



# Breast Cancer Foundation NZ

## THE NEW ZEALAND BREAST CANCER FOUNDATION COMMUNITY OUTREACH GRANT APPLICATION

***Application Form***

## **Application/Proposal Process for Community Outreach Grant Funding**

The New Zealand Breast Cancer Foundation is pleased to accept for consideration applications for projects that clearly help to heighten community awareness of breast health and breast cancer in New Zealand or provide support that assists to improve the quality of life of people affected by breast cancer in New Zealand.

### **How to apply:**

- Complete all sections of the application form
- Submit application form to [grants@nzbcf.org.nz](mailto:grants@nzbcf.org.nz) or send to The New Zealand Breast Cancer Foundation, Attention: Grants, P.O. Box 99650, Newmarket, Auckland 1149
- If you are unsure about the suitability of your project please do not hesitate to contact us on 0800 902 732. Please refer below to types of projects that may be eligible for further clarification.
- Please allow up to 60 days from the time you submit your application to be notified of the outcome of your application.
- Applications are reviewed throughout the year, for consideration and recommendation to The Board of Trustees for their final decision.
- Please note: Retrospective grants will not be considered.

### **Types of projects that may be eligible:**

- Education to promote breast awareness and early detection of breast cancer
- Breast Cancer Support Services
- Breast Cancer Survivor Initiatives
- Breast Cancer Survivor attendance at breast cancer conferences/workshops

### **Examples of previous community grants are:**

- WONS Pamper Days
- Sweet Louise
- Pink Pilates
- ywca Encore Programmes
- Breast Cancer Survivor Dragon Boat Racing Teams
- Breast Cancer Survivor Conference Attendance

## 1. Applicant's Contact Details

Organisation: \_\_\_\_\_

Contact name: \_\_\_\_\_

Present Position: \_\_\_\_\_

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

\_\_\_\_\_

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

Mobile Number: \_\_\_\_\_

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

Website address: \_\_\_\_\_

## 2. Description of Project

Project Name \_\_\_\_\_

Organisation \_\_\_\_\_

Description of Project \_\_\_\_\_

\_\_\_\_\_

Please complete separately, a project outline using the following headings and attach supporting information if required.

- I. **Aims and objective of your project**
- II. **Background**
- III. **Significance to Breast Cancer**
- IV. **How you will evaluate your project**

## Detailed Budget

(Including full costs and all sources of funding for this project)

Examples might include	Expenditure \$
Project Costs	
Printing	
Administration	
Travel	
Etc	
Examples might include	Income \$
Other Grants- received or pending decision	
Cash in hand	
Etc	
<b>Amount requested of NZBCF</b>	<b>\$</b>

## 4. Resume of Applicants – Individual and Organisation

Each applicant is to complete this section, or alternatively, forward your curriculum vitae.

Present Position \_\_\_\_\_

Responsibilities \_\_\_\_\_

\_\_\_\_\_

Qualifications

## 4. Referees

Each applicant is to complete this section. Please name two referees to whom The New Zealand Breast Cancer Foundation may contact regarding this application.

### Referee 1

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

### Referee 2

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

## 6. Reporting Requirements

Reporting requirements include:

## **1. A written report**

Reporting requirements *may* include:

## **2. Public Presentation**

## **3. Public Relations** - Agree to publicity, photographs and acknowledgement of sponsorship

**4.** NZBCF Trustees, members of the Medical Advisory Committee or other appropriate representative(s), may wish to **visit you** to meet with members of your team.

## **7. Administrative Agreement:**

All applications for grants must include an undertaking to abide by the following administrative agreement:

**I agree that the grant funds will not be expended for any other purpose than that described in this application.**

The applicant agrees and undertakes to bear all risks and claims connected with any operation covered by this application and to indemnify and hold harmless The Foundation against any and all liability suits, actions, demands, damages, costs or fees on account of death, injury to persons or property, or any other losses resulting from or connected with any act or omission performed in the course of the project.

**The applicant(s) agrees to publicity, photographs and acknowledgement of grant funding sponsorship.**

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_

Head of Department/ Manager: Signed by \_\_\_\_\_ Date: \_\_\_\_\_  
(If applicable)