First City Council on Cancer FCCC P.O. Box 8832, Ketchikan, AK 99901 | Email firstcitycouncil@gmail.com

Applicant's Information

Name:			
Address:			
City:	State:	Zip:	
Email:			

**Please note there are <u>no income limits</u> to apply for a FCCC grant. The following information is gathered for demographic purposes only.

Do you qualify as a **low-to-moderate-income** family? No Yes Does your family receive Medicare or Medicaid assistance? No Yes

Assistance Disbursement

First City Council on Cancer is a nonprofit organization created to help families dealing with the expenses of cancer treatment. Funding is possible through the generous contributions of friends, neighbors, and businesses. A onetime disbursement of **\$3,000.00** is available after you have completed and submitted this application with your receipts. For subsequent assistance, refer to page two. Receipt of application does not guarantee funding.

Provider Statement	
Applicant Signature:	Date:
This statement serves as verification that the above-na diagnosis for a grant application.	med applicant has a cancer
Physician Signature:	Date:
Dx Code:	
Clinic:	
FCCC P.O. Box 8832, Ketchikan, AK 99901 I Email <u>firstcitycouncil@gma</u>	il.comI Web: www.firstcitycounciloncancer.org

SUBSEQUENT REIMBURSEMENT REQUESTS

Financial Assistance is offered for cancer related expenses. We are only able to reimburse for documented expenses incurred by the applicant; receipts must accompany applications. We work tirelessly to ensure that funds are available for assistance however funding is dependent on monies available at the time of the request according to an annual cap as noted on our website. Please note, a submitted application is not a guarantee of receiving funds.

Examples of subsequent reimbursable expenses include paid invoices/receipts for airfare, lodging, rental car, gasoline, taxis, shuttle bus, and ferry tickets. Medical bills not covered by insurance and other expenses related to your cancer treatment. Other exceptions will be considered on a case-by-case basis.

Prior year receipts must be received by March 31 of the current year to be considered for reimbursement. You are now able to email your application and copies of your receipts. <u>firstcitycouncil@gmail.com</u>

\$ Receipts	Date Paid	Amount Paid		\$ Receipts	Date Paid	Amount Paid
			-			
			4			
			1			
			1			

STAFF USE ONLY

PAYMENT AUTHORIZATION

FCCC Treasurer:	Date:
FCCC President:	Date:
FCCC Committee Chair:	Date:

Updated 1/15/24