

# Breast Reconstruction Awareness (BRA) Fund

# Charitable Care Grant

Eligibility and Grant Application Guidelines

Online Submission Deadline: June 5, 2024

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#### Overview

The Plastic Surgery Foundation (PSF) is committed to supporting organizations that provide charitable care to women seeking breast reconstruction surgery who are in financial need. Through The PSF's Breast Reconstruction Awareness Fund, The PSF awards a limited number of Charitable Care Grants to U.S. based, tax-exempt public 501(c)(3) charities that have demonstrated a commitment to providing breast reconstruction surgery charity care. <u>Involvement by an active ASPS member(s) is strongly encouraged. In addition, The PSF encourages applications from organizations with limited resources who are dedicated to the goals of this program.</u>

#### **Grant Cycle**

Breast Reconstruction Awareness Fund Charitable Care Grant applications for this grant cycle must be submitted online by **June 5, 2024**:

### https://form.jotform.com/241008354075147

### **Funding**

Breast Reconstruction Awareness Fund Charitable Care Grants, **up to \$15,000**, are awarded to U.S. based tax-exempt public 501(c)(3) charities that have a demonstrated a track record of providing effective breast reconstruction surgery charity care. Grant funds must be used only for surgical care expenses for women having breast reconstruction surgery, particularly for uninsured and underinsured women in underserved communities. <u>Funds from this grant cannot be used for Plastic Surgeon physician surgical fees or cancer care.</u> Examples of allowable and non-allowable expenses are listed below. Upon approval of grant funding, funds will be dispersed according to the agreed upon Breast Reconstruction Awareness Fund Charitable Care Grant Agreement.

### **Funding Period**

Grants will be awarded for the period beginning July 1, 2024 and ending June 30, 2025 and must be used to support surgeries or care that occur within this timeframe.

## **Special Consideration**

Special consideration will be given to those organizations that are:

- Located in the greater Chicagoland area
- Organizations not previously funded by The PSF

#### **Application Materials**

- 1. Description your organization's current commitment to the treatment of breast reconstruction patients, particularly those in low- and moderate-income households. Include historical details on how your organization has provided free or reduced price care in the past.
- 2. Provide a detailed outline of your proposed program for which you are seeking funding, including how the program will provide breast reconstruction services.
- 3. Program Budget
  - a. Provide a proposed budget totaling the amount requested broken down by patient. Please include any information on which services will be donated, or offered at reduced prices.
  - b. Budgets should ONLY be for Breast Reconstruction Related Expenses and not to be combined with Breast Cancer expenses. (ex: mastectomies)
  - c. Examples of Allowable Expenses:
    - i. Reimbursing women for the following expenses related to breast reconstruction:
      - 1. Travel to and from hospital
      - 2. Daycare during hospital visits
      - 3. Loss of wages during surgery
    - ii. Expenses not covered under patient's insurance, or out-of-pocket deductibles and co-pays for the following breast reconstruction expenses:
      - 1. Areola tattoos
      - 2. Implants
      - 3. Anesthesia
      - 4. Hospital Stay / Clinic fees
      - 5. Patient Coordination
      - 6. Pain pumps, surgical garments, etc.
    - iii. Supplemental insurance for the purpose of breast reconstruction surgery (proof of surgery required)
  - d. Examples of Non-Allowable Expenses:
    - i. Mastectomy surgery fees
    - ii. Chemotherapy / Radiation
    - iii. Plastic Surgeon physician surgical fees
    - iv. Expenses covered by patient's insurance
    - v. Organizational Indirect Costs
    - vi. Salaries or expenses for already existing programs
    - vii. Already donated services
- 4. Names and ASPS ID's for each Plastic Surgeon who will be involved in the charity care of patients benefiting from this grant. Include the number of breast reconstruction surgeries performed annually for the past three years for each Plastic Surgeon.
- 5. Description of the geographic areas your organization serves and the need within this area.
- 6. Patient selection criteria: Describe below how your organization determines which patients are eligible for charity care and how they are selected to receive charity care. Provide details about the eligibility criteria used to select individuals to receive breast reconstruction surgery charitable care and process for verifying patient financial need. Demonstrate that the beneficiaries are from low- to moderate-income households, including the percentage of recipients.
  - a. Demonstration of Patient Eligibility:
    - i. All final expense reports will be expected to be detailed and broken down by patient and be accompanied by a description of how the patient fits the following criteria:
      - 1. Uninsured or underinsured

- 2. From low to moderate income households
- 3. Patient has undergone a mastectomy or lumpectomy from breast cancer diagnosis or prophylactic mastectomy for women who are at high risk for breast cancer.
- ii. Women seeking reconstruction due to the following conditions are not eligible:
  - 1. Women with congenital breast deformities
  - 2. Replacement implants after already receiving breast reconstruction
- 7. Explain how the proposed program targets a community/population that has not yet been reached through existing initiatives; or uses new or innovative approaches to reaching its target population.
- 8. List implementation strategies, including fundraising efforts, that will help sustain the activities after the completion of the funding period.
- 9. Description of the anticipated benefit that this award will have on your organization, breast reconstruction patients and your community.
- 10. Description of how you will recognize The PSF within your grant program.
- 11. Provide a copy of the organization's:
  - a. Current list of board of directors
  - b. IRS Section 501(c)(3) Exemption Letter
  - c. Most recent IRS Form 990
  - d. Organization's current annual budget

#### Contact

For additional information about the BRA Fund Charitable Care Grant, please contact: <a href="mailto:research@plasticsurgery.org">research@plasticsurgery.org</a>