

The Tennessee Breast Cancer Coalition
TBCC Grant Request Guidelines (Effective 2010)

GRANT APPLICATION FOR BREAST HEALTH AND/OR BREAST CANCER EDUCATION, TREATMENT SUPPORT, OR SCREENING PROJECTS

The mission of the Tennessee Breast Cancer Coalition is to be the foremost advocate and provider for Tennesseans facing breast cancer through individual assistance, education, research and legislative action.

TBCC represents one of Tennessee's most significant private funding sources for breast health and breast cancer screening, education, and treatment support programs. Our grassroots organization allows us to offer grants for innovative breast cancer related projects targeted for the underserved populations in counties throughout Tennessee.

- Grants are available on an annual basis. Maximum grant award will be \$30,000. The number of grants awarded will depend on the total amount of grant dollars available for disbursement. Applications will be accepted for any breast health or breast cancer screening, treatment, education or counseling support projects consistent with TBCC's Mission and Strategic Plan. However, TBCC will give priority to projects that specifically address the objectives outlined in the "Special Consideration" section. Grant Applicants should ***be willing and able to provide volunteers to assist TBCC with educational and fundraising events held during the year.***

Applicants must meet the following qualifications:

- Provide documentation that they are a 501(c) 3 (federally tax-exempt) nonprofit organization.
- Project to be dedicated to breast health and/or breast cancer.
- Project services to be provided within the State of Tennessee for Tennessee residents only.

Applications must be submitted by the director of the project. Applications should be mailed to the address listed below any time after August 1st. **Deadline for all grants is November 1. Application must be postmarked by this date to be accepted.**

Tennessee Breast Cancer Coalition
Attn: Board of Directors
3939 Old Hickory Blvd.
Old Hickory, TN 37138

Announcement of grants awarded will be mailed by January 31st. Payment of grant awards will be made no later than thirty (30) days after approval. *

If only a partial grant award is made applicant must verify that this reduction will not jeopardize program result and must submit new budget to reflect this reduction within thirty (30) days.

*Grants over \$5,000 in value will be paid out in scheduled increments. Half of the grant award will be paid initially. The first progress report is due by July 15 (or midway through the program/project). When the progress report has been received and reviewed by the grant committee, the second half of the grant award will be paid. A final progress report is due by December 15 (or within 30 days of completion of the project).

Special Consideration: The following projects are considered to provide significant community benefits to Tennesseans.

Supportive/Counseling Services

- Projects to provide support groups
- Projects to provide wigs, prosthetic devices, etc.
- Projects to transport patients during their treatment. (Only to be used for geographical areas which fall outside of the American Cancer Society's Road to Recovery Program coverage area)

Screening/Health Initiatives

- Projects to provide free or low-cost mammograms
- Projects to provide information about screening in rural areas
- Projects to encourage women to conduct self-exams
- Projects to promote healthy living

Education

- Projects to inform Tennesseans about new clinical trials
- Projects to educate teenagers about breast cancer (awareness)
- Projects to educate individuals from ethnic groups with varying cultural approaches to breast health

Eligibility

- Applicants must ensure that all past and current TBCC-funded grants or awards are up to date and in compliance with TBCC requirements.
- Applicants must be a 501(c)3 US nonprofit (federally tax-exempt) organization.
- Services must be provided in the State of Tennessee for Tennessee residents only.
- Salaries, if applicable, should not exceed more than 10% of grant request. No fringe benefits will be paid for with grant monies.
- All printed materials created by the recipient organization, in conjunction with the funded project, must acknowledge TBCC as a supporter.
- Cost of unique and essential equipment purchased will be covered only at the percentage level which corresponds with the amount of time that equipment will be used for the funded project.

Restrictions

Funds may **not** be used for the following purposes

- Training (and/or) travel for personnel or to fund any other portable benefits (memberships/certifications/dues).
- Purchase of equipment which would reasonably be expected to exist on site.
- Construction or renovation of facilities.

