



Halt Cancer at X 2018-2019 Community Grant Application

Halt Cancer at X (HCAX) is an initiative which is the brain child of Sarah Broussard in loving memory of her mother, Rebecca Chaney Broussard, who lost her battle to breast cancer in 2010.

Since it's beginning in 2012, Halt Cancer at X has awarded over \$180,000 to organizations in the Flathead Valley which seek to assist with screening for breast cancer, address unmet needs for those receiving active treatment for breast cancer, and help survivors and families on their journey to healing.

Halt Cancer at X is administered by Montana Equestrian Events, a 501(c)(3), and grantees are selected by the community board of Halt Cancer at X.

Grant proposals must fall within one of the following categories:

- 1) Increasing awareness of or availability of screening for breast cancer
- 2) Modifying risk for breast cancer through education, healthy lifestyles, and early intervention
- 3) Providing education and support for women and families coping with breast cancer
- 4) Assisting individuals who have received a diagnosis of breast cancer with financial concerns and other unmet needs brought about by active treatment
- 5) Offering breast cancer patients and survivors assistance with returning to wellness, building community, and moving on to health

Terms:

The term of the Halt Cancer at X Community Grant is one year beginning October 31, 2018 and ending October 31, 2019. Extensions may be considered if progress is being made spending funds for the granted purpose but more than one year is required to fully realize the goal. The program must be directly related to breast cancer, meet all HCAX funding criteria, fit within one of the above categories, and not be ineligible based on HCAX funding exclusion criteria.

Grant Recipients must submit a final report detailing the manner in which the funds are spent and the progress made in accomplishing the project goals by October 1, 2019. Failure to submit this report may result in forfeiture of any remaining grant funds and exclusion for consideration for future funding.

Halt Cancer at X reserves the right to request interim progress reports within reason, availability of grant recipients for media and promotional visits to benefit the further fundraising efforts of HCAX, and site visits, if applicable, at a mutually agreed upon time during the grant term.

Publicity associated with the program must acknowledge HCAX as a supporter, when possible.

Application procedure:

Please e-mail the completed application to Dr. Melissa Hulvat at mhulvat@gmail.com by October 1, 2018.

In addition, please mail one hard copy each to:

Montana Equestrian Events, Inc.
Attn: Grant Committee
P.O. Box 595
Whitefish, MT 59937

Dr. Melissa Hulvat
Bass Breast Center
310 Sunnyview Lane
Kalispell, MT 59901

The Halt Cancer at X community board will review and evaluate each grant proposal. All applications are confidential and available only to the HCAX community board members and Montana Equestrian Events Inc.

Applicants will be notified of the decision regarding their proposals by mid-October. A representative from a successful grant recipient organization must be available for the formal granting and media event held in mid-October at the Rebecca Chaney Broussard Center for Nursing & Health Science at Flathead Valley Community College, date and time TBD. Grant recipient organizations will consent for their representative's photograph and any quotes made during this event to be used in media surrounding this event.

If any grantee or sponsoring institution fails to adhere to the policies and qualifications listed above, the grant is subject to termination.

Please contact Dr. Melissa Hulvat at mhulvat@gmail.com with any questions.



Halt Cancer at X 2018 - 2019 Community Grant Application

Name of Agency/ Institution/Organization _____

Telephone _____

Address _____

City _____ State _____ Zip _____

Program Title _____

Amount of Grant Request _____

Program Director _____

Telephone _____ Fax _____ E-mail _____

Address _____

City _____ State _____ Zip _____

Checks made payable to:

Agency/Institution _____

If different from the Program Director, please identify a Primary Contact to whom the Halt Cancer at X community board should address any questions regarding this application.

Primary Contact _____

Telephone _____ Fax _____ E-mail _____

Address _____

City _____ State _____ Zip _____

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Agency/ Institution/ Organization _____

Program Title _____

Program Director _____

Please provide the following information in an attached document. Kindly present this information in Times New Roman font, 12 point, 1.5 spacing or similar with standard margins for best readability.

A. Clearly state which of the following categories your grant falls within. (If your grant falls under multiple categories, please list all).

- 1) Increasing awareness of or availability of screening for breast cancer
- 2) Modifying risk for breast cancer through education, healthy lifestyles, and early intervention
- 3) Providing education and support for women and families coping with breast cancer
- 4) Assisting individuals who have received a diagnosis of breast cancer with financial concerns and other unmet needs brought about by active treatment
- 5) Offering breast cancer patients and survivors assistance with returning to wellness, building community, and moving on to health

B. Describe the program, including objectives and measurable goals

C. Explain the relevance of this program to community need

D. Briefly outline what resources, facilities and personnel will be required

E. Detail your plan for how achievement of goals will be measured

F. Include a timeline of how the program will be implemented during the grant year

G. Provide a budget detailing total program expenses and how HCAx funding will be utilized to support the overall program

H. Please disclose any other current active and pending financial support by partner organizations that will also be used to support the program, if applicable

I. Tell us anything else we need to know about how your proposed program will fulfill the goals of HCAx as described above

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Signatures required:

I hereby confirm that I have reviewed and approved this application and the accompanying budget.

I agree:

1. To repay any amount not used for the purposes of the grant,
2. To submit a full and complete annual report,
3. To keep records of receipts and expenditures and to make these available to HCAX at reasonable times, and
4. Not to use any of the funds to influence legislation, to influence the outcome of elections, to carry on voter registration drives, to make grants to individuals or other organizations or to undertake any nonexempt activity, when such use of the funds would be a taxable expenditure if made directly by the foundation.

Name of Agency/ Institution/Organization _____

By: Program Director

Printed Name and Title _____

Signature _____ Date _____

Email address _____

By: Primary Contact

Printed Name and Title _____

Signature _____ Date _____

Email address _____