



2017 FUNDING APPLICATION

Date Received by NFF: _____

1) Organization Full Legal Name: The Leukemia & Lymphoma Society			
<ul style="list-style-type: none"> ▪ As shown on organization's IRS Determination Letter ▪ If requesting organization is doing business under another name ("doing business as," "d/b/a"), a copy of the documentation from the applicable state/government entity, generally the Secretary of State's office, recognizing the d/b/a name must accompany this proposal. 			
2) Address:	1218 Arion Pkwy., Suite 102	Phone:	(210)998-5400
3) City, State, Zip:	San Antonio, TX 78216	Fax:	(210)998-5420
4) Exec. Director/CEO:	Clarissa Cadena Flores	Signature:	
5) Title:	Executive Director	Phone:	(210)998-5132
		Fax:	(210)998-5420
E-Mail Address: Clarissa.Flores@LLS.org		Web URL: www.lls.org/sctx	United Way Funded: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
6) 501(c)(3) Public Charity <input checked="" type="checkbox"/> Select One: 509 (a)(1) <input checked="" type="checkbox"/> Y 509 (a)(2) <input type="checkbox"/> Y Designation must appear on the IRS Determination letter 509 A (3)? <input type="checkbox"/> Y If yes, written legal opinion is required and must accompany application. Tax ID Number of the Organization Applying: 13-5644916		7) Amount Requested: \$ <u>20,000</u> 8) Total Project Cost: \$ <u>35,075</u> 9) Organization's annual budget: \$ 4,139,896 (projected budget beginning on July 1 st -Income minus expenses) (for the current year) 10) Previous Najim Funding: 2007: \$ NA 2008: \$50,000 2009: \$2 year funding 2010: \$25,000 2011: \$20,000 2012: \$20,000 2013: \$20,000 2014: \$17,000 2015: \$17,000 2016: \$20,000 2017: \$20,000	
11) Has the organization applied to the Najim Family Foundation in the past and been declined? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, when? <i>(This includes all organizations, for any and all requests made to the foundation, regardless if funding received for one request and a decline for a different request.)</i>			
12) HARVEY E. NAJIM FAMILY FOUNDATION PRIORITIES: (Please check <u>only one area below</u> that applies to the funding request)			
<input type="checkbox"/>	Child Abuse & Child Neglect	<input type="checkbox"/>	Food, Shelter and Clothing
<input type="checkbox"/>	Disabilities/Special Needs	<input checked="" type="checkbox"/>	Medical Needs
<input type="checkbox"/>	Education		
13) Please provide the percentage of each group below that will be served by the project in which funds are being requested. Do not leave any area blank. If that specific group will not be served, include zero or N/A. The percentage should total 100%.			
A. Population Served Age: <u>33</u> % Infants (0-5) <u>39</u> % Children (6-13) <u>28</u> % Young Adults (14-18) 100 % TOTAL		B. Population Served Ethnicity: <u>5</u> % African American <u> </u> % Asian American <u>35</u> % Caucasian <u>60</u> % Hispanic/Latino <u> </u> % Native American <u> </u> % Other (Define _____) 100 % TOTAL	
<i>(Example: If more than one group is affected, divide the percentage appropriately among those affected or in some instances the project may only affect one group, therefore the entire percentage will be applied to that group.)</i>			

14) **Project Title:** *(Copy and Insert the "To Support" sentence from Invitation email received from NFF)*
To support...the Annual Little Heroes Prom on May 4, 2018 for children with cancer

