

Florida Breast Cancer Coalition Research Foundation Grant Application Cover Sheet
You may reproduce this form on your computer

Date of application: _____

Organization Information

<i>Name of organization</i>	<i>Legal name (if different)</i>
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<i>Address</i>	<i>City, State, Zip</i>	<i>Employer Identification Number (EIN)</i>
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<i>Phone</i>	<i>Fax</i>	<i>Web site</i>
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<i>Name of top paid staff</i>	<i>Title</i>	<i>Phone</i>	<i>E-mail</i>
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<i>Contact person regarding this application</i>	<i>Title</i>	<i>Phone</i>	<i>E-mail</i>
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Is your organization an IRS 501(c)(3) not-for-profit? _____ yes _____ no

If no, is your organization a public agency/government unit? _____ yes _____ no

If no, list name and address of fiscal agent:

_____ Fiscal agent's EIN number

Proposal Information

Please give a 2-3 sentence summary of request

<i>Geographic area to be served by proposed project</i>	<i>Population to be served by proposed project (Describe by age, ethnicity, etc.)</i>
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Funds are being requested for (check one)
 _____ Start-up costs _____ Project/program support _____ Other (list)

Project dates Begin: _____ End: _____
 Is this a new project? _____ Yes _____ No
 If not, how long has it been in existence? _____

Budget

Dollar amount requested	\$ _____
Total annual organization budget	\$ _____
Total project budget:	\$ _____

(Signature, Title)

Date: