

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: _____

CONTINUED ON BACK

CHECKLIST OF REQUIRED ATTACHMENTS

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

EACH APPLICANT IS REQUIRED TO SCHEDULE AN ON SITE MEETING DURING THE MONTH OF FEBRUARY 2024.
MEETINGS ARE NO MORE THAN 1 HOUR LONG AND CAN BE SCHEDULED MONDAY-FRIDAY, MORNING, AFTERNOON OR EVENING. CANCER CHALLENGE STAFF AND 2 – 3 BOARD MEMBERS WILL ATTEND.

PLEASE IDENTIFY THREE (3) DIFFERENT DATE/TIME OPTIONS THAT WILL WORK FOR YOUR ORGANIZATION DURING THE MONTH OF FEBRUARY 2024. YOUR APPOINTMENT WILL BE CONFIRMED IN JANUARY. THIS IS A GREAT OPPORTUNITY FOR YOU TO OUTLINE YOUR PROPOSED PROJECT IN DETAIL. THIS ALSO GIVES BOARD MEMBERS THE OPPORTUNITY TO ASK ANY QUESTIONS THEY MAY HAVE ABOUT THE PROPOSAL.

CHOICE 1 (DATE, TIME): _____

CHOICE 2 (DATE, TIME): _____

CHOICE 3 (DATE, TIME): _____

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

SIGNATURE _____ DATE _____