



GUIDELINES FOR GRANT APPLICANTS

For Child, Adult or Immediate Family Financial Support

Eligibility – Grants are available to cancer patients or their immediate family members who:

- a. Live in the United States and are United States citizens.
- b. Have recently been diagnosed with cancer or cancer has returned.

Patients may receive up to a \$350 lifetime grant for use to pay bills or to fund activities, classes, and consultations to promote physical, mental, and emotional health to balance the mind, body, and spirit. (See form 2 of 4 Grant Application for a sample list of activities, classes, and consultations.) **Patients do NOT receive cash grants;** rather the vendor receives the grant money for their service. Alternatively, the patient may choose to receive a gift card to a specific store or for a specific service. Grants for financial support assist cancer patients or their immediate family only. Children with cancer may also receive some of these same benefits. Grants awarded are up to \$350. Applicants may apply multiple times until they reach the maximum of \$350 lifetime grant.

Application Procedures – Patients or their immediate family members wishing to apply for a grant must complete and submit an application via email to KatieDavis@AnswersForAngels.com with **Subject Line of Review Committee** or mail it to Answers for Angels, Review Committee, 21201 S. Elsner Road, #607, Frankfort, IL 60423. **The application form must be completed in its entirety** to be considered for approval. Answers for Angels' Board Members and/or Review Committee may request other documents upon review of the application. **Requests are reviewed on the first of each month.**

Notice of Award – Applicants will receive a written acceptance or denial letter no later than 60 days following the date of application receipt.

Conditions of Grant –

- a. Applicants are required to use the grant only for those objectives described in the guidelines above unless prior approval from Answers for Angels has been obtained for a change of the objective.
- b. Answers for Angels has the right and obligation to withhold or withdraw funding if the stated conditions are not met, the recipient no longer meets eligibility requirements, there is evidence of unethical behavior, or for any other reason determined by Answers for Angels to be in the best interests of our organization. Grant recipients must return to Answers for Angels all unspent funds and, upon our organization's request, all funding disbursed for gifts.
- c. Answers for Angels ask each **applicant to sign a Media Release Form** to allow the use of a summary/testimony or picture on our organization's website and/or in any publication, social media or marketing outlet.

- d. The grant **recipient must submit a Short-Term Feedback/Testimony Form** on their well-being **30 days after their selected activity**, class, and/or consult with practitioner.

Reporting Statements/Testimonies –

We welcome any critiques or improvements from the patient or their immediate family. We ask you to take the time to provide feedback on the grant application process; or any progresses or regresses the patient has made in their well-being.

All applications must be submitted via email to KatieDavis@AnswersForAngels.com with **Subject Line of Review Committee** or mail it to Answers for Angels, Review Committee, 21201 S. Elsner Road, #607, Frankfort, IL 60423.

Please direct all inquiries to:

Katie Davis
815/600-3215

Disclaimer: Answers for Angels cannot see and evaluate patients ourselves, so we trust that the patient is choosing the best treatments available for him/herself with his/her medical practitioner. Answers for Angels do not endorse any practitioners or treatments.