



The Boston North Cancer Association, Inc. (formerly Lynn Cancer Association, Inc.) is a not-for-profit organization dedicated to cancer treatment, prevention, and education in communities north of Boston\*. Founded in 1944, Boston North Cancer Association has awarded more than \$1M in funding for these purposes to benefit residents in communities north of Boston. The organization is solely funded through private contributions and bequests.

## **Community Grants Program**

The purpose of Boston North Cancer Association's Community Grants Program is to help reduce the risk of cancer for all ages and to enhance the health and well-being of cancer patients, cancer survivors, and family members of those with cancer. To this end, Boston North Cancer Association is awarding up to \$20,000 in grants per year to support community programs and resources for cancer prevention and education in communities north of Boston. Grants requests are limited to a maximum of \$5,000, and only one application will be accepted per organization.

### **The Community Grants Program funds programs and services that:**

- Educate children, adults and/or seniors about the symptoms and risks of cancer.
- Provide support services to cancer patients, cancer survivors, and their family members.
- Raise awareness about cancer treatment and prevention.
- Serve residents in one or more communities north of Boston.\*  
(For a list of communities served, please refer to page 2).

### **Priority is given to programs and services that:**

- Offer free or low-cost services.
- Provide resources to under served populations.
- Address cancer-related issues specific to gender, race/ethnicity, and/or economic status.
- Collaborate with other resource providers to reduce duplication of services.
- Promote community participation and engagement.
- Provide measurable outcomes.

### **Eligibility Requirements**

Applicant organizations must meet the following criteria:

- Not-for-profit organization with proof of 501(c)(3) tax-exempt status.  
Programs with a not for-profit fiscal sponsor are eligible to apply.
- Reside and serve residents in a minimum of one of the following communities: Beverly, Boxford, Danvers, Essex, Gloucester, Hamilton, Ipswich, Lynn, Lynnfield, Manchester-by-the-Sea, Marblehead, Middleton, Nahant, Peabody, Rockport, Salem, Saugus, Swampscott, Topsfield and Wenham.

Grants will not be awarded to support individuals, or for capital building projects, lobbying, or religious purposes. We do not fund general operating expenses.

## Community Grants Application Process

Applications will be available beginning January 1. Visit [www.bostonnorthcancer.org](http://www.bostonnorthcancer.org) or call 877-270-0370. Please complete the application form and submit all requested attachments. The application form may be typed or printed, but the narrative and all requested attachments must be typed. Applications will not be accepted by email or fax.

**Please mail completed applications to:**

Boston North Cancer Association  
P.O. Box 3153  
Peabody, MA 01960

BostonNorthCancerAssociationisavolunteer-runorganization.Receiptofyourapplicationwillbeacknowledged within three weeks. Funding decisions will be made as soon as possible, and we will notify all applicants about funding decisions.

**Please Note:**

Applicants selected for community grant awards will receive 80% of the funds. The remaining 20% will be awarded pending the completion and submission of an evaluation to Boston North Cancer Association detailing theoutcomes/resultsoftheprogramfunded.Thisevaluationistobesubmittedattheconclusionoftheprogram funded by Boston North Cancer Association.

\*Boston North Cancer Association serves the following communities: BeverlBeverly, Boxford, Danvers, Essex, Gloucester, Hamilton, Ipswich, Lynn, Lynnfield, Manchester-By-The-Sea, Marblehead, Middleton, Nahant, Newbury, Newburyport, Peabody, Rockport, Rowley, Salem, Salisbury, Saugus, Swampscott, Topsfield and Wenham.



**Boston North Cancer Association  
Community Grants Program  
Application Form**

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Please complete the application form below and submit with all requested attachments. Only one application will be accepted per organization. All application materials must be filled in and mailed. Applications will not be accepted by email or fax.

Please mail completed applications to:  
Boston North Cancer Association  
P.O. Box 3153  
Peabody, MA 01960

Boston North Cancer Association is a volunteer-run organization. Receipt of your application will be acknowledged within three weeks. Applicants will be notified about funding decisions in a timely manner. Please visit [www.bostonnorthcancer.org](http://www.bostonnorthcancer.org) or call 877-270-0370 for more information.

**I. Organization/Program Information** – Please type or print clearly

Organization Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Website \_\_\_\_\_

Contact Name \_\_\_\_\_ Position \_\_\_\_\_

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

**Organization Mission Statement**

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**Name of Program/Service for which you are applying**

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## Boston North Cancer Association Community Grants Program Application Form – Page 2

Program/Service Description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Target Population \_\_\_\_\_  
\_\_\_\_\_

Total Organization Budget \_\_\_\_\_

Total Program/Service Budget \_\_\_\_\_

Name(s) and title(s) of key staff for program/service delivery \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### II. Narrative – Please answer the following in five pages or less.

1. Describe the mission, history, and overall programs for your organization.
2. Describe the program/service for which you are seeking funding, including:
  - Goals and objectives
  - Community need (case statement, include statistics, data, etc. to support the need for your program/service)
  - Target population and outreach plan
  - Detailed time line for service delivery
  - Evaluation method(s) and plan for measuring results
3. Provide brief bios for key staff involved with program/service delivery.
4. Explain your plan for program/service delivery should you receive less funds than requested.

### III. Attachments – Required unless otherwise noted.

- Organization operating budget (expenses and income)
- Program Budget (expenses and income)
- List of other current funding sources and uses
- Verification of tax-exempt status (IRS determination letter)
- List of Board of Directors and Senior Staff
- Key Staff Resumes
- Latest Financial statement (audited, preferred)
- Current Annual Report (if available)
- Program collateral or press coverage (limited to maximum of three items).

### IV. Terms of Agreement

If your application is selected for a community grant award from Boston North Cancer Association, Inc., you agree to complete and submit an evaluation to Boston North Cancer Association at the conclusion of the program funded by Boston North Cancer Association or by December, 1, whichever comes first. Upon receipt and approval, Boston North Cancer Association will pay the remaining 20% of your grant award. You also agree to place our logo and acknowledge our support on all collateral materials, promotion/press coverage and website. Please sign and date below to acknowledge that you agree to these terms.

Name/Title \_\_\_\_\_ Date \_\_\_\_\_