TEAM KICK CANCER
CANCER AWARENESS CLOSE to HOME

TEAM KICK CANCER GRANT APPLICATION:

Please fill out the following:

Name:
Address:
City:
State:
Phone Number:
E-mail Address:

TEAM KICK CANCER GRANT CRITERIA

- Provide a detailed explanation of the cancer awareness program and how you will communicate your message.

- Provide a detailed list of the costs that will be incurred (all supplies, materials to produce, rental equipment etc.)

- Provide a list of materials/equipment that you are planning to get donated.

- How many people to expect to reach?

- Is there a group or organization that is going to help you facilitate the program?

- Are you planning on contacting the local media?

- Please provide additional information that may be needed.

- If you are comfortable with providing this information - Please include why you are passionate about cancer awareness and the Team Kick Cancer mission (this will not effect the outcome of this application). Thank you

PLEASE NOTE: Release of Liability and Indemnity form must be filled out by all Team Kick Cancer Grantees prior to being approved for a Team Kick Cancer grant.

A post program report will be required by all Team Kick Cancer grantees. This report will include the following: a detailed description of the Team Kick Cancer program, a detailed description of all expenses, and an estimated number of people who were impacted/inspired by the program.

OPTIONAL: include an additional essay or video about how you will actively inspire the community to learn more about cancer awareness, education and prevention.

Thank you for your application and thank you for believing in the Team Kick Cancer mission. We will get back to you within the next 6-8 weeks to let you know the progress of your application.