



Hope Grant Application

Village Walk for Cancer Research

Supporting cancer research and cancer-related projects in Arkansas

Name of Organization

Street Address

City

ST, Zip Code

Contact Person Name

Title

Daytime phone#

Other phone #

Email

Website

Please answer each question below. Attach additional pages as needed.

☐ Yes ☐ No	Is the organization requesting funding exempt from payment of income tax? <i>If yes, attach a copy of the IRS determination letter indicating 501(c)(3) status. If the organization is not a 501(c)(3), please explain its eligible status or fiscal sponsorship arrangement.</i>
☐ Yes ☐ No	Have you previously received funding from Village Walk for Cancer Research? <i>If yes, specify the date, amount received, and the outcome or impact achieved.</i>

☐ Yes ☐ No	Will the funds be used within Arkansas? <i>If yes, identify the Arkansas communities, institutions, or populations that will benefit.</i>
☐ Yes ☐ No	Will the funds be used for cancer research? <i>If yes, describe the research purpose and the amount or percentage of this request that will directly support cancer research. If not applicable, enter N/A.</i>
☐ Yes ☐ No	Will the funds be used for cancer-related projects or services? <i>Examples may include patient and family support, access to care, prevention, early detection, education, survivorship, or other cancer-related services.</i>
☐ Yes ☐ No	Have you included a complete copy of the most recent available financial statements and IRS tax filing with associated schedules, as applicable?

Amount of Grant Request: \$ _____

What is the purpose for the funds requested?

Describe the need being addressed, the activities or services to be funded, who will benefit, and the expected outcomes. Attach additional pages, if necessary.

What other sources of funding being used for the project described above?

Include funding source, amount, and whether the funding is confirmed or pending.

Project budget and measurable outcomes

Briefly identify the major expenses covered by this request and the results you expect to achieve. Attach a detailed project budget if needed.

Expense / activity	Estimated cost	Expected result / measure

All completed grant applications must be postmarked and/or received by November 30th. Mail to Village WFCR 1400 DeSoto Blvd, Hot Springs Village, AR 71909.

Questions? Contact Melanie Pederson, Chair, WFCR Board of Directors; cell: 608-692-0458 or email: melped53@yahoo.com.

Applicant certification

The information contained in this application is provided to obtain funding from Village Walk for Cancer Research (WFCR) on behalf of the undersigned. The undersigned understands that the information will be used in deciding whether to grant funding and represents that the information provided is true and complete. Village WFCR may consider this information to remain true and correct until written notice of a change is provided, and is authorized to make inquiries it deems necessary to verify the statements. If awarded funding, the organization agrees to use funds for the approved purpose, maintain records of expenditures, report on outcomes and use of funds by the required deadlines, and notify WFCR of material changes to the project or budget.

Representative's Printed Name and Title

Representative's Signature

Date

FOR WFCR USE ONLY

Application Decision	☐ Approved ☐ Rejected ☐ More information needed
If approved, amount awarded	\$ _____
Decision Date	
WFCR Director / Reviewer	
Conditions or notes	_____ _____