



SERVICE GRANT INFORMATION AND SERVICE GRANT REQUEST SUMMARY FORM

TO: ORGANIZATIONS PROVIDING SERVICES AND/OR CARE TO CANCER PATIENTS

Cancer League of Colorado, Inc. is an independent, non-profit, volunteer organization committed to raising funds for cancer research, cancer patient care and services within the State of Colorado. If your organization is involved in providing services or care to cancer patients, you are invited to submit a Service Grant Request to the Cancer League of Colorado, Inc.

Cancer League's Funds Allocation Committee will evaluate every Service Grant Request, which is timely received. The list of recommended grant recipients will then be presented to the League's Board of Directors for final approval. Cancer League will consider only one request per year from an organization. The deadline for submitting a Service Grant Request is Wednesday, January 11, 2012. To consider your request Cancer League of Colorado requires your proposal include the following 15 items:

1. Legal Name and address of your organization including phone and E-mail
2. A copy of the organization's most recent IRS tax exemption authority or explanation of tax status.
3. Title or capacity of person signing the application
4. Brief history of the organization including date of establishment
5. Clear and concise Mission Statement of the organization
6. Unique aspects of your program and its relationship to other similar programs
7. Purpose and amount of the grant requested, project budget, substantiation of need, and expected results of the project
8. Funding sources and amounts in reference to the project
9. List of officers, directors, number of paid staff and volunteers of the organization
10. Number of patients and/or clients served per year
11. Financial statements for the most recent year (most recently filed tax returns are suggested; summary page only)
12. Current and/or proposed income and expense budget pertinent to the project
13. Previous funding by Cancer League of Colorado, amount(s) and year(s)
14. Attach a completed "Service Grant Request Summary"
15. Three (3) copies of your request plus one by Email.

Cancer League of Colorado will give every request equal consideration; however, it will **not** consider grants for (i) individuals; (ii) endowment funds; (iii) religious affiliated projects; (iv) annual operating expenses; or (v) facility construction.

The Funds Allocation Committee will respond to each grant request following the League's Board of Directors meeting in March 2012. Each grant recipient is required to furnish the League with follow-up reports (2 reports, one 6 months following grant receipt and one 1 year following grant receipt) detailing how the grant funds were utilized and the results. Failure to submit this information will preclude consideration by the League for future funding to your organization. Cancer League of Colorado further requests that any funding granted to your organization be publicly acknowledged. Please advise us of any publicity.

If you have any questions, please contact:

Cancer League of Colorado, Inc.
c/o Ruth Pana
4060 S. Ivy Lane
Englewood, Co 80111
303-757-7087
Email: rrpana@comcast.net

Deliver Hard Copy Grant Request To:

Cancer League of Colorado, Inc.
c/o Ruth Pana
4060 S. Ivy Lane
Englewood, Co 80111
Email: rrpana@comcast.net

Alternate contact:

Fleta Johnsen
303-781-5020



SERVICE GRANT REQUEST SUMMARY

Requesting Organization _____

Address _____

Phone _____ Fax _____ E-mail _____

Contact Person _____

Amount Requested: \$ _____

Purpose of Grant (Summary) _____

Financials for the year ending _____

Revenues: \$ _____ Expenses: \$ _____ Net Assets: \$ _____

Total Patients Served per Year _____ Cancer Patients Served per Year _____

Years and Amounts Previously Funded by CLC to your Organization _____

Other Funding Sources _____

Staff:

of Salaried Employees _____

of Salaried Employees in the Field of Fundraising _____

of Volunteers _____

Clients/Patients: (Check all that apply)

Adults Children Indigent Minority or Religious Affiliation Counseling

Medical Treatment Only Hospice Care

Other relevant information: _____