

APPLICATION DEADLINE IS FEBRUARY 6, 2012

Guidelines and Instructions for Applicants *To Celebrate Life Breast Cancer Foundation*

To Celebrate Life Breast Cancer Foundation is pleased to announce the availability of grant funds for grant year 2012 (April 1, 2012-March 31, 2013). For information about the current 2011 grant recipients, please visit the *To Celebrate Life Breast Cancer Foundation* website (<http://www.tocelebratelife.org>) and select “Grants.”

Please review the following information regarding the application process.

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 U.S. nonprofit institutions. Applicant organizations must provide services in Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano, or Sonoma counties.

NEW THIS YEAR

This year the application on our website is interactive. Please open the document and then save it to your documents to continue completion. Note: The completed document is to be submitted in hard copies as detailed below; not online.

Restrictions and Guidelines for Applications:

- The 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 and men living in the Bay Area.
- Indirect costs, if applicable, should not exceed 10% of direct costs.
- Salaries, if requested, are for personnel specific to this project only.

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- Equipment costs will be considered on a case-by-case basis and should be used exclusively for this project.
- Grant awards generally range from \$5,000 - \$15,000.
- **The director of the project must submit the application. Keep grant requests to the page limits, as stated in different sections of the Grants Application for Funding. For your submission:**
 - **Send 10 copies of each application.**
 - **Please also submit one electronic copy of your application, on a CD.**
 - **Regarding additional materials (such as letters of support or promotional materials): Only *one* extra item will be accepted, preferably brief. Attach this to each copy of the application, after the checklist. *Additional materials beyond the first will be discarded and not reviewed.***
 - **Please see the financial section of the application for guidance on what we do and do not fund.**
 - **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.**

Review: Applications received that are complete and meet compliance with these guidelines, will be submitted for review by the Grants Review Board, established by the *To Celebrate Life Breast Cancer Foundation* Board of Directors. **Failure to adhere to these guidelines will result in delayed processing or refusal of the application.**

Mailed applications must be received by February 6, 2012 at:

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 Jane Pallas, Grant Review Board Co-Chair, at 415-454-8665.

Inquiries should be addressed as above or e-mailed to grants@tocelebratelifelife.org or directed to 415-455-5882.

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GRANTS CALENDAR
TO CELEBRATE LIFE BREAST CANCER FOUNDATION

December 30, 2011	Applications are available on the <i>To Celebrate Life</i> website (http://www.tocelebratelife.org).
February 6, 2012	Ten (10) collated copies of the application, and one electronic copy on CD, must be received by <i>To Celebrate Life Breast Cancer Foundation</i> no later than February 6. Applications received after February 6 will not be considered.
February and March 2012	Grant Review Board reviews proposals and meets to recommend new grantees.
April, 2012	Awards are funded.
October-December 2012	All grant recipients receive a site visit.
February 6, 2013	Grant recipients submit final evaluation report

The *To Celebrate Life Breast Cancer Foundation* Grants Review Board reviews and recommends to the *To Celebrate Life Foundation* Board of Directors the list of grant organizations for funding. The Grants Review Board consists of community health leaders, breast cancer survivors, and *To Celebrate Life Foundation* current and past Board Members. The *To Celebrate Life Breast Cancer Foundation* Board of Directors has final approval.

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

Payment and Reporting: The first payment will be made no later than thirty (30) days after receipt of the fully executed contract.

Grant Period: Grant period begins April 1, 2012, and will conclude on March 31, 2013.

Announcement: Announcement of grants awarded will be made in April 2012. Executive Directors and/or Project Directors will be notified of the outcome of the review in writing.

**GRANT APPLICATION FOR FUNDING 4/1/12-3/31/13
TO CELEBRATE LIFE BREAST CANCER FOUNDATION**

Applications MUST be received no later than February 6, 2012. There will be no exceptions. Grant Applications must be completed as outlined below.

- A. **Two-page summary:** Please complete the attached two-page form, labeled Summary Section A, and make these the first two pages of your application.
- B. **Project Information:** This section should not exceed five (5) single spaced typewritten pages. Font size should be no smaller than a 10-point typeface. *Brevity and bulleted lists are encouraged!* Please answer each of the following questions.
1. Provide a brief summary of the proposed project to be funded by *To Celebrate Life Foundation*, describing the constituency to be served and the unmet need(s) to be addressed. (300 words or less, please).
 2. List the total number of unduplicated people you will serve with the *To Celebrate Life* funds requested and provide the location of the constituency served. (100 words or less).
 3. State the proposed project's goal, and how it relates to the mission statement and focus of *To Celebrate Life Breast Cancer Foundation*. (150 words or less)
 4. Briefly state the measurable objectives. (For example: *By December 15, 2012, 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 XYZ County.*)
 5. Briefly describe the methods you will use to accomplish each of your objectives. (One or two sentences per objective)
 6. State how you will evaluate each of the objectives to ensure that the objectives are met. (One or two sentences per objective)
 7. Provide a brief timetable or deadline for accomplishing this project.
 8. If applicable, describe how you will collaborate and coordinate with other organizations to accomplish your project objectives. Please list examples of those organizations. (200 words or less)
 9. If applicable, briefly describe how you will ensure that the project is culturally/linguistically appropriate for the constituency you will be serving. (100 words or less)

B. **Project Information**, continued:

10. Briefly describe the unique aspects of your project (i.e. community served, geographic coverage, services provided, etc., in 150 words or less – bullet points encouraged).
11. Please tell us why your group or organization is well suited to carry out this project. (200 words or less)

C. **Financial Information**

1. Please provide a detailed budget for the funds requested from *To Celebrate Life*. You must use the *To Celebrate Life Breast Cancer Foundation* Budget Form.
2. Provide a justification for the budgeted items (not to exceed 300 words).
3. List other sources of current and requested/pending funding for this project. *To Celebrate Life Foundation* deems it increasingly important that our grantees have multiple sources of funding.
4. The *Foundation* funds the following medical procedures:
 - Screening and diagnostic mammograms
 - Diagnostic sonograms and ultrasounds
 - A limited number of MRIs for surgical decision-making, at negotiated rates
 - A limited number of ultrasound guided biopsies, at negotiated rates.
5. Please note that the *Foundation* does **not** fund:
 - Any other surgical procedures than those named above, including biopsies
 - Research pertaining to breast cancer
 - We do not fund any portion of Executive Director salaries.

