



**Request for Direct Service Grant Applications**  
**Broward County**  
**Proposals Now Being Accepted**

Thanks to all the continuing support of Floridians in purchasing the “End Breast Cancer” specialty license plate as well as in the **Florida Breast Cancer Foundation’s** network of breast cancer supporters, survivors, and activists fighting to end breast cancer, we have invested over \$6.0 million to fulfill our goal of dedicated funding for education and research programs in the state of Florida.

The **Florida Breast Cancer Foundation (FBCF)**, along with those who generously support us with their talent, time, and resources, is working to better the lives of those facing breast cancer in Florida.

For the first time, **FBCF** will be offering Direct Service grants for Broward County Florida organizations: A minimum of 3 organizations will be provided grants of no more than \$10,000.00 each, to provide Tomosynthesis (3D) Diagnostic Mammograms. This will be a pilot program to assist individuals in Broward County in need of this service. The aim is to reach as many people as possible. Grants are available for services that take place over a 12-month period.

**Application Deadline is November 1, 2019.**  
**Applications must be received by this date to be accepted.**

**Important Note**

All requests for direct service funding should be directed to the Florida Breast Cancer Foundation. More information on funding opportunities is available at [www.FloridaBreastCancer.org](http://www.FloridaBreastCancer.org).



## Guidelines and Instructions for Applicants

### Important Dates:

|                   |   |
|-------------------|---|
| September 1, 2019 | Announcement of RFP   |
| November 1, 2019  | Application due - <b>Must be postmarked no later than this date</b> |
| December 15, 2019 | Grantees notified of funding and disbursement of funds              |
| January 1, 2020   | Grant cycle begins  |
| June 1, 2020      | 6 Month Progress Report Due   |
| December 31, 2020 | End of Grant cycle and Final Report Due                             |

**Qualifications:** Only Florida non-profit community-based organizations that are tax-exempt under Internal Revenue Code section 501(c)(3) and Florida governmental entities are eligible to apply for funding, e.g., Florida tax-exempt non-profit organizations, Florida tax-exempt educational institutions, Florida governmental agencies, and Indian tribes within the State of Florida. US citizenship or residency is not required. Applications must be submitted in English.

### Restrictions:

- Service provided can only be Tomosynthesis (3D) Diagnostic Mammogram.
- Requested funds cannot be greater than the standard price of service by Medicare per service.
- Services must be provided in Broward County.

**Review:** Applications received that are complete and meet compliance with all guidelines will be submitted for review by a panel established through the FBCF Direct Service Committee.

The grant application process is competitive. Whether or not an organization has received a grant in the past, funding in subsequent years is never guaranteed.

### Budget Description:

- Amount of Services Provided: Proposal to specify the total number of services to be provided for the requested amount.

**Agreements:** A grant agreement will be the legal mechanism for funding.

**Acknowledgement of Donor Source:** Each organization website and project materials must contain an acknowledgment that the funds for the project come from the Florida Breast Cancer Foundation. All printed and electronic announcements for projects and marketing materials for projects must contain FBCF Logo and an acknowledgment that the funds for the projects come from the Florida Breast Cancer Foundation.

**Grant period:** Grant period begins January 1, 2020 and will conclude on December 31, 2020.

**Payment and Reporting:** The payment will be made no later than thirty (30) days after receipt of the fully executed agreement. A progress report is due at the end of six (6) months of the start of the grant period and a final report is due at the completion of the grant period. If reports do not meet the assigned deadlines, all funds may be requested to be returned to the Foundation.

**Letters of support and additional materials:** DO NOT send additional materials (i.e. reprints, complete curriculum vitae, or letters of support). Any additional materials will not be reviewed.

**Announcement:** Announcement of grants awarded will be made in December 2019. Project directors will be notified of the outcome of the review in writing.

**Number of grants to be awarded:** The actual number of awards will depend on the amount of funding granted per organization.

**Applications should include and be ordered as follows:**

1. **Cover Page** (Form Attached)  
**Note:** Signature of approving institutional personnel, if other than project director, required.
2. **Abstract Page** (Form Attached)
3. **Financial Information** (Form Attached).
  - a. Cost per service: Number of services to be provided
  - b. Cost cannot be greater than the Medicare price standard
4. **Proof of non-profit status for applicant institution, must include EIN number.**

**All grant applications MUST be submitted in ELECTRONIC Form.**

**Electronic Submission:** When submitting the grant application electronically, please email the proposal to Jessica Parker-Kerr at e-mail address: [Jessica@FloridaBreastCancer.org](mailto:Jessica@FloridaBreastCancer.org) and [Assistant@FloridaBreastCancer.org](mailto:Assistant@FloridaBreastCancer.org)

**Important: Failure to meet the above criteria will automatically exclude the grant application from being considered for review and, hence, funding. Any applications postmarked after the deadline will NOT be considered.**



**Direct Service Grant Request for Funding  
Cover Sheet**

**Project Director & Title:** \_\_\_\_\_

**Institute/Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Employer Identification Number (EIN):** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Total Number of Services Provided:** \_\_\_\_\_

**Cost Per Service:** \_\_\_\_\_

**Total Amount Requested:** \_\_\_\_\_

**Grant Period:** January 1, 2020 to December 31, 2020  
\_\_\_\_\_

**Signature & Title of Approving Personnel:** (Other than Project Director) \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name & Title of Approving Institutional Personnel:** (Typed) \_\_\_\_\_

**Applications Must Be Received By November 1, 2019  
Any applications dated after the deadline will NOT be considered.**



**Abstract Sheet**

**Project Director:** \_\_\_\_\_

**Organization/Institution:** \_\_\_\_\_

**Target Population Served:** \_\_\_\_\_

In the space below, please provide a short abstract, not to exceed 200 words, written in lay terms for release to the general public should this application be chosen for funding.

**Permission to Publish:**

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

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

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

**Name:** (Typed) \_\_\_\_\_

**Phone Number:** \_\_\_\_\_



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|---------------------|
| <b>Budget Sheet</b> |
|---------------------|

|   |                                |
|---|--------------------------------|
| <b>Detailed Budget for Entire Grant Period from<br/> <u>January 1, 2020 through December 31, 2020</u></b> | <b>Total Requested Amount:</b> |
| <b>Cost per service: (Cannot be greater than the Medicare price standard)</b>                             |                                |
| <b>Total Funding Request:</b>   |                                |