



2008/2009 GRANT APPLICATION

FOR

TO CELEBRATE LIFE BREAST CANCER FOUNDATION

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TO CELEBRATE LIFE BREAST CANCER FOUNDATION

APPLICATION DEADLINE IS FEBRUARY 11, 2008

Guidelines and Instructions for Applicants

To Celebrate Life Breast Cancer Foundation (formerly Marin Breast Cancer Council) is pleased to announce the availability of grant funds for fiscal year 2008 (April 1, 2008-March 31, 2009). Please review the following information regarding the application process. For information about the current 2007 grant recipients, please visit the *To Celebrate Life Breast Cancer Foundation* website (<http://www.tocelebratelife.org>) and select "Grants."

To Celebrate Life Breast Cancer Foundation's mission is:

Reaching out to enrich the lives of women and men living with breast cancer.

We accomplish this by:

- 1. Providing grants for support programs, early detection screening, emotional and educational services.**
- 2. Securing resources for Bay Area organizations, including those supporting underserved communities.**
- 3. Offering healing opportunities through our events for those living with breast cancer.**

Qualifications: Applications are accepted from US nonprofit institutions. Applicant organizations must provide services in Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano or Sonoma counties.

Restrictions:

- Project must be specific to breast health and/or breast cancer.
- Applicants must be a US nonprofit IRS 501(c)(3) tax exempt organization, e.g. nonprofit organizations, educational institutions, government agencies, and Indian tribes are eligible.
- Services must be provided for women, men and their families living in the Bay Area.
- Indirect costs, if applicable, should not exceed 10% of direct costs.
- Equipment costs will be considered on a case-by-case basis and should be used exclusively for this project.
- Salaries, if requested, are for personnel specific to this project only.

Review: Applications received that are complete and meet compliance with these guidelines, will be submitted for review by a panel established by the *To Celebrate Life Breast Cancer Foundation* Board of Directors.

Contracts: A signed grant contract will be the legal mechanism for funding.

Grant Period: Grant period begins April 1, 2008 and will conclude on March 31, 2009.

Payment and Reporting: The first payment will be made no later than thirty (30) days after receipt of the fully executed contract. A final report is due within forty-five (45) days of completion of the grant period.

Letters of support and additional materials: **DO NOT** send additional materials (i.e. reprints, complete curriculum vitae or letters of support). These will not be reviewed.

Announcement: Announcement of grants awarded will be made in April 2008. Executive Directors and/or Project Directors will be notified of the outcome of the review in writing.

Applications must be submitted by the director of the project. Keep grant requests to the page limits, as stated on the Grants Application for Funding. Excess pages will be removed prior to review. Submit ten (10) copies of each application. Applications should be bound by staples or clips only. Please do not submit any spiral bound materials, folders, or otherwise bound applications. Fax copies will not be accepted.

Failure to adhere to these guidelines will result in delayed processing or refusal of the application.

Mailed Applications must be received by February 11, 2008 and sent to the address below.

To Celebrate Life Breast Cancer Foundation
Grants Review Board
PO Box 367
Kentfield, CA 94914

To submit hand delivered or express delivered applications please contact:

Susan Belling, Grant Review Board Chair at 415.294.7799

Inquiries should be addressed as above or emailed to grants@tocelebratelife.org or directed to 415.455.5882.

TO CELEBRATE LIFE BREAST CANCER FOUNDATION

GRANTS CALENDAR

December 1, 2007	Applications are available on the <i>To Celebrate Life Breast Cancer Foundation</i> website (http://www.tocelebratelife.org) or by mail (call 415.455.5882 to receive an application by mail).
February 11, 2008	Ten (10) collated copies of the application must be received by <i>To Celebrate Life Breast Cancer Foundation</i> no later than February 11, 2008. Applications received after February 11, 2008 will not be considered
February and March 2008	Grant Review Board convenes to review and recommend new grantees.
March 31, 2008	Awards are funded.
October-November 2008	Selected grant recipients receive a site visit.
February 11, 2009	Grant recipients submit final evaluation report.

The *To Celebrate Life Breast Cancer Foundation* Grants Review Board reviews and recommends to the *To Celebrate Life Breast Cancer Foundation* Board of Directors the list of grant organizations for funding. The Grants Review Board consists of community health leaders and *To Celebrate Life Foundation* Board Members. Final approval is made by the *To Celebrate Life Breast Cancer Foundation* Board of Directors.

Grant funds are awarded in April of each year for a 12-month fiscal year ending March 31. Grant awards generally range from \$5,000 - \$40,000 with most averaging about \$10,000 to \$15,000. All applicants will be notified of the disposition of their proposals.

**TO CELEBRATE LIFE BREAST CANCER FOUNDATION
POST OFFICE BOX 367
KENTFIELD, CA 94914**

GRANT APPLICATION FOR FUNDING 4/1/08-3/31/09

Applications MUST be received no later than February 11, 2008. There will be no exceptions. Grant Applications must be completed as outlined below.

