



Eastern Washington Affiliate

Request for Applications

October 1, 2010

Grant applications are now being accepted for the
Eastern Washington Affiliate of Susan G. Komen for the Cure®

2011 Community Grants

The Eastern Washington Affiliate of Susan G. Komen for the Cure®—along with those who generously support us with their talent, time, and resources—is working to promote breast health and improve the lives of those facing breast cancer in our community. We join more than 100,000 breast cancer survivors and activists around the globe as part of the world's largest and most progressive grassroots network fighting breast cancer. Through events such as the Komen Eastern Washington Race for the Cure®, we have invested over \$1 million in local breast health and breast cancer awareness projects in our 14 county region. Of the net proceeds generated by Komen Eastern Washington Affiliate, 75% stay in the 14-county region. The remaining income goes to the national Susan G. Komen for the Cure Grants Program for energizing science to find breast cancer cures.

About Susan G. Komen for the Cure

Nancy G. Brinker promised her dying sister, Susan G. Komen, she would do everything in her power to end breast cancer forever. In 1982, that promise became Susan G. Komen for the Cure® and the global breast cancer movement was launched. Today, Komen for the Cure® is the world's largest grassroots network of breast cancer survivors and activists fighting to save lives, empower people, ensure quality care for all and energize science to find the cures. Thanks to generous sponsors and a multitude of enthusiastic volunteers, over \$2 billion has been invested to fulfill the promise, and make Susan G. Komen for the Cure® the largest source of nonprofit funds dedicated to the fight against breast cancer in the world. For more information about Susan G. Komen for the Cure®, visit our local website at: www.komenspokane.org or call 509-315-5940

Funding Opportunities

The Komen Eastern Washington Affiliate is currently offering grants for innovative programs that reduce breast cancer mortality and improve quality of life, especially among those in our region with poor access to health care services. Proposals for programmatic grant funds of up to \$30,000.00 for the one year period may be requested. Through a community needs assessment that was completed in 2009 (Community Profile available at: www.komenspokane.org), we have identified the following funding priorities:

1. Increase breast health awareness and education, including prevention and screening information, particularly among rural, minority, low literacy, and English as second language populations.
2. Increase access to screening services for under-insured and uninsured rural, minority, low literacy, and English as second language populations.
3. Reduce barriers to obtaining breast health services, including fear, cultural incongruence, financial, transportation, and childcare, particularly among rural, minority, low literacy, and English as second language populations.

Guidelines and Instructions for Applicants

Qualifications: Applications are accepted from United States nonprofit institutions. United States citizenship or residency is not required. Applications must be submitted in English.

RESTRICTIONS:

- Project must be specific to breast health and/or breast cancer; e.g., 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 United States nonprofit organization (federally tax-exempt), e.g., nonprofit organizations, educational institutions, government agencies, and Indian tribes are eligible.
- Services must be provided in one or more of the 14 counties in our Eastern Washington service region.
- Indirect costs, if applicable, should be no more than 10% of the direct costs.
- Equipment costs, if applicable, may not exceed \$5000 and should be used exclusively for the proposed project.
- Salaries, if requested, are for personnel related to this project only and not for the general work of the employee.

REVIEW: Applications for funding of up to \$30,000.00 that are submitted by the deadline, complete, and meeting compliance with SGK guidelines will be evaluated by an independent grant review panel established through the local Grants Committee.

EDUCATIONAL MATERIALS: A variety of education materials are available from the SGK International Headquarters. Some items are targeted to special populations. Grant recipients may purchase these materials directly from SGK national headquarters at a significant discount. We recommend that Komen materials be used in the project whenever possible.

CONTRACTS: A grant contract will be the legal mechanism for funding.

GRANT PERIOD: The grant period begins April 1, 2011 and will conclude on March 31, 2012. Payments are disbursed semi-annually.

PAYMENT AND REPORTING: The award will be distributed after the receipt of a signed contract. The first progress report is due at the end of the first six months of the project or by October 1, 2011. A final report is due by June 30, 2012. Failure to show acceptable evidence of grant progress at six months and/or at one year may result in the repayment of the full grant award to the Eastern Washington Affiliate. *Susan G. Komen for the Cure® requires Affiliates to award one-half of the grant money initially. The release of the second half of the award funding will occur after the Board of Directors approves the six-month report. Grant recipients can expect to receive the second half of their funding by October 31, 2011 if the progress report is submitted by October 1, 2011 and acceptable progress on the grant is demonstrated in the report.* The grant committee chair will send all grant recipients the proper forms for completing the reports.

