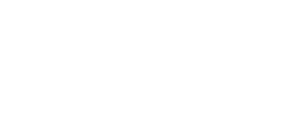
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**Cancierge Foundation**

The Cancierge Foundation, a field of interested fund of the Community Foundation of Utah, was created by individuals who have been personally affected by cancer — losing a wife, a husband, a mother, a best friend. We have come together and dedicated ourselves to helping support organizations and programs that provide services for cancer patients’ needs and improve the quality of their lives.

Cancierge Foundation helps provide funding for programs that connect services and resources to cancer patients and their families. Ultimately, the main priority of Cancierge Foundation is to facilitate the process and enable cancer patients and their families to influence aspects of their health care and daily life activities.

**Grant Guidelines**

Funds are available for nonprofit organizations who work directly with cancer patients and their families. Priority is given to programs that provide the following services: Transportation, Landscaping/Snow Removal, Meals, and House Cleaning.

Please keep in mind that most grant awards range from $1,000 to $5,000.

Applications are being accepted on an on-going basis. The selection committee meets quarterly to review applications.

All grant recipients will be required to submit impact reports regarding the use of the funds both 6 months as well as 12 months after receiving the funds.

**How to Apply**

You can apply three ways: by hand delivery, regular mail and by email.

Please mail or drop by the application and all required documents to:

Community Foundation of Utah, 2257 South 1100 East, Suite 205, Salt Lake City, Utah 84106, or email the application and documents to info@utahcf.org.

Please feel free to call the Foundation with any questions at (801) 559-3005.

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**2017 Cancierge Foundation**

**Grant Application**

|  |  |
| --- | --- |
| **Name of Organization** |  |
| **Address**  **(include City and State)** |  |
| **Website** |  |
| **Primary Contact Name**  **Phone**  **Email Address** |  |
| **Total Organization Budget** |  |
| **Mission Statement** |  |
| **Name of Program/Project for Which You Are Seeking Funding** |  |
| **Amount of Funding Requested** |  |
| **Describe the specific cancer population that will be served by this program, including the total amount of people you plan to serve using the grant.** | Specific Type of Cancer Population You Serve: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Number Served By Your Organization Annually: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Number Anticipate Served by this Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Types of services you plan to provide/connect cancer patients with.**   * **House Cleaning** * **Meals** * **Landscaping** * **Snow Removal** * **Transportation**   **(Please note Cancierge Foundation has a list of preferred services providers.)** | Please check all the services you plan to provide with this funding. For each checked service, list that anticipated number of services you will provide with this funding.   * House Cleaning: \_\_\_\_\_\_\_\_ * Meals: \_\_\_\_\_\_\_\_\_\_ * Landscaping: \_\_\_\_\_\_\_\_ * Snow Removal: \_\_\_\_\_\_\_\_\_ * Transportation: \_\_\_\_\_\_\_\_\_\_ * Other: \_\_\_\_\_\_\_\_\_\_\_   Describe: |
| **Describe the need for funding and the impact you hope to achieve with this funding:** | |
| **Describe how your program will meet the needs of cancer patients:** | |
| **Describe the amount and types of services you plan to provide for cancer patients and their families:** | |
| **Projected Timeline for Implementation** |  |
| **Please list other funding sources, both committed as well as those you are planning to solicit for support for this project.** |  |

**Name of Organization Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**APPLICATION CHECKLIST**

These are the things we need to receive to process your grant. Please make sure you include all of them:

* Completed application with signature of Executive Director or Chair of the Board
* Copy of IRS 501(c)3 letter of determination
* Annual Operating Budget
* Project Budget