

**The Beth C. Tortolani Foundation Invites
Applications for Year 2012
Breast Cancer Education Project Grant**

MISSION: The Beth C. Tortolani Foundation was developed to support and organize programs and services which provide resources, knowledge and skills to women with breast cancer and their families in order to enhance the quality of their lives. We are proud to once again offer Breast Cancer Education Project Grants to organizations within the New York demographic area of the Five Boroughs including Westchester, Nassau and Suffolk Counties, that support and provide these services in accordance with our mission.

CRITERIA:

The following criteria will be considered when reviewing grant applications:

1. The application must be relevant to the mission of the BCT Foundation.
 - a. The application must be specific to educational programs directed towards individuals diagnosed with breast cancer and their families OR
 - b. The application must provide support programs for the community referencing breast cancer.
2. The application must indicate the acknowledgement of sponsorship to be placed on all printed and other appropriate materials.
3. The application will indicate a formal reporting process to include the evaluation of the program, final detailed budget, and impact of the BCT Foundation sponsorship.
4. One BCT Foundation sponsored grant per year will be permitted per organization.

GRANT AWARD PERIOD: One year

APPLICATION DEADLINES: 2/1/12, 5/1/12, 8/15/12, 10/1/12

MAXIMUM FUNDING REQUEST: \$10,000

APPLICATIONS SHOULD BE MAILED TO:

**THE BETH C. TORTOLANI FOUNDATION
P.O. BOX 1004
MANHASSET, NY 11030**

FOR FURTHER INFORMATION CALL: (516) 783-5398

**Invitation To Apply For
The Beth C. Tortolani Foundation
Year 2012
Breast Cancer Education Project Grant**

The Beth C. Tortolani Foundation is offering grants for existing or new programs with innovative projects regarding breast cancer meeting the following criteria:

- informational programs directed towards individuals diagnosed with breast cancer
- informational programs directed towards the families of individuals diagnosed with breast cancer
- informational support programs for the community referencing breast cancer

Applications must be submitted by the director of the project before the required deadlines. Twelve complete copies of each application should be submitted and should include the following for review:

- The attached application form used as a **cover page**.
- A **summary** of the proposed project including format guidelines listed below.

Do not identify the title of the program or the name of the program director, so the review committee may review it in an unbiased manner. It should be no longer than five pages in length. Applications should not include any bound material.

Format for the summary should include:

- 1 Narrative description of project, including statement of the issue to be addressed, the identified need, the population to be served, strategies to achieve goals. Please also include any unique aspects of this project and how it differs from other programs in your demographic area.
2. Overall project objectives and goals
 - a.) acknowledgement of BCT Foundation on literature and/or materials
 - b.) review of comparable programs in your service area
 - c.) mechanism for evaluation
 - d.) total budget for the project including what % of the budget the project reflects
 - e.) other funding sources (both committed and pending) and the level of support
 - f.) amount requested for funding
 - g.) post grant sustainability of project or possible future funding sources
3. Curriculum vitae of the project director and project personnel

The final decision regarding the grant application will be made by the grants committee. Upon approval, the organization will be notified by issuance of a letter of agreement that includes payment of requested funding amount. Acceptance of grant funding indicates agreement to terms set forth in the grant application including detailed six-month and twelve-month followup evaluations of program, detailed finalized budget, and acknowledgement standards.

Last Name, First Initial of Project Director

Date _____

**The Beth C. Tortolani Foundation
Year 2012
Breast Cancer Education Project Grant
Application Form**

Title of Project: _____

Amount Requested: _____

Profile of Population Served: _____

Project Director: _____

Institution: _____

Address: _____

Phone Number: _____ Fax Number: _____

Check payable to: _____

Project Personnel: _____
