



GRANT FUNDING GUIDELINES FOR INDIVIDUALS WITH CANCER

DESCRIPTION

The Cancer Coalition of *Southwest Colorado (CCSWC)*, a volunteer group that raises funds and uses them to assist individuals in cancer treatment, will provide an annual grant of up to **five hundred dollars (\$500.00)** in funding for qualifying individuals with cancer. Funding is based on availability of coalition funds and eligibility based on established applicant criteria listed below through a formal application process. Funds are available for **non-medical expenses only**. Individuals may receive a grant one time (non-renewable).

REQUIREMENTS

Residency

The applicant must reside in Southwestern Colorado in Archuleta, La Plata, or San Juan County. Grant applications for Dolores and Montezuma County will be reviewed by the Cancer Resource Alliance from those counties. Grant applicants from New Mexico should contact San Juan Cancer Center Nurse Navigator.

Medical

The applicant must be currently in treatment or have completed treatment within the past three months...

Financial

Total household income at the time of application may be equal to or less than \$50,000 annual income. If income exceeds this amount and you feel there are special circumstances regarding your current status, please attach a letter of explanation and your request will be considered. Current monthly total household income will also be considered. Total household income includes, but is not limited to, such income as all wages, retirement pension, alimony, worker's compensation, Social Security, and employer disability insurance.

REVIEW PROCESS

Review of applications will be conducted by at least two members of the Cancer Coalition of Southwest Colorado. Applications will be reviewed and processed within two weeks of receipt.

PRIVACY

The coalition will maintain confidentiality of information provided on the application. The applicant must specify on the application the requested method of contact by the coalition review committee or any other individuals involved in your care such as family, friend or caretaker that the coalition may contact.

DISTRIBUTION OF EMERGENCY FUNDS

Once approval of funding is completed, the applicant or the applicant's designated contact person will be notified. **Checks will be written with the Vendor's name**, i.e. utility company, City Market, rental agency, etc., up to the approved amount as requested by the applicant. Please list vendor and exact amount on the application form. More than one vendor may be chosen. No checks can be made directly to the grant recipient. Gas card distribution will be made on a weekly basis through the Cancer Resource Center.

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