

The Tennessee Breast Cancer Coalition
TBCC Grant Request Guidelines (Effective 2009)

**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. In addition, applicants may be asked to provide volunteers to assist with fundraising events held throughout the year.

Applicants must meet the following qualifications:

- Provide documentation that they are a 501(c) 3 nonprofit institution.
- Provide documentation that project is dedicated to breast health and/or breast cancer.
- Provide documentation that the project services are provided within the State of Tennessee.

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
P.O. Box 158014
Nashville, TN 37215

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 partial award is made on a grant request, applicant must verify that reduction will not hurt program result and must submit new budget to reflect 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. 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: TBCC considers the following projects as significant community needs for Tennesseans.

Supportive/Counseling Services

- Projects to provide support groups

- Projects to provide wigs, prosthetic devices, etc.
- Projects to transport patients during their treatment

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 education teenagers about breast cancer (awareness)
- Projects to change ethnic perception about breast cancer

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

Restrictions

- Indirect costs, if applicable, should be no more than 15% of entire project.
- If grant is used in part to offset the salary of project personnel, a monthly accounting shall be made to TBCC which allocates the employee's time devoted to the project and time spent on any other duties. The grant made by TBCC is not to enhance an existing salary or the benefits attached to that base salary.
- Grant may not be used to provide training for personnel or to fund any other portable benefit (memberships/certifications).
- Grant may not be used to purchase equipment which would reasonably be expected in the course of business to already be on the premises, for example, an examination table in a hospital setting.
- If grant is used to purchase unique and essential equipment, a monthly accounting shall be made to TBCC allocating the time in which the equipment was used to achieve the purpose of the project and the time the equipment is used for other purposes.
- All printed materials provided by the recipient organization must acknowledge TBCC as a supporter
- Funds will not be used for 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 that you are achieving the 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. Describe the 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 will be 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, whether or not an organization has received a grant in the past. Funding in subsequent years 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	Type Appt. (Months)	% effort on project of job description	Base Salary	Amount Request from TBCC	Amount requested from other sources	Total Amount Needed
Salary Totals						
Fringe Benefits (___% of salary)						
Total Personnel Funding Requested				\$	\$	\$

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

Direct Patient Care Costs

Description of Services	Number to be provided	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)