APPLICATION INSTRUCTIONS

Applications should include and be ordered as follows:

- ❖ Cover Page (Form Attached)
- ❖ Project Description (This section not to exceed 5 typewritten pages)
 - a. **Background:** Describe the organization's mission and goals. Describe current programs and recent accomplishments.
 - b. **Statement of Need/Problem:** Describe why the proposed project is needed. Describe the population to be served. Review comparable programs offered in this service area and explain how this program is unique.
 - c. **Goals and Objectives:** State the program goals and measurable objectives, including the number of people to be served. Explain how the goals and objectives address the selected priority area.
 - d. **Activities and Timeline:** Describe the activities that will be conducted to accomplish the above goals and objectives. Provide a realistic timeline for implementing the program.
 - e. **Collaboration:** Describe the other organizations participating in the program.
 - f. **Evaluation Plan:** Describe how you will measure the achievement of your stated objectives and how you will assess the impact of the program on the priority area selected.
 - g. **Organizational Capacity:** Describe the organization's experience serving the target population and any other organizations, if any, participating in the program.
 - h. **Sustainability:** Explain how this program and its impact will be sustained long-term. What resources (financial, personnel, partnerships, etc) will be needed to sustain this effort over time? How will those resources be secured? Applicants should demonstrate the other sources of funding sought and used to support this project.
- ❖ Financial Information (not to exceed three pages)
 - a. Budget for requested funds (form attached)
 - b. Budget justification.
 - c. List of other sources of current funding for the project.
- ❖ Proof of non-profit status for applicant institution 501 (c) 3
- ❖ Brief Bio of Project Personnel (form attached)

Applicant must submit six (6) copies of complete Grant Request for consideration.

DO NOT send additional materials (i.e. reprints, complete curriculum vitae or letters of support). These will not be reviewed.

If immediate confirmation of receipt of application is requested, please include a self-addressed, stamped postcard that will be returned to you upon receipt of the application.

The grant application process is competitive regardless of an organization having received a grant in the past. Funding for subsequent grant requests is never guaranteed.

TENNESSEE BREAST CANCER COALITION

REQUEST FOR FUNDING COVER PAGE

Name of Organization: _____

Project Director & Title: _____

Mailing Address: _____

Phone: _____

FAX: _____

E-mail: _____

Website: _____

Type of Project: Education Screening Support Health Treatment
(Please circle which apply)

Title of Project: _____

Target Population Description: _____

Grant Period: _____

Total Amount Requested: _____

Signature and title of Program Director: _____

Date: _____

Contact (if other than Project Director): for PR, compliance, invitations, etc.

Name: _____

Title: _____

Phone: _____

E-mail: _____

APPLICATIONS MUST BE RECEIVED BY NOVEMBER 1

GRANT APPLICATION REQUIRED BUDGET FORM

Personnel (Name & Title)	% of time spent on project	Base Salary	Amount requested from TBCC	Amount requested from other sources	Total Amount Needed
Salary Totals (limited to 10% of grant request)					
Total Personnel Funding Requested			\$	\$	\$

Total Supplies	\$	\$	\$
Total Educational Materials	\$	\$	\$
Total Equipment	\$	\$	\$

Direct Patient Care Costs

Description of Services	Numbers expected to serve	Cost per service	Amount requested from TBCC	Amount requested from other sources	Total amount needed
Screening					
Diagnostic					
Treatment					
Total			\$	\$	\$

Total Other Expenses	\$	\$	\$
TOTAL FUNDING REQUEST	\$	\$	\$

Biographical Information

Please provide information for the project director and other personnel included in budget request. Please use a separate form for each person. A resume or curriculum vitae may be substituted for this form. Please do not exceed two pages

Name: _____

Title: _____

Education: _____

Professional Experience: (Please list current employment, previous employment, experience and honors)