



Small Grant Overview:

Komen Montana offers small grants year round for up to \$2,000 to support education, conferences and travel expenses specific to breast health and/or breast cancer. Preference will be given to requests that are geared towards survivors or women over 30 years of age.

Three Types of Small Grants:

Education Grant

Purpose: To raise awareness of breast cancer and increase the capacity of effective breast health programs.

Amount: Up to \$2,000

Travel Grant

Purpose: To assist grantees, health care professionals and advocates to attend, participate in and/or present at meetings, conferences or symposia that would increase the community knowledge of breast cancer and facilitate the exchange of ideas and communication between the scientific and lay public.

Amount: Up to \$1,000.

Conference Grant

Purpose: To partner with other organizations to support local scientific or educational conferences, with an emphasis on those that enhance the interaction between the advocate, healthcare and scientific communities. The content must focus on breast cancer or breast cancer must make up a significant part of the conference.

Amount: Up to \$2,000.

Eligibility/Requirements:

Applicants must conform to the following eligibility criteria to be considered for funding:

- Applicant must be located in or providing services to Montana.
- Applicant must be a non-profit organization with federal tax exemption. Individuals may not receive grants.
- Applicant's past or current Komen Montana grants must have been or are currently in compliance with Komen requirements.
- Project must be specific to breast health and/or breast cancer.
- Requests should not be for a project that would normally be eligible for our annual Komen Community Grant.
- Acknowledge support by Komen Montana Affiliate of Susan G. Komen for the Cure
- Report financial and progress to Komen Montana
- Allow participation by Komen Montana representative

Submission Dates:

Small Grant applications are accepted throughout the year and are subject to funding availability and Board approval. Requests should be received at least six (6) weeks prior to the event.

Allowable Expenses:

Funds may be used for the following types of program expenses:

- Educational materials
- Meeting Costs
- Supplies
- Travel
- Other direct program expenses (e.g. room, speaker fee, etc.)
- Equipment for educational purposes

Funds may **not** be used for the following purposes:

- Salaries and fringe benefits
- Clinical services or patient care costs
- Medical equipment
- Medical or scientific research
- Scholarships or fellowships
- Indirect costs
- Construction or renovation of facilities
- Political campaigns or lobbying
- Fund raising

How to apply:

To apply for a Small Grant provide the following items:

- 1) Completed Small Grant Application Cover Page - see below
 - 2) Type-written letter up to two pages containing the following information:
 - Short description of the project
 - Measurable objectives
 - Benefit to Komen Montana's mission
 - Amount requested
 - Timeline
 - For conferences only - anticipated number of participants, description of target participants, description of conference format including specific topics to be covered and speakers, if known.
 - Other participating organizations, if applicable
- The letter should be signed by the organization's signatory, usually the President or Executive Director.
- 3) Project budget narrative reflecting how the Komen funds will be spent along with the other sources of funding - see Small Grant Budget Form below.
 - 4) Proof of non-profit status.

The above items should be addressed and mailed as follows:

Komen Montana
Attention: Wendy Nicolai
825 Helena Avenue
Helena, MT 59601

If you have any questions, please contact Wendy Nicolai, Komen Montana, at (406) 495-9337 or wnicolai@komenmontana.org



Small Grant Application Cover Page

Project Title: _____

Organization: _____

Amount Requested: _____

Please indicate type of Small Grant being requested:

_____ Education _____ Conference _____ Travel

Project Director Information

First Name: _____ Last Name: _____

Email: _____

Phone: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip (include +4): _____ -

Required Signature

I understand that funding decisions are made at the sole discretion of Komen Montana.

Authorized Signatory:

Signature: _____ Date: _____

Name: _____ Title: _____

Small Grant Budget Form

Description of Item	Komen Funds Requested	Other Funds	Total Amount
Totals:			