



## Request for Applications

2010-2011 Grant Cycle

For projects in effect from October 1, 2010-September 30, 2011

### Overview

The Mid-Michigan Affiliate of Susan G. Komen for the Cure<sup>®</sup>—along with those who generously support us with their talent, time and resources—is working to better 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 like the Komen Mid-Michigan Race for the Cure<sup>®</sup>, we have invested more than \$1.2 million in local breast health and breast cancer awareness projects in the Mid-Michigan area. Up to 75 percent of net proceeds generated by the Komen Mid-Michigan Affiliate stay in the mid-Michigan area. The remaining income goes to the national Susan G. Komen for the Cure<sup>®</sup> Grants Program for energizing science to find the cures.

For 2010-2011, grants will be made to support evidence-based strategies<sup>1</sup> and promising practices<sup>2</sup> to reduce breast cancer morbidity<sup>3</sup> and mortality<sup>4</sup>, focusing on access to care and on maintaining the continuum of care<sup>5</sup>. Grants are intended to support education, screening, and treatment programs providing services not otherwise available in our community. A minimum of 75% of available funds will be allocated to screening programs. “Screening” is defined for these purposes as “clinical breast exam (CBE), mammogram, breast ultrasound, breast MRI, and other diagnostic tests to detect breast cancer”.

Nonprofit organizations in Clinton, Eaton, Ingham, Jackson, Livingston, Shiawassee, and Washtenaw counties are eligible to apply for funding.

### Funding Priorities

**\*\*Priority area 1:** Increase access to age-appropriate and risk-appropriate breast health services, with an emphasis on maintaining the continuum of care, for groups experiencing disparities in screening and care.

- A) Increase early detection and decrease the incidence of late stage diagnosis among African American women in all service area counties, with emphasis on Washtenaw, Ingham, and Jackson counties.

- B) Increase access to age-appropriate screening and other breast health care services among uninsured, underinsured, and low income women in all counties the Affiliate serves.
- C) Increase access of Asian/Pacific Islander women to breast health services, with emphasis on Washtenaw and Ingham counties.
- D) Increase access of Hispanic/Latina women to breast health services, with emphasis on Ingham County.

**\*\* Priority area 2:** Reduce barriers to mammography screening for the purpose of increasing screening rates in all service area counties.

**\*\* Priority area 3:** Increase access to services that meet the physical, psychological, social, and spiritual needs of breast cancer patients and their families after diagnosis and/or treatment, with emphasis on medically underserved individuals..

**Important Dates**

Grant Writing Workshops

- March 12, 2010 – East Lansing Public Library, 9:30 a.m. - 12:30 p.m.
- March 24, 2010 – Malletts Creek Branch Library, 3090 E Eisenhower Pkwy., Ann Arbor, 1:00 p.m. to 4:00 p.m.

Deadline for pre-screening** (** Optional submission for review and feedback from Komen staff)	May 14, 2010
Application Deadline	June 14, 2010
Award Notification	September 1, 2010
Award Period	October 1, 2010 - September 30, 2011

**Eligibility**

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

- Applicants must ensure that all past and current Komen-funded grants or awards are up-to-date and in compliance with Komen requirements.

- Institutions must be nonprofit organizations located in or providing services to one or more of the following locations:
  - Clinton County, MI
  - Eaton County, MI
  - Ingham County, MI
  - Jackson County, MI
  - Livingston County, MI
  - Washtenaw County, MI
  - Shiawassee County, MI
  
- Project must be specific to breast health and/or breast cancer

### **Grant Categories**

Komen Mid-Michigan will award two types of grants through this Request for Applications. **Both types of grants will be evaluated based on the number of people served and on the cost per person served.**

#### Community-Based Programs

- A single organization may request up to \$75,000 to implement a project meeting one of the listed funding priorities
- The program must include a significant *process evaluation*<sup>6</sup> component

#### Collaborative Partnerships

- Collaboration is encouraged between community organizations in order to increase efficiency in reaching targeted populations, and to increase access to services.
- Examples of potential partnerships might include:
  - A collaboration to share institutional capacity, such as a large community institution (e.g., a hospital, county health department, health care foundation, college or university) and one or more grass-roots community organizations working cooperatively to effectively deliver services to a target population in specific locations in the community.

- A geographical collaboration, such as a consortium of health delivery systems joining together to provide large numbers of screening services throughout the seven-county Mid-Michigan service area, with a single administrative structure coordinating service delivery at multiple locations.
- While there is no specific funding limit on an application for a collaborative partnership, projects will be evaluated based on the number of people served, and on the cost per person served. The overall goal of a collaborative partnership should be to deliver considerable economic efficiencies in order to serve the greatest number of medically underserved individuals.
- A proposal for a collaborative partnership must include a detailed description of the respective project activities and budget for each partner organization.
- A collaborative partnership must include a significant *impact evaluation*<sup>7</sup> component.

### **Funding Information**

Screening services will be funded at the 2010 Breast and Cervical Cancer Control Program rates. Please see <http://www.michigancancer.org/bcccp/index.cfm> and select FY 2010 BCCCP Rate Schedule.

### **Submission Process**

All proposals must be submitted **both** electronically **and** with hard copies printed on plain, white, single-sided 8 ½ x 11 paper using 12-point font. The pages should be numbered and each copy stapled in the top left corner. No special packaging (binders, plastic covers, etc.) or additional material (videotapes, annual reports, brochures, letters of support or recommendation, etc.) should be included.

- For optional pre-screening, to receive feedback from Komen staff prior to final submission deadline, five copies should be submitted **by May 14, 2010**.
- For final submission, 12 copies (one original and eleven duplicates) should be submitted **by June 14, 2010**.
- Mail application package to:

Mid-Michigan Affiliate of Susan G. Komen for the Cure®  
 PO Box 4368  
 East Lansing, MI 48826

**AND**

Submit electronic copy of the proposal and all attachments to the following email address: [info@komenmidmichigan.org](mailto:info@komenmidmichigan.org). Please use "Grant application" in the subject field.

**Applications must be received on or before June 14, 2010. No late submissions will be accepted.**

<b>INFORMATION REQUIRED</b>	
<b>Cover Page</b>	<p><b>Complete the attached cover page.</b></p> <p>See instructions below for title, abstract, service area, and funding priority area. The signature of approving institutional personnel, other than the project director, is required.</p>
<b>Grant Summary Information</b>	<p><b>Title:</b></p> <p>Provide a short, descriptive title for the program.</p>
	<p><b>Abstract</b> (Limit to 1,200 characters, including spaces and punctuation - approximately 225 words):</p> <p>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><b>Service Area:</b></p> <p>Indicate which locations will be served by the program.</p>
	<p><b>Priority Area:</b></p> <p>Select the primary priority area that your program addresses. (See <b>Funding Priorities</b>, p. 1).</p>

<b>Program Description</b>	<p><b>Background</b> (Limit: one page):</p> <p>Describe the organization’s history, mission, and goals. Describe current programs and recent accomplishments.</p>
	<p><b>Statement of Need/Problem:</b></p> <p>Describe why the proposed project is needed. Describe the population to be served. Describe, specifically, the project’s plan to reach the target populations identified. Are there similar programs in this service area? What makes your project unique?</p>
	<p><b>Goals and Objectives:</b></p> <p>State the program’s goals<sup>8</sup> and measurable objectives<sup>9</sup>. Explain how the goals and objectives address the selected priority area and target populations.</p>
	<p><b>Organizational Capacity:</b></p> <p>Describe your organization’s experience in serving the target population. Explain why your organization is best suited to carry out the program. Describe the other organizations, if any, participating in the program. If working with other organizations, include specifics with regard to interorganizational plans. Describe the steps you will take to ensure that your program and organization are culturally competent<sup>10</sup>.</p>
	<p><b>Activities and Timeline:</b></p> <p>Describe the activities that will be conducted to accomplish the above goals and objectives. Provide a realistic, month-by-month timeline for implementing the program.</p>

<p style="text-align: center;"><b>Program Description</b> <b>(continued)</b></p>	<p><b>Evidence-based Strategies/Promising Practices:</b></p> <p>Describe the activities that will be conducted to accomplish the goals and objectives. (Narrative, table, or logic model<sup>11</sup> is acceptable.) Describe how your approach uses or adapts evidence-based strategies<sup>1</sup> or promising practices<sup>2</sup>. Explain why you chose this approach.</p>
	<p><b>Evaluation Plan:</b></p> <p>Describe how you will measure that you are achieving the objectives you established and how you will assess the impact of the program on the priority area selected. Community programs must include a significant <i>process evaluation</i><sup>6</sup> component. Collaborative Partnership programs must include a significant <i>impact evaluation</i><sup>7</sup> component. A mandatory tracking tool for participant demographics will be provided by the Komen Affiliate.</p>
	<p><b>Sustainability:</b></p> <p>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>
<p style="text-align: center;"><b>Budget</b></p> <p>Use attached budget form.</p> <p>Each item must be described in detail and justified.</p>	<p>Funds <b>may</b> be used for the following types of program expenses:</p> <ul style="list-style-type: none"> <li>• Salaries for personnel directly related to the success of the project. Salaries must be reasonable, and applicant must detail how the personnel will directly benefit the project.</li> <li>• Consultant fees*</li> <li>• Clinical services or patient care costs</li> <li>• Nominal meeting costs, to include meeting space external to the applicant’s own organization, equipment rental, nominal food costs)*</li> <li>• Supplies for delivery and implementation of program*</li> <li>• Mileage for delivery of services at standard IRS-approved reimbursement rate</li> </ul>

