



**THE LEXINGTON
CANCER FOUNDATION, INC.**
Fundraising for cancer research, education and care

Grant Application Form

Date: _____

Donation Request Amount (US Dollars Only): _____

Total project cost (US Dollars): _____

Name of Requesting Organization: _____

Address _____

City: _____ State: _____ Zip: _____

Date and place of incorporation of organization: _____

IRS 501 (c)(3) number: _____

Name of contact person: _____

Title: _____

Phone: _____ Fax: _____

E-Mail Address: _____

Purpose for which funding is requested: _____

Purpose of organization and services rendered: _____

When and how are purposes carried out? _____



How many persons were directly helped by the organization during the past 12 months?
(Clients served, program enrollment, cases treated, etc.) _____

What fees or charges are made by the organization for its services? _____

Number of persons on staff for this project who are administering functions/programs: _____

List major funding sources and amounts anticipated or received:

Organization	Amt. Anticipated	Amt. Received

Summary of Income and Operating Expenses for fiscal year in which funds are to be expended:

Fiscal Year Ended _____	Dollars (omit cents)	Percent of Total Income
Contributed by State, City or County <i>(explain below)</i>		
All other contributions or donations from dues, fees, tuition, rent <i>(explain below)</i>		
(A) Total income		
(B) Total operating expense (excl. outlays - capital items)		
(C) Balance (A-B) Deficit (-) or Surplus (+)		
Outlays for capital improvements		



If the certified audit or proposed operating budget shows a deficit, how does the organization propose to meet this deficit? _____

Annual salary/compensation schedule for salaried/hourly/contract management and salaried/hourly/contract key staff (attach if necessary) associated with this project: _____

List major funding sources and amounts raised to-date for this project: _____

Indicate plans for completing funding for this project. What other funds will be sought? _____

If sufficient funds are not raised for this project what plans does the organization have for completing the project?

If the organization directs funds to other organizations, please complete below:

Organization Amount	Date of Grant	Purpose



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If funded would you be willing to acknowledge The Lexington Cancer Foundation's support?

If so, how? _____

Are there long term plans for supporting this project? If so, please provide details.