LETTERS OF SUPPORT AND ADDITIONAL MATERIALS: DO NOT send additional materials (e.g., reprints, full curriculum vitas or resumes, letters of support). These will not be reviewed.

CONFIRMATION OF RECEIPT OF APPLICATION: Applicants will receive an email confirmation that their grant application was received following review of the application for compliance with the guidelines.

AWARD ANNOUNCEMENT: The announcement of grants funded will be made by March 15, 2011. All grant applicants will be notified of the outcome of the review by email.

NUMBER OF GRANTS TO BE AWARDED: The actual number of funded grants will depend on the total amount of money available for awards. The Board of Directors of the Eastern Washington Affiliate will approve funding based on the slate of grant priorities assigned by the grant review panel.

APPLICATIONS SHOULD INCLUDE ALL OF THE FOLLOWING SECTIONS AND BE ORDERED AS FOLLOWS:

- A. **Cover Page with all required signatures** (form attached). Applications must be signed by the project director and by the administrator who has overall budget authority for the agency.
- B. **Project Description. DO NOT exceed five single-spaced typewritten pages using a font size of 12-point typeface and 1” margins all around.** Use the following bolded subheadings for each section of the application. Start your written text on the same line after the subheading.
 1. **Abstract of the project** (form attached; not included in the 5-page limit).
 2. **Statement of the need/problem** to be addressed.
 3. **Description of the population** to be served and how they will be benefited. Please indicate the number of women/men to be served, racial or ethnic composition, age range, and counties in which the individuals live and services will be provided. *If applicable, describe how the population to be served includes one or more of the following target populations: rural, minority, low literacy, and English as second language.*

4. **Description of program measureable objectives.** Objectives must be written in measurable terms and achievable in one year. For example: “To provide mammograms to 50 men and women living in a frontier-designated area;” “To provide breast health and educational materials to 300 women and men at an annual health fair;” “To provide diagnostic evaluation services to all women/men with a suspicious mammogram;” “To offer childcare assistance to 20 men/women who require breast health screening, diagnostic or treatment services;” “To offer culturally-sensitive breast health education to increase awareness and screening among Russian-speaking immigrants.”
5. **Description of activities** planned to accomplish each objective. Describe whether the program proposed for funding is a new or an ongoing activity of your organization.
6. **Timetable** for accomplishing objectives. Some objectives may take a few months to achieve while others may take up to one year.
7. **Description of other organizations or entities**, if any, participating with you to achieve your objectives. If applicable, letters of collaboration should be included from each organization.
8. **Long term strategies for funding** of the proposed program after initial funding. We are interested in your efforts to sustain the program.
9. **A review of comparable programs** offered in your geographic area. Explain how your program is either unique in filling a void in services or education or how it will compliment other programs that are providing services to underserved populations in your geographic region.
10. **Definition of success** for the program and how it will be measured. Specify how you will track and measure progress toward objectives.
11. **Use of the program’s results** and how they are to be disseminated (local newspapers, hospital or agency administrators, brochures, internet, etc.).
12. If you have received a **prior grant(s) from the Eastern Washington Affiliate**, list the year(s) grant funding was received, title of grant(s), and dollar amount(s). Summarize the outcomes of your previous grant(s) and describe how the current grant will continue the work of the previous grant(s) or take your organization in a new direction.

NOT A PART OF THE FIVE PAGE LIMIT

C. Financial Information (form attached).

1. Budget for requested funds, up to \$30,000.00.
2. Budget justification (not to exceed two pages).
3. List of other sources of current funding for the proposed project (not to exceed 1 page).

D. Biosketch form for project director and key personnel listed in budget request (form attached).

E. Proof of non-profit status for the applicant organization.

Submission Instructions

APPLICATIONS MUST BE RECEIVED BY JANUARY 14, 2011.

- All applications must be submitted electronically. LATE APPLICATIONS WILL NOT BE ACCEPTED UNDER ANY CIRCUMSTANCES. Please plan accordingly.**
- Submit sections “A-E” of the application as one (1) file. If you do not have electronic copies of some of the materials, these materials should be scanned into the grant application.
- Submit one (1) electronic copy of the entire application, including the cover page, to:
grants@komeneasternwashington.org.
- Applications may be sent as Microsoft Word file with a “.doc” or “.docx” or “.rtf” or as an Adobe Acrobat file with a “.pdf” extension. Label the file using your organization’s name and the grant year:
For example:

Organization-2011.doc

Organization-2011.docx

Organization-2011.rtf

Organization-2011.pdf.

