2019 Grant Application

Please complete the application and send it back to the 24 Foundation office via email to ContactUs@24Foundation.org or via mail to 801 E Morehead Street, Suite 308, Charlotte, NC, 28202. We look forward to reviewing your application and learning more about the great work you do to support those affected by cancer in your community.

Please keep in mind that the 24 Foundation Grants Committee will only consider applications from organizations that serve the cancer communities in the **Charlotte, NC**, and **Indianapolis, IN**, metro areas. Contact us if you have questions about grant eligibility.

Applicant organizations must align with our areas of support:

- Programs that support and optimize the health of cancer survivors, and their families, throughout survivorship (diagnosis, treatment, and recovery).
- Cancer navigation programs intended to help guide patients and their families through the complex systems of cancer care.
- At least 75% of granted dollars must be allotted to programming.

If you have any questions about this application or the grant process, feel free to contact Katy Ryan at Katy@24Foundation.org or 704-365-4417 x126.

INSTRUCTIONS:
Before completing the grant application, be sure to:
- The **APPLICATION DUE DATE is January 12, 2019**. All requests must be emailed or postmarked no later than 11:59 PM on 1/12/2019.

- Read all instructions thoroughly. Failure to submit a complete application, including all requested financial documents, may render the grantee ineligible for funding. **Use the attached checklist** to ensure that you have submitted a complete application.

- Start early – begin securing and/or requesting the required financial documents so that you do not miss the submission deadline.

- Be strategic – make sure your goals, objectives, and amount requested match the funding criteria outlined above.

- All applications must be **TYPED**. Hand-written applications will not be accepted.

GRANT CHECKLIST
Incomplete applications may be ineligible for funding

Be sure your application includes: *(check this list off to make certain your application is complete!)*

☐ Completed Grant Application Cover Sheet with contact information

☐ Copy of the organization's IRS 501(c)(3) tax determination letter

☐ A completed Grant Proposal Narrative not exceeding stated character limits (excluding attachments)

☐ IRS Form 990, most recent

☐ Itemized Annual Budget for your organization's current fiscal year (existing organizational budget or completed optional worksheet)

☐ Itemized Program Budget, listing income and expenses, for this specific grant (existing organizational budget or completed optional worksheet)

☐ Your organization's most recent AUDITED financial statement or IRS Form 990, if applicable

☐ Your organization's latest annual report or summary of the prior year's activities (submit as attachments)

☐ Current Board list and affiliations

☐ List of key staff and their job duties

☐ Letters of support and/or recent reviews or articles (if available)

☐ An attached explanation if any of the above required documents cannot be submitted

GRANT COVER WORKSHEET

NAME OF ORGANIZATION

Legal Name (as designated on 501c3)
(if different than above)

Address:

Phone: _____ **Fax**: _____

E-mail: _____ **Website**: _____

Executive Director: _____

Current Board President: _____

Primary Grant Application Contact: _____ **Title**: _____
(if different than Executive Director)

Phone: _____ **E-Mail**: _____

IRS 501(c)(3) Nonprofit?
Yes/No:_____(Please attach IRS designation letter)

Federal ID # _____

Type of Grant Requested:

_____ Support for programming that supports and optimizes the health of cancer survivors, and their families, throughout survivorship (diagnosis, treatment, and recovery).

_____Program Support for cancer navigation programs intended to help guide patients and their families through the complex systems of cancer care.

_____Other:_____

Name of Program/Project:_____

Application Deadline: Postmarked or emailed by 1/12/2019

Amount Requested:_____ (Maximum Request Amount: $50,000)

Total Program/Project Budget: _____**Duration of grant requested:**_____

Total Organizational Budget for current year:_____**Fiscal Year End**:_____

State your organization's mission:

Have you previously applied to 24 Foundation?
- ❑ Yes
- ❑ No

If yes, was your request funded?

___Yes ___No Amount:_____ Year_____

___Yes ___No Amount:_____ Year_____

___Yes ___No Amount:_____ Year_____

___Yes ___No Amount:_____ Year_____

List of three largest funders in the last fiscal year and grant amount.

1. Funder _____   Grant Amount _____

2. Funder _____   Grant Amount _____

3. Funder _____   Grant Amount _____

GRANT NARRATIVE

Program/Project Summary

Please provide a concrete and concise answer to the following questions. All answers will be limited to the noted amount of characters. Answers exceeding the character limit will not be considered.

