

THE CANCER CHALLENGE GRANT APPLICATION COVER SHEET

ORGANIZATION NAME: _____ TODAY'S DATE: _____

ORGANIZATION & CONTACT INFORMATION	
Mailing address: Street Address (if different): City, St Zip:	E-Mail:
Phone:	Name:
Fax:	Title:

PROJECT INFORMATION:

PRIORITY #1

TITLE OF PROPOSED PROJECT: _____
 PURPOSE OF GRANT (short abstract, max. 200 words, written in lay terms) _____

POPULATION SERVED: _____
 PROJECT TARGET: PREVENTION EARLY DETECTION DIAGNOSIS/TREATMENT SUPPORT RESEARCH
 TOTAL PROJECT/AGENCY BUDGET: _____ AMOUNT REQUESTED: _____
 PROJECT COORDINATOR: _____ PHONE: _____
 EXPECTED STARTING DATE: _____

PRIORITY #2

TITLE OF PROPOSED PROJECT: _____
 PURPOSE OF GRANT (short abstract, max. 200 words, written in lay terms) _____

POPULATION SERVED: _____
 PROJECT TARGET: PREVENTION EARLY DETECTION DIAGNOSIS/TREATMENT SUPPORT RESEARCH
 TOTAL PROJECT/AGENCY BUDGET: _____ AMOUNT REQUESTED: _____
 PROJECT COORDINATOR: _____ PHONE: _____
 EXPECTED STARTING DATE: _____

PRIORITY #3

TITLE OF PROPOSED PROJECT: _____
 PURPOSE OF GRANT (short abstract, max. 200 words, written in lay terms) _____

POPULATION SERVED: _____
 PROJECT TARGET: PREVENTION EARLY DETECTION DIAGNOSIS/TREATMENT SUPPORT RESEARCH
 TOTAL PROJECT/AGENCY BUDGET: _____ AMOUNT REQUESTED: _____
 PROJECT COORDINATOR: _____ PHONE: _____
 EXPECTED STARTING DATE: _____

CHECKLIST OF REQUIRED ATTACHMENTS:

- PROPOSAL NARRATIVE (for each project proposed)
- ITEMIZED PROJECT BUDGET (for each project proposed)
- LIST OF BOARD OF DIRECTORS FOR THE ORGANIZATION (request)
- IRS 501(C) (3) LETTER (if first-time applicant)
- FULL OPS BUDGET FOR THE ORGANIZATION OR PRIMARY DEPARTMENT
- MOST RECENT 990 OR AUDIT (if first-time applicant or upon request)

Signature of approving institutional personnel, other than project director, required

SIGNATURE

DATE