15) **Project Description:** (Describe in detail the project the funds are being request for – may include goals, issues, or needs the project will address, individuals impacted, expected results). *This section will expand and if additional space is required, organization may add no more than 1 additional sheet.*
 Little Heroes Prom is part of LLS’s Children and Youth Patient Services programs. Through these programs we focus on children, newborn-18. We include children with ANY type of cancer, survivors and their families, caregivers and friends. With help from medical staff, social workers and hospitals, we identify and invite those in San Antonio and the surrounding areas who receive care in San Antonio hospitals, clinics and military facilities. We believe that the Little Heroes Prom offers a much needed event for children struggling with cancer and survivors. The reality is that some of these children may not see their own proms. For one night, they don’t have to worry about IV’s, hospital monitors, chemotherapy, radiation or anything else associated with their cancer. Instead, the doctors and nurses who treat these children on a daily basis are by their sides, having fun and honoring them for the little heroes they truly are. Thanks to the generosity of The Najim Family Foundation, the Little Heroes Prom has been open to children throughout South Central Texas, providing a joyful event for pediatric cancer patients.

- 16) **Children impacted:**
- The **TOTAL** project initiative will impact 195 number of unduplicated children. (2017 Prom numbers 195 pediatric cancer patients and survivors with 888 patients, families and medical staff total)
 - **NFF requested funds** will impact 195 number of unduplicated children.

17) **Zip Code/City Council District:** (Enter the zip code(s) and the City Council District from which the children are being served for this project)
78216 District 9

18) **Organization’s Mission:** Cure leukemia, lymphoma, Hodgkin’s disease and myeloma, and improve the quality of life of patients and their families.

19) **(For Project being Requested): Funding sources and amounts, pending and committed: Insert as table and total each Pending & Committed columns. REQUIRED:** (This section must include the names & dollar amounts of other funding sources & foundations, pending and committed for this specific project. **Application will be declined if the name and dollar amount is not included.**) Rows can be added to table below (if needed).

PROJECT - PENDING	
Funder	Amount
CSRCH	\$3000
Methodist	\$3000
Greehey	\$7000
Univ. Health System	\$3000
	\$
Total Pending:	\$16000

PROJECT - COMMITTED	
Funder	Amount
	\$
	\$
	\$
	\$
	\$
Total Committed:	\$0

20) **Other funding sources and amounts, pending and committed not specific to this request: Insert as table and total each Pending & Committed columns. REQUIRED:** (This section must include the names & dollar amounts of other funding sources & foundations, pending and committed. **Application will be declined if the name and dollar amount is not included.**) Rows can be added to table below (if needed).

ORGANIZATION - PENDING	
Funder	Amount
Sam’s Club	\$12,000
Whataburger	\$10,000
	\$
Total Pending:	\$22,000

ORGANIZATION - COMMITTED	
Funder	Amount
Valero	\$25,000
HEB	\$10,000
Texas Capital Bank	\$10,000
Total Committed:	\$45,000

21) **What percentage of your board contributes financially to the organization? 100%**

22) **How are board members expected to participate in your organization? (financially and other roles)** LLS Board members are asked to contribute financially both by direct contributions and participation in fundraising campaigns and events. As an important part of our success, Chapter Trustees are asked to attend at least two events, identify new members for the BOT and open doors for opportunities within the community. LLS relies heavily on our Trustees to provide guidance and oversight, and support to our Chapter.

23) **Plans to sustain project beyond the term of this request:** The Little Heroes Prom has a strong volunteer committee that is dedicated to raising funds for this very special event. LLS and our volunteers will continue to seek out donations and find ways to make this event special each and every year.

24) **Required documents:** Requests without these documents will not be processed. Attach in order listed below. The required documents and application cannot exceed 10 pages in total combined. Numbers 1-3 below may be combined on one page if room permits.

1. Line item budget for project.
2. Project timeline. (**one sentence** –list the project start date & end date including the year)
3. Project evaluation plan.
4. List of board members with their corporate affiliations.
5. Current Balance Sheet. – **Must list all current assets (cash etc.) and all current liabilities otherwise application will be declined.**
6. Last 12 Month Consolidated Income Statement
 - It is acceptable to use the last fiscal year
 - If not available, submit the last FY Income Statement
7. Annual Budget.

Contact:		Title:		Phone:		E-Mail:		Date:	
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