



COVID-19 Emergency Assistance Fund Funding Request Cover Sheet	
Project Director:	
Project Title:	
Organization/Institution:	
Address:	
Are you a current awardee of a Direct Service grant?	Yes No
Employer Identification Number (EIN):	
Phone:	
Email:	
Total Number of Services Proposed:	
Cost Per Service:	
Total Amount of Funding Requested:	
Grant Period:	October 1, 2020 to September 30, 2021
Name and Title of Authorized Organization Representative: (Other than Project Director)	
Signature and Date:	Date:

Applications Must Be Received by August 31, 2020, 5:00 PM EST

Any applications 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 30 Lines, 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.

Name: (Typed)	
Signature:	
Date:	
Phone Number:	



Budget Sheet			
Description of Services Provided	Cost per Service	Number of Floridians Served	Total Amount Requested
Total Requested Funding:			

Please submit completed application **no later** than 5:00 PM (EST) on August 31, 2020 to Jessica Parker-Kerr at email address:

Jessica@FloridaBreastCancer.org

Please contact Jessica Parker-Kerr directly for any questions regarding the application at:

(305) 631-2134 (Direct Line), or

Toll Free at (877) 644-3222.