



PTC THERAPEUTICS STRIVE Award Application Cover Sheet

Duchenne Muscular Dystrophy 2019

Select one (1) of the following categories for this application (US Dollar Equivalents):
Amount requested in \$USD.

Collaborative \$30,000 or less

Innovative \$30,000 or less

Sustaining \$30,000 or less

Title of project:			
Organization(s):			
Mailing address (if collaboration the main contact):			
Country:		Zip/Postal code:	
Phone:			
Executive Director/CEO:			
Email:			
Contact person (if different from above):			
Title:	Email:	Phone:	
Has your organization been awarded a STRIVE grant previously?	No	Yes	what year?

If you do not receive confirmation from PTC Therapeutics that your application has been received within 5 business days, please contact Allie Freitas at afreitas@ptcbio.com, or call +1 908-912-9256 (United States).

Your submission should include this application cover sheet followed by a 3-page document that includes the following:

Organization Mission Statement

Please provide a brief statement of your organization’s mission and purpose.
 (If a collaboration, the mission of the group).

Project Title

Organizational Affiliations/Licensure/Certifications (please list as applicable)

Project Overview

Details found in the Submission Components section of the Guidelines

Project Specifics

Details found in the Submission Components section of the Guidelines