



2019 Community Partner Grant Application

Eligibility Requirements

- Applicants must be from a 501 (c)(3) organization providing cancer related psychosocial services, financial aid, free screening, or psychosocial/quality of life research related to cancer patients.
- Applicants must submit all requested attachments in addition to the application.
- Applicants must be Southern California based.

Submission Procedures

- Completed applications must be submitted electronically with the subject line *2019 Community Partner Grant Application* to Aidee Zuno at aidee@towercancer.org by 5:00pm on September 14, 2018. Applicants will receive an email confirming receipt of the submission. Applications sent after this deadline will not be considered.
- Applications will be reviewed by the Tower Cancer Research Foundation Grant Committee. Applicants will be notified by December 1, 2018 of the committee's decision.
- For questions please contact (310)299-8473 or aidee@towercancer.org.

Funding Terms

- Grant awards cover a period of January 1, 2019 - December 31, 2019. All grant awards are for one year only with no guarantee of renewal.
- The final terms and conditions of any grant award, including the amount or payment terms, may vary from those requested by the applicant or those discussed during the grant process.
- Community Partner Grants typically range from \$5,000- \$50,000 and are based on programmatic need.
- Recognize Tower Cancer Research Foundation in all publications and marketing materials related to the grant in any and all forms of media.

Formatting Guidelines

- Email the application as 1 PDF document, no other document formats will be accepted. A dropbox link will be accepted if the file is too large to attach.
- Include a header with the organization's name in the upper right-hand corner and a footer with the page number on the bottom right hand corner of each page of the application.
- Use Times New Roman or Arial font no smaller than size 11. Minimum of 0.8-inch page margins.
- Follow the section order of the outline listed below and adhere to the page maximums indicated for each section. Only complete and correctly ordered applications will be considered.
- Write the section heading in bold at the beginning of each portion of the application (use the exact titles indicated in the following outline).

TOWER CANCER RESEARCH FOUNDATION



Please use the following outline as the format for your application. Applicants should succinctly address each bullet point listed below.

I. Grantee Identification (Maximum of 1 page)

1. Name of institution
2. Name of program requesting funding
3. Complete Name and Mailing address of person to whom the payment should be sent
4. Text for “memo” line of check

II. Proposal Narrative (Maximum of 6 pages)

A. Purpose of Request and Anticipated Results

1. Describe the need(s)/problem(s) to be addressed
2. Describe the target population and how they will benefit from the proposed program
3. Describe program goals, measurable objectives, action plans
4. Describe other partners in the program and their roles
5. Identify any similar programs that exist
 - 5.1. Describe how the proposed program will differ from these similar programs
 - 5.2. Describe collaboration efforts with these similar programs

B. Evaluation and Implementation

1. Explain how success will be defined and measured
2. Timetable for implementation
3. Qualifications of staff to ensure success of program and any specific training needed
4. Long term strategies for program sustainability

C. Budget

1. Create a proposed program budget for January 1, 2019 - December 31, 2019. Please indicate priority items within the budget.

III. Required Attachments

1. Copy of current IRS determination letter indicating 501(c)(3) tax-exempt status
2. Financial statement independently audited or Form 990
3. Annual report, if available
4. Summary of grant application (300 words maximum)