



Marisa's Mission, Inc.  
P.O. Box 850061  
Braintree, MA 02185

Applicants should complete all sections of the application, provide all supporting documentation on the application checklist, provide a recent photograph, and are encouraged to submit a personal letter to the Board of Directors.

Completed applications should be emailed to: [grants@marisas-mission.org](mailto:grants@marisas-mission.org). If the Applicant is unable to email the completed materials, they may be sent to Marisa's Mission's corporate address listed above.

**NOTE: ONLY COMPLETE APPLICATIONS WILL BE CONSIDERED. INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED.**

**GRANT PROGRAM(S) REQUESTED**

\_\_\_\_ Travel & Lodging Grant Program      \_\_\_\_ Medical Research Grant Program  
\_\_\_\_ Home Assistance Grant Program    \_\_\_\_ Trip/Event Grant Program      \_\_\_\_ Care Grant Program

**APPLICANT INFORMATION**

Applicant's Legal Name: \_\_\_\_\_

Parent/Guardian Legal Name (if minor): \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Military Veteran: \_\_\_\_\_

Most Recent Employer Name and Address: \_\_\_\_\_

Other Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

How Did You Hear About Marisa's Mission? \_\_\_\_\_

If a Patient Resource Specialist is applying for an Applicant, please provide contact information and hospital affiliation: \_\_\_\_\_

**HOUSEHOLD INFORMATION (for all Programs except Medical Research Grant Applicants)**

Members of Household: \_\_\_\_\_

Estimated Annual Household Income: \_\_\_\_\_ Estimated Monthly Expenses \_\_\_\_\_

Note: For Travel/Lodging, Home Assistance and Care Grant Applications, applicant must provide a monthly budget indicating why assistance is needed – see attached form.



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List other sources of Financial Support/Fundraising (including amounts received and date) \_\_\_\_\_  
\_\_\_\_\_

**NOTE: All applications must include a copy of all pages of most recent federal income tax return**

**MEDICAL INFORMATION (for all Programs except Medical Research Grant Applicants)**

Applicant's Diagnosis: \_\_\_\_\_

Treating Physician Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Physician Address: \_\_\_\_\_

**NOTE: All applications must be accompanied by a signed Physician Verification Form**



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**APPLICANTS FOR ALL PROGRAMS EXCEPT MEDICAL RESEARCH ARE TO ANSWER THE BELOW:**

Please provide a detailed explanation of the Applicant and/or family circumstances:

Please describe how the above circumstances are causing financial distress directly related to the Applicant's life threatening diagnosis:

Please provide a detailed description of Grant requested, including cost estimates:



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## **Medical Research Program Grant Applicants**

The application should include the following items, in order, as a single PDF:

### *A. Principal Applicant Information Page*

- a. **Name of organization:** The name of the affiliated non-profit organization
- b. **Title of project:** Choose a title that is descriptive and specific, not general
- c. **Principal Applicant (PA)/Co-PA(s):** Name and relevant title(s)
- d. **Contact information:** Mailing address, telephone and fax numbers, e-mail
- e. **Specific amount requested:** Indicate the total dollar amount requested from Marisa's Mission for the project.

### *B. Project Description*

- a. **Abstract:** Provide a project summary that addresses the following: What problem does the project address? What is your hypothesis/ objective? How will the project be accomplished?
- b. **Specific aims:** List the project's objectives and rationale, and describe concisely the specific goals of the research, including any hypotheses to be tested.
- c. **Background and significance:** Briefly outline the background of the proposed project. Include a critical evaluation of previous research and existing knowledge, and specifically identify the gaps that the project is intended to fill.
- d. **Research design and methods:** Describe the research design and methodology that will be used to accomplish the project's specific aims. Include the means by which data will be collected, analyzed, and interpreted. Describe any new methodology and its advantage over existing techniques. Discuss the potential difficulties and limitations of the proposed procedures and alternative approaches to achieve the project's aims. Provide a timetable for the project.

### *C. Additional Information*

- a. **Hazardous materials:** Describe any procedures, materials, or situations that may be hazardous to personnel and the planned precautions to be exercised.
- b. **Human subjects:** Regulations require that all affiliated institutions establish and maintain appropriate policies and procedures for the protection of human subjects. If applicable, briefly describe the population of subjects involved in the project, the process for informed consent, and the means by which protection will be ensured. Provide proof of current or pending project approval by an Institutional Review Board or similar oversight committee.
- c. **Animal studies:** All proposals must conform to regulations for the safe and humane treatment of animals. If applicable, briefly describe the animals to be studied, and measures to minimize pain and discomfort. Provide proof of current or pending project approval by the institution's Animal Use and Protection Committee or similar oversight group.
- d. **Budget:** Provide an individual detailed budget.
- e. **Budget justification:** In narrative form, provide justification for the following budget items: salary and benefits for the PA and other project personnel; travel, printing/publications, consultant costs, patient care costs; and equipment and supplies.



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- f. **Project personnel:** Provide the name, title, and role of any individual who will be involved in the project, including the Principal Applicant/Co-PA(s). Indicate the percent effort that each person is expected to devote to the project. Provide the curriculum vitae of all key project personnel and collaborator(s).
- g. **IRS 501(c)(3) determination letter, or its equivalent for international institutions:** Provide a copy of the official 501(c)(3) letter, or its equivalent, stating that the institution is tax-exempt.
- h. **Funding history:** If applicable, indicate the amount and granting organization for any other sources of funding for the proposed or related projects. For the Principal Applicant, provide a list of all current funding support as well as awards completed in the past five years.
- i. **Institutional support:** Provide a letter of institutional endorsement of the project, signed by an appropriate official and the institution's business manager or fiscal officer. Include contact information for each.
- j. **Letters of reference:** For Principal Applicants who are at the assistant professor level or below, two letters of reference are required to be submitted to Marisa's Mission.