THE GERBER FOUNDATION
APPLICATION FORM

DATE OF APPLICATION:

Organization Name			**Organization Established**
Address			**EIN**
Contact Person			**Title**
Phone	**Fax**	**Email**	**Website**

BRIEF PROJECT DESCRIPTION (Provide a one or two sentence description of the project's primary objectives/hypotheses.)

ORGANIZATION FINANCIAL HISTORY & BUDGET (Provide financial data for last two years and this year's current budget. Eliminate 000's if necessary.) Operating Income Operating Expenses Surplus/(Deficit) **FY'**	**ORGANIZATION DEMOGRAPHICS** (Provide total organization client, enrollment or other demographic data for last two years and this year's projected (e.g. student enrollment, patient visits, etc.)). **FY'**
FY'	**FY'**
FY'	**FY'**

PROJECT BUDGET (Provide a general breakdown of the total project budget. Attach a more detailed, line-item budget.) **LABEL/ITEM** **$**	**PROJECT DEMOGRAPHICS** (Provide estimated number of children affected by this clinical problem in the U.S. population (e.g. rate of disease/1000 live births)).
LABEL/ITEM **$**	**ENROLLMENT** (Provide projected subject enrollment into the study by year. If this is a non-clinical study, provide another indicator of progress and annual milestones.)
LABEL/ITEM **$**	
LABEL/ITEM **$**	**YR 1**
PROJECT TOTAL **$**	**YR 2**
Amt Being Requested **$**	**YR 3**

PROJECT TIMETABLE (Indicate duration of project. Attach specific schedule.) **Start (Month/Year)** **End (Month/Year)**

PLEASE ATTACH ANY OTHER DATA YOU WISH US TO CONSIDER