



# BREAST CANCER FUND OF OHIO

*Helping with the challenges of living while being treated for breast cancer*

Joy Lewis, Executive Director | 216-233-0777 | 216-901-1601 Fax | Joy@BCFOhio.org  
 PO Box 31238, Independence OH 44131 | www.BCFOhio.org

## Individual Grant Application

This grant application is to be completed by nonprofit organization providing services to this specific patient. If this application is approved by the Board of Directors, the funds will be released to the provider so that they can be distributed to the patient.

Directions: Save this document to your computer and then tab-and-type to complete the application. Save frequently. When finished, please submit via email to Joy@bcfundofohio.org. **ALL FIELDS ARE REQUIRED.**

<b>Amount of Request:</b> (maximum of \$1000)		<b>Purpose</b> (e.g., transportation, emergency living expenses, mental health services not covered by insurance, child care, etc.)			
<b>Name of Nonprofit Organization</b>					
Nonprofit Tax ID Number					
Does the organization meet all of our eligibility requirements?		1. Is a designated 501(c)(3) or 501(c)(4) non-profit organization by the IRS 2. Filed a Form 990 (short or long form) in the past year 3. Is physically located and incorporated in, and serving breast cancer patients, in the state of Ohio 4. Has an office and staff of at least one individual 5. Participates in ongoing education programs related to cancer treatment and support 6. Has a written non-discrimination policy			
Nurse/Social Worker Completing this Application		Note: the check will be sent to your attention and made out to your organization so that you can ensure that the funds are distributed to the patient.			
Street Address					
City		State	Zip	County	
Email			Phone		
<b>Person Needing Assistance</b>					
Is this person currently undergoing treatment for breast cancer?					
Street Address					
City		State	Zip		
Email			Phone		
<b>Brief Statement of Need:</b>					
<b>Demographic Information:</b> (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.) Insurance Status: insured    uninsured Employment Status: employed    unemployed before diagnosis    unemployed after diagnosis Age Range: 0-19    20-39    40-59    60 and over Income Level: poverty    low income    mid income    high income Ethnicity: White    Black    Hispanic    Asian    Multi-Racial    Other					
I certify that the person named above is a patient of our facility currently undergoing breast cancer treatment and is eligible to receive emergency funds from the Breast Cancer Fund of Ohio. I have verified the patient's need.					
Signature			Date		

If you have any questions, please feel free to contact us at [joy@bcfundofohio.org](mailto:joy@bcfundofohio.org).  
 If you do not yet "DRIVE HOPE," we encourage you to purchase the Pink Ribbon License Plate at [www.oplates.com](http://www.oplates.com). You do not have to wait until your current plates expire.