

# **The Tennessee Breast Cancer Coalition**

## **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 the states 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. 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, and counseling support projects. However, TBCC will give priority to projects that specifically address the objectives outlined in the "Special Consideration" section.

Applicants must meet the following qualifications:

- Must be a US nonprofit institutions
- Project must be specific to breast health and/or breast cancer
- Must be providing services in 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 1<sup>st</sup>. Deadline for the grants will be November 1<sup>st</sup>.

Tennessee Breast Cancer Coalition  
Attn: Board of Directors  
P.O. Box 158014  
Nashville, TN 37215

Announcement of grants awarded will be mailed to applicants by January 30th. Payments will be made no later than (30) days after approval. Grants over \$5,000 in value will be paid in schedule increments. A progress report will be due at the end of the first six months after the initial funding of the grant. Once the progress report is received, the next scheduled installment will be paid. A final report is due (30) days of completion of the funding period. In addition, applicants may be asked to provide volunteers to assist with fundraising events held throughout the year.

**APPLICATION DEADLINE IS NOVEMBER 1ST. APPLICATIONS MUST BE POSTMARKED BY THIS DATE TO BE CONSIDERED.**

**Special Consideration:** TBCC considers the following projects as significant community needs for Tennesseans.

**Supportive/Counseling Services:**

- Projects focusing on providing support groups
- Projects focusing on providing wigs, prosthetic devices, etc.
- Projects focusing on transportation while receiving treatment

**Screening/Health Initiatives:**

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

**Education:**

- Projects focusing on informing Tennesseans about new clinical trials
- Projects focusing on educating teenagers about breast cancer
- Projects focusing on targeted educational efforts to help change perception regarding breast cancer
- Projects focusing on providing informational services to the public

## **APPLICATION INSTRUCTIONS**

Applications should include the following:

- I. Cover Page (form attached)
- II. Project Description
  1. Explanation of project- activities, goals
  2. Number of individuals to be served
  3. Geographical areas to be covered
  4. Collaboration with other organization
  5. Uniqueness of program
  6. Advertising of program
- III. Financial Information
  1. Budget (form attached)
- IV. Brief Bio of Project Personnel

**TENNESSEE BREAST CANCER COALITION  
REQUEST FOR FUNDING COVER PAGE**

**Name of Organization:** \_\_\_\_\_

**Project Director:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

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

**Website:** \_\_\_\_\_

**Total Amount of Request:** \_\_\_\_\_

**Type of Project:**                      **Education   Screening   Support   Health   Treatment**  
(please circle one)

**Signature & Title of  
Program Director:** \_\_\_\_\_

**Date Submitted:** \_\_\_\_\_

## **BIOGRAPHICAL INFORMATION**

**Please provide information on key personnel involved in project. Please complete separate forms for each person.**

**Name:**

**Title:**

**Education:**

**Professional Experience: ( please list current employment, previous employment, experience and honors.**

## Grant Application Budget Form

**Detailed Budget**  
**For Entire Grant Period ( list dates)**

**Personnel:**

**Name:**

**Salary:**

**Benefits/Expenses:**

**Supplies:**

**Itemize by category:**

**Equipment:**

**Travel:**

**Other Expenses:**

**Total Funding Request:     \$**