Breast Reconstruction Grant Application

Dear Grant Applicant,

Thank you for your interest in the United Breast Cancer Foundation’s (UBCF) Breast Reconstruction Grant Program. Enclosed you will find the Breast Reconstruction Grant application. Please take the time to thoroughly read this information before filling out your application.

UBCF is committed to helping people with limited finances, receive funds and to reduce the stress and strain that managing cancer can cause. Thanks to the generous support we receive from our donors, we are able to award partial and full breast reconstruction grants to qualified applicants.

**Eligibility:**

Eligibility is primarily determined based on financial need as set forth in the US Federal Guidelines at 2 1/2 times the Federal Poverty level (see application). The high demand and limited funds available for Breast Reconstruction Grants requires UBCF to adhere to these guidelines. You must be a current breast cancer patient or within 5 years of remission.

**Pay It Forward Contribution:**

- $50.00 Pay It Forward Contribution. Kindly submit your $50.00 Pay It Forward Contribution (non-refundable) to the United Breast Cancer Foundation with this application. In the past 7 months the Pay It Forward Contribution Fund has generated support to service an additional 64 clients through the Foundations seven unique patient and family programs. In your asking, you are receiving and in turn, with your Pay It Forward Contribution, you are assisting others in need of UBCF’s services. Thank You!
- Please note that each applicant will receive assistance from the Foundation. Your Pay It Forward Contribution will be applied to future applicants requesting assistance within the Breast Reconstruction Program.
- Please make your Pay It Forward Contribution payable to the United Breast Cancer Foundation/BR Program with a certified check or money order.
- Be sure to include your Pay It Forward Contribution with your completed application. If you fail to do so, UBCF’s Board of Directors will return your application as incomplete.

**Expiration:**

Breast Reconstruction Grant applications will remain active for 3 months from the postmarked date on the envelope received in our office. If the application is not complete within those 3 months the application will expire and you will have to reapply as a new client.
Breast Reconstruction Grant Determination:

If you meet the income eligibility criteria, your application will be further evaluated based on personal need and commitment. Full or partial Breast Reconstruction Grants will be awarded according to applicant’s total financial need.

Please complete the enclosed application and brief personal essay. Please include the following: Doctor’s letter, income verification and breast reconstruction surgery estimate or invoice from your surgeon. Be sure to include the $50.00 Pay It Forward Contribution made payable to United Breast Cancer Foundation/BR Program. Please do not send cash. Breast Reconstructions Grants are evaluated and awarded in the order received.

**PLEASE NOTE**
Due to limited funding, processing and approvals of applications will be reviewed on a quarterly basis.

Approval of Breast Reconstruction Grant:

Upon approval of your grant with The United Breast Cancer Foundation, funds will be dispersed as agreed upon within your Breast Reconstruction Grant Agreement. UBCF will disperse funds to your individual service providers. Reimbursement will only occur upon UBCF receiving original receipts from the approved grantee for the specific grant purpose.

Your request is important to us and will be carefully considered. You will be notified by mail of the status of your application. We ask that you please be patient with our quarterly review process. If it is important and relative to the review of your application, please email the Foundation at info@ubcf.info. Thank you for your patience.

Sincerely,

The United Breast Cancer Foundation
Applicant Information:

Date: ____________________________________________________

Name: ____________________________________________________

Address: __________________________________________________

City: ___________________________ State: ___________ Zip: ___________ County: ___________________________

Phone (AM)_________________________ (PM)_________________________

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

Household Income Eligibility:

<table>
<thead>
<tr>
<th>Household Size</th>
<th>To be eligible for an individual grant your maximum household income cannot exceed:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$29,425</td>
</tr>
<tr>
<td>2</td>
<td>39,825</td>
</tr>
<tr>
<td>3</td>
<td>50,225</td>
</tr>
<tr>
<td>4</td>
<td>60,625</td>
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<tr>
<td>5</td>
<td>71,025</td>
</tr>
<tr>
<td>6</td>
<td>81,425</td>
</tr>
</tbody>
</table>

Total Household Gross Annual Income as reported on most recent tax forms: $________________________

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): __________________________

Use of Funds:

Amount of Funds Requested: __________________________
Has United Breast Cancer Foundation previously awarded you with financial assistance?  Yes or No

If Yes, what month and year were you awarded:  Month:  Year:

Please describe the purpose of requested funds:

__________________________________________________________________________________________________________

__________________________________________________________________________________________________________

__________________________________________________________________________________________________________

Please let us know how you learned about UBCF’s Breast Reconstruction Grant Opportunity:

__________________________________________________________________________________________________________

__________________________________________________________________________________________________________

__________________________________________________________________________________________________________

Personal Essay:

The determining factors in awarding the Breast Reconstruction Grant, please take into account the financial need, personal desire and commitment of each applicant. If you have met the medical and income eligibility criteria, please take the time to briefly describe why you should be considered for the Breast Reconstruction Grant.  Please write legibly.

__________________________________________________________________________________________________________

__________________________________________________________________________________________________________

__________________________________________________________________________________________________________

__________________________________________________________________________________________________________

__________________________________________________________________________________________________________
I certify that all of the above information is true and correct and that all income is reported. I understand that this information will be kept strictly confidential and is only used in determining grant eligibility.

Signature: _____________________________ Date: ___________________________

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

Be sure to include the following:
- Dr. letter
- Income verification
- Estimate or invoice of breast reconstruction surgery from your surgeon
- Please include the $50.00 Pay It Forward Contribution made payable to United Breast Cancer Foundation/BR Program. Please do not send cash

Please note, your application must be submitted with the requested documentation in one package. Otherwise, your application will be considered incomplete and cannot be reviewed.

If you have any questions or require additional information:
call 877-UBC-4CURE Email: info@ubcf.info www.ubcf.info