

■ Fierce Foundation, Inc.

GRANT APPLICATION



Supporting patients and families facing a rare cancer diagnosis

ABOUT FIERCE FOUNDATION, INC.

Fierce Foundation, Inc. (herein after referred to as "Fierce Foundation") was established in 2020 in memory of Karen Stevenson, a dedicated daughter, wife, mother, sister, and member of the community. To carry on her memory, Fierce Foundation was established to help patients and families who are battling a rare cancer, by making grants to help support financial need, therapies, meals, and transportation, among other potential uses.

GRANT PROCESS

Please read carefully.

Failure to follow instructions may result in the grant application not being considered.

Applicants must meet the following criteria: (1) Must be a patient battling a primary brain tumor or other rare cancer*, be an immediate family member or caregiver for such a patient, or be a non-profit organization providing services to patients diagnosed with a rare cancer; (2) Must agree to a brief phone interview or discussion by a member of Fierce Foundation board; (3) Financial need will be considered when awarding this grant.

Fierce Foundation shows no bias toward applicants of any particular race, religion or gender, or sexual identity and those factors will not be considered in choosing grant awards.

How To Apply:

Fill out the attached application and related documents in their entirety. Please make sure each page of your application packet includes your name. Keep a copy of your submission for future reference.

Completed applications may be submitted via mail to:

Fierce Foundation, Inc.
c/o Grant Review Committee
PO Box 1566
Exton, PA 19341

Or submitted electronically by e-mailing to grants@fierce-foundation.org with the subject line "Grant Application".

All applicants must complete all parts of the application packet.

The grant application is open from September 1, 2024 until October 1, 2024.

Recipients will be notified by November 30, 2024.

Late submissions will not be accepted.

All grants are subject to available funding.

**The originating cancer diagnosis must be considered rare and documented as such by a medical provider. A rare cancer, as defined by the National Cancer Institute is a cancer that affects fewer than 40,000 people in a year.*

Fierce Foundation, Inc. is a registered 501(c)3 non-profit organization based in West Chester, Pennsylvania. Founded in 2020, we envision a world where patients facing a rare cancer diagnosis have access to the same support and healthcare options as those battling more common cancers. Because we know cancer impacts more than just the patient, we are dedicated to supporting patients, caregivers and their families.

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APPLICANT AFFIRMATION

Applicants must read the following statement and sign as indicated. I affirm that the information provided on this application is accurate and true to the best of my knowledge. I understand misrepresentations may constitute fraud, which may result in the loss of eligibility of this grant or have other legal consequences. I give permission for the selection committee of Fierce Foundation to review my personal information.

By applying for this grant, applicants agree to give Fierce Foundation permission to use first names and pictures for promotional materials.

Applicant Printed Name

Applicant Signature

Date

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APPLICANT INFORMATION

Name of Applicant

E-Mail

Name of Organization
(Leave blank if applying as individual)

Organization EIN
(Leave blank if applying as individual)

Daytime Phone

Evening Phone

Address

Number

Street Name

State

Zip Code

RECIPIENT INFORMATION

Name of Recipient

E-Mail

Daytime Phone

Evening Phone

Address

Number

Street Name

State

Zip Code

GRANT REQUEST

Amount Requested

Duration of Grant

From (Date)

To (Date)

Applicant Name

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PROPOSAL NARRATIVE

Statement of Purpose: Provide background information on the recipient. Identify the reason for your request. Please explain the need that this proposal addresses. Why is the support of Fierce Foundation needed? Describe the circumstances or conditions you wish to improve or change.

Applicant Name

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PROPOSAL DESCRIPTION

Explain with specificity how you plan to use the requested funds. Identify the goals you wish to accomplish through the grant. Describe the benefits of the grant to the recipient and the expected impact.

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REQUESTED FUNDING

Please check whether funds will be used for either patient care and support, family support, or both:

Patient care and support

Family support

Both

ITEMIZED BUDGET

Use the following page to provide an itemized budget for this request with a narrative explaining projected expenditures for each budget category. Allowable expenditures include but are not limited to equipment costs, transportation expenses, materials and supplies. The budget must be included with the application for consideration.

Please attach/include any additional information you deem necessary for the approval of this request.

If funds are limited, what is the MINIMUM amount needed to partially meet this need?

\$

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ITEMIZED BUDGET (Complete multiple pages as needed)

Budget Category	Amount	Brief Narrative
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
TOTAL	\$	

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ACKNOWLEDGEMENTS

- Yes No I understand that all funds allocated to me by Fierce Foundation must SOLELY be used for the project/services I have outlined within this application
- Yes No I understand that I will be required to provide Fierce Foundation with proof of the use of allocated funds through the submission of itemized receipts.
- Yes No I understand that any funds not used during the duration of the approved grant timeline will need to be returned to the Fierce Foundation.
- Yes No I understand that if I wish to reallocate the use of funds due to a change in required services/care/project, I will need to complete and submit an addendum for approval prior to using grant funds.
- Yes No Have you applied for, or received a grant from Fierce Foundation in the past?
If yes, when _____

Applicant Printed Name

Applicant Signature

Date

FIERCE FOUNDATION USE ONLY

Date: _____

Rec'd By: _____

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