If more than one organization is collaborating for the grant request, list the organization for which the project director is affiliated. If the organization is submitting more than one request, add a short descriptor of the proposal in the titles. For example,

Organization-childcare-2011.pdf

Organization-rural-2011.pdf
- If submitting the application in a pdf or rtf format, **you must also submit an additional copy of your abstract as a Word document (.doc or .docx).**
- Verified digital signatures may be sent electronically with the application OR the cover page only may be faxed to 509-324-7341, c/o Dr. Cindy Corbett.
- Inquiries should be directed to Dr. Cindy Corbett, Grants Chairperson, at 509-324-7404 or grants@komeneasternwashington.org. Please allow adequate time before the submission deadline for a response to any inquiry.



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2011 Community Grant Application Cover Page

Complete all fields:

PROJECT DIRECTOR AND TITLE _____

TITLE OF PROJECT _____

ORGANIZATION _____

ORGANIZATION'S TAX ID _____

ADDRESS (PROVIDE STREET ADDRESS—NO P.O. BOX NUMBERS) _____

PHONE WITH AREA CODE _____

FAX WITH AREA CODE _____

EMAIL _____

TOTAL AMOUNT REQUESTED _____

GRANT PERIOD April 1, 2011 to March 31, 2012

SIGNATURE OF APPROVING ADMINISTRATOR _____

TYPED NAME & TITLE OF APPROVING ADMINISTRATOR _____

DATE _____

SIGNATURE OF PROJECT DIRECTOR _____

Type of grant: Check all that apply: Education Screening Treatment



Eastern Washington Affiliate

2011 Community Grant Application Abstract Page

PROJECT DIRECTOR _____

LEAD ORGANIZATION _____

PHONE NUMBER _____

DATE _____

Permission to publish: *Submission of this abstract implies permission is granted to Susan G. Komen for the Cure® to publish the below abstract should this application be selected for funding.*

Your abstract will be electronically uploaded as written to Susan G. Komen and it will be published in Susan G. Komen’s annual report of funded projects and distributed internationally. Please address the full scope of your project in a manner that reflects positively on your agency.

ABSTRACT: In the space below, please provide a short abstract, not to exceed 250 words, written in lay terms for release to the general public should this application be chosen for funding.



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2011 Community Grant Application Biosketch Form

Project Director (last name, first name)

BIOGRAPHICAL INFORMATION

Information should be submitted for the project director and other personnel included in budget request. Please use a separate form for each person.

NAME

TITLE

EDUCATION (Begin with baccalaureate or initial professional education, such as nursing)

INSTITUTION

DEGREE

YEAR

FIELD OF STUDY

Professional Experience: Please list, in chronological order, concluding with present position, previous employment, experience and honors. List, in chronological order, the titles, authors and complete references to all publications during the past three years and earlier publications pertinent to this application.

Do Not Exceed Two Pages

BUDGET FORM

DETAILED BUDGET FOR ENTIRE BUDGET PERIOD		FROM(MM/DD/YEAR) / /			THROUGH / /		
PERSONNEL <i>(MUST BE SPECIFIC TO PROJECT)</i>		TYPE APPT. (MONTHS)	% EFFORT ON PROJECT	BASE SALARY	DOLLAR AMOUNT REQUESTED		
NAME	ROLE ON PROJECT				SALARY REQUESTED	FRINGE BENEFIT	TOTALS
SUBTOTALS							
SUPPLIES (ITEMIZE BY CATEGORY)							
EQUIPMENT (NOT TO EXCEED \$5000.00)							

TRAVEL		
PATIENT CARE COSTS	INPATIENT	
	OUTPATIENT	
OTHER EXPENSES (ITEMIZE BY CATEGORY)		
SUBTOTAL - DIRECT COSTS		
INDIRECT COST ALLOCATION/FACILITIES & ADMINISTRATION. (NOT TO EXCEED 10% OF THE SUBTOTAL-DIRECT COSTS)		
TOTAL FUNDING REQUEST Direct Costs + Indirect Costs, not to exceed the \$30,000 maximum. Please attach a budget justification (no more than 2 pages) to explain each budget item and how the dollar amount was calculated.		