

# THE CANCER CHALLENGE GRANT APPLICATION COVER SHEET

ORGANIZATION NAME: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

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

**PROJECT INFORMATION:**

**PRIORITY #1**

TITLE OF PROPOSED PROJECT: \_\_\_\_\_

PURPOSE OF GRANT (maximum 2-sentence description (lay terms) of how funds will be used \_\_\_\_\_  
\_\_\_\_\_

POPULATION SERVED (ex. 300 uninsured or underinsured women in Benton & Washington counties  
\_\_\_\_\_

PROJECT TARGET:  PREVENTION EDUCATION  NAVIGATION  TREATMENT  SURVIVORSHIP

TOTAL PROJECT/AGENCY BUDGET: \_\_\_\_\_ AMOUNT REQUESTED: \_\_\_\_\_

PROJECT COORDINATOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

EXPECTED STARTING DATE: \_\_\_\_\_

**PRIORITY #2**

TITLE OF PROPOSED PROJECT: \_\_\_\_\_

PURPOSE OF GRANT (maximum 2-sentence description (lay terms) of how funds will be used \_\_\_\_\_  
\_\_\_\_\_

POPULATION SERVED (ex. 300 uninsured or underinsured women in Benton & Washington counties  
\_\_\_\_\_

PROJECT TARGET:  PREVENTION EDUCATION  NAVIGATION  TREATMENT  SURVIVORSHIP

TOTAL PROJECT/AGENCY BUDGET: \_\_\_\_\_ AMOUNT REQUESTED: \_\_\_\_\_

PROJECT COORDINATOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

EXPECTED STARTING DATE: \_\_\_\_\_

**PRIORITY #3**

TITLE OF PROPOSED PROJECT: \_\_\_\_\_

PURPOSE OF GRANT (maximum 2-sentence description (lay terms) of how funds will be used \_\_\_\_\_  
\_\_\_\_\_

POPULATION SERVED (ex. 300 uninsured or underinsured women in Benton & Washington counties  
\_\_\_\_\_

PROJECT TARGET:  PREVENTION EDUCATION  NAVIGATION  TREATMENT  SURVIVORSHIP

TOTAL PROJECT/AGENCY BUDGET: \_\_\_\_\_ AMOUNT REQUESTED: \_\_\_\_\_

PROJECT COORDINATOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

EXPECTED STARTING DATE: \_\_\_\_\_

**CHECKLIST OF REQUIRED ATTACHMENTS**

- |   |  |
|---|--|
| <input type="checkbox"/> PROPOSAL NARRATIVE (for each project proposed)<br><input type="checkbox"/> ITEMIZED PROJECT BUDGET (for each project proposed)<br><input type="checkbox"/> LIST OF BOARD OF DIRECTORS FOR THE ORGANIZATION<br><input type="checkbox"/> LIST OF DONORS/SUPPORTERS | <input type="checkbox"/> IRS 501(C)(3) LETTER (if first-time applicant)<br><input type="checkbox"/> FULL OPS BUDGET FOR THE ORGANIZATION OR PRIMARY DEPARTMENT<br><input type="checkbox"/> MOST RECENT 990<br><input type="checkbox"/> MOST RECENT 990 AND AUDIT (if first-time applicant) |
|---|--|

EACH APPLICANT IS REQUIRED TO SCHEDULE A SITE VISIT DURING THE MONTH OF FEBRUARY 2019. SITE VISITS ARE APPROXIMATELY 1 HOUR LONG AND CAN BE SCHEDULED MONDAY-FRIDAY, MORNING, AFTERNOON OR EVENING. CANCER CHALLENGE STAFF AND BOARD MEMBERS WILL BE PRESENT AT THESE VISITS.

PLEASE IDENTIFY THREE (3) DIFFERENT DATE/TIME OPTIONS THAT WILL WORK FOR YOUR ORGANIZATION DURING THE MONTH OF FEBRUARY 2019. YOUR SITE VISIT APPOINTMENT WILL BE CONFIRMED IN EARLY JANUARY.

CHOICE 1 (DATE, TIME, LOCATION): \_\_\_\_\_  
CHOICE 2 (DATE, TIME, LOCATION): \_\_\_\_\_  
CHOICE 3 (DATE, TIME, LOCATION): \_\_\_\_\_

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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_