**PINK AID LONG ISLAND
GRANT APPLICATION 2025
Deadline: November 15, 2024
Grant Year: March 1, 2025 - Feb. 28, 2026**

**Applications will be considered for programs and services that serve uninsured and underinsured residents of Long Island (Nassau/ Suffolk Counties) with breast cancer-related needs and their families only. To apply for a 2025 grant (for the grant period March 1, 2025 to February 28, 2026), please complete this form in the spaces provided and then email it as an attachment, along with a copy of your organization’s IRS 501(c)(3) determination letter. Your email and all attachments should be directed to pinkaidligrants@pinkaid.org by November 15, 2024 or if unable to email, please mail all of the above to Pink Aid, P.O. Box 5157, Westport, CT 06881, Attn: Long Island Grants Committee**

**Your application must be received by email or postmarked by November 15, 2024, to be considered.**

**What is the name and address of your organization (as reported to the IRS)?**

Fill in your answer here.

**What is the name, title, email address and contact information for the person filling out this application and applying for this grant.**

Fill in your answer here.

**What is the name, title, email address and contact information for the person responsible for the program and any grant awarded?**

Fill in your answer here.

**a. If a grant is awarded, who will sign the contract and what is his/her contact info?**

Fill in your answer here.

**b. To whom or where should the grant check(s) be made payable?**

Fill in your answer here.

**c. To whom and where should the check(s) be sent.**

Fill in your answer here.

**What is your organization’s mission/purpose?**

Fill in your answer here.

**Please describe the program for which you are seeking a grant, including:**

**Its name and purpose(s);**

Fill in your answer here.

**Its intended beneficiaries and the number of people you expect to reach;**

Fill in your answer here.

**How you determine whether someone is “underserved”;**

Fill in your answer here.

**The geographic area to be served;**

Fill in your answer here.

**The resources, facilities and personnel to be devoted to the program;**

Fill in your answer here.

**How the program will be implemented and the period of time in which it will be implemented;**

Fill in your answer here.

**Please be specific when answering the following:**

**a. What is the amount requested for your program? Please provide a detailed , itemized budget of how you propose to use the funds and include your current operating budget. (If more space is needed, please attach your detailed budget)**

Fill in your answer here.

**b. If additional funds will be necessary to implement this program, please state the amount needed and also state the actual and prospective sources of these funds**

Fill in your answer here.

**c. Please indicate the percentage your request represents to the overall budget for this program.**

Fill in your answer here.

**d. If you have received funding for this program in the past, please state the amount(s) and source(s) of these funds.**

Fill in your answer here.

**If you are applying for grant funds for screening/diagnostic testing (including mammograms, ultrasounds and biopsies), please indicate your reimbursement rate for the underserved, underinsured population.  Please explain what this rate is based on. Please also indicate whether this rate includes the radiologist’s reading for such testing.**

Fill in your answer here.

**Please tell us anything else that you would like for us to know about your organization and/or your program. Please do not copy and paste any existing promotional materials but rather use this space only if there is something relating to your grant and/or beneficiaries that you believe is relevant to our decision and has not otherwise been covered in this application.**

Fill in your answer here.

**By execution of this Grant Application, I hereby certify that any grant received will be used solely for the benefit of underserved Long Island residents with breast cancer related needs.**

 **By:** Your Name **Title:**  Your Title