



Dear Grant Applicant,

Thank you for your interest in the United Breast Cancer Foundation's (UBCF) **Breast Reconstruction Program**. On the following pages, you will find our Application Form as well as the terms and conditions of the Breast Reconstruction Program.

Applications for Grants from UBCF and any Grants awarded by UBCF are governed by the UBCF Breast Reconstruction Award Terms and Conditions which are included in the Application Form. Every applicant should carefully read the Application and the Terms and Conditions. Each Applicant who submits an application for a Breast Reconstruction Grant agrees to be bound by the Application and the Terms and Conditions. If you do not agree with any of these requirements for any reason, please do not submit an Application.

UBCF's mission is to make a positive difference in the lives of those affected by breast cancer. We are committed to helping people with limited resources reduce the stress and strain that comes with managing cancer. Thanks to the generous support we receive from our donors, we are able to award full and partial Breast Reconstruction Grants to qualified applicants. The qualification requirements are stated in the application form.

Our Grant Application consists of the following 6 parts:

1. \$50.00 Pay-It-Forward Contribution;
2. Brief personal history of medical condition, need and proposed use of the Grant;
3. Testimonial stating how UBCF's grant award will assist you (please note, all who qualify receive support.);
4. Doctor's letter of medical condition;
5. Income verification, i.e. W-2 or other government verification; and
6. Breast reconstruction surgery estimate or invoice from your surgeon.

**PLEASE NOTE THAT YOUR APPLICATION WILL NOT BE REVIEWED OR CONSIDERED UNTIL WE HAVE RECEIVED ALL 6 PARTS.**

Your request is important to us. We carefully evaluate Grant Applications in the order they are received in full. Processing and approval of applications can take up to 3 months. Incomplete applications remain open for three months after which the files are closed and a new application is required.

If your grant request is approved, funds will be dispersed in the approved amount directly to the service providers identified in your Application. In exceptional circumstances, where service providers have been paid in full by a grant applicant, the grant will be paid to the applicant upon presentation of paid original receipts for the services.

If you need to get in touch with regarding a pending application, please email us [applications@ubcf.org](mailto:applications@ubcf.org). Thank you for your support of the United Breast Cancer Foundation.

*United Breast Cancer Foundation*  
205 Depot Road, Huntington Station, NY 11746  
1-877-UBC-4CURE | [www.ubcf.org](http://www.ubcf.org) | fax 877-822-4287

*Breast Reconstruction Grant Application 2017.3*

United Breast Cancer Foundation

Breast Reconstruction Application Form

Applicant Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone (AM): \_\_\_\_\_ (PM) \_\_\_\_\_ Other: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Insurance: \_\_\_\_\_

Gender: (Optional)  Female  Male Date of Birth: \_\_\_\_\_

Age:  18-25  26-34  35-45  46-59  60-69  70 and over

Ethnicity: (Optional)

- |   |   |
|---|---|
| <input type="checkbox"/> American Indian/ Alaska Native | <input type="checkbox"/> Hispanic/ Latino |
| <input type="checkbox"/> Asian/ Pacific Islander        | <input type="checkbox"/> White/ Caucasian |
| <input type="checkbox"/> Black/African American         | <input type="checkbox"/> Multi-ethnic     |
| <input type="checkbox"/> Other, please specify _____    |   |

**I. Application Fee: Pay-It-Forward Contribution**

UBCF asks that each application include a \$50.00 Pay-It-Forward Contribution (PIFC). At UBCF we have learned that requiring a PIFC reduces the number of incomplete or ineligible applications. Though the PIFC is non-refundable, don't worry. Every eligible applicant will receive assistance from the UBCF at least equal to or greater than the PIFC. Your Pay-It-Forward Contribution will be used to help other worthy applicants just like you.

Please make your Pay-It-Forward Contribution payable to United Breast Cancer Foundation/Breast Reconstruction Program by a certified check or money order. **Please do not send cash.**

Be sure to include your Pay-It-Forward Contribution with your completed application. If you fail to do so, your application is incomplete and will not be processed.

Since its inception, the Pay-It-Forward Contribution Fund has generated funds to service hundreds of clients through the Foundation's seven unique programs. Your Pay-It-Forward Contribution will assist others in need of UBCF services. Thank you!

## II. Eligibility

The high demand and limited funds available for Breast Reconstruction Grants requires that UBCF make grant determinations based upon financial need. To be eligible an applicant's income cannot exceed 250% of the Poverty Level as set forth by US Federal Guidelines (see chart).

Household Size	To be eligible for a Breast Reconstruction Grant, your maximum household income
1	\$29,700
2	\$40,050
3	\$50,400
4	\$60,750
5	\$71,100
6	\$81,450

### Please provide information about you household income.

My total Household Gross Annual Income as reported on my most recent tax forms is \$ \_\_\_\_\_ for \_\_\_\_\_(tax year).

Child Support Income:

Does the Total Household Income include Child Support: (Circle One): Yes or No

If yes, how much do you receive per month in Child Support: \$ \_\_\_\_\_

Total number of people in household (as shown on tax forms): Adults: \_\_\_\_\_ Children: \_\_\_\_\_

### You must be a current breast cancer patient or within five (5) years of remission. Check one (1):

I am currently under treatment for breast cancer \_\_\_\_\_

I was last treated for breast cancer on \_\_\_\_\_

In either case please submit a Doctor's letter confirming your medical condition.

