



Grant Application

Please complete the application and mail to: The United Breast Cancer Foundation
Attn: Grant Manager
223 Wall Street Suite 368
Huntington, New York 11743

Organization Name:

Address:

Point of Contact, Title:

Phone:

Fax:

Other:

E-mail:

Exact amount of funds requested:

How do you intend to use these funds?

What kind of population (age, ethnicity, income level) is served by your facility?

What geographic area will be served?

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Please describe how your facility services the un/under insured population:

Within the population your facility serves, how many breast cancer (in patient and out patient) patients are there?

Please describe the program that you would like these funds to assist:

Please describe in detail the use of funds:

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Please provide your program budget:

Information about your facility:

Please attach resumes of all people associated with the direct operations of this program: