



2018 Grant Application

You can fill in this form electronically.

For the best results, download and open with Adobe Reader.

General Information

Pink the Basin, Inc. is a non-profit organization which exists through the generosity of local donors who want to help fund the under-served, and under-insured community of the Permian Basin in the fight against breast cancer.

Timeline

- Deadline for Grant Application: February 1st
- Grants Approved: February 15th
- Grants Awarded no later than: March 15th
- Year End Grant Report: January 15th

Applications

1. Grants are awarded to organizations and /or hospitals providing mammograms, diagnostic services and prosthesis to eligible persons.
2. Grant awards are determined through an annual competitive application, review, and recommendation process conducted by an independent grant committee and with subsequent approval by the Pink the Basin, Inc. Board of Directors.
3. Printed or e-mailed Grant Applications are accepted.
4. Email completed form to: pinkthebasin@hotmail.com
5. Mail to:

Pink the Basin - 2018 Grant Application
PO Box 7406
Odessa, TX 79760

Pink the Basin grants are a matter of public record.

Pink the Basin requests that grant recipients publicly acknowledge the services provided through Pink the Basin funds.

For 2018, Pink The Basin Provides Grants For:

- Mammograms, diagnostic mammography services, and breast prosthesis for eligible Permian Basin Residents.

Pink The Basin Does Not Provide Grants For:

1. Individuals;
2. Testimonial dinners, fundraising events, marketing events;
3. Political purposes, either directly or indirectly;
4. Fraternity or sorority purposes;
5. Other grant making entities, for example "pass-through" organizations or companies;
6. Coverage of past operating deficits or debts;
7. Capital campaigns;
8. Matching grants; or
9. Residents/entities outside of the Permian Basin region.

If you have questions concerning this information, please contact
Pink the Basin at (432) 940-7465 (PINK) or pinkthebasin@hotmail.com.



2018 Grant Application

General Information

Organization Name:	
Mailing Address:	
Contact Name:	
Contact Phone Number:	
Contact Email Address:	
Date Submitted:	
Federal Tax ID Number:	
Amount of Request:	

Summary Statement of Funding Request

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Baseline Information for 2018 (1/1/18-12/31/18) *Add pages, if needed, but no more than 10.*

1. Describe your screening process of patients/recipients to determine eligibility for Pink the Basin funds.

2. Detail cost of goods/services to be provided to patient/recipient (mammogram, diagnostic service, prosthesis, etc.).

3. Complete the table below to show spending of grant received in previous year, if applicable.

Type of Service	Price per Procedure	Number of Services Provided	Number of Patients Served	Total Cost
Mammogram Screening				
Mammogram Screening with Ultrasound				
Mammogram Screening Digital				
Mammogram Screening Digital Bilateral				
Mammogram Sterotachy Guided				
Mammogram Vacuum Assisted				
Other Services – Please specify				
Grant Funds Not Used/Spent				
Total*				

*Total Cost should equal dollar amount of grant received in previous year.

4. Complete table below to show how you anticipate spending 2018 Grant Funds.

Type of Service	Price per Procedure	Number of Services to be Provided	Number of Patients to be Served	Total Cost
Mammogram Screening				
Mammogram Screening with Ultrasound				
Mammogram Screening Digital				
Mammogram Screening Digital Bilateral				
Mammogram Sterotachy Guided				
Mammogram Vacuum Assisted				
Other Services – Please specify				
Total*				

*Total Cost should equal dollar amount of grant requesting for 2018.

5. Cite examples/patient stories of impact for Pink the Basin Funding. Please respect patient privacy, as required by HIPPA.

6. Create your "Wish List" for new endeavors regarding women's health treatment and/or prevention.