



Foundation for Cancer Research, Inc.

**PO Box 602, Bible School Park, NY 13737**

**Telephone: (607)798-0583**

**Email: [sasfoundationforcanres@aol.com](mailto:sasfoundationforcanres@aol.com)**

## **2016 Grant Guidelines and Application Instructions**

The Foundation will award a maximum of \$100,000 in 2016, to seek out potential cures for cancer or to alleviate the impact of cancer.

### **Submission Deadlines:**

The SAS Foundation is accepting grant proposals in 2016. Proposals are due to the Foundation's PO Box offices on Thursday, September 15<sup>th</sup> 2016. Proposals postmarked but not received by this date cannot be considered. Early submission is recommended so that fulfillment of foundation guidelines can be met. Decisions will be announced approximately six to eight weeks after submission.

### **Does My Organization Qualify?**

- The Foundation will consider requests from any 501(c)(3) where the benefit of the grant will accrue primarily to seek out potential cures for cancer or to help alleviate the impact of cancer. The determination as to whether a proposed project, or agency, fits the criteria for consideration is made by the SAS Foundation for Cancer Research. (We regret that the Foundation cannot consider requests submitted by individuals.)
- Please note that the Foundation may award less than the amount requested and reserves the right to make no award(s) if the proposals do not fulfill Foundation's grant priorities.

### **We Do Not Consider Requests For:**

- Operating or program deficits
- Funding to pay existing mortgages
- Scholarships
- Funding to reimburse an organization for costs that were incurred prior to the date the grant was awarded (whether for project activities or other program/capital expenses)
- Funding to churches or organizations for religious purposes
- Grants to individuals

Other limitations may apply.

### **Format:**

- One-sided typed or word-processed sheets, white paper
- 1" margins on all sides
- No smaller than a 12-point font

**Proposals must consist of (in this order):**

- *Foundation Contact Information Form*, completed either on a typewriter or legibly printed by hand. Do not scan the form. NOTE: The Contact Information Form must be signed by an *officer* (President/Chair, Vice-President/Vice-Chair, Secretary **or** Treasurer) of the Board of the applicant agency, as evidence that the Board has been notified regarding the grant request. **Proxy signatures are not accepted.**)
- ***Narrative*** *Number your responses to correspond to the number of the question/point below* (limit your response to **three** pages for points 1-5):
  1. **Summary/Abstract** (*3 very brief bullet points*):
    - The amount of your request
    - Why the money is needed
    - Brief description of the project/program in layman's language
  2. **Organizational mission.** (*one brief paragraph*)
  3. **Introduction/Background:** describe the importance of the proposal
  4. **Specific aims:** what will the program or project specifically accomplish? Your answers should be quantified to the extent possible.
  5. **Materials and Methods:** Describe how the project proposed will be accomplished and list potential areas of difficulties in achieving the objectives. Describe methods that will be used to determine whether the project has achieved the specific objectives and outcomes stated in your proposal. (Reports are required annually, and at the conclusion of the project.)
  6. **References/Bibliography and supplemental material.**
  7. **Budget:** Present budget on how the money is to be spent as well as any additional sources of funding (both current and pending) for the proposal? None of the funds distributed by the foundation may be used for overhead or administrative costs. Percent effort of individuals working on the proposal must be included.
  8. **Personnel:** A CV for each individual involved in the proposal must be included (NIH Bio-sketch format is preferred, but not required).
  9. **Additional Requirements:**
    - Publications, abstracts, and/or other disseminations of the results of project should be appended. Recipients must cite the Foundation as a source of funding for all publications using data from the research project.

**Also, please include with your proposal where applicable:**

- A list of your agency's board members, their addresses, affiliations and meeting schedule.
- An organizational operating budget (two pages maximum) showing departmental **income** and **expenses** for the **year in which the project will be carried out**.
- **One** copy of your 501(c)(3) IRS exemption letter.
- **One** copy of your agency's by-laws.
- **One** copy of your most recent audited Financial Statements.

Submit **nine (9)** full copies of your proposal and attachments; **however**, note that only *one* copy is required of your 501(c)(3), by-laws and most recent audited Financial Statement.

***The foundation will be happy to answer any questions you may have about submission procedures or the proposal process.***

**Note: Information relating to your agency or application may be shared at a professional level with other funders or oversight agencies, but the proposal will remain confidential.**

**Grant requests declined by the Foundation are not made public and the results of the review process are not available to the applicants.**

# The S.A.S. Foundation for Cancer Research Grant Contact Information Form 2016

**Please type or print this form – Do Not Scan**

Date Submitted: \_\_\_\_\_

Agency: \_\_\_\_\_ Years in Operation: \_\_\_\_\_

Mailing Address:  
\_\_\_\_\_

Project Title:  
\_\_\_\_\_

Total project cost: \$ \_\_\_\_\_ Amount of request to Foundation: \$ \_\_\_\_\_

Amount *committed* from all sources for project so far: \$ \_\_\_\_\_

Timeline for proposed project: From \_\_\_\_\_ to \_\_\_\_\_

Contact Person for Proposal: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Contact E-mail address: \_\_\_\_\_

Executive Director: \_\_\_\_\_ Telephone: \_\_\_\_\_

Director's E-mail address: \_\_\_\_\_ Agency FAX: \_\_\_\_\_

Do you have a 501(c)(3)? \_\_\_\_\_ If in the Advance Ruling Pd., expiration date: \_\_\_\_\_

During the last 5 years has the agency had any deficit? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

When was your last independent outside audit conducted? \_\_\_\_\_

Print name/address (home or work) of Board Chair: \_\_\_\_\_  
\_\_\_\_\_

*(Form must be signed below by board officer other than executive director or other staff):*

\_\_\_\_\_  
(Print or type name of board officer signing)

\_\_\_\_\_  
Board Title

\_\_\_\_\_  
Signature of board officer (**PROXY SIGNATURES NOT ACCEPTED**)

\_\_\_\_\_  
Date

**Please return this form with your proposal to: The S.A.S. Foundation for Cancer Research  
PO Box 602, Bible School Park, NY 13737**