**PLEASE NOTE: This is a working document only. All grant applications must be submitted online through the grants portal.**

Miles of Hope Breast Cancer Foundation Grants

*Community Foundations of the Hudson Valley*

**Questions with a “\*” are required.**

# Grant Request Title\*

Provide a brief descriptive title for this grant request. (6 words or less)

## *Character Limit: 100* Please note character limits when creating your responses.

The Miles of Hope Breast Cancer Foundation is a not for profit organization established in 2004. The Foundation provides programs and support services for women and families in the Hudson Valley affected by breast cancer. All funds raised by the Miles of Hope Breast Cancer Foundation are used in the Hudson Valley. The Foundation is currently offering grants for projects in the areas of breast health and breast cancer education, outreach, screening, treatment and support projects in the counties of Columbia, Dutchess, Greene, Orange, Putnam, Rockland, Westchester and Ulster.

Welcome to the Miles of Hope Breast Cancer Foundation online application. Please follow the instructions below in order to correctly complete the application. You will be asked to attach several documents. If these documents exist in electronic format you may attach them using the Browse button. If they are not in electronic format, you may use the Fax to File feature on the upper left side of this page. (If needed, complete instructions for using Fax to File are available on the Foundation's web site.) As a reminder, to avoid losing work, click on the "Save As Draft" button located at the top and bottom of the page at least once per hour. We recommend saving your application after attaching each document to the application. If you have questions please contact the Community Foundation at (845) 452-3077 or email [cmcpeake@cfhvny.org](mailto:cmcpeake@cfhvny.org)

Restrictions:

* Project must be specific to breast health and/or breast cancer.
* Services must be provided in one or more of the eight counties served by the Miles of Hope Breast Cancer Foundation.
* Equipment costs, if applicable, may not exceed 30% of direct costs and should be used exclusively on this project.
* Salaries, if requested, are for personnel related to this project only and not the general work of the employee.
* Funds will not be awarded to capital campaigns.

Section 1: This section pertains to the organization that will utilize the grant if awarded:

# Organization's Purpose or Mission\*

Provide a brief statement of the organization's purpose or mission. The mission statement should be a clear and succinct representation of the organization's purpose for existence.

*Character Limit: 1000*

# Geographic Service Area (Description)\*

Briefly indicate the geographic service area of the organization. (City, County(s), Region, etc.)

*Character Limit: 250*

# Population Served (Description)\*

Briefly describe the primary population(s) served by the organization.

*Character Limit: 500*

# Population Served (# of People Served)\*

How many people are directly served by the organization's services?

*Character Limit: 10*

# Operating Budget (Amount)

What is the organization's annual operating budget? (Required for 501(c)(3) organizations)

*Character Limit: 20*

# Tax Status\*

Select the organization's tax status from the list below.

## Choices

501(c)(3)

Faith-based Institution Educational Institution Other

Not a nonprofit organization but have a fiscal sponsor

# If Other Status (Description)

If you selected other, describe the organization's non-profit status.

*Character Limit: 250*

# Guidestar Nonprofit Report

Have you or someone from your organization recently reviewed, and if necessary, updated the nonprofit report on Guidestar (www.guidestar.org)? A nonprofit report may include information from the IRS Business Master File; IRS Forms 990, 990-EZ, and 990-PF, as well as from the nonprofit itself. Any nonprofit can update their GuideStar report for free to ensure site visitors get the most complete data about their organization.

## Choices

Yes No

# Audited?\*

Is your organization audited?

## Choices

Yes No

# Date of Incorporation

What is the date the organization was incorporated? (Required for 501(c)(3) organizations)

*Character Limit: 10*

Section 2: Grant Request: This section pertains to the project/program for which funding is requested:

# Grant Request Summary (Description)\*

Describe the proposed use of the funds requested. Please indicate whether this is a new program or support for a pre-existing program.

*Character Limit: 2000*

# Grant Request (Amount)\*

Provide the amount requested from this grant program.

*Character Limit: 20*

# Total Project/Program Budget (Amount)\*

Provide the budget amount needed in order to accomplish the project/program. (May be equal to or greater than the grant request.)

