

**(A.) COVER PAGE FOR GRANT APPLICATION**



**Request for Funding for Breast Health and/or Breast Cancer Education, Screening, Treatment, Support and Post-Diagnosis Programs**

PROJECT DIRECTOR & TITLE \_\_\_\_\_

ORGANIZATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE \_\_\_\_\_

ZIP + 4 \_\_\_\_\_

PHONE \_\_\_\_\_

FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

TITLE OF PROJECT \_\_\_\_\_

TOTAL AMOUNT REQUESTED \_\_\_\_\_

% SCREENING INDICATE HOW REQUESTED FUNDS  
% TREATMENT WILL BE SPENT BY PERCENTAGE IN EACH CATEGORY  
% EDUCATION

\_\_\_ Yes \_\_\_ No Does your agency receive funds form the Florida Breast and Cervical Cancer Early Detection Program (FLBCCEDP)?

**Required Signatures**

I understand that funding decisions are made at the sole discretion of the Southwest Florida Affiliate. **Permission to publish:** Permission is hereby granted to the Susan G. Komen Breast Cancer Foundation, Inc. to publish the included abstract should this application be selected for funding.

Program Director

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Approving Institution Official Signature

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

## **(B.) GRANT ABSTRACT**

### **Abstract**

The abstract (project summary) should be limited to 1,200 characters, including spaces and punctuation (approximately 250 words). See Application instructions for items to be included.

### **Priority Area Addressed (select one primary priority area):**

- Increasing resources available to the uninsured/underinsured, low-income population.
- Reduce/remove barriers such as transportation, child care, and scheduling issues for screening/treatments.
- Improving and increasing resources for diagnostic testing, staging procedures, and treatment for uninsured/underinsured and/or low income population.
- Increasing efforts to educate and support newly diagnosed patients and breast cancer Survivors about local programs/services available to help with quality of life issues.
- Increasing breast health awareness and education activities.

Geographical Area Served: \_\_\_\_\_

**Target Populations (select up to three primary populations):**

**Ethnic/Racial Groups**

- African American
- American Indian/Alaskan Native
- Asian
- Hispanic/Latina(o)
- Middle Eastern
- Pacific Islander
- White/Caucasian

**Patients**

- Breast Cancer Patients
- Breast Cancer Survivors
- Lymphedema Patients
- Recently Diagnosed Patients

**Medically Underserved**

- Homeless
- Immigrants
- In a Shelter
- Migrant Workers
- Refugees
- Rural

**Health Professionals**

- Health Educators
- Healthcare Providers
- Scientists

**Other Groups**

- Co-Survivors
- College Students
- Elderly (>65)
- High School Students
- Incarcerated
- Lesbian/Gay/Bisexual/Transgender
- Low-Literacy
- Men
- Persons With Disabilities

### **(C.) 3. PROJECT PLAN**

Use the following table format to provide information about goals, objectives, action items, timelines, and evaluation.

<b>Goal</b>	<b>Objective</b>	<b>Activities/Action Items</b>	<b>Timeline</b>	<b>Evaluation Measures and Techniques</b>
Goal 1:	Objective 1:	1. 2.		1. 2. 3.
	Objective 2:	1. 2. 3. 4.		1. 2.
Goal 2:	Objective 1:			
	Objective 2:			
Goal 3:				

**(D.) 1. PROJECT BUDGET**

		TOTAL PROJECT BUDGET, IF DIFFERENT FROM AMOUNT REQUESTED	GRANT REQUEST AMOUNT	PERCENT OF TOTAL GRANT REQUEST
PERSONNEL				
PROGRAM SUPPLIES (ITEMIZE BY CATEGORY, I.E. BREAST MODELS, ETC.)				
PATIENT CARE COSTS	EDUCATION			
	SCREENING			
	DIAGNOSTICS			
	TREATMENT			
	SUPPORT PROGRAMS			
OTHER EXPENSES (ITEMIZE BY CATEGORY)				
<b>TOTAL</b>				

Organization's total annual operating budget \$ \_\_\_\_\_

**(D.) 2. b. BUDGET JUSTIFICATION FOR PERSONNEL**

**PERSONNEL (MUST BE SPECIFIC TO PROJECT)**

NAME	ROLE ON PROJECT	% EFFORT ON PROJECT	BASE SALARY	SALARY REQUESTED	FRINGE BENEFIT DETAIL*	TOTAL

\*(i.e., percentage for health, vacation, disability, etc.)

**(List additional Personnel as necessary.)**

**(E.) 1. BIOSKETCHES for Project Director and other Personnel**

**Biographical Information**

Information should be submitted for the project director and other personnel included in budget request. Please use a separate form for each person.

NAME:		TITLE:	
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EDUCATION  
*(Begin with baccalaureate or initial professional education, such as nursing, include postdoctoral training)*

INSTITUTION <i>(Indicate Location)</i>	DEGREE	YEAR CONFERRED	FIELD OF STUDY

PROFESSIONAL EXPERIENCE: Please list, in chronological order, concluding with present position, previous employment, experience and honors. List, in chronological order, the titles, authors and complete references to all publications during the past three years and to representative earlier publications pertinent to this application.

**Do Not Exceed Two Pages.**

**(E.) 2. BIOSKETCHES for Board of Directors**

**Biographical Information**

Information should be submitted for each board member. Please use a separate form for each person.

NAME:		TITLE:	
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CREDENTIALS:  
**Do Not Exceed One Page.**

## COMPLIANCE CHECKLIST

Due Date: November 12, 2009

To insure your application is complete and is not returned for non-compliance, please take the time to check that your application includes all of the following before mailing:

- Completed Cover Page – requires two signatures.
- Abstract page – no more than 1200 characters (about 250 words)
- Your organization's background
- Statement of need
- Project Plan table (goals and objectives)
- Collaboration; include letters of collaboration if applicable
- Sustainability
- Budget form
- Budget Justification and Personnel Justification form
- List of other funding sources, if applicable
- Copy of your organization's financial statement for the last fiscal year
- Copy of operating budget for the fiscal year
- Biosketches of Personnel for the project
- Biosketches of Members of the Board
- Proof of 501(c)3 status – IRS determination letter

**NOTE: When funding is limited, the Affiliate may fund only a portion of the grant amount requested in order to meet community needs. If you think partial funding would be an impediment to your project, please note this in your budget justification**