2012 Education and Outreach Grant Application

Mission Statement:
The mission of the Breast Cancer Alliance is to fund innovative breast cancer research and to promote breast health through education and outreach. Breast cancer survivors, their friends and health-care professionals are fulfilling this mission.

To accomplish this, the Breast Cancer Alliance:
• Funds a diversified portfolio of breast cancer research
• Funds Breast Surgery Fellowship programs
• Funds the purchase of equipment for research
• Provides timely information on breast health and the importance of early detection
• Supports outreach and case managerial services, education, counseling and mammograms for underserved and underinsured women in mid to southern Connecticut and Westchester County, New York

Terms:
The term of the Education and Outreach Grant is one year.

The program must be directly related to breast cancer services. The Breast Cancer Alliance does not fund office supplies, printing costs, travel costs, marketing costs, or recruitment costs. The Program Director and the authorized institutional grant administration representative are required to sign a Grant Agreement upon accepting the grant.

Grant recipients must submit a brief report documenting progress by June 30, 2012 and a final report by March 1, 2013. Failure to submit the progress report will result in forfeiture of any remaining grant funds.

Any publication associated with the program must list the BCA as a supporter.

Application procedure:
Grant applications will be available on this website May 6, 2011. Please e-mail the completed application (preferably as a pdf) to edoutgrants@breastcanceralliance.org, on or before July 31, 2011. Please adhere to the format as specified: Times New Roman, 12 point. In addition, please mail one hard copy to the Breast Cancer Alliance.

The Grants Committee of the Breast Cancer Alliance reviews and evaluates each grant proposal. The results of the Grants Committee's evaluations and subsequent recommendations are presented to the BCA Board for approval. All applications are confidential and are available only to the BCA Board of Directors and BCA Grants Committee.

Applicants will be notified by e-mail in December 2011 of the decision regarding their proposals. Arrangements for contracts and payment will be made at that time. The grant term will begin January 1, 2012.

If any grantee or sponsoring institution fails to adhere to the policies and qualifications listed above, the grant is subject to termination.

Please contact edoutgrants@breastcanceralliance.org with any questions.
Date ________________

Name of Agency/ Institution ____________________________________________

Program Title __________________________________________________________

_______________________________________________________________________

Amount of Grant Request _______________________________________________

Address ________________________________________________________________

City __________________ State ___________ Zip __________

Telephone ______________ Fax ______________ Website ________________

Executive Director ______________________________________________________

Telephone ______________ Fax ______________ E-mail ________________

Program Director ______________________________________________________

Telephone ______________ Fax ______________ E-mail ________________

Checks made payable to:

Agency/Institution ______________________________________________________

Authorized Institutional Grant Administration Representative ______________

Address __________________________________________________________________

City __________________ State ___________ Zip ______________

Telephone __________________

E-Mail ______________________
Agency/ Institution___________________________________________

Program Title______________________________________________

Program Director______________________________________________

Please provide the following information. There is no page limit but please number pages consecutively.

A. Description of the program, objectives and measurable goals

B. Relevance of the program to community need

C. Services to underserved or at risk populations

D. Unique aspects of the program

E. Resources, facilities and personnel

F. Collaborations and partnerships with area hospitals, service providers and/or other breast cancer organizations

G. Evaluation plan

H. Timeline

I. One year itemized budget

J. All other active and pending financial support

K. Current IRS Determination Letter of 501(c)(3) status
Signatures required:
I hereby confirm that I have reviewed and approved this application and the accompanying budget. Please scan signatures into the application.

Authorized Institutional Grant Administration Representative

Printed Name and Title__________________________________________

Signature_______________________       Date_______________

Email address____________________________

Applicant’s signature___________________       Date_______________