

GRANT APPLICATIONS NOW BEING ACCEPTED
For
BREAST CANCER EDUCATION/TREATMENT/SCREENING PROJECTS
From

QUAD CITIES AFFILIATE OF SUSAN G. KOMEN for the CURE

Quad Cities Affiliate of Susan G. Komen for the Cure offers grants for innovative projects in the areas of breast health and breast cancer education or outreach projects targeting services not otherwise available to the medically under-served women of the affiliate service area including: Cedar, Clinton, Muscatine, and Scott counties in Iowa as well as Henry, Mercer, Whiteside, and Rock Island counties in Illinois. Research projects will not be considered.

Completing the application:

(This document is also available online at: <http://www.komenquadcities.org/grants.php> - you are encouraged to download the file and submit an electronic copy.)

Applications must include and be ordered as follows:

- A. Cover Page (Form attached)
- B. Project Description (This section should not exceed one typewritten page. Font size no smaller than a ten point typeface.)
 1. Statement of need/problem to be addressed (include target audience or population group to be served and # of women)
 2. Brief explanation of project.
 3. Description of program goals and measurable outcomes, including potential impact of the program on the community.
 4. List of activities planned and timetable for accomplishing each of the goals. (***Please note: six month & final reports are required if funded.***)
 5. Description of other organizations/entities, if any participating in the program.
 6. Long term sources/strategies for funding of the program after initial funding
 7. A list of comparable programs in this service area and an explanation of how this program is unique.
- C. Financial information (not to exceed two typewritten pages.)
 1. Budget for requested funds (Form attached). Administrative salaries (i.e. Supervisors) other than those coordinating and implementing the program will not be covered. Indirect costs must not exceed 15% of total grant request. (Indirect costs are those that do not directly support breast education, treatment or screening – i.e. supplies, food)
 2. Budget justification.
 3. List of other sources of funding for the project (i.e. Cash, In Kind).
 4. Office equipment, supplies, and space will not be covered.
- D. Bio for project director and attendant personnel listed in the budget request.
- E. Proof of non-profit status for applicant institution.

Submitting your application:

- A. This document is also available online at:
<http://www.komenquadcities.org/grants.php>
- B. If you would like this document emailed to you please contact:
s.soltow@mchsi.com
- C. Applications must be submitted by the director of the project.
- D. Applications must be signed by director or CEO of each institution involved in the project. This signed copy should be mailed to the address below, even if the grant is submitted electronically.
- E. Applications should be bound by staples, paper clips or binder clips only.
- F. **You are strongly encouraged to provide an electronic copy of this document (MS Word & MS Excel format) either via email (s.soltow@mchsi.com) or on CD.** If you anticipate difficulties with this request, please inquire via the contact information below.

APPLICATIONS MUST BE POSTMARKED BY November 20th, 2009

MAILING ADDRESS: (Do **NOT** send Certified Mail.)
Susan G. Komen for the Cure Quad Cities Grants
745 21st St.
Rock Island, IL 61201

EMAIL ADDRESS FOR ELECTRONIC SUBMISSION:
s.soltow@mchsi.com

Inquiries should be addressed as above, directed to (309) 314-4694, or emailed to s.soltow@mchsi.com.
Please submit inquiries by November 20, 2009.

GRANT RECIPIENTS WILL BE NOTIFIED BY
December 11, 2009

**QUAD CITIES AFFILIATE OF SUSAN G. KOMEN for the CURE
REQUEST FOR FUNDING
FOR BREAST CANCER PROJECT**

Project Director: _____

Institution: _____

Address: _____

Phone: (____) _____ Fax: (____) _____

Email (optional): _____

Signature/Title of
Approving
Institutional Personnel: _____

Print Name _____

Title of Project: _____

Amount Requested: _____

Grant Period: _____

Please check type of application: Education Screening Treatment

Please check if grant is: Renewal of current grant New in 2009

Please provide a short summary paragraph suitable for release to the general public if this application is chosen for funding.

**QUAD CITIES AFFILIATE OF SUSAN G. KOMEN for the CURE
GRANT APPLICATION BUDGET FORM**

Detailed Budget for Entire Budget Period From 01/01/2010 Through 03/31/2011

PERSONNEL EXPENSES

| Name & Role on Project | % Effort on Project | Base Salary | Fringe Benefits | Total \$\$ Requested |
|------------------------|---------------------|-------------|-----------------|----------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Supplies: (Itemize by Category)

| | |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |

Equipment:

| | |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |

Patient Care Costs:

| | |
|------------------|----------|
| Inpatient _____ | \$ _____ |
| _____ | \$ _____ |
| Outpatient _____ | \$ _____ |
| _____ | \$ _____ |

Other Expenses (Itemize by category i.e. telephone, postage, rent, seminars, etc.)

| | |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |

Total Funding Request: \$ _____

REVENUE and/or IN KIND:

Other Program Revenue - List sources and amount:

| |
|-------|
| _____ |
| _____ |
| _____ |
| _____ |

Please attach budget justification.