



2020 CRITICAL NEEDS GRANT - EXISTING BENEFICIARY

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** metro areas. Contact us if you have questions about grant eligibility. **All Critical Needs Funds must be utilized by the recipient organization within 30 days of receipt.**

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:

- 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.
- Be strategic – make sure your goals, objectives, and amount requested match the funding criteria outlined above.
- Ensure your request is critical in nature. All funding must be utilized within 30 days.
- All applications must be **TYPED**. Hand-written applications will not be accepted.

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: _____ (no need to attach IRS designation letter)

Federal ID # _____

Type of Grant Requested:

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

_____ CRITICAL 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: _____

Amount Requested: _____ (Maximum Request Amount: \$2,500)

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

3. Describe the critical 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 its supporters engage with your organization throughout the grant term (either through the requested project/program or other organizational activities)? (500-character limit)

24 FOUNDATION 2020 CRITICAL NEEDS 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: _____