# Application Form

### OVERVIEW

The T1D Community Fund seeks proposals from community-based organizations working to improve the lives of people living with Type 1 diabetes (T1D) in low- and middle-income countries (LMICs). For more information on this funding opportunity, please visit our website at [panoramaglobal.org/The-T1D-Community-Fund](https://www.panoramaglobal.org/the-t1d-community-fund).

**Applications, including supporting materials, are due 11:59pm UTC on September 23, 2022.** All applications will be evaluated after this date.

Questions about the request for proposals (RFP) and application process may be submitted to [T1DCommunityFund@panoramaglobal.org](mailto:T1DCommunityFund@panoramaglobal.org)

### SUBMISSION INSTRUCTIONS

Submissions may be completed either online or by email.

**Online**: Click [here](https://airtable.com/shrZgOIk0Tyft2Vqr) or visit [panoramaglobal.org/The-T1D-Community-Fund](https://www.panoramaglobal.org/the-t1d-community-fund) to apply through our website. Please note that this method of application must be completed in one sitting, as the online form cannot be saved as a draft to be completed at a later date.

**Email**: Submit each of the following documents to [T1DCommunityFund@panoramaglobal.org](mailto:T1DCommunityFund@panoramaglobal.org) by 11:59pm UTC on September 23, 2022:

**Parts 0, I, & II of this document**

Part III is considered optional

**Proof of charitable status/purposes**

Please provide confirmation of your status as a charitable organization/non-governmental organization. This will be specific to your country of operations, but examples may include a registration certificate, articles of incorporation, bylaws, or other information that verifies legal charitable status. English language documents are preferred, if available.

**Financial documents**

1. Organization’s annual budget for the current fiscal year
2. Financial statements (current year-to-date spending) and/or audit report from most recently completed fiscal year

Applications submitted via email may be filled out digitally (in a word processing software such as MS Word) or filled out by hand and scanned.

### PART 0: ELIGIBILITY

This section is used to determine your organization’s eligibility to be considered for support by The T1D Community Fund. If your organization is not an eligible applicant, we recommend that you do not complete and submit the rest of the application.

* If you answer YES to questions 0.1-0.5 in this section, your organization is an eligible applicant of The T1D Community Fund.
* If you answer NO to *any* one of questions 0.1-0.5, your organization is not an eligible applicant of The T1D Community Fund.
* If you answered NO to *any* one of questions 0.1-0.5, but believe that you are still eligible, please send an email to [T1DCommunityFund@panoramaglobal.org](mailto:T1DCommunityFund@panoramaglobal.org) describing your circumstances before applying.

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| **0.1** | **My organization is recognized as a non-governmental organization or charitable entity with confirmation of relevant status in my country *or* has a U.S.-based 501(c)(3) fiscal sponsor.** | YES  NO |
| **0.2** | **My organization is based in and serves communities in a low-or middle-income country. (Please see the request for proposals for the full list of eligible countries included for this RFP.)** | YES  NO |
| **0.3** | **My organization supports people living with Type 1 diabetes to gain access to high-quality treatment or other forms of medical, social, economic, or emotional care as**   1. **a community-based organization focused on Type 1 diabetes OR** 2. **an organization with a community-based initiative focused specifically on Type 1 diabetes.** | YES  NO |
| **0.4** | **My organization is able to accept funding via a traditional banking system (defined as a financial institution that is regulated at a national or regional level depending on the country in which it is located).** | YES  NO |
| **0.5** | **My organization is able to submit the grant application, reporting (if awarded a grant), and any related correspondence in English. *Note: we hope to issue future RFPs in multiple languages.*** | YES  NO |

