



Halt Cancer at X Community Grant-2020 Guidelines and Application

Overview

Halt Cancer at X (“HC@X”) is an Initiative founded by Sarah Broussard in loving memory of her mother, Rebecca Chaney Broussard, who lost her battle with breast cancer in 2010. Halt Cancer at X is administered by Montana Equestrian Events, Inc., a 501 (c)(3) non-profit organization.

Since 2012, Montana Equestrian Events, through HC@X, has awarded over \$270,000 in grants 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. Grantees are selected by the HC@X Grant Committee chaired by Dr. Melissa Kaptanian.

Eligibility/Criteria

1. Applications must be received by October 1st, 2020.
2. Grant requests should be for the amount needed to fulfill your goal, up to a maximum request of \$25,000.
3. An organization may receive an HC@X Grant for up to five (5) consecutive years. After a one (1) year submission hiatus, applications from that organization will once again be eligible for consideration.
4. Requested funds must benefit residents of the Flathead Valley and surrounding areas within Montana affected by, or at risk to be affected by, breast cancer. Preference will be given to projects with impact in the Flathead Valley and based on funds available.
5. Applicants must be an organization holding a current tax-exempt status under Section 501(c)(3), (4), (6) or (19) of the Internal Revenue Code, or an affiliate of such a tax-exempt organization. (Documentation of an affiliate relationship must be presented. If a grant is awarded to an affiliate organization, payment of funds will be made to the tax-exempt umbrella organization for disbursement to the affiliate.)
6. Grant proposals must fall within one of the following categories:
 - a) Increasing awareness or availability of breast cancer screenings
 - b) Modifying risk for breast cancer through education, early intervention or promotion of healthy lifestyles
 - c) Providing education and support for women and families coping with breast cancer
 - d) Assisting individuals, who have received a diagnosis of breast cancer, with financial concerns and other needs resulting from active treatment
 - e) Offering breast cancer patients and survivors assistance with returning to wellness, building community, and moving on to health

Funding Exclusions

1. Requests that solely benefit one person or family
2. Research (There are separate funds available for research projects. Please see application for HC@X National Research Grant.)
3. Third-party giving or fund reallocation
4. Political causes, political propaganda or lobbying, supporting political candidates or campaign financing
5. Projects whose beneficiaries do not reside within the State of Montana
6. Organizations whose services do not benefit the greater community or could be seen as having a negative association for HC@X
7. Organizations that deny service, membership or other involvement on the basis of race, religion, color, sex, sexual orientation, age, national origin, ancestry, citizenship, veteran or disability status
8. Intended use would be considered speculative including raffles, investments, lotteries or other which could result in loss of the principal awarded
9. Capital campaigns and endowments
10. Requests for an individual for travel, study or other similar purposes

Terms

The term of the Halt Cancer at X Community Grant is one year, beginning October 31, 2020 and ending October 31, 2021. Extensions may be considered if progress is being made in 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 HC@X funding criteria, fit within one of the above categories, and not be ineligible based on HC@X funding exclusions.

Grant recipients must submit a final report detailing the manner in which the funds were spent and the progress made in accomplishing the project goals by October 1, 2021. 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 HC@X, and site visits, if applicable, at a mutually agreed upon time during the grant term.

Publicity associated with the program must acknowledge HC@X as a supporter, when possible.

Submission, Review and Awards

Please mail a copy of your completed application to Halt Cancer at X Grant Committee, Montana Equestrian Events, Inc., PO Box 595, Whitefish, MT 59937, and email a copy to Dr. Melissa Kaptanian at mhulvat@gmail.com by October 1st, 2020.

Questions may be directed to Dr. Kaptanian, Chairperson of the HC@X Grant Committee, at 406-751-6488 or mhulvat@gmail.com.

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 remarks 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.



Halt Cancer at X 2020 - 2021 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 should be made payable to: _____

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

Primary Contact _____

Telephone _____ Fax _____ E-mail _____

Address _____

City _____ State _____ Zip _____

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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 request falls within. (If it falls under multiple categories, please list all).
1. Increasing awareness or availability of breast cancer screenings
 2. Modifying risk for breast cancer through education, early intervention or promotion of healthy lifestyles
 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 needs resulting from active treatment
 5. Offering breast cancer patients and survivors assistance with returning to wellness, building community, and moving on to health
- B. Describe your 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 measuring achievement of your goals
- 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 HC@X 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 HC@X 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 HC@X 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 _____