



**Local Empowerment for Advocacy Development (LEAD) Grant Application**

**For Patient Organisations in Europe**

**Organisation:**

**President/Executive Director:**

**Phone number:**

**Email:**

**Address:**

**Name of main contact:**

**Contact information (if different from above):**

**Submit completed applications electronically by the deadline of 17 February 2023 to:**

[EUadvocacy@cslbehring.com](mailto:EUadvocacy@cslbehring.com)

**In order to be considered for a European LEAD Grant award, your application must be received by the deadline noted above. Grant recipients will be announced in March 2023.**

# CSL Behring

**Please answer the following questions and provide as much detail as possible describing the opportunity for European LEAD Grant funding. Please feel free to submit any supporting documentation that would be helpful to explain the proposal:**

- 1. What advocacy issue would the European LEAD Grant address?**
- 2. What is the desired impact resulting from addressing this issue?**
- 3. Please describe the time frame for implementing the project, including key milestones.**
- 4. What is your overall projected budget for this advocacy initiative?**

**All grantees will be required to submit a progress report six months from receipt of funding on activities and achievements to-date.**

**Any additional relevant information or support material may be included with the application.**