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

2021 Exceptional Project Grant Application

Terms:
The term of the Exceptional Project Grant is one year, beginning March 1, 2021, 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 and epigenetics, therapies, prevention and clinical studies.

Grant recipients must submit a brief report documenting progress by July 24, 2021 and a final report 60 days following the end of the grant term. 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 5, 2020 and been invited by the Breast Cancer Alliance to submit a formal application. Researchers should coordinate with their institutions as BCA will accept a maximum of 2 LOIs per institution. Applicants will be advised by the mid-May, 2020 as to whether they are invited to submit a full application.

**If you submit an LOI for an Exceptional Project Grant but are not asked to submit a full proposal, you may not then apply for a Young Investigator Grant for the same project.

Final applications must be emailed to researchgrants@breastcanceralliance.org on or before July 24, 2020, 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.
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-February 2021 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 March 1, 2021.

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, or the grant agreement, 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 and epigenetics
___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 __________
Breast Cancer Alliance
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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)

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.

Note: for any of the statements in E, F, or G, any format acceptable to NIH is acceptable for this application

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. Travel expenditures may not exceed one thousand dollars ($1,000.00). A brief budget justification should be provided.

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