



**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.