



BREAST CANCER CARE & RESEARCH FUND

2024 MICRO GRANT APPLICATION

Contact Information

Organization:

Name of Contact:

Current Position:

Mailing Address:

Phone Number:

Email:

Organization Website:

Project Title:

Signature:

Please note that your signature acknowledges that you are approved to submit this application for your organization and that, if funded, the organization will report back to BCCRF with results of the project one year after funding.

BCCRF will award micro-grants of up to \$1000 to non-profit organizations/institutions that successfully address one of the two **strategic areas** in the breast cancer arena listed below:

1. Breast Cancer Education or Prevention: Funds can be used for the following:
 - a. The creation of a project that supports breast cancer education or prevention such as webinars, virtual meetings, in person events etc.
 - b. The creation, translation or printing of project specific materials such as flyers, brochures, e-blasts etc.
 - c. Costs associated with conducting research (focus groups, interviews, surveys, consultants, study supplies, etc.)
 - d. Publication fees (manuscripts, posters, etc.)
 - e. Other related activities
2. Access To Breast Cancer Care: Funds can be used for the following:
 - a. Projects that provide patient education services (library support, supportive care, etc.)
 - b. Projects that provide patient transportation services (rides to doctor appointments, conferences, follow-up care, etc.)
 - c. Other related activities



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Project Information Please answer these questions on a separate piece of paper.

1. Please provide a brief overview of your organization. What is the mission and vision? What community/communities do you serve? (250 words maximum)
2. Please provide a brief description of the project and its goals. Who is the intended target population(s)? (250 words maximum)
3. Which one of the two strategic areas listed above are you going to focus on? Describe what is innovative in your project. (250 words maximum)
4. What are the specific outcomes and intended impact when the activity is completed? (250 words maximum)
5. How will the requested funds be used? Please provide a simple budget. (250 words maximum plus budget)
6. Please provide any additional information you feel will be helpful in reviewing your application. This is your opportunity to tell us more about you and your organization and why the grant is important to you and will help you achieve your organizational goals. (250 words maximum)

PLEASE PRINT THE CONTACT INFORMATION PAGE AND YOUR ANSWERS AND SCAN INTO A PDF AND EMAIL TO:
LORI@BCCRF.ORG

YOU MAY ALSO MAIL YOUR APPLICATION MATERIALS TO: BCCRF, MICRO GRANT PROGRAM, 119 N. FAIRFAX AVE. UNIT 236, LOS ANGELES, CA 90036

SUBMIT YOUR APPLICATION BY EMAIL OR POSTMARKED BY FRIDAY, MARCH 29, 2024.

AWARDEES WILL BE ANNOUNCED BY APRIL 19, 2024

PLEASE SUBMIT ANY QUESTIONS TO: LORI@BCCRF.ORG