**Application form for IPWSO 2025 Microgrants Fund**

***Sponsored by Friends of IPWSO (USA)***

IPWSO is offering microgrants for small projects to support the efforts of individuals and groups who are working to improve the lives of people with Prader-Willi Syndrome (PWS). An award of up to US$2000 per project is available. This funding is made available by Friends of IPWSO (USA).

**Expectation**

As the needs of people living with PWS are wide-ranging there are limited restrictions on the types of projects that would be considered for funding. It is expected that projects will be of benefit to more than one family, are concerned with building the capacity of networks or individuals to support people with PWS or would involve activities that are expected to directly assist people with PWS and their families.  IPWSO is unlikely to support the translation or publication of personal PWS stories and self-publicised materials. IPWSO will follow up with funding recipients for at least 6 months after the project has concluded to discuss the project’s impact and what, if any, projects are planned to build on the impact/knowledge gained.

**Conditions**

Successful applicants must be willing to be publicly identified by IPWSO and Friends of IPWSO (USA) as having received funding (e.g., on IPWSO and Friends of IPWSO (USA) websites and in various publications).

Applicants must also be willing to prepare a brief report on the project within 3 months of the end of the project. This report may be made public by IPWSO and Friends of IPWSO (USA).

**Prioritisation**

Priority will be given to applications from:

* underserved countries
* countries where there is little awareness of PWS
* individuals/groups that struggle to access or develop services for people with PWS in that country
* individuals/groups who have not previously received funding from IPWSO
* individuals/groups who have previously supported people with PWS
* individuals/groups who present a coherent plan to help improve the lives of people with PWS and their families in the country/region.

Applications will be assessed in terms of

* how the project will help people affected by PWS
* applicants experience of supporting people with PWS
* what change is expected to occur as a result of the project
* how you will measure or show the change that occurred as a result of the project
* how you intend to build on the impact/knowledge gained
* the reasonableness of the amount requested
* the consideration, where reasonable and possible, of reducing the environmental impact of the project.

The closing date for the receipt of applications is **31 May 2025**. The successful applicant/s will be chosen by the IPWSO Grants Committee whose decision will be final. Both successful and unsuccessful applicants will be informed by a member of the IPWSO Grants Committee. The project is expected to take place in 2025.

**APPLICATION FORM**

**To apply, please submit a completed application form by email to** **nmcnairney@ipwso.org**.

All applications must be in English, and amounts stated in USD. IPWSO reserves the right to exclude applications that are incomplete, not in English and/or do not quote costs in USD.

For any queries regarding this application, please contact IPWSO at nmcnairney@ipwso.org

Please complete in black font

**Applicant details**

Name:

Email Address: Telephone Number:

Address: Country:

Are you a relative of someone with PWS? If so, indicate your relationship with that person (e.g., parent).

If you are not a relative of someone with PWS, indicate your job title and briefly explain your interest in PWS.

What is your first language?

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**About PWS in your country**

Briefly describe how much information and what services are available to people with PWS and their families in your country, and the numbers diagnosed with the syndrome (if known).

**Applicant’s role in supporting people with PWS to date**.

Have you/your group received funding from IPWSO in the past? If yes, please provide details of the project.

Identify the PWS association with which you are affiliated (if any). If none, state the number of families and professionals you are in contact with who stand to benefit from this project. If you are not associated or affiliated with a PWS association in your country we encourage you to liaise with them if reasonable and appropriate to discuss your proposal.

Briefly describe your current and past roles in the PWS association (if any).

Briefly describe any previous work you/your group has done/are doing to support people with PWS.

**Please provide more information about the project for which funding is being sought.**

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| **Proposed Project title** |  |
| **Country** |  |
| **Estimated number of people with PWS who stand to benefit from your project** |  |
| Please provide details of your project. How will it help people living with or affected by PWS? What change is expected as a result of your project? How will you know if your project has been successful?  |
| **Dates Project will start and End.** |  |
| **How much are you requesting in USD?** |  |
| **Is your application from a public or private institution e.g. public hospital/private clinic?** |  |
| **If from a private sector, how can you make the product for which you are seeking support, accessible to the wider PWS community?** |  |
| **Please identify any risks associated with your project (financial, physical and risks for those in receipt of our support and/or safeguarding).** |  |
| **What measures will be put in place to ensure the safety of children and vulnerable adults?** |  |
| **To build on the impact/ knowledge gained, what follow up projects are planned over the next five years? (Sustainability)**  |  |
| **IPWSO’s commitment to reducing environmental impact.** IPWSO is committed to taking the environmental impact of projects into consideration when awarding grants. What considerations are you able to take in delivering your project? (For example, have you asked your suppliers/venue(s) about their environmental policies? Are you using local produce?) |  |
| **Any other information you wish to provide to support your application. (Use additional pages in necessary).** |  |

**Provide detailed information on each cost associated with the project for which funding is being sought from IPWSO.**

Please be accurate and obtain quotes for each item in your budget. IPWSO cannot be held responsible for additional costs incurred after a proposal is approved nor for bank charges made by the applicant’s bank. A portion of the total grant may be withheld by IPWSO until a written report is received from the grant recipient.

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| **Item**  | **Description** | **Unit Cost in USD** | **Total Cost in USD** |
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| **TOTAL** |  |  |  |
| How much funding, if any, is being provided for the project from other sources? Identify the sources.  |

**Reimbursements will be made once receipts for expenditure(s) have been received.**

*The International Prader-Willi Syndrome Organisation (IPWSO) is a Charitable Incorporated Organisation (CIO) registered with the Charity Commission of England and Wales. Registered Charity Number 1182873*

*Additional Notes, if any.*