



## Boston North Cancer Association Community Grants Program

### Community Grants Program

The purpose of Boston North Cancer Association, Inc.'s (BNCA'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 awards up to \$30,000 in grants per year to support community programs and resources for cancer treatment, prevention, education and care in communities north of Boston. Maximum grant is \$5,000 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 served by BNCA.\* (For a list of communities served, please see last page).

#### 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.
- Promote community participation and engagement.
- Provide measurable outcomes.

#### Eligibility Requirements

Applicant organizations must meet the following criteria:

- Non-profit organization with proof of 501(c)(3) tax-exempt status. Programs with a non-profit fiscal sponsor are eligible to apply.
- Reside and serve residents in a minimum of one of the communities in Essex County, Massachusetts\*.

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

Application is available at [www.bostonnorthcancer.org/grants](http://www.bostonnorthcancer.org/grants). Please download the application and apply online. Complete the application form and submit all requested attachments. **Application must be submitted online and all requested attachments must be included.** Applications will NOT be accepted by mail, email or fax. Only one application will be accepted per organization.

All applications are due by **January 31** and will be reviewed by the Boston North Cancer Association board of directors and awarded after acceptance form is signed.

Applicants selected for community grant awards will receive 80% of the funds upon award. The remaining 20% will be awarded pending the completion of the program/service and submission of an evaluation to Boston North Cancer Association. This evaluation is to include: total number of people served, total cost of program, explanation of how BNCA was recognized, and a narrative detailing the outcomes/results of the program funded. Evaluation must be submitted at the conclusion of the program via email to [grants@bostonnorthcancer.org](mailto:grants@bostonnorthcancer.org). **For more information on this process email [grants@bostonnorthcancer.org](mailto:grants@bostonnorthcancer.org) or call 781-205-9447.**



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

**I. Organization/Program Information**

Organization Name

Address

City

State

Zip

Phone Number

Email

Organization Website

Contact Name

Position

Phone Number

Email

**Organization Mission Statement**

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

**Target Population of Program/Service**

**Total Program/Service Budget**

**Total Organization Budget**

**Grant Amount Requested**

**Program/Service Begin Date**

**Program/Service End Date**

**Brief Description of Program/Service**

**II. Narrative** – Please provide the following.

**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

**3. Describe evaluation method(s) and plan for measuring results.**

**4. Describe how you plan to acknowledge BNCA in the promotion of your program including the methodology, audiences and time line.**

**5. Explain your plan for program/service delivery should you receive less funds than requested.**

**III. Additional Attachments**

- 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
- Name(s) and title(s) and brief bios of key staff for program/service delivery
- Latest Financial statement (audited, preferred)
- 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 BNCA by December 1. Upon receipt and approval, BNCA will pay the remaining 20% of your grant award. **By accepting this grant award you agree to acknowledge BNCA's support of your program/service by, including but not limited to, logo placement and acknowledgement of the Boston North Cancer Association on all collateral materials, promotion/press coverage and website. Award will not be granted until promotional terms are agreed upon by both parties. BNCA reserves the right to discontinue funding if agreement is not carried out.**

Please sign and date below to acknowledge that you agree to these terms.

**Name/Title**

**Date**

The Boston North Cancer Association, Inc. (formerly Lynn Cancer Association, Inc.) is a non-profit organization dedicated to cancer treatment, prevention, education and care 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. Tax ID# 23-7174582.

\* Boston North Cancer Association serves these communities in Essex County, Massachusetts.

Amesbury	Gloucester	Lynnfield	Newbury	Salisbury
Andover	Groveland	Manchester-by-the-Sea	Newburyport	Saugus
Beverly	Hamilton	Marblehead	North Andover	Swampscott
Boxford	Haverhill	Merrimac	Peabody	Topsfield
Danvers	Ipswich	Methuen	Rockport	Wenham
Essex	Lawrence	Middleton	Rowley	West Newbury
Georgetown	Lynn	Nahant	Salem	