



# GRANT REQUEST POLICY AND FORM

## Research For Life Grant Request Policy

One of the community services Research For Life provides is in the form of grants to individuals or organizations. These grants may be used for:

Training programs to benefit the community, including first responders, medical personnel, research professionals, and others.

Obtaining tissues needed for the research of disease processes or training of surgical procedures.

Research For Life will only consider grant requests for RFL tissue or services. Please tell us who you are and some information about the organization you represent. Give us a description of your project, or why you are requesting a grant. If the request is for a grant of tissue for training or research, list the specific tissues needed and the purpose of that need. All tissues used must be returned to Research For Life at the conclusion of the project.

Tell us how this project will benefit your community or the general population.

Determine your budget and how you would like Research For Life to help. Determine how much funding you are seeking.

Expect the approval process to take up to 2 weeks before receiving your notification. Provide as much information as you can regarding the purpose of the project, who this will help, and anticipated costs.

After the project has completed, a Grant Report Form must be completed. This is an opportunity for you, the grant recipient, to report on your use of your grant or tissue, the effect of your project, your association with Research For Life, and help us see the impact of our investment to the community.

Research For Life

2230 East Magnolia Street

Phoenix, Arizona 85034



## Research For Life Grant Request Form

Request Date: \_\_\_\_\_

Organization Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Description and  
Purpose of Project:

Description of  
Organization:

Community Benefit:



If requesting tissue,  
please describe  
the need and purpose:

If requesting facility use,  
please describe need,  
anticipated attendance,  
and purpose, (classroom,  
surgical suite, lab, etc.):

Funding request (Full grant,  
at cost, partial grant, etc.):

**Please complete this form and return by fax to 480-471-5177, or mail to:  
2230 East Magnolia Street, Phoenix, AZ 85034.**

**FOR RESEARCH FOR LIFE USE ONLY**

Grant Approved for  
(specific tissue, facility,  
equipment, etc). List value  
of each grant item:  
Total Grant Amount  
Approved:  
Organization Financial  
Responsibility:


Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_