



CANCER PREVENTION &  
RESEARCH INSTITUTE OF TEXAS

**Texans Conquer Cancer  
Patient Support Services Application**

(1) Applicant/Organization:	
(2) Mailing Address:	
(3) City, State & Zip:	
E-mail:	Telephone: ( )
(4) Texas or Federal Vendor ID #:	Non-Profit Charter #:
(5) Confidentiality: Check if a system is in place to protect client and patient records from inappropriate disclosure. <input type="checkbox"/>	
(6) Agency Contract Official:	
Name:	E-Mail:
Title:	
Address:	
Signature:	Telephone: ( )
(7) Funding Information:	
Amount of CPRIT Funds Requested (up to \$2500):	
Begin Date:	End Date:
(8) Cancer support services to be provided with these funds:	
(9) Projected number of people to be served with CPRIT funds:	
(10) Justification of need:	
(11) Experience providing cancer support services:	
(12) Fiscal Contact:	Telephone: ( )
Address:	E-mail address: