



**THE OZARK AFFILIATE OF
SUSAN G. KOMEN FOR THE CURE**

**Grant applications now being accepted for
BREAST HEALTH AND/OR BREAST CANCER
SCREENING, TREATMENT, OR EDUCATION PROJECTS (STEP)**

The mission of Susan G. Komen for the Cure® is to save lives and end breast cancer forever by empowering people, ensuring quality care for all and energizing science to find the cures. Affiliates of Komen for the Cure represent one of the nation's largest private funding sources for breast health and breast cancer screening, education, and treatment support programs.

The Ozark Affiliate of Susan G. Komen for the Cure is currently offering grants of up to \$100,000* for innovative projects in the areas of breast health and/or breast cancer education, outreach, screening and treatment support targeting services not otherwise available to low income, underinsured or uninsured women and men of Benton, Boone, Carroll, Crawford, Madison, Newton, Sebastian, and Washington Counties.

*If your agency operates multiple facilities (any entity operating under the same 501(c)3 tax ID number) in the Ozark Affiliate service area you may apply for a grant from each facility up to a **total** maximum request of \$175,000 for all locations. Contact the Ozark Affiliate for further instructions.

Pre-Application Workshop: All applicants **must attend** a pre-application workshop before submitting an application. Workshops will be on July 26th, 28th, 30th. Please RSVP to the Ozark Affiliate office at (479) 750-PINK (7465). Attendance at one of these workshops is mandatory. Organizations that do not send a representative to one of the workshops will not be eligible for funding.

FUNDING PRIORITIES:

A community needs assessment of the eight county service has determined that there is a significant need for programs that must address **at least one** of these needs:

1. Projects focusing on clinical breast services among minority, uninsured and underinsured women and men throughout our 8 county service area
2. Projects designed to identify access barriers that prevent screening and education that would reach the uninsured, underinsured or those living below the poverty level.
3. Projects providing unique education and prevention programs to specifically reach the African American, Marshallese, Hispanic/Latino, Asian and rural communities.
4. Projects that address the need for patient navigation and advocacy.

Prospective applicants may want to consider the objectives listed on the "County Needs" grid to increase the likelihood of a favorable application.

Application guidelines and instructions are included in this announcement.

APPLICATION DEADLINE IS NOVEMBER 19, 2010 (POSTMARKED)

Grant Applicant Information

Type of organization: Clinic Health Department Hospital Support Organization
 Other (specify): _____

Geographical Area Served: _____

Does your agency receive funds from the Breast and Cervical Cancer Early Detection Program (BCCEDP) in your state?

Yes No

Current/Previous Grantee: No Yes. Year(s) Funded: _____

Primary Target Populations (Select up to THREE in each category):

Ethnic/Racial Groups

- African American
- American Indian/Alaskan Native
- Asian
- Hispanic/Latina(o)
- Middle Easterner
- Pacific Islander
- White Caucasian

Other Groups

- Co-Survivors
- College Students
- Elderly (>65)
- High School Students
- Incarcerated
- Low-Literacy
- Men
- Persons with Disabilities

Patients/Survivors

- Breast Cancer Patients
- Breast Cancer Survivors
- Recently Diagnosed Patients
- Lymphedema Patients

Medically Underserved

- Uninsured/Underinsured
- Homeless
- Rural
- Other. Explain: _____

Health Professionals

- Health Educators

GUIDELINES AND INSTRUCTIONS FOR APPLICANTS

EMPHASIS: The purpose of this program is to address the breast health and/or breast cancer screening, treatment, and education needs in the eight counties of the service area specifically addressing the needs previously listed.

QUALIFICATIONS: *Applications are accepted from US nonprofit institutions; US citizenship or residency is not required. Applications must be submitted in English. Applicant organizations must be located and/or providing services in Benton, Boone, Carroll, Crawford, Madison, Newton, Sebastian and Washington Counties.*

What must be demonstrated:

1. Applicants must show effective use of funds by:
 - a. Demonstrating that clients receiving funded services are ineligible for other sources of funding (such as BreastCare) and/or are unable to pay the portion for which they are personally responsible.
 - b. Demonstrating the method by which clients are determined to be eligible for funding.
 - c. Demonstrating that cost estimates for services are less than 130% of Medicare reimbursement or demonstrate costs for all breast health services to be provided have been negotiated at a reduced amount
2. Applicants must show how the services will be made accessible to the clients and how clients will become aware of services.
3. Applicants must provide a specific education and marketing plan utilizing Komen resources in partnership with the Affiliate; i.e. how to address the unique needs of rural and minority populations.

