

Breast Cancer Alliance, Inc.
48 Maple Avenue
Greenwich, CT 06830
203 861 0014
www.breastcanceralliance.org

2019 Exceptional Project Grant

Mission Statement:

The mission of the Breast Cancer Alliance is to improve survival rates and quality of life for those impacted by breast cancer through better prevention, early detection, treatment and cure. To promote these goals, we invest in innovative research, breast surgery fellowships, regional education, dignified support and screening for the underserved.

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

2019 Exceptional Project Grant Application

Terms:

The term of the Exceptional Project Grant is **one year**, beginning February 1, 2019, and provides **salary support** and **project costs** of **\$100,000**. Administrative costs, which are included in the \$100,000 award, must be limited to 8% of grant funds.

The research project must be directly related to the field of breast cancer. Areas of relevant research may include but are not limited to: diagnosis, etiology, immunology, genetics, therapies, prevention and clinical studies.

Grant recipients must submit a brief report documenting progress by July 31, 2019 and a final report by April 2, 2020. Both reports must be written in layman terms. Failure to submit the progress report will result in forfeiture of any remaining grant funds. Grant recipients must also schedule a site visit with Breast Cancer Alliance representatives approximately midway during the grant term.

Any publication associated with the research must recognize the Breast Cancer Alliance as a sponsor.

Application procedure:

In order to apply for the Exceptional Project Grant you must have submitted a Letter of Intent (LOI) by April 6, 2018 and been invited by the Breast Cancer Alliance to submit a formal application. Researchers should coordinate with their institutions as the BCA will accept a maximum of three LOIs per institution. Applicants will be advised by the mid-May, 2018 as to whether they are invited to submit a full application.

Final applications must be emailed to researchgrants@breastcanceralliance.org on or before July 20, 2018, followed by a hard copy mailed to the Breast Cancer Alliance office. Please adhere to the format as specified. Font style should be 12 point, single spaced, Times New Roman, with at least half inch margins. The submitted application should be a single document containing all necessary components; the submitted document may be in PDF or Word format.

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An independent External Review Committee will review and evaluate the applications. Based on their results and subsequent review by the Grants Committee, recommendations are made to the BCA Board for final approval. Applicants are notified by e-mail by mid-January 2019 of the decision regarding their proposals. Arrangements for contracts and payment will be made at that time. Funding will be disbursed in two equal installments. The grant term will begin February 1, 2019.

All applications are confidential and are available only to the Board of Directors, the Grants Committee, the Medical Advisory Board and the Independent External Review Committee. If any grantee or sponsoring institution fails to adhere to the policies and qualifications listed above, the grant is subject to termination.

Please contact researchgrants@breastcanceralliance.org with any questions.

Date _____

Project Title _____

Area of research (check all that apply):

- Diagnosis: Bio-markers, Radiology, Pharmacology
- Cell biology: Model systems, animal models, *in vitro* models relevant to breast cancer
- Immunology
- Genetics
- Therapeutics
- Bio-engineering/Nanotechnology
- Epidemiology/ Public Health
- Other (please specify) _____

Name of applicant _____ **Degree/s** _____

Professional Title _____ **Date appointed** _____

Address _____

City _____ **State** _____ **Zip** _____

Telephone _____ **Fax** _____ **E-mail** _____

DOB _____

Checks made payable to:

Institution _____

Authorized Institutional Grant Administration Representative _____

Address _____

City _____ **State** _____ **Zip** _____

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Telephone _____

E-Mail _____

Project Title _____

Briefly describe your project in 250 words or less using **non-technical** language.

B. Briefly describe your project in 250 words or less using **technical** language.

C. Research Proposal

Describe (limit to five (5) pages of text and figures) the nature of the research program in which you will participate using the following format, (Times New Roman, 12pt., single spaced, at least half-inch margins, all components in a single document, which may be in PDF or Word format)

1. Specific aims- ½ -1 page
2. Background, significance and rationale ½ -1 page
3. Preliminary data 1-2 pages
4. Research plan 2-3 pages

D. Bibliography

E. Biohazards statement.

F. Human investigation statement.

G. Laboratory animals statement.

H. Biosketch- (current NIH format, maximum five pages). List training institutions, staff appointments, awards, and peer reviewed publications as related to breast cancer research (please limit publications to past five years). Information provided on the Biosketch should focus on work related to breast cancer or directly related to the proposed research project.

I. Submit a **budget** reflecting projected research expenditures, and provide a brief justification for each budget item. Travel and publication expenditures may not exceed one thousand dollars (\$1,000.00) for each category.

J. List **all other active and pending financial support** pertaining to your clinical work or research during the funding term.

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Letters of Reference:

Two letters of reference are required. Letters should be from individuals not directly involved with the application but who are familiar with the applicant's qualifications, training and interests. The letters should address the candidate's:

Competence

Potential for conducting research

Evidence of originality

Adequacy of scientific background

Quality of research endeavors or publications to date, if any

Any additional comments that the referee may wish to provide

Project Title _____

List the individuals providing a recommendation:

Name/Title _____

Institution _____

Address _____

City _____ **State** _____ **Zip** _____

Telephone _____

Email _____

Name/Title _____

Institution _____

Address _____

City _____ **State** _____ **Zip** _____

Telephone _____

Email _____

Please scan the **letters of recommendation** into the electronic version of your application. Attach the hard copies of the letters to the hard copy of your application.

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Signatures required:

I hereby confirm that I have reviewed and approved this application and the accompanying budget. Please scan signatures into this application.

Authorized Institutional Grant Administration Representative

Printed Name and Title_____

Signature_____ Date_____

Email address_____

Applicant's signature_____ Date_____