

**The Elizabeth and George L. Sanborn Foundation
for the Treatment and Cure of Cancer, Inc.**

P.O. Box 417 ~ Arlington, MA 02476-0052 ~ (781) 643-7775

APPLICATION FORM

Number (leave blank)

1. Name of the primary applicant (Last, First, Middle) _____		Date of birth _____
2. Organization name and type of organization (<i>i.e.</i> , for profit, not-for profit, sole proprietorship) and IRS code, if applicable _____		
2a. Taxpayer Identification Number or Social Security Number _____		
3. Mailing address _____ _____ _____		4. Telephone number _____
3a. Contact person _____		5. FAX number, if available _____
6. E-mail address, if available _____		
7. Type of request (for example: patient services, community services, and individual patient's special equipment). Please be specific about the need and reason the need cannot be met elsewhere. <input type="checkbox"/> Check this box if this is an urgent patient service request.		
8. Amount requested	\$ <input type="text"/>	9. Duration of request _____
10. Do you have questions about this application that you would like to discuss with a member of the Sanborn Foundation Board of Directors? <input type="checkbox"/> Yes <input type="checkbox"/> No		
11. Signature _____		12. Date of application _____
(leave this cell blank)		

Please be advised that your application will be held in strictest confidence. However, in the normal operation of Foundation matters, information may be subject to review by Federal/State auditors or other outside parties.

INSTRUCTIONS

Individual Applicants

Please provide the information requested on the reverse side of this form.

- The contact person should be someone who can be reached if the primary applicant is unavailable (include a phone number if different from applicant's).
- If the primary applicant cannot sign, a family member or health care professional may sign for her or him.
- A letter from a physician stating the cancer diagnosis and need for the requested service or item is required but need not accompany this form
- Send the completed, signed original application to the Foundation. Do not send copies.
The Sanborn Foundation
PO Box 417
Arlington, MA 02476-0052

Agency / Organization / Program Applicants

You may use (up to) 8 additional pages to provide the following information:

- Provide a statement of the need that the project will address.
- Describe the project.
- Describe how the proposed project fits in with other programs or activities sponsored by your organization.
- Describe, specifically, what the funds will be used for. Provide a detailed description of the services, activities, or equipment for which funds are being requested.
- Describe your organizational structure and size.
- Describe how the grant will benefit the community of, or individuals within, the town of Arlington, Massachusetts.
- Attach a detailed budget, including other sources of funds that may be used for this project, such as matching grants.
- Describe an evaluation plan for the project. How will the effectiveness of the funded project be determined?
- Send 12 copies of the completed and signed application to:
The Sanborn Foundation
PO Box 417
Arlington, MA 02476-0052