<p style="text-align: center;"><b>Budget</b> <b>(continued)</b></p>	<ul style="list-style-type: none"> <li>• For key project personnel, costs to travel to conferences for further education or development of skills integral to delivery of services (maximum \$1,000 per project)</li> <li>• Other direct<sup>12</sup> program expenses</li> <li>• Indirect costs<sup>13</sup>, <u>not to exceed</u> 5% of direct costs</li> <li>• Required: budget approximately \$125 for a laminated, rigid foam poster describing your project, deliverable to Komen Mid-Michigan*</li> </ul> <p><b>* Please see FAQs for more information on these items</b></p> <p>Funds <b>may not</b> be used for the following purposes:</p> <ul style="list-style-type: none"> <li>• Fringe benefits</li> <li>• Participant incentives, other than reimbursement for direct transportation and child care costs after participation has been completed (maximum \$10 or two hours child care)*</li> <li>• Medical or scientific research</li> <li>• Equipment</li> <li>• Costs for publishing in professional journal, or for promoting or presenting results of program at professional conference</li> <li>• Scholarships or fellowships</li> <li>• Construction or renovation of facilities</li> <li>• Political campaigns or lobbying</li> <li>• Endowments</li> <li>• Debt Reduction</li> <li>• Fundraising</li> </ul> <p><b>Grantee contribution:</b></p> <ul style="list-style-type: none"> <li>• Applicant will be asked to describe how the applicant organization will contribute to the project, whether through in-kind contributions for such items as office space, staff, supplies, etc. or through direct expenditures.</li> <li>• Grantee contribution will be part of the project budget and detailed on the budget form.</li> </ul>
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<p style="text-align: center;"><b>For Collaborative Partnership Programs ONLY</b></p>	<p>Komen for the Cure® supports partnerships in which responsibilities, privileges, and power are shared. The partnership must be documented through a Memorandum of Agreement (MOA) among all partners. The MOA must specify the roles and resources that each organization will bring to the program. The MOA must cover the entire program period and it must be signed by individuals with the authority to represent the organization. The MOA must be submitted with the grant application.</p> <p><b>An application for a collaborative partnership grant must specify a Lead Agency for the program.</b> The grant contract will be executed between the Lead Agency and Komen Mid-Michigan.</p>
<p style="text-align: center;"><b>Supporting Documentation</b></p> <p><b>Only the materials listed here will be accepted.</b></p>	<p><b>Proof of Nonprofit Status:</b> To document your federal tax-exempt status, attach your determination letter from the Internal Revenue Service. Evidence of state or local exemption will not be accepted. Please do not attach your federal tax return.</p> <p><b>References:</b> List references (journal articles, statistics, studies, etc.) cited in the grant application.</p> <p><b>Budget Justification:</b> 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. List all other committed and pending sources of support for the program.</p> <p><b>Curriculum vitae</b> or job descriptions (for new or vacant positions) for key personnel involved in the program. (Two-page limit per individual). Curriculum vitae should provide education/training information, previous employment, experience, honors and publications relevant to this program.</p>

**Selection Criteria - Applications will be judged on the following criteria:**

**Impact:** Will the program have a substantial positive impact on breast cancer morbidity or mortality? Is the program modeled on or adapted from Evidence-Based Strategies<sup>1</sup>? Does the program focus on access to care and on maintaining the continuum of care<sup>5</sup>? How closely does the program align with the funding priority selected? How will the applicant ensure that the program actually serves medically underserved individuals? How many distinct individuals does the program serve, and at what per capita cost?

**Feasibility:** How likely is it that the objectives and activities will be achieved within the scope of the funded program? Is the budget appropriate and realistic?

**Budget:** Realistic and detailed budget requests. Accuracy of budget information. Numbers of individuals served.

**Capacity:** Does the organization, Program Director and his/her team have the expertise to effectively implement all aspects of the program? Is the organization respected and valued by the target population? Is it culturally competent<sup>11</sup>?

**Collaboration:** Does this program enhance collaboration among organizations with similar or complementary goals?

**Sustainability:** Is the program likely to be sustained? Could the program become self-sustaining? Is the impact likely to be long-term?

