THE RANDY SHAVER CANCER RESEARCH AND COMMUNITY FUND

GRANT APPLICATION

**2020 Grant Application Guidelines**

Due to the Coronavirus Pandemic, Grants will be awarded in the following manner:

* The maximum **Community Grant** request for the 2020 Grant period will be $15,000
* The maximum **Research Grant** request for the 2020 Grant period will be $25,000.
* Any **2019** Grant recipient who was awarded $50,000 or more will be ineligible for additional funding pertaining to that specific project during the 2020 Grant process. However, seed funding for additional projects may be considered.
* The maximum **Technology Grant** request for the 2020 Grant Period will be $25,000.

All Letters of Intent will be considered as long as they comply with the Mission Statement and Rules within the Mission Statement.

\*Please refer to page 3 of this document for Guidelines of Compliance and Rules within the RSCRCF Mission Statement.



**GENERAL INFORMATION:**

Name of Organization (Legal Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street/PO Box City State Zip

Contact Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tax Status (Check One) \_\_\_\_\_\_\_\_\_501c3 \_\_\_\_\_\_\_\_\_Public Agency (Gov’t. Created)

\_\_\_\_\_\_\_\_\_Unit of Gov’t \_\_\_\_\_\_\_\_\_\_ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROJECT DESCRIPTION:**

Name of Project \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Statement of Project Purpose \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Geographic Area To Be Served By Project \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHECK TYPE OF PROJECT:**

\_\_\_\_\_\_\_Cancer Research

\_\_\_\_\_\_\_Technology or Screening Tools That Would Enhance Early Detection of Cancer

\_\_\_\_\_\_\_Aid or Assistance To The Minnesota Cancer Community

\_\_\_\_\_\_\_Program Expansion or Special Projects

\_\_\_\_\_\_\_Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Beginning Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Project Ending Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Project Budget \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Requested \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Please Attach Narrative Guidelines) and Electronically Email To:**

roseann@randyshavercancerfund.org



**The Randy Shaver Cancer Research and Community Fund**

**Request for Proposals**

**PURPOSE:**

The Randy Shaver Cancer Research and Community Fund is seeking proposals from

non-profit organizations and other public entities with innovative and creative projects

that will result in benefiting Minnesota’s Cancer Community. This fund’s primary objective

is to support organizations, hospitals, research facilities and other public entities that are

involved in cancer research, cancer patient aid and cancer oriented community endeavors.

The Randy Shaver Cancer Research and Community Fund will grant funds to groups/researchers that submit proposals through this (Request for Proposal) process. Please be specific in nature as to your request and what benefits or intended outcome your proposal will make on Minnesota’s Cancer Community.

**FUNDS MAY BE USED FOR:**

* Technology or tools that would enhance early detection of cancer
* Costs for promising new programs that promote research that would help prevent cancer relapses
* Projects that demonstrate research in the area of cancer
* Programs that enhance the lives of Minnesota’s Cancer Community by providing aid or assistance
* Program expansion or special projects of a time limited nature

**FUNDS WILL NOT BE USED FOR:**

* Ongoing Operational Costs
* Personal Grants to Individuals
* Individual Salary or Salaries

**HOW TO APPLY:**

Applications **MUST be submitted electronically** no later than October 30, 2020. Organizations are encouraged to submit proposals prior to deadline. Funded projects will receive grant monies in January of 2021 and must reapply each year for future consideration.



**PROPOSALS MUST INCLUDE NARRATIVE GUIDELINES:**

1) Description of the organization(s) or facility submitting the request and the primary populations served

2) Description of the applicant’s, organization or individual researchers’ experience in working with cancer related issues

3) If this is a collaborative request, names and affiliation of planning and implementing partners and a description of the role of each partner in completing this project

4) Description of how this project will serve the lives of Minnesota’s cancer patients (i.e. improvements in care, specific updated screening methods or cutting edge cancer research)

5) Description of the programs’ specific action steps with regard to timelines and completion of this project

6) Description of what will constitute success and how it will be measured at the end of the grant period

7) Description of long-term funding plans (if applicable) and how the program will be sustained

8) Description of the qualifications and experiences of the principal staff members of the project in relation to its purpose and objectives.

1. **PROPOSAL BUDGET:**

Provide a detailed budget of the project’s income and expenses, including a narrative description of each category of income and expense.

1. **ATTACHMENTS:**

**Complete and submit electronically**

\_\_\_ Attached Application Form

\_\_\_ Evaluation Plan Summary

\_\_\_ Copy of Your 501(c)3 Designation Letter

\_\_\_ List of Your Board of Directors

\_\_\_ Evidence of Board Endorsement of this Proposal

1. **TIMELINE DEADLINE:**

October 30, 2020 Electronically Sent Deadline

January 2021 Proposal Presentation

July 1, 2021 Progress Report Due

January, 2022 Project Completed

1. **Please Email Your Proposal To:**

roseann@randyshavercancerfund.org



**Grant Proposal**

**Electronic Submission Requirements**

\*\*\*Please be advised All grant proposals MUST BE sent to us electronically. Each proposal must

be in WORD format 12 point, Arial type font.\*\*\*

Each grant proposal accepted for consideration will be distributed electronically in a secure document to the Randy Shaver Cancer Research and Community Fund Advisory Board. The grant proposals will not be web viewable or accessible to the general public.

Also, any exhibits, attachments, or handouts must accompany the grant proposal. We will not permit any distribution of material to the Advisory Board if your grant proposal is accepted for consideration and you are invited to present to the Advisory Board.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date