

Livestrong Solution Grants 2020

Livestrong Foundation

Organization Information

BEFORE YOU BEGIN, PLEASE NOTE:

- Expression of Interest application will be accepted until 11:59 p.m. CST on February 21, 2020. Late or incomplete submissions will not be accepted. We encourage early submissions, especially if you anticipate needing any technical support from the Foundation.
- Please answer all questions completely and concisely being mindful of character limits, which do include spaces and punctuation.

Organization Mission Statement*

Character Limit: 1500

Organization Board of Directors*

Please include full names and professional affiliations

Character Limit: 1500

What is your Organization Type?*

Choices

Community/public health organization

Educational institution

Educational institution/organization

For-profit

Independent healthcare provider

Non-profit

Non-profit (with 501c3 status)

Other

Religious institution

Technology industry

Transportation sector

Organization Type - Other

If you selected Other, please indicate your Organization Type here.

Character Limit: 100

Expression of Interest Project Questions

Is this the organization's first time applying for a Livestrong Solution Grant?*

Please note: There are no restrictions for reapplication for both successful and unsuccessful grantseekers.

Choices

Yes

No

Which funding tier are you applying for?*

Livestrong Acceleration Grants are annually funded and request amounts can range up to \$20,000. Livestrong Transformation Grants are multi-year grants and funding can range between \$25,000-\$100,000.

Please note: Organizations are eligible to apply for both types of grants. However, a separate application must be completed for each funding tier request.

Choices

Livestrong Acceleration Grants

Livestrong Transformation Grants

Please select which of Livestrong's focus areas most closely align with your project*

Choices

Post-treatment care

Patient and caregiver education

Comprehensive quality of life services

Streamlining systems and care

Project Name*

Character Limit: 100

Amount Requested - in USD*

Character Limit: 20

Total Project Budget - in USD*

Character Limit: 20

Please describe the project and its purpose*

Character Limit: 1500

Project Start Date*

Please note: Project start date must be on/after June 1st, 2020

Character Limit: 10

Project End Date*

Character Limit: 10

Please provide the demographic breakdown of who this project will serve.*

Character Limit: 1500

Please select the regions in which your project operates*

Select all that apply.

For a list of states in each region, please check: [The Regions of the United States](#)

Choices

Northeast

Midwest

South

West

U.S. Territories

What are the project goals and objectives?*

Character Limit: 1500

How will the project be evaluated, and what are some measurable outcomes?*

Character Limit: 1500

Additional Questions for Livestrong Transformation Grants

How many years are you requesting funding for?***Choices**

2 Years

3 Years

4 Years +

Third-party Reference

Please note: The Foundation does not conduct site visits. However, for Livestrong Transformation Grants we do require a third-party reference.

If selected to complete a Finalist Application, you will be asked to provide an email for a reference. They will then be sent a link to complete a short reference questionnaire. Due to the short turnaround period in the grants process, please consider a suitable person and check their availability to be able to complete the reference questionnaire during the Finalist Application period: March 16-April 13, 2020.

Expression of Interest Financial Information

Total Annual Revenue of the Organization - in USD*

Organization's estimated annual budget for fiscal year most closely aligned with the grant period.

Please note: We don't require full project budget details at this time. We will ask for these on the finalist application, if invited.

Character Limit: 20

Operating Budget for the Financial Year - in USD*

Character Limit: 20

Budget Year*

What upcoming time period do these budget numbers reflect? (eg. Fiscal Year July 20XX- June 20XX, Calendar Year 20XX, etc.)

Character Limit: 100

How will funds be used?*

Please provide a percentage breakdown of how funding will be used.

Example: 50% Salaries, 20% Travel, 5% Office Supplies, 10% Overhead/Indirect

Character Limit: 500

Will you be able to implement the proposed project with partial funding from Livestrong?*

Livestrong may determine to provide a grant for less than the requested amount. If asked to submit a Finalist Application, Livestrong may request you adjust your project plan, budget and outcomes accordingly.

Choices

Yes

No

Are you seeking funding from other sources or other sponsors?*

Choices

Yes

No

If yes, please list additional sources of funding/support

Character Limit: 1500

Expression of Interest File Uploads

Cover Letter*

Please provide a cover letter to support your expression of interest application.

File Size Limit: 2 MB

501c3 Designation Letter

Please provide a copy of your organization's 501c3 designation letter, if applicable.

File Size Limit: 2 MB

Compliance Questions

Conflict of Interests*

Are there relationships, conflicts of interest or any additional information Livestrong should be aware of?

Choices

Yes

No

Outstanding Obligations and/or Contingencies*

Does your organization have any outstanding obligations and/or contingencies?

Choices

Yes

No

Ongoing Investigations*

Is your organization, and any parent or subsidiary of your organization, the subject or target of an ongoing administrative or legal investigation or proceeding, or has been sanctioned or barred by any international or U.S. federal or state authorities or agencies?

Choices

Yes

No

Compliance Questions - Additional Information

Additional Detail*

Please provide further details on your Conflict of Interest, Outstanding Obligation and/or Contingency, or Ongoing Investigation

Character Limit: 2000

Application Submission Agreement

User Profile Accuracy*

Please confirm your user profile is up-to-date and reflects accurate profile information.

Choices

Yes, I confirm the information in the portal is accurate.

Final Submission Agreement*

By clicking the “Submit” button, I am certifying the following:

- I am authorized to submit this request on behalf of the organization.
- The information in this application is true and correct.
- I understand that additional information may be needed to review the application. I understand that failure to promptly respond to requests for information will delay the review of my application, or forfeit my application for this grant cycle.
- I understand that individual Livestrong representatives do not have the authority to commit funding to requests.
- I understand that information submitted in this form may be used by Livestrong for public/promotional use.

Approvals under this system are subject to the execution of a binding Funding Agreement between the organization and Livestrong.

Choices

I acknowledge and agree to the statements listed above.

Full Name*

Character Limit: 150

Job Title/Organization Role*

Character Limit: 150

Expression of Interest Forms must be submitted by 11:59 p.m. CST on February 21, 2020, to be considered for our 2020 Livestrong Grant Cycle. Late submissions will not be accepted. The Foundation will review all forms and provide an emailed response, either a denial, a request for further information, or an invitation to submit a finalist application. Only those applicants who have received a favorable response to their expression of interest form will be able to access the finalist application to submit a full grant proposal.