



## Henry McCann Memorial Colorectal Cancer Foundation

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### HMMCCF Beneficence Grant Application

The Henry McCann Memorial Colorectal Cancer Foundation's mission is to educate our community and raise funds to support research and programs to prevent, recognize, and treat colorectal cancer. If your organization or individual meets the mission of our foundation, then we are excited to evaluate your request for funds distribution. We will inform you of the Board's decision if you are approved or not approved within 30 days of your request. Thank you for participating in the Beneficence Grant Program.

Applicant Information:

Name:

Email:

Address:

Phone Number:

Title of Applicant (if applicable):

If this application is for an individual, please complete items 1-6

If this application is for an organization, please complete items 7-10

1. Are you an individual seeking funding for a diagnostic test, lab study, or procedure and are in a poverty status or have financial constraints requiring financial assistance?

Yes                      No

If yes, what is the diagnostic test, lab study, or procedure for which you are requesting funds?

Please attach a note or the order from your physician.

If no, please describe the reason for grant request:

2. What is the anticipated cost of the testing or reason for grant request?
3. Do you have medical insurance?

Yes                      No

4. If you have medical insurance, will it cover any portion of the cost of the testing, study, or procedure?

Yes                      No

If yes, how much will the insurance cover? Please attach documentation.

If no, please attach documentation of denial from your insurance company.

5. Date of Birth of recipient:
6. Please include any additional information that you believe would be helpful for the Board to make a decision regarding your request.
7. What amount of support are you requesting, and over what period of time will the funds be used?
8. How will the funds be utilized? Please include a budget for your request.
9. If awarded funds, who will oversee the expenditure of the funds?
10. Please include any additional information that you believe would be helpful for the Board to make a decision regarding your request.

By signing below, the applicant acknowledges that they will update the HMMCCF within 60-90 days on utilization of the funds and that HMMCCF has the right to use the story and/or utilization of funding as part of disclosure to donors/marketing/website. (HMMCCF will remove any identifying information but pride ourselves on transparency.)

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Signature of Applicant

Date

Please submit the completed form and all attachments to:

Henry McCann Memorial Colorectal Cancer Foundation  
164 Winthrop Road  
Columbus, Ohio 43214