



**HNC LIVING FOUNDATION**  
**Organization Grant Application**

*providing direct assistance to head and neck cancer patients*

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**ORGANIZATION INFORMATION**

Organization Name (as it is registered with the IRS) \_\_\_\_\_

AKA or DBA Organization Name \_\_\_\_\_

Federal Tax ID Number/EIN \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Web Site \_\_\_\_\_

Mission Statement \_\_\_\_\_

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**PRIMARY CONTACT INFORMATION**

Title \_\_\_\_\_ Name \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

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**GRANT APPLICATION CONTACT PERSON**

Title \_\_\_\_\_ Name \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

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**CONTACT INFORMATION**

*For questions regarding your application or HNC Living Foundation, please contact us at:*

**PHONE:** 913.402.6028

**EMAIL:** info@hncliving.org

**WEB:** hncliving.org/what-we-do/apply

Please mail the completed application and supporting documents to **HNC Living Foundation, 6240 W. 135th Street, Suite 200, Overland Park, KS 66223.**

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## GRANT APPLICATION QUESTIONS

Program or Project Name \_\_\_\_\_ Total Amount Requested (\$) \_\_\_\_\_

### PROGRAM OR PROJECT OVERVIEW

*Briefly describe your proposed program or project. What you will do? What problem are you addressing? When will the program begin and end?*

### CLIENT INFORMATION

*Define the number and demographics (gender, age, race/ethnicity, income level, county of residence) of the people your program/project will serve.*

#### RESULTS/OUTCOMES

*Specify what results you will achieve for the persons being served by this program/project. Indicate how you will determine success in achieving these results. How will you verify that the program/project is achieving these results?*

#### SUSTAINABILITY

*Show how your program will continue beyond this grant. Indicate what other funding sources are committed or that you plan to approach.*

#### ORGANIZATIONAL EXPERTISE

*For the program/project for which you seek our support, what are your core competencies? What do you know how to do especially well? What have you achieved in the past three years for persons in this or other programs you have undertaken that are most like the project for which you are seeking our support?*

#### ORGANIZATIONAL RESOURCES

*List the specific resources your organization will contribute to the program/project and which are critical for success.*

#### EXTERNAL INVOLVEMENT/KEY PARTNERS

*Specify any key partner organization(s) whose involvement is critical for your program/project to work. Explain the specific role that this/these organization(s) will play in the proposed program.*

#### WITHOUT YOU

*For the people you serve, what would happen without you? That is, how are people likely to get the result you state if you did not exist?*

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## REQUIRED ATTACHMENTS

- Program/Project Budget** - A detailed line item budget, with income and expenses for your proposal. Indicate which income line items have been secured or are pending. Limit to one page.
  - Letter of Commitment** -- if the proposed project or program involves collaboration/partnership with an external party who will receive funds from this grant (i.e., dentists, oral surgeons), please attach a letter of commitment from the external party.
  - Board of Directors** - A list of your board of directors including name, company affiliation and indication of officers.
  - Annual Operating Budget** - A detailed one-year line item budget of projected revenues and expenses for your organization. Limit to one page; two maximum.
  - Financial Audit** - The most recent organization audit with management letter, if applicable
  - IRS Form 990** - Most recent, but not older than 23 months
  - IRS 501(c)(3)** designation letter
  - Annual report**, if available
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