

Breast Cancer Research/Education Trust Fund Application
[BCTF]

Budget Period

From: _____ To: _____

Requested Amount: \$ _____ Current BCTF Grantee: Yes No

Organization

Grantee Name: _____

Project Director Name & Title: _____

Address: _____

Phone: _____ Email: _____

Title of Project: _____

Time Frame Begin Date: _____ End Date: _____

Focus Area Addressed: _____

Counties Served: _____

Detailed Budget for Entire Budget Period

Name: _____

Salary Required: _____

Name: _____

Salary Required: _____

Travel:

\$ _____

Supplies:

\$ _____

Equipment:

\$ _____

Other Expenses:

\$ _____

Subtotal – Direct Costs: \$ _____

Total Funding Request: \$ _____

Instructions – On a separate page:

- A. Please provide a short description of the program or service to be funded. Please describe the medically underserved populations this project will reach. This information may be used for publication if application is selected to be funded. (Not to exceed 150 words)
- B. State the need of the program or service (Not to exceed 350 words)
- C. List the goals and objectives for the proposed project. Include the number of people the proposal expects to serve. (Not to exceed 350 words)
- D. Provide an Implementation plan describing how the proposal will meet its objectives. (Not to exceed 350 words)
- E. Provide a timeline for the duration of the grant (July 1, 2019 June 30, 2020) for the program or service. Please include the responsible staff for the project. (Not to exceed 350 words)
- F. Include your evaluation plan and describe how you will measure the success of the program or service. (Not to exceed 350 words)