



**Bear Necessities
Pediatric Cancer Foundation**

BEAR EMPOWERMENT 2012 GRANT APPLICATION

Guidelines

- Bear Necessities funds programs, projects or hospital needs related to the mission of Bear Necessities: *to provide hope and support to those touched by pediatric cancer.*
- Bear Necessities will consider funding foundation programs specifically for children with cancer, and there must be an alignment to the mission.
- Bear Necessities will fund programs for patient only or patient with sibling but not sibling only or for support family support programs that are nationwide and not limited to institutions.
- Program/project must already be operating or have a complete plan/budget with 50% funding in place for its operation.
- Bear Necessities will not fund any **indirect costs, salaries, camps, patient bills, alternative treatments, funeral expenses, computers, laptops or iPADS.**
- **A new policy was presented as follows:** Beginning with grants received in 2010, any organization/hospital who receives funding is eligible for additional funding not to exceed a total of three consecutive years. That organization/hospital is then ineligible to apply for a grant in the fourth year, but may re-apply for a grant in the fifth year to restart the process. The 9 Chicago area hospitals are excluded from this limitation, however it does not guarantee their selection.

Grant Amount

- Grants will be awarded up to \$10,000 for hospitals and pediatric cancer related organizations.

Timeline:

- **Applications are due by FRIDAY, APRIL 6, 2012. No exceptions.**
- Grants will be awarded at the end of June 2012. You will be notified by the end of July 2012. *(Please do not call or email.)*

Application Requirements

IMPORTANT NOTES:

- Any Application/Proposal not adhering to **ALL** requirements will not be reviewed.
 - If a grant was received last year and a six-month update has not be submitted, you will not be eligible for a new grant
- ✓ Completely fill out Application Form
 - ✓ Completely answer questions in Proposal Form - limited to 2 pages (anything after 2 pages will not be read)
 - ✓ Detailed Program budget – 1 page
 - ✓ Completely fill out Proposal Summary

Additional Required Information

- Copy of organization/hospital's 501 (c)3 letter
- **Email 1 copy of Application/Proposal forms to: grants@bearnecessities.org by April 6, 2012.**
 - **You will be notified by email when your Application is received.**



BEAR EMPOWERMENT GRANT APPLICATION FORM

All applicants must fill this form out in full and submit with Proposal Form.

Date: _____

CONTACT INFORMATION

Name of Organization of Institution: _____

Primary Contact: _____ Title: _____

Address: _____

Address 2: _____

City: _____

State: _____

Zip: _____

Phone #: _____ Email Address: _____

Check Payable To: _____

Memo Line: _____

How did you become aware of this funding opportunity?

Have you received funding from BN before and if so, for what program?

GRANT AGREEMENT

I agree, that if awarded a Bear Empowerment grant, to submit a one-page, 6-month update by February 1, 2012 and end of year report by July 31, 2012. **(MUST check to be considered for funding)**.

Title of Program: _____

Amount Requested: \$ _____



BEAR EMPOWERMENT GRANT PROPOSAL FORM

All applicants must fill this form out in *full* and submit with Application Form.

1. Name of Organization of Institution:

City:

State:

2. Program Name:

3. Program Description:

PROPOSAL SUMMARY

In 250 words or less, summarize your program – who it benefits, why, how many people it will serve.