February 2020

Dear Educational Grant Applicant,

The Lyme Disease Association (LDA) appreciates your interest and willingness to produce educational material or conduct forums, seminars or other presentations that could prevent people from developing Lyme and other tick-borne diseases. The LDA awards grant funds in varying amounts for educational projects. In this packet, you will find an education grant application for you to complete to be considered for funding by the Lyme Disease Association.

On the LDA website under grants, you can find a list of grants education LDA has awarded from 1992-2019 with a partial list of resultant publications, conference presentations, and other outcomes from prior education grant awards.

After completing your grant application, please do both of the following:
1. Email a completed application to Lymeliter@aol.com
2. Preferably: Fax a copy to 732 938 7215 or mail completed form to LDA (contact info above).
   - Include all three parts (letter, too) signed, initialed, and dated.

Applications may possibly be considered throughout the year if time dependent, although most applications will be considered at the end of each year.

Any changes to an already approved education grant proposal need to be submitted in writing to LDA, and approval of changes is solely the province of the LDA Board of Directors. You will be notified in writing of the decision. If you have any questions or concerns, please direct them to Lymeliter@aol.com.

The LDA is an all-volunteer non-profit, tax exempt corporation that has raised millions of dollars for Lyme research, prevention, education, and patient support. See our website for our mission statement.

Sincerely,

Patricia V. Smith
President

Initial here_____ Date_______
LDA EDUCATIONAL GRANT APPLICATION

PART I

Applicant’s Information (organization or individual applicant):

1. Applicant’s Name ______________________________________________________________
   Address _______________________________________________________________________

   Telephone Number with area code (Day) __________________ (Evening) ___________________

   Fax Number ___________________ e-Mail address _______________________________________

2. Descriptor of Educational Project and type (publication, seminar, CME conference, billboard, etc.)
   _______________________________________________________________________________
   _______________________________________________________________________________

3. Grant Contact Name (IF ORGANIZATION LISTED IN #1)
   _______________________________________________________________________________
   • Title if applicable (President, Co-Chair, etc.) _______________________________________
   • Address _______________________________________________________________________
   • Phone (day/night)____________________________________________________________

4. If an organization, is organization a 501(c) (3)? Y ___ N ___ If yes, EIN # ______________
   • If yes website URL____________________________________________________________

5. Project goals & objectives pertaining to chronic Lyme disease and/or other tick-borne diseases
   _______________________________________________________________________________
   _______________________________________________________________________________
   _______________________________________________________________________________

6. Timetable for entire project ____________ Timetable for portion to be LDA funded___________

8. Total cost of the project $____________ and the amount of funding requested from LDA $________

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

Initial here_____
PART II.

1. Please provide a reasonably detailed budget (publicity, venue, speaker cost, etc)
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

2. If your project is selected to receive a grant, applicant agrees to provide the following:
   • A detailed financial accounting of all money expended at the end of the project time period.
   • Permission for the LDA to distribute copies of any published articles resulting from the funded project, per copyright restrictions, and to publicize the publication or the activity at its discretion.
   • Acknowledgment of LDA 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. Check with LDA for required notice on grant recipient material which may vary from state to state.
   • A written project summary must be supplied to LDA on the official letterhead of the organization, institution, or other within 30 days of completion of the educational project.

The Board of Directors of the Lyme Disease Association, Inc. reserves the right to discontinue funding of the educational 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 shall be returned to the LDA within 60 days of project completion.

The applicant must sign to apply and to receive the grant if awarded. By signing, the applicant signifies s/he has the authority to sign such and execute an agreement on behalf of applicant and the applicant agrees to all terms of this application and the January 2020 cover letter.

3. If applicant is approved for the grant, LDA needs the following information:

Check made payable to:______________________________________________________________
Address check to be sent to:_________________________________________________________
A completed W-9 (can be found on IRS website) _____________

Signature of Grant Applicant/Org rep. ____________________________ Date ________________
Printed name of Applicant/org rep. ____________________________ _____________________________

LDA President (signature) __________________________________________Date ________________
LDA President (printed) ______________________________________________________________