**You can only apply for a grant once per 12 months.** You will be able to reapply only after 12 months have passed from the last payment made on the previous grant. Check one (1):

I have never received a grant for the UBCF \_\_\_\_\_

I received a grant from the UBCF through the \_\_\_\_\_ Program(s).  
(insert the program(s) you received grant assistance from in the past).

My last grant payment was made on \_\_\_\_\_ (insert the date of the last payment for your most recently completed UBCF grant).

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### III. Personal History.

If you meet the eligibility criteria, your application will be further evaluated based on personal need and commitment. Full or partial Breast Reconstruction Grants are awarded based upon an applicant's personal circumstances and total financial need.

I am requesting a grant in for the following amount \$\_\_\_\_\_

**Grant requests must be accompanied by copies of bills or other evidence of the charges which you are requesting UBCF to pay. Any request not supported by evidence will not be considered.**

I need this grant because it will help me\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Not every grant request can be approved in full. If UBCF can only address part of your request, please describe how you would like UBCF to prioritize the parts of your request.

The most important part of my request is to:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you learn about UBCF's Breast Reconstruction Grant Opportunity?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In a brief paragraph, please explain to UBCF what your future financial plans are after UBCF's financial assistance is complete. This is to ensure that you are moving in a direction toward financial freedom. *Example: return to work part/full time; have payment plans for the outstanding invoices, utilities or call your local utilities company to inquire about a monthly payment plan.*

If my grant is approved I will be able to:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





4. I agree to indemnify, defend and hold harmless UBCF, its officers, directors, employees and agents from any loss, damage or expense, including reasonable attorneys' fees and costs, incurred in connection with any action or proceeding resulting from or arising out of, this Application or my actions or inactions related to this Application or the Grant.

5. Any Grant awarded by UBCF may be paid directly to service providers selected by me as described in this Application in order to assure that the Grant will be used for the purposes which I have described. I have voluntarily chosen to obtain the Grant to pay to the provider. I recognize that the services which I have or shall receive from the provider are solely at my request and may subject me potential risks, illnesses, injuries and even death. I have made my own investigation of these risks, understand these risks and assume them knowingly and willingly. Although UBCF is providing a Grant and making payment to the provider at my instruction, I understand and acknowledge that it is not responsible for any actions or omissions of the provider, its employees, staff, or agents, nor is it responsible for any illnesses, injuries or death that may arise as a result of the services that I am receiving from the provider. To the maximum extent permitted by law, I release and hold harmless UBCF, and its officers, directors, staff, representatives, employees and agents, from and against any present or future claim, loss or liability for injury to person or property which I may suffer, or for which I may be liable to any other person, arising from the UBCF Breast Reconstruction Grant Program resulting from any cause, including but not limited to ordinary or gross negligence.

6. UBCF and I have no partnership, joint venture, agency, franchise, or employment relationship and I shall not make any statement or take any action that I do. UBCF will not be bound or become liable because of any representations, actions or omissions by me.

7. If any provision of these terms is for any reason held to be invalid, illegal or unenforceable, that shall not affect any other provision of these terms.

8. No waiver of any breach of any provision of these terms will constitute a waiver of any other breach of the same or any other provision of these terms, and no waiver will be effective unless made in writing.

9. This Application and these Terms must be construed and enforced exclusively under the laws of the State of New York without regard to its conflicts of laws principles. Any dispute arising out of or related to this Application and these Terms must be commenced (if at all) and prosecuted in the courts located in the State of New York, Suffolk County. The parties agree to submit to the jurisdiction and venue of such courts.

10. I represent that I have carefully reviewed and understand the Application and these terms. This Application and any Grant by UBCF constitute the entire agreement between me and the UBCF concerning my Grant Request. This Application supersedes any and all prior or contemporaneous agreements, whether oral or in writing, between the parties with respect to the subject matter. No change, amendment or modification of this Application will be valid unless it is in writing and signed by the party to be charged.

11. I may not assign in whole or in part, or subcontract, my rights or obligations under this Application.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title: Grantee

Return this form to:  
**UBCF- Breast Reconstruction Program**  
**205 Depot Road**  
**Huntington Station, NY 11746**

**DOUBLE CHECK:** Please make sure you have all these elements before mailing out your application:

- Doctors letter;
- Income verification: W-2 or other government verification;
- Breast reconstruction surgery estimate or invoice from your surgeon;
- Testimonial;
- Completed, signed and dated application and
- \$50.00 Pay-It-Forward Contribution made payable to United Breast Cancer Foundation/Breast Reconstruction Program. **Please do not send cash**

*Please note, your application must be submitted with requested documentation in ONE package otherwise, your application will be considered incomplete and cannot be reviewed.*

*Please be patient and allow for the allotted time for the application to be reviewed.*

**If you have any questions or require additional information:**

Call: **1-877-UBC-4CURE**

Email: **applications@ubcf.org**

Web: **www.ubcf.org**

**[FOR UBCF PURPOSES ONLY]**

**Grant Approved:**

**Amount of Grant:** \_\_\_\_\_

**Conditions to Grant:** \_\_\_\_\_

**UNITED BREAST CANCER FOUNDATION**

By: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

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