



The Breast Cancer Research and Education Trust Fund
Department for Public Health
Division of Women's Health
275 East Main Street, HS1WF
Frankfort, Kentucky 40621

The Breast Cancer Research and Education Trust Fund

FY '11 Cover Page for Grant Proposal

Organization Applying for Funding: _____

Project Director and Title: _____

EIN Number: _____

Mailing Address: _____

Phone: _____

E-mail: _____

Fax: _____

Requested Amount: _____

Title of Project: _____

Timeframe of Project: _____

New or existing project (please circle)? New Existing

Focus Area Addressed: Check all that Apply

- Research Analyzing data that results in evidence based conclusions.
- Education Understanding breast cancer signs, symptoms and risk factors
- Awareness Recognizing that the disease exists.
- Screening Promoting the opportunity for early detection.
- Treatment Inpatient or outpatient medical procedures.

Geographic Area: _____

Signature: _____

Date: _____

Mail completed proposal (cover page plus supporting documentation) by
Friday, March 5, 2010 to the address shown at the top of the page.



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FY '11 Abstract Page

Abstract:

Please provide a short description of the program or service to be funded not to exceed 150 words. This will be used for publication if chosen for funding.

Permission to Publish:

Permission is hereby granted to The Breast Cancer Research and Education Trust Fund to publish the grant materials upon approval of grant funding.

Signature: _____

Date: _____

Phone Number: _____

Mail one original and six additional copies of all materials attention Christina Taylor to the address listed above.