Dear Grant Applicant,

Thank you for your interest in the United Breast Cancer Foundation’s (UBCF) Individual Grant Program. Enclosed you will find the Individual Grant application. **Please take the time to thoroughly read this information before completing 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 Holistic Care Individual 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 Individual Grants requires UBCF to adhere to these guidelines. You must be a current breast cancer patient or within 3 year(s) of remission. You will be allowed to reapply only after 12 months have passed from the last payment made on the previous grant awarded.

**Pay It Forward Contribution:**

- $25.00 Pay It Forward Contribution. Kindly submit your $25.00 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 Holistic Care Individual Grant Program.
- Please make your Pay It Forward Contribution payable to the United Breast Cancer Foundation/IG 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:**

The Individual Grant application 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, your application will expire and you will have to reapply as a new client.
Holistic Care Individual Grant Determination:

If you meet the income eligibility criteria, your application will be further evaluated based on personal need and commitment. Full or partial Individual 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, household bills, medical invoices and outstanding debt related to your medical condition. List in order of importance. Be sure to include the $25.00 Pay it Forward contribution made payable to United Breast Cancer Foundation/IG Program. Please do not send cash. Holistic Care Individual Grants are evaluated and awarded in the order they are received.

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

Approval of Holistic Care Individual Grant:

Upon approval of your grant with the United Breast Cancer Foundation, funds will be dispersed as agreed upon within your Holistic Care Individual 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 jennifer@ubcf.org. Thank you for your patience.

Sincerely,

The United Breast Cancer Foundation
Holistic Care Individual Grant Application

All questions (including essay) must be completed for this application to be valid. **Please write clearly.**

**Applicant Information:**

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>
</tr>
<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: ______________________
Please describe the purpose of requested funds in order of priority to you:

________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________

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

____________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________

Financial Plans:

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.

________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________

Personal Essay:

The determining factors in awarding Individual Grants, 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 an individual 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-Holistic Care Individual Grant Program
205 Depot Road
Huntington Station, NY 11746

Be sure to include the following and list in order of importance:
- Dr. Letter
- Income verification
- Household bills
- Medical invoices
- Outstanding debt related to your medical condition
- $25.00 Pay If Forward Contribution made payable to United Breast Cancer Foundation/IG program.

Please note, your application must be submitted with 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: 1-877-UBC-4CURE ext. 715 Email: jennifer@ubcf.org www.ubcf.org