

BEYOND PINK TEAM

2010 BREAST CANCER GRANT

Are you committed to improving the lives of women with breast cancer? Do you want to help African American women with breast cancer understand their diagnosis, treatment options, and feelings? Do you want to empower African American women to know their body, act on their own behalf, and advocate for good healthcare?

The Beyond Pink Team (BPT) is offering up to three (3) \$1000 grants. Grants will be funded for either five months or one year to an organization or group in the Cedar Valley willing to provide culturally appropriate educational and support services to African American women with breast cancer.

A group of African American women from Waterloo and Cedar Falls met, determined, and then prioritized the educational and support needs of African American women in our community with breast cancer. Below is a summary of the groups' knowledge and wisdom.

The first three priorities were determined to be the most urgent. All are needed.

- * Use culturally specific marketing to provide information, education, support, public service announcements, etc.
- * Provide programs, services, education, health ministry, support, family support, etc. for African Americans.
- * Provide women with immediate after surgery companionship, support and advocacy (preferably using a woman of color).
- * Educate and empower women of color to know their body, act on their own behalf, and speak openly about cancer.
- * Provide the opportunity for women of color who have survived cancer to speak to the community about cancer. (i.e. during public events and through media)
- * Make certain services provided to cancer patients are inclusive (i.e. wigs, prostheses, lymphedema sleeves, etc. are appropriate for women of color).

Grant applicants are charged with using the funding to meet at least one of these needs.

Grant applications are available for downloading on the Beyond Pink Team website www.cedarvalleybreastcancer.org

Grant applications are due Friday, December 11, 2009.

BEYOND PINK TEAM

"PROVIDING EDUCATIONAL AND SUPPORT SERVICES FOR AFRICAN AMERICAN WOMEN WITH CANCER IN THE CEDAR VALLEY"

FUNDING APPLICATION INSTRUCTIONS

Grant applications are due Friday, December 11, 2009

1. Review of Funding Guidelines and Procedures

SUBMIT ALL FORMS & INFORMATION LISTED BELOW IN THE FOLLOWING ORDER:

2. **Cover Page** must be the top page of application with appropriate signature
3. **Project/Program Detailed Budget-** (list amount requested)
 - a. Provide a summary/explanation of budget
 - b. Include amount requested for budget period from *01/01/2010 through 12/31/2010 or 01/01/2010 through 05/31/2010*
 - c. Please list all expenses (equipment, supplies, postage, etc.)
 - d. Please list all revenue, list sources and amounts
4. **Project Overview** – Limit two pages, using the following outline:
 - a. **Brief Explanation of Project:** Include project/program name; *statement of need/problem to be addressed* by the project/program; is application for education, support, or both?
 - b. beginning and ending dates of project/program
 - c. **Describe goals and objectives of project/program** and time table for accomplishing goal
 - d. **Description of target audience or population group to be served;** estimated number of people to be served by this project/program
 - e. **Description of other participating organizations/entities if any;** and explanation of how this program is unique
 - f. **Long term sources/strategies for funding of the program after initial funding**
 - g. **Explain how you will evaluate the success of the project/program, Report due to funders at the end of the funding period.** (Christine.carpenter@cfu.net)

STAPLE GRANT APPLICATIONS. DO NOT SUBMIT IN BINDERS.

Provide all requested information. ***Grant applications are due 12-11-2009!***

Submit original application and ***four*** copies to:

Christine Carpenter

1722 W. Ridgewood Drive

Cedar Falls, Iowa 50613-4572

For questions regarding the application, call Christine Carpenter at 319-266-019

BEYOND PINK TEAM

"PROVIDING EDUCATIONAL AND SUPPORT SERVICES FOR AFRICAN AMERICAN WOMEN WITH BREAST CANCER IN THE CEDAR VALLEY"

GRANT APPLICATION COVER PAGE

Date Application Received: _____ Grant Number: _____
(OFFICE USE ONLY)

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Name of Group/Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Federal Tax ID Number: \_\_\_\_\_ (if applicable)

E-mail: \_\_\_\_\_

Contact Person/Phone Number: \_\_\_\_\_

Project Period (please check one):

1/01/2010 - 5/31/2010    or     01/01/2010-12/31/2010

Title of Project: \_\_\_\_\_

You must list a title and brief description of the project/program for which funding is requested in the space below.

Required Signatures:

\_\_\_\_\_  
Signature/Title of Approving Institutional Personnel

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*"PROVIDING EDUCATIONAL AND SUPPORT SERVICES FOR AFRICAN AMERICAN WOMEN WITH CANCER IN THE CEDAR VALLEY"*

## BUDGET FORM

You may also create your own budget form.

| Item                                     | Please explain need for item                 | Amount Requested from Beyond Pink Team | Other funding for project (please list other grants or sources of income) |
|------------------------------------------|----------------------------------------------|----------------------------------------|---------------------------------------------------------------------------|
| <i>Example:<br/>Postage: 100 Stamps</i>  | <i>100 stamps needed to mail invitations</i> | <i>80 x .44 = \$44.00</i>              |                                                                           |
| <i>Example:<br/>Printing: 100 copies</i> | <i>100 copies of event invitation</i>        | \$                                     | <i>100 copies donated by American Cancer Society</i>                      |
|                                          |                                              | \$                                     |                                                                           |
|                                          |                                              | \$                                     |                                                                           |
|                                          |                                              | \$                                     |                                                                           |
|                                          |                                              | \$                                     |                                                                           |
|                                          |                                              | \$                                     |                                                                           |
|                                          |                                              | \$                                     |                                                                           |
|                                          |                                              | \$                                     |                                                                           |
|                                          |                                              | \$                                     |                                                                           |
|                                          |                                              | \$                                     |                                                                           |
|                                          |                                              | \$                                     |                                                                           |
|                                          |                                              | \$                                     |                                                                           |
|                                          | <b>Total Amount Requested:</b>               | \$                                     |                                                                           |

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