



GRANT APPLICATION 2017

This grant application is due **September 16, 2016**, for consideration in YTAC's 2017 beneficiary nomination process.

Young Texans Against Cancer (YTAC) is an independent, non-profit organization comprised of young men and women who have been affected by cancer and are seeking to become more actively involved in the cancer community. Our organization is focused on raising funds for local research and support organizations, using our member base to increase awareness of volunteer organizations and helping to educate our community on cancer research.

Application Guidelines:

- The recipient organization (or the specific project within the organization) must serve the cancer community in the state of Texas.
- Please complete all the application questions or write "N/A." Incomplete applications will not be considered.
- Please attach copies of all the forms below:
 - Most recent 501(c)(3) letter from the IRS.
 - Most recent 990 with Schedule A and attachments.
 - Most recent financial audit.
 - Brochure, newsletter, or other media.
 - List of board members and affiliations.
 - Two page Program or Project Summary described at the bottom of Page Two.

Please e-mail your completed Grant Application packet to: charity-houston@ytac.org by Friday, September 16, 2016.

Additional Important Information:

Once the grant is submitted, each applicant/organization will receive a confirmation e-mail that the application has been received. If you do not receive a response, please let us know. The grant recipient/organization will then be notified of the decisions by **December 16, 2015**.

Please contact Caroline Conway at charity-houston@ytac.org with any questions.
For more information about YTAC, please visit our website at <http://houston.ytac.org>.



ORGANIZATION INFORMATION

Name of Organization: _____

Department/section: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Street address if different from mailing address: _____

Phone: _____ Fax: _____

Website: _____

Contact Person: _____ Title: _____

Phone: _____ Fax: _____

E-mail: _____

Year Established: _____ Geographic area: _____

Estimated number of people served: _____

Had you heard of YTAC before receiving this application? If yes, how? _____

PROJECT/PROGRAM INFORMATION

Project/Program Title: _____

Total budget for project/program: _____

Proposed timeline for project/program: _____

Requested amount for project/program: _____

How would you classify this project/program?: (choose all that apply)

- Education
- Research
- Program Support

PROGRAM OR PROJECT SUMMARY (Please limit to two pages)

Include goals of this project, how you will measure the results, challenges, who and how many people will benefit from this project, and what community resources will be used for this project (e.g., facilities, people, partnerships, etc.) Does your organization/project serve a specific demographic (e.g., age, gender, etc.) or a particular type of cancer? How does your organization align with the mission of YTAC? Does your organization have a young professional/supporter affiliation, and/or have events designed for the young professional/supporter demographic?



FUNDING

Total funding sources:	%
Federal Government	
State Government	
County Government	
City Government	
Corporate Government	
Foundations	
Individuals	
Tuition/membership/fees	
United Way	
Special Events	
Income from sales	
Program revenue	
Interest and dividends	
Other income sources:	
Other income sources:	
Total:	

Fiscal year runs from _____ to _____. Total budget for fiscal year _____

How much of the projected funding has been pledged and received? _____

What % of each dollar donated is spent on direct program services? _____

Volunteers:

How does your organization utilize volunteers? _____

What opportunities are available for volunteer partnership with YTAC, if any? _____
