



## Prader-Willi Syndrome Clinics Funding Application Form Year 2024

**Number of Awards:** One  
**Grant Mechanism:** Six months; up to \$5000  
**Funding Period:** January 1, 2024 – June 30, 2024

**Established by:** This fund was established by the PWCF Board of Directors to support the development and functioning of multi-disciplinary clinics that serve individuals with Prader-Willi syndrome in the state of California.

**Open to:** Multi-disciplinary clinics that provide services to individuals with PWS in the state of California.

**Criteria:** Clinic has a multi-disciplinary team including at least three or more of the following specialists: social worker, registered dietitian, behavioral specialist, physical therapist, a physician with expertise in endocrinology and/or genetics.

### **Application Procedure:**

- 1) Complete the grant application (answering all questions and signing the application)
- 2) Provide a Clinic Statement (2-page double-space 12 pt. font maximum) describing clinic goals and impact on quality of life of individuals with PWS and how this grant will help maintain or enhance clinic services.
- 3) Provide a 2-page curriculum vitae or resume of the clinic director or grant applicant documenting current and/or past involvement in serving the PWS community.
- 4) Provided an itemized budget of up to \$5,000/6 months and a budget justification. Include a description of other sources of funding for the clinic (in-kind or sponsored) to document feasibility of the clinic functioning during the proposed period.

### **Application Timeline:**

**March 30, 2024:** Full application due by 5pm PST [info@pwcf.org](mailto:info@pwcf.org).

**January 1, 2024:** Anticipated funding start date.

Please submit complete application and attachments to:

Prader-Willi California Foundation  
Attn: Research Committee  
1855 First Avenue Suite 201  
San Diego, CA, 92101  
Or email to: [info@pwcf.org](mailto:info@pwcf.org)

*Prader-Willi California Foundation is a 501(c)(3) non-profit charitable organization.  
All gifts are tax-deductible to the extent permitted by law.  
Federal Tax Identification Number 95-3480752*

1855 First Avenue | Suite 201 | San Diego, CA 92101

310.372.5053 | 800.400.9994 Toll-Free | Fax 310.372.4329 | [info@pwcf.org](mailto:info@pwcf.org) | [www.PWCF.org](http://www.PWCF.org)



## Prader-Willi Syndrome Clinic Application

**Physician's Name:**

**Address:**

**Phone:**

**City, State:**

**Zip Code:**

**Physician's Email:**

**Hosting Hospital or Facility:**

**Address:**

**Phone:**

**City, State:**

**Zip Code:**

**Clinic meeting days and hours:**

**Total number of patients served during the past year:**

**Age range of patients served:**

**Services provided:**

- 1)
- 2)
- 3)

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**Role of applicant (director, administrator, etc.):**

**Clinic personnel (list name, role and % of time dedication):**

- 1)
- 2)
- 3)

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**Expenses:** if no budget is requested in this application, indicate if an in-kind support is received and where is it coming from.

**Budget Expenses:**

**Space rental (monthly or annually):**

**Personnel's Salary:**

**Consumables used in the clinic:**

**Other:**

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By signing and dating below, I affirm that the information given above is correct. I also understand that if awarded the grant the condition of acceptance is that I will write a report of the activities carried out and individuals served in the clinic between January-December 2021.

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Applicant signature

Date

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