1. Project/Program Title:

2. Describe the program/project, including the purpose and the goals: (*1200-character limit)*

3. Describe the need for the project, stating its significance to our community: (*1200-character limit)*

4. How many individuals do you estimate the project will benefit: (*500-character limit)*

5. Geographic location of impact (250-character limit):

6. Demographics of Program Participants (250-character limit):

7. Describe the metrics that will be used to measure success: (*250-character limit)*

8. How will a partnership with 24 Foundation benefit the project? (250-character limit):

9. 24 Foundation values collaboration with its beneficiaries. How can 24 Foundation and it's supporters engage with your organization throughout the grant term (either through the requested project/program or other organizational activities)? (*500-character limit*)

24 FOUNDATION
2019 GRANT APPLICATION AGREEMENT

NAME OF ORGANIZATION:_____

I certify, to the best of my knowledge, that all information included in this proposal is correct. The tax-exempt status of this organization is still in effect. If a grant is awarded to this organization, the proceeds of that grant will not be distributed or used to benefit any organization or individual supporting or engaged in unlawful activities. I acknowledge that completing this application does not automatically guarantee funding.

Full Name: _____

Signature: _____   Title:_____

Date:_____

OPTIONAL PROGRAM/PROJECT
BUDGET WORKSHEET

NOTE: This format is **OPTIONAL** and can serve as a guide to budgeting for smaller organizations. If you already prepare project budgets that contain this information, you may submit them in their original forms. Attach a narrative explaining the budget, if necessary.

PROGRAM/PROJECT INCOME

Fiscal Year: _____ **(when you will use the funds)**

CONTRIBUTIONS	COMMITTED	PENDING	DECISION DATE
Government grants	$		
Foundations	$		
Corporations	$		
United Way	$		
Individual contributions	$		
	$		
	$		
	$		
Other	$		
Subtotal Contributions	$		
EARNED INCOME			
Government contracts	$		
Fee for Service	$		
	$		
Fundraising events and products	$		
Membership income	$		
In-Kind Support	$		
Investment income	$		
Other (specify)	$		
Subtotal Earned Income	$		
TOTAL **(Contributed plus Earned)**	**$**		

PROGRAM/PROJECT EXPENSES

Item	Amount	% FT/PT
(allocate all indirect expenses in your project budget)		
Salaries and wages (break down by individual position and indicate full or part-time)	$	
	$	
	$	
	$	
	$	
	$	
	$	
SUBTOTAL		
Insurance, benefits and other related taxes	$	
Consultants and professional fees	$	
Travel	$	
Equipment	$	
Supplies	$	
Printing and copying	$	
Telephone and fax	$	
Postage and delivery	$	
Rent and utilities	$	
In-kind expenses	$	
Depreciation	$	
Other (specify)	$	
	$	
	$	
	$	
TOTAL EXPENSES		
Surplus/Deficit (Income less Expense)	$	

OPTIONAL
ANNUAL ORGANIZATIONAL BUDGET

This format is **OPTIONAL** and can serve as a guide to budgeting. If you already prepare an organization budget that contains this information, you may submit it in its original forms. Attach a narrative explaining the budget, if necessary.

REVENUES   FISCAL YEAR: _____   Number FTEs _____

(Number Full Time Equivalents (1 FT=1; 2PT = 1 etc.)

Source	**Amount**
Contributed Support	
Government grants	$
Foundations	$
Corporations	$
United Way or other federated campaigns	$
Individual contributions	$
	$
Total Contributed Support	$
Earned	
Government contracts	$
Earned income	$
Fundraising events and products	$
Membership income	$
In-kind support	$
Investment Income	$
Other (specify)	$
Total Earned	$
TOTAL REVENUES	**$**

ORGANIZATIONAL EXPENSES

FISCAL YEAR: _____

Item	**Amount**
Salaries, wages and benefits	$
Insurance and/or other taxes	$
Consultants and professional fees	$
Travel	$
Equipment	$
Supplies	$
Printing and copying	$
Telephone and fax	$
Postage and delivery	$
Rent and utilities	$
In-kind expenses	$
Depreciation	$
Other (specify):	$

TOTAL EXPENSES
Difference (Income less Expense)

$