

BREAST CANCER ERADICATION INITIATIVE (BCEI)

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(901) 309-8277 Fax (901) 309-8701

GRANT REQUEST FORM

NAME OF GROUP OR BUSINESS : _____

CONTACT NAME: _____

ADDRESS: _____

CITY: _____

TELEPHONE: _____ FAX: _____

EMAIL ADDRESS: _____

WEBSITE: _____

Have you requested a grant from BCEI previously? _____

Year(s)? _____

Did you receive a grant(s) from BCEI? _____

Total received each year? _____

PROJECT OR PROJECTS PROPOSED? WHAT IS YOUR GOAL?

ITEMS NEEDED? EDUCATION OR SUPPORT CLASS? SUPPLIES? BROCHURES?

FREE MAMMOGRAMS? RESEARCH? OTHER? Who (in general) are the participants?

How many? How will your program impact their lives.

ATTACH FOR EACH PROJECT:

DETAILED INFORMATION OUTLINE AND TIMELINE

YOUR MISSION STATEMENT

THE COST TO COMPLETE PROJECT?

AND WHAT AMOUNT / % ARE YOU REQUESTING FROM BCEI?

A BCEI Grant Committee member may call to review proposal prior to grant approval for any project. If you are not awarded a grant this year, please do not be discouraged, try again next year! If grant is awarded for your project, you will be contacted to attend our Grant Ceremony; held usually in October. Exhibit tables will be available for grant recipients and sponsors. Grant Ceremony is open to the public.

All grant recipients will be visited at least once through the year by a board member as a follow-up and a progress report will be requested at the end of the grant period.