Amicus Ignite invites applications from across the Pompe disease community, including healthcare institutions, patient advocacy organisations, academic institutions and charitable organisations to support and improve the lives of those impacted by Pompe disease.

Currently, applications are only open to organisations and projects outside of the United States.

Projects should be innovative, scalable, replicable and sustainable and aim to make a tangible difference to people living with Pompe disease.

Organisations wishing to apply for funding should read the eligibility criteria and the terms and conditions available [here](https://ignite.amicusrx.co.uk/terms-and-conditions) and complete this application form.

Applications must be submitted in English.

**Key dates:**

* Closing date: 11.59pm BST, 31 May 2025
* Applicants notified of final outcome: Summer 2025

Please complete this form on behalf of the organisation that you represent, and which is applying for Amicus Ignite funding.

As the representative of your organisation, Amicus is required to collect your personal data including your name and your email address so we can contact you about your organisation’s funding application. Your personal data will be provided to our third-party service provider Publicis Langland who have been appointed to provide administrative support to the Amicus Ignite programme. Please review the Amicus Privacy Notice at [ignite.amicusrx.co.uk](http://ignite.amicusrx.co.uk) for more information about how Amicus and Publicis Langland process your personal data.

Amicus will use the information provided in this form to provide updates about the status of your organisation’s application.

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| **Proposed project title** | | | | | | | | | |
|  | | | | | | | | | |
| **Contact Details of project representative** | | | | | | | | | |
| Title | |  | | | | | | | |
| Full name | |  | | | | | | | |
| Email address | |  | | | | | | | |
| Telephone number | |  | | | | | | | |
| **Please confirm whether your organisation is a:** | | | | | | | | | |
|  | Healthcare  institution | |  | Academic  institution |  | Patient advocacy  organisation |  | Other |
| *If ‘other’ please specify* | | | | | | | | | |
|  | | | | | | | | | |
| **Organisation name** | | | | | | | | | |
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**Organisation address**

|  |  |
| --- | --- |
|  | |
| **Country** |  |
|  |  |
| **Company or charity registration number (where applicable)** |  |
|  |  |
| **If your organisation is known by a different name from the legally registered entity, please provide details** |  |
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| **In order for the Amicus Ignite judging panel to assess your application, please answer the following questions.**  **PROJECT OVERVIEW** |
| **Please give a short description of your project, how you believe it will help the Pompe disease community, and why it should be successful in receiving Amicus Ignite funding in no more than 300 words** |
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| **Please list the three main objectives of the project** *Please ensure these are SMART (Specific, Measurable, Achievable, Realistic and Time-bound)* |
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| **FURTHER DETAILS** |
| **What are the key activities planned and what are the timelines (milestones) for the proposed project?** |
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| **What will the outputs be from your project?** |
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**BUDGET**

|  |  |
| --- | --- |
| **Total amount needed in order to complete the project** | **Currency** |
|  |  |

**Budget breakdown**

|  |  |
| --- | --- |
| **Description** | **Total cost** |
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| |  |  | | --- | --- | | **TERMS AND CONDITIONS**  Please tick below to confirm: | | |  | The funding requested does not represent more than 30% of our total funding for the year. | | |  |  | | |  | The project will be completed within 12 months from the receipt of the funding. | |   I have the authority to make an application for funding on behalf of this organisation and I have uploaded the supporting documentation (a letter from your organisation).  I have read the Amicus Ignite Funding Terms and Conditions and accept the terms and conditions on behalf of the organisation that I represent.  I have read and accept the Amicus Privacy Notice.  **Signature** | |
| Signature | Date |
|  |  |
| Role within organisation | |
|  | |

**Get in touch**If you have a question about the Amicus Ignite Programme, please contact us:

[amicus.ignite@langland.co.uk](mailto:amicus.ignite@langland.co.uk)