



# 2024 GRANT GUIDELINES

## MISSION

The mission of the Cancer Challenge is to advocate and support world-class cancer care in Northwest Arkansas. Our priorities are to prevent, treat, and rebuild lives after cancer.

## VALUES

**Patients First** – supporting services that change patients' lives

**Community** – collaboration for the greater good

**Inclusiveness** – world-class cancer care for all people of Northwest Arkansas

**Synergy** – leveraging our collective strengths

**Local** – our dollars stay in Northwest Arkansas

## FUNDING PRIORITIES

Within our mission, the following priorities are given the greatest consideration for funding:

- **Prevention Education**: To promote the prevention and early-detection of cancer through education and community outreach to all populations.
- **Screenings & Treatment**: To improve the awareness and accessibility of high quality cancer care with special emphasis on serving the medically underserved.
- **Financial Assistance**: offered to patients, family members, and care givers financial assistance to help overcome barriers in one's cancer journey with emphasis on serving the financially challenged.

## EVALUATION CRITERIA

In determining the merit and priority of applications, particular consideration is given to the following:

- Degree to which application fits within our mission and priorities.
- Strength and effectiveness of the organization's approach.
- Capacity of organization to achieve its stated objectives.
- Minimizing duplication of existing services and fostering collaboration.
- Potential to attract future funding and support from other sources.
- Areas of service that are underserved or have been identified as a "gap".
- Prioritized consideration will be given to projects serving Breast, Lung, Colon, and Prostate cancers.

## RESTRICTIONS

- Salaries and FICA, if requested, are for personnel related to the project only and not the general work of the applicant. Funding for fringe benefits is not payable at this time.
- Diagnosis, treatment, and other medical services paid for by the project must not exceed 10% over the Medicare reimbursement rate.
- Costs related to fundraising (salaries, printed materials, etc.) will not be funded. Indirect costs will also not be funded.



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## ELIGIBILITY

Applicants must be a U.S. non-profit (federally tax-exempt) organization serving the Northwest Arkansas community.

## APPLICATION

Please submit one hard-copy of your proposal (not stapled or bound) via mail or deliver in-person to the Cancer Challenge office. Please find mailing and physical addresses below. In addition, please send an electronic version to [teresa@cancerchallenge.com](mailto:teresa@cancerchallenge.com). Acceptable formats: Word, Excel, PDF. No faxed proposals, please.

**Proposals are due by 12:00 p.m. on January 12, 2024** and should include the following information.

### The Cover Sheet

Cover Sheet must include Project Title, Short Paragraph describing project (max. 2 sentences), population served (number specific), total project budget and amount requested.

**The Narrative** (maximum 3 pgs per project, 11pt type or larger, line spacing 1.25)

- Project summary.
- Statement of needs/problems to be addressed (local statistics being the strongest measure).
- Description of target population and how they will benefit (i.e. numbers served, geographic location, socio-economic status, race, age, etc.).
- Description of measureable project goals and objectives.
- Activities to accomplish these goals, including

timetable.

- Describe the qualifications of key staff and volunteers that will ensure the success of the program. List other partners in this project and their roles.
- Acknowledge similar existing projects or organizations (if any) and explain how your organization or proposal differs and what effort is being made to work cooperatively.
- Sustainability – describe strategies or plans to sustain this project financially after the Cancer Challenge grant period ends.

*NOTE: If an organization is requesting funds for multiple projects, a narrative should be submitted for each project separately with a proper heading.*

### The Budget

Submit a line-item budget (form provided) for each project reflecting all expenses and income. Clearly identify how Cancer Challenge funds will be used. Include the total cost of the project, the amount sought from the Cancer Challenge, and other planned sources of support, and the status of these requests.

### Attachments

Required attachments include:

- Copy of IRS 501 (c)(3) Letter (if first-time applicant)
- A list of board members and officers
- Itemized project budget(s)
- Full operation budget for the agency or department
- Most recent 990 (all applicants)



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- Most recent 990 and audit (first-time applicants)
- List of major corporate and foundation supporters of the organization over the past 3 years (alphabetical order, single spaced, 3- column format)

## GRANT PERIOD

October 1, 2024 through September 30, 2025

## REVIEW PROCESS

Applications are screened first by Cancer Challenge Executive Director for compliance. Staff and Board Members may request additional information. Final approval on all grants rests with the Board of Directors, which meets from March – August. Applicants will be notified of the Board’s decision by August 30, 2024 (target date). A press release will be issued by the Cancer Challenge upon approval.

## SUPPORT

Funded applicants are required to invest volunteer hours in the Cancer Challenge during the grant year. Our guidelines are as follows:

<u>Grant Amount</u>	<u>Volunteer Requirement</u>
\$20,000 or less	20+ hours of labor
\$20,001-\$40,000	40+ hours of labor
\$40,001 or more	Provide a qualified person to serve as a team leader on the Operations Team (i.e. social team leader, marketing team leader, volunteer coordinator, etc. Note: hours of labor can be served by multiple people.)

We also require our grantees to promote the Cancer Challenge annual event and the programs funded through collaboration:

- Distribute and display information about The

Cancer Challenge to employees, customers, and donors

- Promote ways to give – volunteer, donate, and fundraise. Encourage participation in a meaningful way.
- Ways to communicate - newsletters, email blasts, share social media posts, website, health fairs, meetings, speaking engagements, glass clings, signage, etc.
- Display provided glass cling at entrance or in area of supported program and services provided.
- Recognize The Cancer Challenge as a funder of program or service (logo on print materials, media exposure, health fairs, marquees, etc.)

## PAYMENT AND REPORTING

The Cancer Challenge makes quarterly payouts on grants awarded. A Quarterly Request for Funds Report is due by the 15<sup>th</sup> of the following months: September (request for funds only), December, March, and June. The report includes the amount requested and a brief progress report on project goals and objectives.

Each grantee should endeavor to spend all of its funding in compliance with the approved proposal by the end of the grant period. If a grantee has made good progress but needs additional time to achieve goals and exhaust their funding, the grantee can request an extension for their project(s). Request should be made in writing by August 15 and in most cases; the extension should not exceed three months.



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A final report and budget is due by October 10, 2025.  
The report is a 2-5 page narrative on results achieved, lessons learned, future plans, testimonials (3), a public relations statement, as well as a project budget recap.

## TIMELINE

01/12/24	Application Due
01/19/24	Deadline for scheduling site visit
02/28/24	Complete All Site Visit Meetings
08/30/24	Announce Grant Awards (Target)
06/13 -6/15	Participate at Annual Event
09/13/24	Signed contract & goals due
09/15/24	1 <sup>st</sup> Quarter Report Due
12/15/24	2 <sup>nd</sup> Quarter Report Due
03/15/25	3 <sup>rd</sup> Quarter Report Due
06/15/25	4 <sup>th</sup> Quarter Report Due
08/15/25	Deadline to request project extension
10/11/25	Final Report Due

## FOR ADDITIONAL INFORMATION CONTACT:

Teresa Burke, Executive Director  
teresa@cancerchallenge.com  
479-273-3172 phone

Mailing Address:  
PO Box 1843, Bentonville, AR 72712

Physical Address:  
404 SW 28<sup>th</sup> Street, Bentonville, AR 72712

[www.cancerchallenge.com](http://www.cancerchallenge.com)

FORMS are located on website under GRANTS TAB