**REACH Community Grant Application for 2024**

**\*\*Awarded Grants will begin on 1/1/2025\*\***

***Applications Due: Friday, July 26, 2024***

**Contact:** Alisha Patel

Community Outreach Manager

apatel@lungcancerinitiative.org

Phone: 919.784.0410

Please email the completed application to ALISHA PATEL, Community Outreach Manager.

**Demographic Information**

**Organization Name:**

**Legal Name:**

**Tax ID:**

**Executive Director/President:**

**Address:**

**Website:**

**Facebook Page:**

**Twitter Account:**

**Organization Type:**

**Primary Contact Person:**

**Primary Contact Phone:**

**Primary Contact Email:**

**Alternate Contact Person:**

**Alternate Contact Phone:**

**Alternate Contact Email:**

**Project Title:**

**Organization Mission Statement:**

**History of Organization and Need(s)**

**Organizational History and Capacity *(Please provide a brief description of the organization’s history, purpose, and current capacity to carry out the proposed program)*:**

 **Statement of Need:**

**Project Overview**

**Project Narrative:**

**Measurable(s) and Timeline:**

**Key Personnel:**

 **Organizational Profile:**

 **References**

**Required Attachments**

1. Budget and Justification
2. Certificate of Liability
3. Proof of Non-Profit status – 501c3
4. Current, signed W-9
5. A letter of support from collaborating organization
6. Evaluation Tool
7. Other related documents

**Budget and Justification:**

|  |  |  |
| --- | --- | --- |
| **Expense Category** | **Budget Amount** | **Justification** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **TOTAL PROJECT BUDGET** |  |  |

**Evaluation Tools:
GOAL #1:**

|  |  |
| --- | --- |
| **Metric** | **Details** |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |
| 6 |  |

**GOAL #2:**

|  |  |
| --- | --- |
| **Metric** | **Details** |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |
| 6 |  |