



**Grant Application for It's The Journey, Inc.
2015 Atlanta 2-Day Walk for Breast Cancer
Grant Year March 7, 2016 – February 28, 2017**

It's The Journey invites you to apply for a breast health or breast cancer grant. Grants of up to \$40,000 will be awarded on March 7, 2016 from money raised through the 2015 Atlanta 2-Day Walk for Breast Cancer. Grants will be awarded to Georgia non-profit organizations with breast cancer or breast health programs in the areas of screening and diagnostics, support services, education/awareness, genetic counseling and testing, advocacy and direct assistance. Organizations chosen to receive a grant will be notified in January 2016.

We are pleased to partner with you to help fight breast cancer. Please follow all guidelines carefully as we are only able to accept applications that adhere to the grant application guidelines. If you need additional information about the grant process or application, please contact Laurel Sybilrud, Board and Grants Chair, at lsybilrud@2daywalk.org.

Please mail one original, signed copy to:

It's The Journey, Inc.
270 Carpenter Drive, Suite 515
Atlanta, GA 30328

Please also submit an electronic copy in ONE pdf file of all required documents or ONE zip file to lsybilrud@2daywalk.org.

Applications will not be considered if not received in both correct formats by the deadline.

The application deadline is 3:00 PM on Friday, October 16, 2015.

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Application Guidelines

- Project must be specific to breast health and/or breast cancer: i.e. if a project is a combined breast and cervical cancer project, for instance, funding may be requested for only the breast cancer portion.
- Applications are accepted from Georgia non-profit organizations that are tax-exempt under Section 501 (c) (3) of the Internal Revenue Code.
- Indirect costs, if applicable, should be no more than 7.5% of the amount requested.
- Salaries, if requested, must be for personnel directly associated with the project for which the grant is requested.
- Travel, if requested, must be for travel expenses related only to the project.
- An organization may submit multiple applications; however, projects must be independent of one another.
- Organizations requesting funds for genetic testing must also provide genetic counseling.

Ineligible Requests

- National organization without a local focus
- Campaigns to elect candidates to public office
- Individual efforts, such as educational scholarships or research, or personal individual relief such as child care costs and financial assistance
- Endowment campaigns or debt reduction
- Projects of a sectarian nature or that require religious participation as a condition for receiving services
- Building funds
- Start up cost for new organizations or organizations that have been in existence for less than 12 months

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Grant Period

The grant period will begin March 7, 2016 and end February 28, 2017.

Payment and Reporting

The first payment will be made on March 7, 2016 at our Grantee Celebration (after receipt of a fully executed Grant Agreement, W-9 form, and an electronic copy of the organization's logo). Attendance at the Grantee Celebration is a requirement to receive your first payment. The initial 6 month grant report is due September 6, 2016. You will receive your second and final payment on September 15, 2016 after receipt of receiving the 6 month report. A final 12 month report is due April 3, 2017. Failure to submit satisfactory reports by the deadline will affect future funding.

Site Visits

A board member, staff person or a representative may conduct a site visit during the grant period. Prior notice will be given.

Letter of Support and Additional Materials

Please do not send additional materials such as cover letters, letters of support or recommendation, complete curriculum vitae or program brochures.

Involvement in the Atlanta 2-Day Walk for Breast Cancer

It's The Journey produces the Atlanta 2-Day Walk for Breast Cancer each year to raise money for programs like yours. If your program is chosen to be funded, involvement in the annual Atlanta 2-Day Walk for Breast Cancer is highly recommended. There are many different opportunities to get involved that have varying degrees of commitment.

For more information about how to get involved, please call us at 404.531.4111 or visit our website www.itsthejourney.org.

