



## Quality of Life Grant Application

Applicants must be a 501(c)(3) organization whose mission is consistent with that of the Humor to Fight the Tumor Foundation. The mission of the Humor to Fight the Tumor Foundation is dedicated to funding research and patient services that will improve the lives of brain tumor patients. We do this by raising awareness, providing support and encouragement, and offering uplifting events that provide a sense of community and hope to affected individuals and families.

Complete all sections of this application and include all requested documentation in order to be considered for a Humor to Fight the Tumor Foundation grant.

### **FUNDS MAY BE USED FOR:**

- Projects that demonstrate research in the area of brain tumors.
- Programs that enhance the lives of Minnesota's brain tumor community by providing aid, assistance, or experiences.
- 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 in writing and must be postmarked no later than November 15, 2017. Organizations are encouraged to submit proposals prior to deadline. Electronic applications are not available. Funded projects will receive grant monies by December 31st, 2017. Maximum grant amount is \$18,000.

Print and mail your application to:

Humor to Fight the Tumor Foundation  
16404 Eagle Ridge Drive  
Minnetonka, MN 55345



# Quality of Life Grant Application

---

**ALL APPLICATIONS MUST INCLUDE:**

Legal Name: \_\_\_\_\_

Authorized Contact at organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

TaxID: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

Organization Mission: \_\_\_\_\_

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

**Proposal Information**

Project Title: \_\_\_\_\_

Request Date: \_\_\_\_\_ Request Amount: \_\_\_\_\_

Project Start Date: \_\_\_\_\_ Project End Date: \_\_\_\_\_

Proposal Summary: \_\_\_\_\_

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



## Quality of Life Grant Application

---

Please provide us with an attached summary of your program or project that clearly and concisely presents your project and your request for funding. Your summary should include a project overview, reasons for the grant request and target amount, and details of project activities to help you achieve your objectives. Objectives should be specific and measurable in their description of the overall approach or strategy to achieve results. Goals should be related to the need and the target beneficiaries. Describe a target timetable when objectives will be met.

Be specific in explaining how funding reflects the mission of the Humor to Fight the Tumor Foundation.

Number of brain tumor patients served annually by your organization: \_\_\_\_\_

Total Cost of Project: \_\_\_\_\_

### Authorization

Name and title of authorized staff: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_