



FCCC P.O. Box 8832, Ketchikan, AK 99901 | Email [firstcitycouncil@gmail.com](mailto:firstcitycouncil@gmail.com)

### Applicant's Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

For grant purposes, 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 **\$1,000.00** 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-named applicant has a cancer diagnosis for a grant application.

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dx Code: \_\_\_\_\_

Clinic: \_\_\_\_\_

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## 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.

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### STAFF USE ONLY

\$ Receipts	Date Paid	Amount Paid

\$ Receipts	Date Paid	Amount Paid

### PAYMENT AUTHORIZATION

FCCC Treasurer: \_\_\_\_\_ Date: \_\_\_\_\_

FCCC President: \_\_\_\_\_ Date: \_\_\_\_\_

FCCC Committee Chair: \_\_\_\_\_ Date: \_\_\_\_\_