



Thymic Carcinoma
Center

Medical Grant Application

TCC- 022v3

Applicant Defined Medical Grant

Instructions: Please use this Application to provide your response to your Applicant Defined Medical Grant proposal. Each heading highlighted and in bold represents a section for you to complete for your organization. **Mail or fax Application to the following:**

Thymic Carcinoma Center

15954 S. Mur-Len Rd, Suite # 323

Olathe, Kansas 66062

Fax: (877)920-2075

Note: Medical Grant Application shall not be more than 15 total pages. If you have charts, graphs, or other visuals to accompany your proposal, please include them as attachments or within the application narrative document. Be sure to reference the attachment in the relevant section of your grant application, to help draw the reviewer's attention to the attachments.

The Thymic Carcinoma Center Foundation is committed to providing education, information, emotional support, and financial assistance for medical-related needs for patients in the United States, as well as funding medical grants for Thymic Carcinoma research to medical professionals from funds that are raised, free of charge.

1. APPLICATION DETAILS

Project Title:

Total Amount Requested from Thymic Carcinoma:

Total Project Budget:

Note: Thymic Carcinoma Center prefers that applicants be realistic and only budget items that are directly related to funding needed for personnel, supplies, materials, and/or equipment to complete said requested project. This Medical Grant is not intended to be unrestricted funding.

Duration of Project (in months):

Maximum: 36 months

Has Thymic Carcinoma Center funded this project in the past?

Yes No

Medical Grant Application

TCC- 022v3

If you respond 'yes,' please provide the duration(s), and the total amount of Thymic Carcinoma Center funding received. (Max 300 words)

Required if Thymic Carcinoma Center supported this project in the past.

Project History/Background: Please provide a brief account of the history/background of the project. Include information such as: (Max 1000 words)

- When the project began (length of time in operation)
- What makes the project unique (e.g., approach, target population, geography, partnerships, etc.)
- **What were the outcomes and key lessons learned? (NOTE: Reviewers are particularly interested in this information.)**

2. ORGANIZATION DETAILS

Organization name:

EIN:

CEO/Executive Director:

Address:

Tax status:

Age of Org:

Phone:

Organization location:

Mission & vision:

Number of Staff:

Annual Operating Budget:

Organization Revenue %

% Corporate funds:

% Government funds:

% Fee for service:

% Grants:

% Investments/Earned Income:

% Private Donations:

% Revenue other:

Please explain other revenue:

Website:

Social media accounts:

Medical Grant Application

TCC- 022v3

Organization's board and Executive Officers

Executive Officers

-
-
-
-

The total number of Executive Officers:

The number of staff working on the program:

3. PROJECT TEAM

This section allows the application owner to share more about their project team and those relationships or organizations being utilized as a part of the program.

TEAM ROLES

Please list all team members and or organizations and their role(s) for this grant.

-
-
-
-
-
-

4. NARRATIVE

Select the category that best describes your request:

(Categories can include: Core operating support; Program support; Innovation)

Request Category Definitions:

Core Operating Support: The working capital needs to sustain their day-to-day operations. Core operating support grants may be used to cover day-to-day activities or ongoing expenses, such as salaries, supplies, technology, etc.; and other medical devices. (Note: this is not intended to be unrestricted funding.)

Medical Grant Application

TCC- 022v3

Program Support: Program Support is given to a specific, connected set of activities, with a defined beginning and end, explicit objectives/outcomes, and predetermined costs.

Innovation: A new idea, new method, or improvement. A new way, or improved way, of addressing a problem.

Narrative Abstract: A brief description that summarizes the funding request and includes the following information:

- The general purpose of the grant, including specific project components Thymic Carcinoma Center funding would support (*Max 500 words*)
- The amount of funding requested:
 - Specify how funding will be used (e.g. salaries, supplies, equipment, etc.)
- A brief project description that includes: (*Max 500 words*)
 - Indication if the project is new, existing, or an expansion
 - Target outcome
 - Brief Summary of program activities to achieve the desired target outcome
- Major outcomes to be achieved (NOTE: For existing Thymic Carcinoma Center-funded projects, it is imperative to provide a brief assessment of the project's effectiveness to date and a summary of lessons learned) (*Max 1000 words*)
- Project Value (i.e. project outcomes compared with project costs) (*Max 300 words*)

5. **PROJECT FINANCIALS**

Proposal budget and budget narrative template.

Once you have completed the line item project budget, please provide (whole) dollar amounts in the fields below. These fields should match the information in the attached line-item budget and budget justification.

REVENUE

Total in-kind support:

Medical Grant Application

TCC- 022v3

Total other sources secured:

EXPENSES (How will Thymic Carcinoma Center funds be used). Itemize each expense:

Salaries: -

Total FTE supported by Thymic Carcinoma Center:

Institutional Overhead Costs:

Indirect expenses:

Direct Expenses:

Total percentage of Thymic Carcinoma Center Funds that will be used for direct project costs that don't contain overhead or institutional costs:

6. PARTNERS

Partner Organizations

Please provide information about any partners who will receive a portion of Thymic Carcinoma Center funding. Also, include any partners who are providing resources in support of your proposal.

Add another partner in the same format as below. Add as many partners as needed. You are also required to attach a letter of commitment from each of these partners on the Proposal Attachments tab.

Partner Organization Name:

Partner's street address:

Partner's City:

Partner's State:

Partner's Zip Code:

7. ATTACHMENTS

REQUIRED PROPOSAL ATTACHMENTS

Please upload the following required items:

- **Proposal Narrative**
- **Budget Worksheet**

Medical Grant Application

TCC- 022v3

- **Letters of Commitment**

OPTIONAL ATTACHMENTS

You may attach additional documents here to support your request, such as letters of support, logic model, project timeline, etc. These attachments will not be counted in your narrative proposal page limit. (You may upload multiple documents.)

OTHER ATTACHMENTS

8. AUTHORIZATIONS

Grant Statement

Provide a statement that summarizes what Thymic Carcinoma Center grant funds will ultimately enable your organization to do [e.g. (Organization name) will provide (name organizational resource or service here) to achieve (name the outcome you'd like to achieve) for (name your target goal)].

Authorized Signature:

By typing the name and title of your organization's President/CEO, or authorized Medical Executive, you are certifying that the information included is accurate. NOTE: If the Tax ID number that you have provided is for a parent corporation or umbrella 501(c)3 organization, the signer must be authorized to attest to that organization's policies and practices.

Authorized Signer's Name: _____

Authorized Signer's Title: _____