



2024 CANCER LEAGUE OF COLORADO SERVICE GRANT REQUEST SUMMARY

Legal Name of Organization \_\_\_\_\_ EIN# \_\_\_\_\_
(exact wording from IRS 501(c)(3) letter)
DBA (if known by other than legal name) \_\_\_\_\_

Address \_\_\_\_\_

CEO/Executive Director \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Contact Person (if different from CEO/Executive Director) \_\_\_\_\_

Email \_\_\_\_\_ Phone: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

Purpose of Grant: (Summary) \_\_\_\_\_

Geographic area served: \_\_\_\_\_

Clients/Patients Served: (Check all that apply)

\_\_\_ Adults \_\_\_ Children \_\_\_ Indigent \_\_\_ Minority or Religious Affiliation \_\_\_ Counseling

\_\_\_ Medical Treatment Only \_\_\_ Hospice Care

Total Patients Served per Year \_\_\_\_\_ Cancer Patients Served per Year \_\_\_\_\_

Financials:

Organization Operating Budget Current Year \_\_\_\_\_

Program/Project Budget: Income \_\_\_\_\_ Expenses \_\_\_\_\_

Years and Amounts Previously Funded by CLC: \_\_\_\_\_

Other Funding Sources \_\_\_\_\_

Staff:

# of Salaried Employees \_\_\_\_\_

# of Salaried Employees in the Field of Fundraising \_\_\_\_\_

# of Volunteers \_\_\_\_\_