

PROPOSAL AND EVALUATION

FOR

CHILDRENS RARE DISEASE

ORGANIZATION FUND

Part 1: Proposal Application Form
(provide to researchers/applicants)

Part 2: Research Proposal Evaluation Form
(for use by advocates and practitioners)

Part one of this document should be completed by applicant, and signed by authorized official when they wish to apply to have CRD fund for their Children care disease research and cure development.

Part two is a tool for internal use by reviewers to guide their evaluation of proposals.

Applicants shall be authorized official of an organization, institute, or a company.

[Application should use Times New Roman, 11pt font, 1" margins, no smaller than 10pt font in graphics.](#)

[All documents should be in PDF format.](#)

Please follow the guideline in [Preparing Grant Proposals for reviewing to](#) complete the proposal, and attach all the supporting documents after it.

Research Proposal Application Form Cover Sheet

Name of Applicant/Principle Investigator: _____

Rank and/or Title: _____

Company Name: _____

Address: _____

Agency: _____

Company type(C,S,or LLC. 501c3 NPO please provide IRS proof):_____

Phone: _____

Website: _____

Email Address: _____

Title of Proposed Study: _____

Budget Summary	Amount
Funds to be Requested in Grant Application	
Estimated Cost (Actual or In-Kind) from CRD	
Any Other Costs	
Total Cost of Research Project	

Name and Signature of Applicant/Principle Investigator _____
Date

Name and Signature of Authorized Official _____
Date

To Be Completed by CRD	Date/Status
Proposal Received by the CRD	
Proposal Reviewed by Evaluation Committee	
Approval Status (Approved/Denied)	