Restrictions:

- Project must be specific to breast health and/or breast cancer; i.e. if a project is a combined breast and cervical cancer project, funding may only be requested for the breast cancer portion
- Applicants must be a US nonprofit organization, i.e. nonprofit organizations, educational institutions, government agencies, and Indian tribes are eligible
- Indirect costs, if applicable, should be no more than 10% of direct costs. Indirect costs cover expenses such as electricity, telephone service, etc. **This line item must be thoroughly explained and found necessary in the budget justification. If indirect costs are currently funded through another source list said source.**
- Equipment costs, if applicable, may not exceed \$5,000 and should be used exclusively on this project. If Komen has paid for equipment in previous grant cycle(s) and the program is not funded or grantee doesn't reapply in the next subsequent year then Komen reserves the right to request the return of said equipment.
- **Salaries, if requested, are for personnel related to this project only and not the general work of the applicant. If funded through other sources, there must be demonstration**

- **of salary support** by submitting a copy of third party contract of said salary support. Salaries will not be paid for ancillary staff that are not directly supported by a work plan and budget justification.
- Mammograms, ultrasounds, biopsies, and other medical services paid for by the project must be budgeted at less than 130% of Medicare reimbursement costs.
- Will not pay for non-essential supplies (such as breast health promotional items).

Failure to adhere to these guidelines will result in delayed processing or refusal of the application. The grants committee may also require a compliance review meeting if needed.

NO LETTERS OF SUPPORT OR ADDITIONAL MATERIALS SHOULD BE SENT.

MANDATORY REQUIREMENTS:

Each applicant must be aware that if funded the following events are mandatory to attend in order to complete the requirements of your grant:

1. Promise Circle luncheon: Luncheon where grant recipients will be officially announced to the public. This luncheon will take place in March (date & time TBA)
2. Race for the Cure: All grantees must set up an educational table about their program on Race venue **and form a Race team** for the Race for the Cure on April 30, 2011.
3. Other Affiliate events
4. Grantee shall provide a copy of their commercial general liability insurance to Komen Ozark IF direct patient services are provided (i.e. clinical breast exams, etc.)

REVIEW: Applications received that are complete and meeting compliance with these guidelines will be submitted for grant review by a panel established through the local grants committee. **If grant is returned during compliance for correction(s) send five (5) revised COMPLETE copies to the Affiliate (do NOT send just the page(s) that were corrected).**

CONTRACTS: A non-negotiable grant contract will be the legal mechanism for funding. A signed original will be due to the Affiliate 10 business days from date of receipt or the contract will be null and void. A copy of the Affiliate grant contract is available for review by contacting the Director of Mission Services at the Ozark Affiliate Office, 479-750-7465.

GRANT PERIOD: Grant period begins April 1, 2011 and will conclude on March 31, 2012.

PAYMENT AND REPORTING: The first payment will be made at the annual Grantee Breakfast tentatively set for April 1, 2011. The 6 month progress report is due on October 3, 2011. The second installment will be given upon a satisfactory 6 month site visit and progress report.

Quarterly site visits with an updated budget will be due. Quarterly budgets will be due on July 1, 2011 and January 6, 2012. A final report is due within forty-five (45) days of completion of the grant period (May 15, 2012). Unless otherwise noted, progress reports are expected to be submitted on time. Failure to report on time may jeopardize installment payments or future funding. **Funds awarded within this grant period can ONLY be used for services rendered during the same grant year. A check for any unused funds must be returned with the Final Report, NO EXCEPTIONS.**

CONFIRMATION OF RECEIPT OF APPLICATION: Confirmation of receipt of application will be emailed to the project director following review for compliance to guidelines. **Please do not contact the Ozark Affiliate of Susan G. Komen for the Cure regarding the status of the application during the review period.**

ANNOUNCEMENT: Announcement of grants awarded will be made mid- **February 2011**. Project directors will be notified of the outcome of the review in writing. A representative and guest of each funded project must be present at the Promise Circle luncheon to announce the grants.

NUMBER OF GRANTS TO BE AWARDED: The actual number of awards will depend on the amount of funding granted per project.

PREVIOUS GRANTEES: Past grant recipients of the Ozark Affiliate must state this in their proposals and include their six month report as well as indicate their current grant status.

IMPORTANT NOTES:

1. Partial Funding of Applications: When funding is limited, the Affiliate may fund only a portion of the grant amount requested in order to meet community needs. If you think partial funding would be an impediment to your project, please note this in your budget justification.
2. Demonstrate that costs for services are negotiated at a reduced amount.
3. If funded through another source (i.e., grants, gifts, etc.) for the breast health program your organization is applying to Ozark Affiliate for, please indicate the grant award amount and the specifics of the program in your application (put in Budget Justification section).

**APPLICATIONS SHOULD INCLUDE THE FOLLOWING INFORMATION IN THE ORDER REQUESTED.
 IF APPLICATIONS ARE NOT FILED IN THE CORRECT ORDER THEY WILL BE RETURNED.
 APPLICATIONS WILL BE EVALUATED ON THE FOLLOWING:**

