



GRANT PROPOSAL FORM
Dominic Fouts Memorial Cancer Fund
1900 NE 3rd Street, Suite 106-241
Bend, OR 97701
suzanne@domfoutsfund.org

Date of Application:

Full Legal Organization Name:		
Address:		
City:	State:	Zip Code:
Website:		
President/Exec. Dir.:		Title:
Phone #:	Email:	
Contact Person (if different):		Title:
Phone #:	Email:	

Organizational Information

501(c)(3)? Yes No	If, Yes, EIN #:	Year established:
If No, provide fiscal sponsor's name, address and EIN:		
Organizational Mission Statement (50 words or less):		
Brief Description of Organization (75 words or less):		

I hereby verify that the information provided is accurate to the best of my knowledge.

Print Name: _____

Signature: _____

*DFMCF adheres to the strict policy that all recipient organizations/programs must be fully funded by philanthropy and no money granted is used for administrative and operational expenses. Money is designated toward patient financial assistance. Please confirm before submitting proposal to DFMCF.