- A. **Grant Application Check-Off Page** (Complete attached form).
- B. **Cover Page** (Complete attached form)
- C. **Project Description** (This section should not exceed five (5) single spaced typewritten pages. Font size should be no smaller than a ten-point typeface).
 - 1. Provide a brief summary of the proposed project to be funded by *To Celebrate Life Foundation*.
 - 2. Statement of need/problem to be addressed by this Grant.
 - 3. Describe the constituency to be served (*include the total number of unduplicated people you will serve with this proposal and provide the location of the constituency served*).
 - 4. Describe the proposed project's goal.
 - 5. Describe the measurable objectives (*For example: By December 15, 2008, the Support Group Facilitator will have provided 27 support group sessions for women who are newly diagnosed with breast cancer and receiving medical services in Marin County.*).
 - 6. Describe the methods you will use to accomplish each of your objectives.
 - 7. Describe how you will evaluate each of the objectives to ensure that the objectives are met.
 - 8. Provide a brief timetable for accomplishing this proposed project.
 - 9. If applicable, describe how you will collaborate and coordinate with other organizations to accomplish your project objectives. Identify those organizations. If applicable, letters of collaboration should be included from each organization.
 - 10. If applicable, briefly describe how you will ensure that the project is culturally/linguistically appropriate for the constituency you will be serving.
 - 11. Provide long-term strategies for funding of the Program/Project.
 - 12. How does this project fit into the overall goal of your organization?
 - 13. Please describe the unique qualities of your project (i.e. community served, geographic coverage, services provided, etc.).

D. **Financial Information**

1. Please provide a detailed budget for your project using the enclosed Budget Form.
2. Provide a justification for the budgeted items (not to exceed two (2) pages).
3. List other sources of current and requested/pending funding for this project.

E. Provide proof of non-profit status for the applicant organization.

F. Submit a list of the current Board of Directors for the applicant organization.

G. If you are currently funded by *To Celebrate Life Breast Cancer Foundation* (2007-08) please submit your Final Evaluation report with this proposal.

TO CELEBRATE LIFE BREAST CANCER FOUNDATION

**2008-2009 GRANT APPLICATION CHECK OFF FORM (A)
THIS FORM IS REQUIRED TO BE COMPLETED AND INCLUDED WITH
YOUR GRANT APPLICATION MATERIALS**

Name of Program and Institution:	Yes	Page Number
A. Cover Page		
B. Project Description (section 1-13 not to exceed 5 typewritten pages with font size no smaller than 10: 1. Brief explanation of project.		
2. Statement of need		
3. Description of constituency to be served (number of unduplicated people served.)		
4. Describe proposed project's goal.		
5. Describe measurable objectives.		
6. Describe methods used to accomplish objectives.		
7. Describe how objectives will be evaluated to insure objectives are met.		
8. Provide a brief timetable to accomplish these goals.		
9. If applicable, describe how you will collaborate and coordinate with other organizations to accomplish objectives.		
10. Describe how you will insure that project is culturally/linguistically appropriate for constituency served.		
11. Provide long-term strategies for funding of the Program/Project.		
12. How does the project fit into the overall goal of your organization?		
13. Describe unique qualities of your project.		
C. Financial Information.		
1. Provide detailed budget using enclosed form.		
2. Provide justification for budgeted items and attach to budget form.		
3. List other sources of current/requested/pending funding for this project.		
D. Provide proof of non-profit status		
E. Submit list of current Board of Directors		
F. If you are currently funded by <i>To Celebrate Life Breast Cancer Foundation</i> ('07-'08) please submit Final Evaluation Form.		

Signature and Name of Project Director: _____

**TO CELEBRATE LIFE BREAST CANCER FOUNDATION
POST OFFICE BOX 367
KENTFIELD, CA 94914**

2008/2009 GRANT APPLICATION

B. COVER PAGE Please complete and attach to sections C-G

Amount Requested _____ Grant Period _____

Title of Proposed Project: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

Email Address: _____

Briefly describe your organization including: mission statement, organization goals, services, and activities. Also provide the number of paid staff and volunteers.

Please provide the number of people served annually, and the geographic area served.

Briefly highlight (200 words or less) the services you plan to provide, and who be served by this project. Please attach to this sheet.

PLEASE CHECK TYPE OF APPLICATION:

EDUCATION SCREENING TREATMENT SUPPORT OTHER

TO CELEBRATE LIFE BREAST CANCER FOUNDATION

**GRANT APPLICATION 2008/2009
(CONTINUED)**

Project Director: _____ Title: _____

Phone: () _____ Fax: () _____

Email Address: _____

Previous, if any, requests and grants for funding from *To Celebrate Life Breast Cancer Foundation* (formerly Marin Breast Cancer Council). Please provide year(s), amount(s), title of project(s):

Organization Head: _____ Date: _____

Title: _____

Signature: _____

Project Director: _____ Date: _____

Title: _____

Signature: _____

**To Celebrate Life Breast Cancer Foundation
Post Office Box 367
Kentfield, CA 94914
415.455.5882**

TO CELEBRATE LIFE BREAST CANCER FOUNDATION

GRANT APPLICATION REQUIRED BUDGET FORM

DETAILED BUDGET FOR ENTIRE BUDGET PERIOD		FROM (Date)		THROUGH (Date)		
PERSONNEL <i>(MUST BE SPECIFIC TO PROJECT)</i>		% EFFORT ON PROJECT	BASE SALARY	DOLLAR AMOUNT REQUESTED		
NAME	ROLE ON PROJECT			SALARY REQUESTED	FRINGE BENEFIT	TOTALS
SUBTOTALS						
SUPPLIES (ITEMIZE BY CATEGORY)						
EQUIPMENT						
TRAVEL						
PATIENT CARE COSTS (\$)						
OTHER EXPENSES (ITEMIZE BY CATEGORY)						
SUBTOTAL - DIRECT COSTS						
INDIRECT COST ALLOCATION (NOT TO EXCEED 10%)						
TOTAL FUNDING REQUEST						

Please attach budget justification and list funding sources for this project.