



Breast Cancer Fund of Ohio

Your support provides emergency funds for women and men fighting breast cancer who need help with housing, food, medical co-pays, and more.
www.BCFOhio.org | P.O. Box 31238, Independence, OH 44131 | 216-233-0777 | Joy@BCFundOfOhio.org

Grant Guidelines

Revised 08/2023

Our goal is to make the process of applying for a grant from the Breast Cancer Fund of Ohio (BCFOhio) as simple as possible. We want to insure that these public funds are used wisely, that the funds reach the people in need, and that they serve patients in every part of the state of Ohio.

To apply for a grant, please follow these steps:

1. Determine if your organization is eligible to apply for a grant:
 - a. Is a designated 501(c)(3) or 501(c)(4) non-profit organization by the IRS
 - b. Filed a Form 990 (short or long form) in the past year
 - c. Is physically located and incorporated in, and serving breast cancer patients in the state of Ohio
 - d. Has an office and staff of at least one individual
 - e. Participates in ongoing education programs related to cancer treatment and support
 - f. Has a written non-discrimination policy
 - g. Follows practice guidelines based on evidence-based medicine
2. Determine if you have a program that seeks to improve access to timely treatment and follow-up care for breast cancer patients (organizations do not have to be limited to these activities):
 - a. Provide temporary financial assistance to breast cancer patients in active treatment who live in the counties for which you request funding
 - b. Provide education and application assistance to breast cancer patients regarding availability of existing services
 - c. Evaluate requests for emergency assistance on a monthly basis
3. Determine if your program for temporary financial assistance covers these services and provides monitoring to ensure patients complete treatment and receive follow-up care:
 - a. transportation to and from treatments
 - b. temporary support of living expenses such as housing, utilities, and food
 - c. child care during diagnostic and treatment procedures
 - d. job training
 - e. mental health services not covered by a third party
 - f. assistance with treatment costs, prescriptions, and co-pays not covered by a third party
 - g. costs of participation in clinical trials that are not covered by a third party
4. If your program meets these criteria, submit a written Grant Request to BCFOhio requesting funds you project will be needed during the stated grant period. We will evaluate it to ensure your program matches the guidelines for submission of a grant application.
 - a. Applications will be approved at a meeting of the BCFOhio board of directors. Funds will be released within two to three weeks of the board meeting and the grantee has signed a release of funds contract.
 - b. When you apply for funds for specific counties, you agree to help patients undergoing breast cancer treatment currently living in the counties you receive funding for, regardless of where those patients are being treated (for example, if you are a health provider, you cannot deny a breast cancer patient emergency funds because that patient is not being treated at your facility).
 - c. Financial assistance is limited to expenses listed above. Requests for assistance with expenses other than those listed above should all be submitted to the BCFOhio Board of Directors for consideration.

Evaluation Process: To insure stewardship of BCFOhio funds, those receiving grant monies will be evaluated as to whether:

1. patient requests for emergency funding were evaluated and responded to at least once a month
2. all options for reimbursement of these expenses or eligibility for existing programs were explored and exhausted prior to use of BCFOhio funds
3. financial counseling was provided to clients who receive the benefits of this funding, including providing them with information about financial counseling websites such as <http://www.cancerfac.org>.
4. funds were used for only the purposes defined above and reports have been filed to show results

Reporting: Grantees must submit a final report at the end of the grant period, which is December 31st of the same year. Report forms will be provided with the release of funds contract.

The following demographics of breast cancer patients receiving funds from BCFOhio monies will be requested in the final report. Inability to provide these demographics will result in suspension of funding until they have been received. We recommend adding these to your Request for Emergency Funds Application Form for easier reporting. Be sure to indicate that these questions are asked solely for statistical purposes and do not affect the patients' chances of receiving funds. All answers will remain confidential and will be reported only in aggregate data.

- # of patients per county
- # of insured vs uninsured clients
- # of patients employed, unemployed before diagnosis, unemployed after diagnosis
- # of males vs females
- # of patients in age ranges (0-19, 20-39, 40-59, 60 and over)
- # of patients in income ranges (poverty, low income, mid income, high income - as determined by patient)
- # of patients in ethnicity categories (White, Black, Hispanic, Asian, Multi-Racial, Other - as determined by patient)

Grantees must help promote sales of Ohio's Breast Cancer Awareness License Plate in their area; this will include, but not be limited to, a link to www.BCFOhio.org on their website and literature as well as distribution of Breast Cancer Awareness License Plate materials at special events. Evidence of promotions will be required in the grant report.

If you have questions about grants, please contact Executive Director Joy Lewis at Joy@bcfundofohio.org or 216.233-0777.