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| <p>GRANT SUMMARY INFORMATION</p> | <p>Cover Page (form attached) <i>Note: signature of approving institutional personnel, other than project director, required</i></p> |
| | <p>Abstract: (form attached and must be 200 words or less): Provide a brief description of the proposal, including the following: 1) the purpose of the program; 2) a description of key activities; 3) a summary of evaluation methods; and 4) concluding remarks regarding the likely impact of the program</p> |
| <p>PROGRAM DESCRIPTION This section should not exceed 5 typewritten pages. Font size should be no smaller than a 10 point typeface and line spacing no less than 1.5</p> | <p>Project Summary: 1) Describe your organization's history and mission 2) Indicate whether this project is new or an ongoing activity for your organization</p> |
| | <p>Need/Problem: 1) Demonstrate how this project aligns with the Funding Priorities identified by Komen. 2) Provide a specific education plan how your grant will address the unique needs of your county's population (Refer to County Chart). 3) Constituency: Indicate who will be served and how those served will benefit from your project (indicate the number of women and/or men to be served).</p> |
| | <p>Goals and Objectives: State the program goals and measurable objectives. Explain how the goals and objectives address the Funding Priorities.</p> |
| | <p>Activities & Timetable: 1) Explain how goals will be accomplished and how clients will be screened for financial eligibility. Applicants must demonstrate that clients will be screened for BreastCare. 2) Provide a specific marketing plan and describe when each of these activities & goals will be accomplished.</p> |

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| | <p>Evaluation Plan: Describe how you will measure that you are achieving the objectives and how you will assess the impact of the program on the priority area selected. Specifically address the following questions in your plan:</p> <ol style="list-style-type: none"> 1. Outputs: for each program activity identify what outputs (service delivery, implementation, etc.) you aim to produce. 2. Outcomes: Identify the short-term (1 year) and long term (3 years) outcomes you expect to achieve for each activity. 3. Resources: Describe the resources available to support your program activities. |
| | <p>Organizational Experience: Describe the organization's experience serving the target population. Describe the other organizations, if any participating in the program. How does this collaboration strengthen your program? Explain why your organization is best suited to carry out the program. Describe the steps you will take to ensure that your program and organization are capable of addressing the needs of your local target population.</p> |
| | <p>Sustainability: Explain how this program and its impact will be sustained long term. What resources (financial, personnel, partnerships, etc.) will be needed to sustain this effort over time? How will those resources be secured?</p> |

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| <p>BUDGET & FINANCIAL INFORMATION Not to exceed 4 typewritten pages</p> | <p>Budget for requested funds (form attached): When listing screening and treatment expenses list the total cost of a specific procedure (i.e. list the TOTAL cost of a screening mammogram, not the film cost and radiologist cost separately).</p> <p>Examples of what we will fund:</p> <ul style="list-style-type: none"> • Salaries & fringe benefits for program staff • Supplies • Travel • Direct Program Expenses • Educational programs & materials <p>The budget must be clear and support the objectives of the project.</p> |
| | <p>Budget justification: For each line item in the budget, including personnel, provide a detailed description of how the funds will be used and why they are programmatically necessary. Provide specific numbers of each service performed or of items requested. List all other committed and pending sources of support for the program, including in-kind contributions.</p> <p>Biosketch forms: Biosketch forms must be filled out for project director and any personnel listed in the budget. Information on the form must include education/training, previous employment, experience, honors and publications relevant to this program.</p> |
| | <p>Proof of non-profit status for applicant institution</p> |
| | <p>Institution incorporated less than 5 years: If the applicant institution has been incorporated less than 5 years the applicant must provide fiscal year end statements for the past three years</p> |

Applications must be submitted by the director of the project. Please keep grant requests to the page limits as stated above. Please submit five (5) hard copies and one (1) electronic copy (NO PDF's) to megan@komenozark.org of each

application. Applications should be bound by staples, paper clips or binder clips only. Please no spiral bound materials.

APPLICATIONS MUST BE POSTMARKED BY NOVEMBER 19, 2010

AND SENT TO THE FOLLOWING ADDRESS

Ozark Affiliate of Susan G. Komen for the Cure

Attn: Megan Starkey

P.O. Box 9462

Fayetteville, AR 72703

NO FAX COPIES WILL BE ACCEPTED!

Inquiries should be addressed as above or directed to Megan Starkey, 479-750-7465, megan@komenozark.org or Sarah Faitak, 479-443-5308 sfaitak@cox.net . Please allow adequate time before deadline for response to any inquiry.

Funding History

Please list all previous grants (including Small Grants) and funding amount(s) from the Ozark Affiliate in the past five years:

| Grant Start & End Dates | Funding Amount | Title of Grant |
|-------------------------|----------------|----------------|
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APPLICATION CHECKLIST

Before mailing applications make certain that the following items are completed.

- Cover page of application has the signature and title of approving institutional personnel
- Font size should be no smaller than ten-point typeface and spacing no less than 1.5
- The abstract provides a clear overview of the proposed project (not the institution) and must be 200 words or less
- Project description should not exceed five (5) typewritten pages
- Required financial information is complete and includes the following:
 - Budget for requested funds
 - Budget justification
 - List of other sources of current funding for the project
 - Indirect costs are less than 10%
- Biosketch form is included
 - If personnel for position is not hired yet a biosketch form must be submitted with job description of future personnel

- Proof of non-profit status
- Indicate whether you are a previous grant recipient and include a copy of your six-month report
- Check which workshop was attended: _____Northwest Arkansas _____Ft. Smith _____Harrison
- Submit five (5) hard copies and one electronic copy to megan@komenozark.org

Ozark Affiliate of Susan G. Komen for the Cure
ATTN: Megan Starkey
P.O. Box 9462
Fayetteville, AR, 72703