I hereby declare that the information provided in this application is true and accurate to the best of my knowledge. I understand that any false information may result in the disqualification of this application.

**Signature:**

- **Name:**
- **Date:**