

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

2020 Education and Outreach Grant Application

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.

Four types of grants are offered annually: Exceptional Project Grants, Young Investigator Grants, Breast Surgery Fellowships and Education and Outreach Grants. We invite clinical doctors and research scientists whose primary focus is breast cancer research to apply for either the Exceptional Project or Young Investigator Grant. Society of Surgical Oncology accredited institutions may submit requests for funding for fellowships if they are in New York, New Jersey or Connecticut. We invite Directors of programs that are directly related to breast cancer services to apply for the Education and Outreach Grant.

One of the distinguishing features of the Breast Cancer Alliance is its commitment to conduct site visits to grant recipients during the grant period.

Education and Outreach Grants:

The Breast Cancer Alliance offers grants to support programs directly related to outreach and case managerial breast cancer services, including education, counseling, biopsies and mammograms for the underserved. The programs must be located in Connecticut and/or in Westchester County, New York.

Terms:

The term of the Education and Outreach Grant is **one calendar year** beginning March 1, 2020. The program must be **directly related** to breast cancer services. The Breast Cancer Alliance does **not** fund office supplies, medical supplies, financial aid (i.e. gas bills, transportation, rent, overhead, grocery gift certificates, fringe benefits, etc.) printing costs, travel costs, marketing costs, recruitment costs or training programs.

- Applications are due **November 29, 2019**.
- **Applications received after the deadline will not be considered.**
- Any changes to the proposed use of these grant monies *once an application has been submitted* must be disclosed or Breast Cancer Alliance can nullify any grant agreement made due to a change in unapproved circumstances.
- *Any changes to the use of these grant monies after the grant contract has been signed* must be approved by Breast Cancer Alliance before such changes are made.

- Approved grant recipients will allow representatives of the Breast Cancer Alliance to come for a **site visit** during the grant term.
- Funding is determined on an annual basis, per each grant cycle. **Prior gift allocations do not guarantee future grants.**
- The authorized institutional grant representative and the Program Director shall both sign this grant application and the Grant Agreement on behalf of the Institutional Grant Recipient.
- Grant recipients must submit a brief report documenting progress by August 15, 2020 and a final report by April 14, 2021. The template for these reports should be downloaded from Breast Cancer Alliance's website: breastcanceralliance.org
- Any publicity associated with the program must acknowledge Breast Cancer Alliance as a supporter as much as is reasonably possible.

Application procedure:

Please e-mail the completed application (preferably as a pdf) to edoutgrants@breastcanceralliance.org, on or before November 29, 2019.

Please adhere to the format as specified: Times New Roman, 12 point. In addition, please mail one hard copy to the Breast Cancer Alliance office.

The Grants Committee of the Breast Cancer Alliance reviews and evaluates each grant proposal. The results of the Grants Committee's evaluations and subsequent recommendations are presented to the BCA Board for approval. All applications are confidential and are available only to the BCA Board of Directors and BCA Grants Committee.

Applicants will be notified by e-mail by February 2020 of the decision regarding their proposals. Arrangements for contracts and payment will be made at that time. Contracts must be executed and returned to Breast Cancer Alliance for grant payment by March 15, 2020.

If any grantee or sponsoring institution fails to adhere to the policies and qualifications listed above, the grant is subject to termination.

Please contact edoutgrants@breastcanceralliance.org with any questions.

Breast Cancer Alliance 2020 Education and Outreach Grant Application

Date _____
Name of Agency/ Institution _____
Telephone _____ Fax _____ Website _____
Address _____
City _____ State _____ Zip _____

Program Title _____

Amount of Grant Request _____

Program Director _____
Telephone _____ Fax _____ E-mail _____
Address _____
City _____ State _____ Zip _____

Executive Director _____
Telephone _____ Fax _____ E-mail _____
Address _____
City _____ State _____ Zip _____

Authorized Institutional Grant Administration Representative _____
Address _____
City _____ State _____ Zip _____
Telephone _____
E-Mail _____

Checks made payable to:
Agency/Institution _____

Please identify Primary Contact to whom the Breast Cancer Alliance should address questions.

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Agency/ Institution _____

Program Title _____

Program Director _____

Please provide the following information. There is no page limit, but please number pages consecutively and explain thoroughly.

- A. Description of the program, objectives and measurable goals
- B. Relevance of the program to community need
- C. Services to underserved or at risk populations
- D. Unique aspects of the program; what distinguishes this program from others in your catchment area
- E. Resources, facilities and personnel required
- F. Collaborations and partnerships with area hospitals, service providers and/or other breast cancer organizations
- G. Evaluation plan detailing how achievement of goals will be measured
- H. Timeline of how the program will be implemented during the grant year
- I. One year itemized budget detailing total program expenses and how Breast Cancer Alliance funding will be utilized to support the overall program
- J. Description of how the program will be sustained long term and what resources will be needed
- K. All other current active and pending financial support
- L. Material changes in the past year and/or anticipated changes in the organization, personnel or otherwise
- M. Current IRS Determination Letter of 501(c)(3) status.
- N. Proof of General Liability Insurance Coverage. The 2020 Grant Agreement will require Grantees to indemnify and hold Breast Cancer Alliance harmless from any claims arising out of or related to the grant provided to Grantee.

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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 the application.

Name of Institutional Grant Recipient _____

By: Authorized Institutional Grant Administration Representative

Printed Name and Title _____

Signature _____ Date _____

Email address _____

By: Program Director

Printed Name and Title _____

Signature _____ Date _____

Email address _____