



# **2009 Grant Program**

**Breast Health and/or Breast Cancer Awareness,  
Education, Screening, and Support Programs**

Gloria Gemma Breast Cancer Resource Foundation  
One Wellington Rd.  
Lincoln, RI 02865  
401-861-HERO  
[www.gloriagemma.org](http://www.gloriagemma.org)

# 2009 GRANT PROGRAM

**The Gloria Gemma Breast Cancer Resource Foundation** was established in 2004 in memory of Gloria Gemma and in honor of her courageous fight against breast cancer. **Our mission** is to raise breast cancer awareness, increase breast health education, and generate funding for critical breast health programs that are in desperate need of being brought to fruition. **Our promise** is that 100% of the net proceeds will remain right here in our local community.

We recognize breast self examination as a critical tool in the fight against breast cancer. We also recognize all of the breast health care providers as essential partners in the war against this disease.

Grants are available for innovative programs in the areas of breast health and/or breast cancer education/outreach, screening, and support programs targeting services not otherwise available to the medically underserved populations of Rhode Island.

## **STATEMENT OF NEED:**

A Statewide Breast Health Analysis of Rhode Island has determined that there is a significant need for:

- Programs focusing on breast health education among minority women and women between the ages 25 and 75
- Programs focusing on increasing breast screening services among low income, uninsured, and minority populations
- Programs focusing on increasing breast screening options for women age 30 to 55
- Programs focusing on improvement in communication of screening, diagnostic, and treatment options for patients with breast cancer
- Programs focusing on providing treatment options for all women at the onset of diagnosis
- Programs focusing on education and support groups for those diagnosed with Breast Cancer
- Programs focused on healing

## **GUIDELINES AND INSTRUCTIONS**

**QUALIFICATIONS:** Applications are being accepted from Rhode Island institutions. Applications must be submitted in English. Applicant organizations must be located and/or providing services in Rhode Island.

**RESTRICTIONS:**

- Program must be specific to breast health and/or breast cancer; e.g. if a program is a combined breast and cervical/other women's cancer, funding may only be requested for the breast cancer portion
- Applicants must be nonprofit organizations, educational institutions, government agencies, any and all entities related to breast cancer/breast health.

Failure to adhere to these guidelines will result in delayed processing or refusal of the application.

**REVIEW:** Applications received complete, and meeting compliance with these guidelines, will be submitted for grant review by a panel established through the local grants committee.

**CONTRACTS:** A grant contract will be the legal mechanism for funding.

**GRANT PERIOD:** Grant period begins on the specific day the grant is approved and ends on the date indicated on this grant application.

**REPORTING:** The initial progress report is due at the end of the first six (6) months of the grant period. A final report is due within ninety (90) days of completion of the grant period.

**CONFIRMATION OF RECEIPT OF APPLICATION:** Confirmation of receipt of application will be mailed to the project director following review for compliance to guidelines. If immediate confirmation of receipt is requested, please include a self-addressed, stamped postcard that will be returned to you immediately upon receipt of the application.

**ANNOUNCEMENT:** Grant recipients will be notified of the outcome of the review in writing, within thirty days of the completion of the review process.

**REQUIREMENTS: PLEASE INCLUDE THE FOLLOWING:**

- A. Cover Page Note: Signature of approving organization personnel, other than Project Director, required
  
- B. Organization/Program Description
  - 1 Detailed explanation of program.
  - 2 Statement of need/problem to be addressed.
  - 3 Description of program target market and how they will be benefited
  - 4 Description of program goals and objectives.
  - 5 Description of activities planned to accomplish these goals. Is this a new or ongoing activity of your hospital/organization?
  - 6 Description of other organizations, if any, participating in the program
  
- C. Permission to Publish
  
- D. Financial Information
  - 1. Budget for requested funds
  - 2. List of other sources of current funding for the program
  
- E. Timetable for accomplishing goals.
  
- F. Proof of non-profit status for applicant institution.

**Please submit 5 copies of application  
AND MAIL TO THE FOLLOWING ADDRESS:**

The Gloria Gemma Breast Cancer Resource Foundation  
One Wellington Rd.  
Lincoln, RI 02865

**The Gloria Gemma Breast Cancer Resource Foundation**

**REQUEST FOR FUNDING**  
**FOR BREAST HEALTH AND/OR BREAST CANCER PROGRAM**  
**COVER PAGE**

PROGRAM DIRECTOR & TITLE: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

TITLE OF PROGRAM: \_\_\_\_\_

TOTAL AMOUNT REQUESTED: \_\_\_\_\_

GRANT PERIOD: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

SIGNATURE OF AUTHORIZED PERSONNEL: \_\_\_\_\_

NAME AND TITLE OF AUTHORIZED PERSONNEL: \_\_\_\_\_

FOCUS OF PROGRAM (CHECK ONE):     Awareness  Education  Support  Treatment/Screening

**ORGANIZATION/PROGRAM DESCRIPTION**

In the space below, please provide an abstract, not to exceed 500 words, written in lay terms, that best describes your organization, its mission and the basic scope of the program this grant will be used for.

**Description of Organization**

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**Scope of Program**

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**Statement of Problem or Need**

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**Description of program target market and how they will be benefited**

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**Description of program goals and objectives**

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**Description of activities planned to accomplish these goals. Is this a new or ongoing activity of your organization?**

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**Description of other organizations, if any, participating in the program**

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## **PERMISSION TO PUBLISH**

Permission is hereby granted to the Gloria Gemma Breast Cancer Resource Foundation to publish the above abstract, should this application be selected for funding.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name (Printed): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**The Gloria Gemma Breast Cancer Resource Foundation**

**GRANT APPLICATION BUDGET FORM  
FINANCIAL INFORMATION**

<u>PROGRAM DESCRIPTION</u>	<u>PROGRAM DETAILS</u>	<u>AMOUNT</u>
		\$
		\$
		\$
		\$

**TIMELINE FOR PROGRAM DETAILS**

<u>PROGRAM DETAILS</u>	<u>TIMELINE</u>

**Proof of Non-Profit Status for Applicant**

Attach Here