### PART I: BACKGROUND INFORMATION

1. ***Basic Information***

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| **1.1** | **Legal name of organization** |  |
| **1.2** | **My organization has a fiscal sponsor\*** | YES  NO  *If* ***YES,*** *please complete section 3 at the end of Part I* |
| **1.3** | **Country of operation** |  |
| **1.4** | **Mailing address** |  |
| **1.5** | **Website and/or any social media accounts *(if applicable, for example, Twitter, Facebook)*** |  |
| **1.6** | **Primary contact name and title** |  |
| **1.7** | **Primary contact phone number *(including country code)*** |  |
| **1.8** | **Primary contact email address** |  |
| **1.9** | **May we share your application with other potential funders?** | YES  NO |

*\*Fiscal sponsorship is the practice of a non-profit organization in the United States extending their legal and tax-exempt status to a person or group of individuals engaged in charitable activities. If your organization does not have a legal agreement of this kind with a U.S.-based non-profit, please select* ***NO*** *as your answer to question 1.2.*

1. ***Organization Overview***

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| **2.1** | **Organization’s mission or stated charitable purpose *(100 words maximum)*** |  |
| **2.2** | **Location and geographies served by Type 1 diabetes programming** |  |
| **2.3** | **Total annual operating budget for Type 1 diabetes programming *(please note currency if not USD$)*** |  |
| **2.4** | **Total annual operating budget for organization,if different from 2.3 *(please note currency if not USD$)*** |  |
| **2.5** | **Number of Type 1 diabetes programming staff** |  |
| **2.6** | **Approximate number of people reached/impacted through Type 1 diabetes programming in past year** |  |

1. ***Fiscal Sponsor Information – Please complete this section only if your organization has a fiscal sponsor***

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| **3.1** | **Legal name of fiscal sponsor organization** |  |
| **3.2** | **Legal/incorporation status and identification number** |  |
| **3.3** | **Mailing address** |  |
| **3.4** | **Website and/or any social media accounts *(if applicable)*** |  |
| **3.5** | **Primary contact name and title** |  |
| **3.6** | **Primary contact phone number *(including country code)*** |  |
| **3.7** | **Primary contact email address** |  |

### PART II: PROPOSED USE OF FUNDS

The T1D Community Fund seeks to support organizations that represent a diverse set of geographies, experiences, and perspectives. Applications will be reviewed, and awards made based on the strength of individual proposals as well as the composition of the grantee cadre as a whole.

**When answering the questions in this section, please keep the following in mind:**

The T1D Community Fund supports people living with Type 1 diabetes to gain access to high-quality treatment or other forms of medical, social, economic, or emotional care as

1. a community-based organization focused on Type 1 diabetes **OR**
2. an organization with a community-based initiative focused specifically on Type 1 diabetes.

Type 1 diabetes does not need to be the primary focus of the applicant organization as long as there is Type 1 diabetes work that will be the focus of this support.Programs that address Type 1 diabetes as part of a larger diabetes initiative must demonstrate specific programming for Type 1 diabetes that will be supported by this grant.

The most competitive proposals will demonstrate:

1. A track record for serving community members
2. Potential for improving the lives of people living with Type 1 diabetes and their families
3. A clear description of how grant funds will sustain and/or scale current work in Type 1 diabetes

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| 1. ***What Type 1 diabetes services does your organization provide and why are they important to the communities served? Please share any measures of impact you use relevant to your work. (300 words maximum)*** |
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| 1. ***Describe the clients and/or patients that your organization serves. (300 words maximum)*** |
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| 1. ***How would your organization use support from The T1D Community Fund to sustain and/or scale your impact on Type 1 diabetes patients? What impact would you plan to achieve with the funds? Please be as specific as possible. (600 words maximum)*** |
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### PART III: OPTIONAL QUESTIONS

Questions in this section provide the opportunity to share more information about your organization that may be helpful to The T1D Community Fund as it reviews applications and seeks to better understand the Type 1 diabetes landscape. These questions are not required.

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| 1. ***Is there anything else you would like to share about your organization? (300 words maximum)*** |
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| 1. ***Does your organization collaborate with other non-governmental (NGO) or government organizations on your work? If yes, please list here and briefly describe the nature of the partnership or collaboration.*** |
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