Inquiries

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Application should include the following:

- A. Grant Proposal Cover Page and Summary *(Please use forms provided on Page 6 and 7)*
- B. Project Description – this section should not exceed five typewritten pages. Font sizes should be no smaller than a 12 point typeface with 1 inch margins
 - 1. Background/Organization Information: Explanation of project, including background summary of organization's history, description of current programs, activities and accomplishments relevant to the project.
 - 2. Problem to be Addressed – Description of constituency to be served (estimated number and demographics of people to be served), list of Georgia counties served by specific program, organization's experience serving the target population and how they will benefit from the services.
 - 3. Goals and Objectives – Description of program goals and specific, measurable and achievable objectives.
 - 4. Activities and Timeline – Description of activities planned to accomplish these goals. Is this a new or ongoing activity?
 - 5. Collaboration – Description of other organizations, if any, participating in this program.
 - 6. Evaluation – Description of how the organization will measure completion of the objectives and the success of the program.
 - 7. Sustainability – Description of long term strategies for funding of the program, after initial funding, if applicable.
- C. Financial Information
 - 1. Project budget for requested funds *(Please use budget form provided by ITJ)*
 - 2. Budget for organization (If you are a stand alone operation/organization, please provide your full organization budget in addition to your project budget. If you are part of a larger organization, hospital, university, please provide your project budget only.) *(Please use budget form provided by ITJ)*
 - 3. Budget justification – Description of each budget line item to be funded by It's The Journey

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Financial Information (continued)

4. List of other sources of current or pending funding for the project – please include the amount.
 5. Prior calendar year Form 990 Tax Return (**include in electronic submission only**)
 6. Financial Assistance and Charity Care Form (*Please use form provide on Page 8*)
- D. Proof of Tax Exempt Status under Section 501(c) (3) of the Internal Revenue Code – (a copy of the organization's Internal Revenue Service determination letter is preferred).
- E. Personnel – Curriculum vitae or resume for project director and personnel listed in budget request (no more than 2 pages per person)
- F. Copy of current FDA Certification (for Screening & Diagnostic Services grant applicants).

Checklist for Completion

- ☐ Grant Proposal Cover Page (*Provided on Page 6*)
- ☐ Summary Page (200 words or less) (*Provided on Page 7*)
- ☐ Project Narrative (5 pages or less)
- ☐ Budget Form (s) (*Provided by ITJ*) and Budget Justification
- ☐ Prior calendar year Form 990 Tax Return (**include in electronic submission only**)
- ☐ Financial Assistance and Charity Care Page (*Provided on Page 8*)
- ☐ Proof of 501 (c) (3) Tax Exempt Status
- ☐ Resume or CV for Project Director and key project personnel
- ☐ Copy of Current FDA Certification (if applicable)

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Grant Proposal Cover Page

Organization: _____

Title of Project/Program: _____

Project/Program Director and Title: _____

Project/Program Director Phone and Email: _____

Grant Writer Contact and Title: _____

Grant Writer Phone and Email: _____

Mailing Address (for grant agreement and grant checks):

Website: _____

Total Amount Requested (Limit \$40,000): _____

Signature & Title of approving organizational representative:

Print Name and Title

Signature

Date

Type of Program: Screening/Diagnostics ☐ Support Services ☐ Direct Assistance ☐

Awareness/Education ☐ Genetic Testing/Counseling ☐ Advocacy ☐

Summary of your organization's mission:

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Summary Page

Organization:

Title of Project/Program:

Project/Program Director and Title:

Project/Program Director Phone and Email:

Summary

Please provide a short summary (not to exceed 200 words) of your proposed project to be published should this application be selected for funding.

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Financial Assistance and Charity Care Page

Organization:

Title of Project/Program:

Please provide the following information from your organization's 990 - Schedule H.

1. Does your organization have a financial assistance policy for free and/or discounted care?

If yes to the above question, is it a written policy? *If so, please attach a copy.*

2. Did your organization use Federal Poverty Guidelines as a factor for determining eligibility for providing free and/or discounted care?

If yes, what was the percentage of the FPG family income limit for eligibility?

3. What percentage of total care is free and/or discounted care?

Additional comments regarding financial assistance and charity care: