Livestrong Solution Grants 2021

Livestrong Foundation

**Organization Information**

BEFORE YOU BEGIN, PLEASE NOTE:

- Finalist applications will be accepted until 11:59 p.m. CST on December 7, 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?**

Select all that apply

**Choices**

- Community/public health organization
- 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

First Time Applying
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

Focus Area Alignment
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

Funding Start Date
Please note: The funding start date for all projects must be on/after February 1st, 2021

Character Limit: 10

Funding End Date
Please note: The funding end date must match up with the project duration. For example, if you have a two-year project, starting February 1st, 2021, the funding end date will be January 31st, 2023.

Character Limit: 10

Project Description and Purpose
Please describe the project and its purpose.

Character Limit: 1500

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

Character Limit: 1500
**Project Region(s)**
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

**Project Goals and Objectives**
Please outline the project goals and objectives.

*Character Limit: 1500*

**Project Evaluation and Outcomes**
Please outline how the project will be evaluated, and what some measurable outcomes will be.

*Character Limit: 1500*

**Project Challenges***
Please describe the three top challenges in your project and how you propose to address them.

*Character Limit: 1500*

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

**Choices**
Yes
No

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

**Choices**
Yes
No

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

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, per year.

**Choices**
Livestrong Acceleration Grant
Livestrong Transformation Grants

**Partnership Collaboration - 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**

**Project Funding Duration**

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

Please ensure your project funding start and end dates match with your project funding duration period

*Choices*

2 Years

3 Years

4 Years +

**Project Scalability**

Please describe how you plan to scale the project during the duration of the grant, and beyond.

*Character Limit: 1500*

**Livestrong Support**

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*

**Financial Internal Controls**

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

*Choices*

Yes
Financial Internal Controls - Follow-up Question

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

Character Limit: 1000 | File Size Limit: 2 MB

Diversity, Equity, and Inclusion

Advancing Diversity, Equity, and Inclusion

Please outline how your organization is advancing diversity, equity, and inclusion, both internally within your organization and across all programmatic areas.

Character Limit: 1500

Equitable Project Outcomes

Please outline how your project will promote equitable outcomes.
Please include comments or examples on how you will demonstrate a commitment to equity.

Character Limit: 1500

DEI Learning and Growth Goals*

Please share two learning and growth goals for the grant period related to advancing equity and inclusion. One goal should be project-specific and one goal should be at the organizational level.

Character Limit: 1500

Black or African Americans Served

Please select if your project serves Black or African Americans

Choices

Yes

No

% of Black or African Americans Served

Please state the percentage of Black or African Americans your project exclusively serves. If you do not serve Black or African Americans, please enter 0%.

Character Limit: 100

% of Black or African Americans in Organization

Please state the percentage of your organization that is composed of Black or African Americans. Include staff, senior leadership, board members, etc.
If you do not have any Black or African Americans associated with your organization, please enter 0%.
**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.

**Total Funding Amount Requested - in USD**
Please state the total funding amount requested for the whole project duration. For example, a two-year project needing $50,000 per year will total a $100,000 request.

*Character Limit: 20*

**Total Project Budget - in USD**
Please state the total project amount for the whole project duration.

*Character Limit: 20*

**Total Annual Revenue of the Organization - in USD**
Organization's estimated annual budget for the fiscal year most closely aligned with the grant period.

*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*

**Funding Allocation**
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*

**Partial Funding Support**
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

**Other Funding Sources**
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: 2 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 December 7th, 2020, to be considered for our 2021 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.