

# UBCF Organizational Grant Application



***Please complete the application and mail to: United Breast Cancer Foundation  
Attn: Organizational Grant Manager  
205 Depot Road  
Huntington Station, New York 11746***

UBCF accepts proposals for funding throughout the year, however, applications are reviewed three times per year: March, July & November. Thank you for your interest in UBCF's Organizational Grant opportunity.

Please be sure to read the below items carefully to ensure that your organization is eligible for a UBCF Organizational Grant.

To be eligible for a UBCF Organizational Grant your organization must:

- Be a registered 501(c)(3) charitable organization under the IRS code
- Assist women, men and/or families affected by breast cancer
- Demonstrate that it has the administrative and financial capacity to achieve and assess the stated goals of the proposal
- Be led by an effective and professional staff
- Have a high-functioning board

What UBCF Does Not Fund:

- Wages/ salaries/ benefits
- Capital Campaigns
- Capacity Building
- Private Foundations
- Organizations that discriminate on the basis of race, color, religion, sex, age, national origin, sexual orientation, veteran or disability statuses in the delivery of services and in their employment practices

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## Application Fee: Pay It Forward Contribution

UBCF asks that each application include a \$50.00 Pay it Forward Contribution (*non-refundable*).

- Please make your Pay It Forward Contribution payable to United Breast Cancer Foundation/IG 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, UBCF will return your application as incomplete.
- Please note that each applicant will receive assistance from the Foundation, as long as you qualify. Your Pay It Forward Contribution will be applied to future applicants requesting assistance within the INDIVIDUAL GRANT program.

Since its inception, the Pay It Forward Contribution Fund has generated funds to service 100s of clients in the Foundation's seven unique programs. Your Pay It Forward Contribution will assist others in need of UBCF services. Thank you!

**Please be sure your Grant Proposal includes this application form completed and signed as well as the below information:**

Date: \_\_\_\_\_ Organization Name: \_\_\_\_\_

501(\_\_\_\_)(\_\_\_\_) Founding Year: \_\_\_\_\_ Number of Board Members: \_\_\_\_\_

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

Point of Contact, Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Other: \_\_\_\_\_

E-mail: \_\_\_\_\_

Exact amount of funds requested: \$ \_\_\_\_\_

What kind of population (age, ethnicity, income level) is served by your facility/ organization?

What geographic area will be served?

Please describe how your facility/organization services the un/under insured population:

Within the population your facility/organization serves, how many breast cancer (in patient and outpatient) patients are there?

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Description, mission, services and history about your facility/organization:

Description and history of the program for which funding is requested:

Please describe in detail the intended use of funds:

Description of reporting on the progress of the grant (UBCF requires, at minimum, quarterly reporting):

Program budget:

Operating Budget for current year:

Explanation of other sources of funding for the organization and the program for which funding is requested:

Vision of relationship with the United Breast Cancer Foundation:

List of Board Members and contact information:

## REQUIRED ATTACHMENTS:

- \$50.00 PIFC made out to UBCF/ Organizational Grant;
- IRS Determination Letter;
- Latest IRS tax return;
- Resumes of all people associated with the direct operations of this program.

Name & Title \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Please contact Beth Reichart, Director of Operations with any questions: [Beth@ubcf.org](mailto:Beth@ubcf.org)