**The grant application process is competitive, whether or not an organization has received a grant in the past. Funding in subsequent years is never guaranteed.**

**Customer Support:** Questions should be directed to:

Deb Martens  
Coordinator, Mission Programs and Communication  
(517) 886-4901  
[info@komenmidmichigan.org](mailto:info@komenmidmichigan.org)

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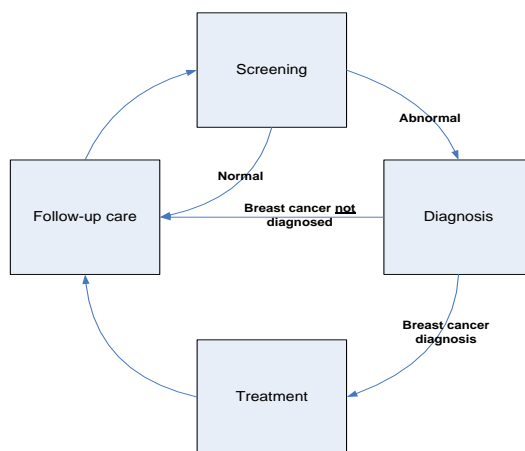
<sup>1</sup> Evidence-based strategies are programs that have been proven to result in a specific outcome, reviewed by peers, and usually published in a public health or medical journal. Examples of evidence-based strategies, also called research-tested intervention programs, can be found at [http://rtips.cancer.gov/rtips/rtips\\_search.do?topicid=4&choice=default&cg](http://rtips.cancer.gov/rtips/rtips_search.do?topicid=4&choice=default&cg).

<sup>2</sup> Promising practices are programs that have proven successful, but for which there may not yet be enough evidence to prove that it has resulted in a positive outcome. They may also be called “emerging best practices.”

<sup>3</sup> Breast cancer morbidity refers to the prevalence of the disease (i.e., the total number of cases); the incidence of the disease (i.e., the number of new cases in a particular population during a particular time interval); or the degree or severity of the disease.

<sup>4</sup> Breast cancer mortality refers to the number of breast cancer deaths.

<sup>5</sup> The breast cancer continuum of care is illustrated in the diagram below. Komen for the Cure® is working to address barriers that prevent some women from entering the continuum of care, delay entering, or fail to complete the continuum of care. The goal of our community health projects is to: decrease time it takes for a person to move through the breast cancer continuum of care, increase mammography rates, change knowledge, attitudes, and beliefs, and improve the quality of life for people going through treatment.



<sup>6</sup> Process evaluation measures what happened, how it happened, how much, where, and to whom. Common process evaluation methods include patient satisfaction surveys, interviews with program participants, and activity logs.

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<sup>7</sup> Impact evaluation measures changes in behavior, knowledge, attitudes, or beliefs. Change may be assessed among individuals, providers, organizations, or communities. Common impact evaluation methods include pre/post tests, surveys, and key-informant interviews.

<sup>8</sup> A goal is a broad-based statement of the ultimate result of the program being undertaken.

<sup>9</sup> An objective is a measurable, time-specific result that the organization expects to accomplish as part of the grant. Objectives are specific approaches to achieve the goal.

<sup>10</sup> A culturally competent program values diversity, conducts self-assessment, addresses issues that arise when different cultures interact, acquires and institutionalizes cultural knowledge, and adapts to the cultures of the individuals and communities served. (Goode T, Jones W, Mason J. *A Guide to Planning and Implementing Cultural Competence: Organizational Self-Assessment*. Washington, DC: National Center for Cultural Competence, Georgetown University, Child Development Center, 2002.) Resources for understanding cultural competence for organizations can be found at: [http://ctb.ku.edu/en/tablecontents/sub\\_section\\_main\\_1176.htm](http://ctb.ku.edu/en/tablecontents/sub_section_main_1176.htm).

<sup>11</sup> A logic model displays the sequence of actions that describe what the program is and will do – how investments link to results. According to the University of Wisconsin – Extension (<http://www.uwex.edu/ces/pdande/evaluation/evallogicmodel.html>), the logic model includes 5 core components:

1. INPUTS: resources, contributions, investments that go into the program
2. OUTPUTS: activities, services, events and products that reach people who participate or who are targeted
3. OUTCOMES: results or changes for individuals, groups, communities, organizations, communities, or systems
4. Assumptions: the beliefs we have about the program, the people involved, and the context and the way we think the program will work
5. External Factors: the environment in which the program exists includes a variety of external factors that interact with and influence the program action.

<sup>12</sup> Direct costs are costs directly associated with operating a grant program. Direct costs typically include staff, consultants or contractual expenses, travel, and supplies.

<sup>13</sup> Indirect costs, also called overhead, are expenses not directly related to the conduct of the project, including allocated costs such as rent, utilities, etc.