



Dear Grant Applicant,

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

Applications for Grants from the UBCF and any Grants awarded by the UBCF are governed by the UBCF Holistic Care Grant 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 Holistic Care 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 Holistic Care Grants to qualified applicants. The qualification requirements are stated in the application form.

Our Grant Application consists of the following 5 parts:

1. \$25.00 Pay-It-Forward Contribution;
2. Brief personal history of medical condition, need and proposed use of the Grant;
3. Doctor's letter of medical condition;
4. Income verification, i.e. W-2 or other government verification; and
5. Holistic/ complimentary health care invoices/ estimates, medical invoices or other evidence of outstanding debt related to your medical condition and

PLEASE NOTE THAT YOUR APPLICATION WILL NOT BE REVIEWED OR CONSIDERED UNTIL WE HAVE RECEIVED ALL 5 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.

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 | fax 877-822-4287

United Breast Cancer Foundation

Holistic Care 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) American Indian/Alaska native Hispanic/Latino
 Asian/Pacific Islander White/Caucasian
 Black/African American Multi-ethnic
 Other, please specify _____

I. Application Fee: Pay-It-Forward Contribution

UBCF asks that each application include a \$25.00 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/Holistic Care 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 Holistic Care 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 Holistic Care Grant, your maximum household income cannot exceed:
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 three (3) 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).

*United Breast Cancer Foundation
205 Depot Road, Huntington Station, NY 11746
1-877-UBC-4CURE / www.ubcf.org / fax 877-822-4287*

III. Personal History.

If you meet the eligibility criteria, your application will be further evaluated based on personal need and commitment. Full or partial Holistic Care 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 Holistic Care 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:

UBCF Holistic Care Grant Terms and Conditions

I confirm that this Application is being submitted by me and that I am age 18 or older. I understand that this Application and any Grant to me that may be approved by the UBCF is subject to the additional terms and conditions below.

1. If awarded a Grant I will only use it for the purposes described in this Application and for no other purpose. UBCF shall have the right to confirm my use of the Grant and if UBCF determines, in its sole discretion, that I have not complied with the terms of the Grant, UBCF may demand return of the Grant amount.

2. UBCF shall have the right to use, in whole or in part, my name, likeness, biographical information, and any facts concerning or relating to the Grant in any advertising, press releases, promotion, commercial exploitation, marketing and any other documents for any lawful purpose without the need for my prior review, consent or right to approve such use. I may not use the name, likeness, biographical information or any facts concerning or relating to the Grant without the prior written consent of UBCF.

3. 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.

4. 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 Holistic Care Grant Program resulting from any cause, including but not limited to ordinary or gross negligence.

5. 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.

6. 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.

7. 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.

8. 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.

9. 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.

10. 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- Holistic Care 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;
- Holistic/ complimentary health care invoices/ estimates, medical invoices or other evidence of outstanding debt related to your medical condition;
- Completed, signed and dated application and
- \$25.00 Pay-It-Forward Contribution made payable to United Breast Cancer Foundation/Holistic Care 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: **Mary E. Reichart**

Title: Director of Operations, United Breast Cancer Foundation

United Breast Cancer Foundation
205 Depot Road, Huntington Station, NY 11746
1-877-UBC-4CURE / www.ubcf.org / fax 877-822-4287

Holistic Care Grant Application 2017.2