

Livestrong Solution Grants 2020

Livestrong Foundation

Organization Information

BEFORE YOU BEGIN, PLEASE NOTE:

- Finalist applications will be accepted until 11:59 p.m. CST on April 13, 2020. Late or incomplete submissions will not be accepted.
- If you are applying for a multi-year Transformation Grant, we require a third-party reference to complete a short questionnaire. All reference materials must be submitted by the Finalist Application deadline, noted above. We suggest you complete this part of the Finalist Application immediately, in order to allow sufficient time for your third-party reference to access their part of the form.
- Please answer all questions completely and concisely being mindful of character limits, which do include spaces and punctuation.

In order to fully assess your project and grant request, please complete the questions below.

Please note: Your responses from the Expression of Interest Application are included in the Finalist Application. These responses are read-only and can not be edited.

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

Finalist Application 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

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

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 describe the project and its purpose

Character Limit: 1500

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

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

Character Limit: 1500

What are the project goals and objectives?

Character Limit: 1500

What are the three top challenges in your project and how do you propose to address them?*

Character Limit: 1500

Please write a short press release or announcement to your constituents about our grant partnership*

As you envision a partnership with Livestrong, at the end of the project funding period, please share with us what a potential narrative for a press release/public announcement would look like.

Character Limit: 2000

Have you partnered with other organizations to support or create this project?*

Choices

Yes
No

Will Livestrong be recognized as a funder by your organization?*

Choices

Yes
No

Which funding tier are you applying for?*

Please confirm the funding tier you selected in your Expression of Interest application.

Choices

Livestrong Acceleration Grant
Livestrong Transformation Grants

Partnership Information - Follow-up Question

Please describe your work with other organizations for this project*

Character Limit: 1000

Funding Recognition - Follow-up Question

Describe how Livestrong will be recognized as a funder*

Character Limit: 1000

Additional Questions for Livestrong Transformation Grants

How many years are you requesting funding for?*

Please confirm the number of years you selected in your Expression of Interest application.

Choices

- 2 Years
- 3 Years
- 4 Years +

How do you plan to scale the project during the duration of the grant, and beyond?*

Character Limit: 1500

How can Livestrong help your project/organization during the funding period?*

In addition to funding, there may be services or resources that could help your project/organization - e.g. mentoring/connections/networking opportunities; promotion and outreach to the cancer community; strategic planning consulting; etc.

Character Limit: 1500

Do you have internal controls over financial processes and do you follow those documented controls?*

Choices

- Yes
- No

Financial Internal Controls - Follow-up Question

Please describe or upload your financial internal control practices/policy.*

Character Limit: 1000 | File Size Limit: 2 MB

Finalist Application Financial Information

Thank you for outlining project costs and organizational finances in the Expression of Interest Application. Your responses are below. We now require a detailed project breakdown and operational budget for your organization.

Amount Requested - in USD*

Character Limit: 20

Total Project Budget - in USD

Character Limit: 20

Operating Budget for the Financial Year - in USD

Character Limit: 20

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

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

Additional Funding Information

Is there anything else you would like us to know about your current funding opportunities and challenges?

Character Limit: 1500

Detailed Project Budget*

Please upload your project budget including revenues and expenses per year. Format budget information in columns for the number of years you are requesting: YR1, YR2, YR3, Total; use your own expense categories/line items as rows.

File Size Limit: 2 MB

Organizational Budget*

Please upload an organizational budget for the upcoming year, including proposed and secured funding.

File Size Limit: 2 MB

Finalist Application File Uploads

Cover Letter*

Please provide a cover letter to support your finalist application.

File Size Limit: 2 MB

Staff List*

Please upload a list of your executive staff, including a brief bio of each.

File Size Limit: 1 MB

Organization IRS Form W-9*

Please upload a signed copy of the IRS Form W-9. This form can be downloaded from the **IRS website**.

File Size Limit: 2 MB

Electronic Payment Authorization*

Please download, complete and upload a signed EPA form. You can download the form **here**.

Please note: by completing this form, it does not guarantee your organization funding from Livestrong.

File Size Limit: 2 MB

Finalist Application 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

Finalist 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

Finalist Application Forms must be submitted by 11:59 p.m. CST on April 13, 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 funding approval.

Approvals under this system are subject to the execution of a binding Funding Agreement between the organization and Livestrong. The requested amount is not guaranteed and Livestrong will work with recipients on disbursements over the grant period.

Third Party Request for Reference

Reference*

For organizations applying for a Livestrong Transformation Grant, we require one reference to support your application.

Please provide the email address for one reference, then click "Compose Email" to send them a personal email asking them to be a reference (Please Note: the email you compose will be from "Livestrong Foundation at Administrator@GrantInterface.com"). Once you compose your email and click "Send", they will automatically receive a second email from this system, which will include a link for them to complete the reference questionnaire.

We recommend you send your request for a reference well in advance of the due date. Any

delay in completing the questions or incomplete submissions will negatively impact your application and may disqualify you from the grant process.

You can check the status of your reference questionnaire at any time by logging into your account and viewing the status of "Third Party Responses" on your home page.