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

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

F. If you are currently funded by *To Celebrate Life Breast Cancer Foundation* (2011-12) please submit your Final Evaluation report with this proposal.

G. **Grant Application Checklist**—please attach this as the last page of your application.

H. One example of materials may be attached, at the back. This is not required, however.

**SUMMARY SECTION A: 2012/2013 GRANT APPLICATION:
TO CELEBRATE LIFE BREAST CANCER FOUNDATION**

Please keep your responses below to a single page, as a summary of your grant application.

Organization: _____

Address: _____

City/State/Zip: _____ County: _____

Year Founded: _____

Name of Project: _____

Amount Requested _____

Please give a brief two-sentence description of the project and who will be served.

How many people will be served with the funding amount requested above?

This request is for: ___ New Project/Program ___ Support for ongoing project

Services to be provided (Check all that apply):

Diagnostics Emergency Financial Aid Navigation

Direct Services/Support Complimentary Therapies Other

If Other, please articulate: _____

Please check the county or counties in which your project will provide services:

Alameda Contra Costa Marin Napa San Francisco

San Mateo Santa Clara Solano Sonoma

Did we previously fund this project? Yes No

Will your organization obtain support from other funding sources for this project?

___ Yes ___ No If yes, please list other funding sources:

Please keep your responses below to a single page.

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

Executive Director: _____ Date: _____

Title: _____

Signature: _____

Phone: _____ Fax: _____

E-mail Address: _____

Project Director: _____ Date: _____

Title: _____

Signature: _____

Phone: _____ Fax: _____

E-mail Address: _____

Project Director (if applicable): _____ Date: _____

Title: _____

Signature: _____

Phone: _____ Fax: _____

E-mail Address: _____

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

BUDGET FORM

Required with Grant Application

Detailed Budget for Entire Period		From: (Date)		Through: (Date)		
Personnel (Specific to Project) Name	Role on Project	Base Salary	% on Project	Dollar Amount Requested Salary	Benefits	Total
1)						
2)						
3)						
4)						
5)						
6)						
7)						
8)						
9)						
SUBTOTALS						
Materials/Supplies/Equipment						
1)						
2)						
3)						
Transportation/Translation/Patient Services - (Please list separately)						
1)						
2)						
3)						
4)						
Miscellaneous						
1)						
2)						
3)						
SUBTOTAL - DIRECT COSTS						
Overhead and Administrative Costs (not to exceed 10% of overall budget)						
TOTAL FUNDING REQUEST						

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

To Celebrate Life Breast Cancer Foundation

2012-2013 GRANT APPLICATION CHECKLIST

THIS FORM SHOWS THE REQUIRED ORDER OF PAGES IN THE APPLICATION YOU SUBMIT.
THIS CHECKLIST, FILLED OUT, SHOULD BE THE LAST PAGE OF THE APPLICATION.

Name of Program & Organization: (please write in)	Yes	Page Number
A. Two-page Summary Section	<input type="checkbox"/>	
B. Project Information (B1 to B11 write-ups; not to exceed five pages, 10-point font)	<input type="checkbox"/>	
B1. Brief summary of project/constituencies to be served/unmet need(s) addressed	<input type="checkbox"/>	
B2. Total number of unduplicated people served/location of recipients to be served	<input type="checkbox"/>	
B3. Project goal/how that goal related to mission of <i>To Celebrate Life Breast Cancer Foundation</i>	<input type="checkbox"/>	
B4. Measurable objectives	<input type="checkbox"/>	
B5. Methods used to achieve each objective	<input type="checkbox"/>	
B6. How the work on each objective will be evaluated	<input type="checkbox"/>	
B7. Brief timetable or deadline for accomplishing project	<input type="checkbox"/>	
B8. (If applicable) Information on collaboration with other organizations; list of those organizations	<input type="checkbox"/>	
B9. (If applicable) How project will be culturally/linguistically appropriate for the designated constituency	<input type="checkbox"/>	
B10. Unique aspects of this project	<input type="checkbox"/>	
B11. Strengths of your organization for accomplishing this project	<input type="checkbox"/>	
C. Financial Information	<input type="checkbox"/>	
C1. Detailed budget, using <i>To Celebrate Life Foundation</i> form in the application	<input type="checkbox"/>	
C2. Justification for budgeted items	<input type="checkbox"/>	
C3. Other sources of current and requested/pending funding for this project	<input type="checkbox"/>	
D. Proof of Non-profit Status	<input type="checkbox"/>	
E. List of Current Board of Directors for Applicant Organization	<input type="checkbox"/>	
F. Final Evaluation Report (If funded by <i>To Celebrate Life Foundation</i> in 2008-9)	<input type="checkbox"/>	
G. Grant Application Checklist —please attach this as the last page of application	<input type="checkbox"/>	
H. (Optional) One Example of Materials	<input type="checkbox"/>	
	<input type="checkbox"/>	
Electronic Copy —please check here to indicate that one CD of application is also provided	<input type="checkbox"/>	

Name of Project Director _____ Signature _____