*Character Limit: 20*

# Total Project/Program Budget (Attachment)\*

Attach a detailed budget which indicates all expense items and revenue sources for this request (including this grant request). Provide details on firm funding commitments.

*File Size Limit: 2 MB*

# Grant Request Type\*

Indicate the primary type for the grant requested.

## Choices

Breast Cancer Education

Educational Outreach to Special Populations Support Programs

Peer to Peer Support Programs

# Project/Program Timeframe (Description)\*

Provide a description or date(s) indicating the timeframe for this grant request. (Projects/Programs that have occurred in the past will not be funded.)

*Character Limit: 250*

# Service Area (Description)\*

Briefly indicate the geographic area that the organization serves that this grant will specifically impact? (City, County(s), Region, etc.)

*Character Limit: 250*

# Population Served (Description)\*

Briefly describe the segment(s) of the organization's population that will be affected by this grant?

*Character Limit: 500*

# Population Served (# of people directly served)\*

How many people will be directly impacted by this grant request?

*Character Limit: 10*

Short-Term Outcomes

# Short-Term Outcome #1\*

Provide a specific, measurable outcome that will occur as a result of this program/project.

*Character Limit: 250*

# Short-Term Outcome #2\*

Provide a specific, measurable outcome that will occur as a result of this program/project.

*Character Limit: 250*

# Short-Term Outcome #3

Provide a specific, measurable outcome that will occur as a result of this program/project. (Not required)

*Character Limit: 250*

Long-Term Outcomes

# Long-Term Outcome #1\*

How will funding this program/project impact the organization long-term?

*Character Limit: 250*

# Long-Term Outcome #2

How will funding this program/project impact the organization long-term? (Not required)

*Character Limit: 250*

# Collaborations\*

Are you collaborating with other organizations in this program/project?

## Choices

Yes No

# Collaborations (Description)

If yes, what organizations are you collaborating with and briefly describe the nature of the collaboration with this grant request.

*Character Limit: 500*

# Funding Alternatives\*

How will you fund this request if partial or no funding is granted?

## Choices

Will look for other grant/funding sources Will use operating budget dollars

Will not do project/program Other

# Funding Alternatives\*

If you indicated "other grant/funding sources" or "other", please briefly describe. If using operating dollars, please describe what you will not fund in order to fund this project/program.

*Character Limit: 250*

# MOH Branding\*

Are you willing and able to promote the MOH brand (e.g. recognition on website, at a program, at an event, on materials produced, in a press release, on social media etc.)?

## Choices

Yes No

# MOH Branding Specifics\*

What approach(s) will you use to communicate MOH’s brand and our role as your partner in this work (e.g. recognition on website, at a program, at an event, on materials produced, in a press release, on social media, etc.)?

*Character Limit: 1000*

# Other Information

Is there any other relevant information we might need to better understand the request?

*Character Limit: 500*

# Additional Attachments

If you have relevant materials relating to the grant request you may attach them here. Examples of relevant materials are product sheets for equipment requested, materials from speakers or professional development programs, proposals from consultants, etc.

*File Size Limit: 10 MB*

Please attach the following documents here:

# Operating Budget (Attachment)

Attach the current year operating budget. (Required for 501(c)(3) organizations.) If you are attaching an Excel file please be sure to review the attachment using the "Print Packet" feature at the top of the page to make sure it appears in the manner you intended.

*File Size Limit: 3 MB*

# Board of Directors (Attachment)

Attach a list of the organization's Board of Directors including their professional affiliations. (Required for 501(c)(3) organizations)

*File Size Limit: 1 MB*

# Fiscal Sponsor (Attachment)

If utilizing a Fiscal Sponsor, please submit a letter by the sponsor stipulating that they have agreed to serve in this capacity.

*File Size Limit: 3 MB*

IMPORTANT: Before submitting your completed application we strongly suggest that you click on "Print Packet" at the top of the page. This will allow you to create and save a PDF of your application and all attachments for your records. You will also see if all of your attachments are displaying the information requested correctly. Please check spelling and grammar.

# Authorization (In lieu of Signature)\*

Has the Executive Director of the organization reviewed and approved this grant request.

## Choices

Yes No