



Komen Siouxland Affiliate
PO Box 1116 Sioux City, IA 51102-1116
Phone: 712-277-1553 Cell: 712-898-1060
Helpline 1-877-GO-KOMEN
www.komensiouxland.org

September 19, 2011

The Siouxland Affiliate of Susan G. Komen for the Cure® is proud to announce the availability of grant funds for fiscal year 2012 - 2013. Applications for breast cancer and breast health programs from nonprofit organizations, governmental agencies and educational institutions in Lyon, Sioux, Plymouth, Woodbury counties in Iowa, Union County in South Dakota, and Dakota and Thurston Counties in Nebraska are eligible for funding.

The promise of Susan G. Komen for the Cure is save lives and end breast cancer forever by empowering people, ensuring quality care for everyone and energizing science to find the cure. The Organization runs one of the most innovative, responsive grant programs in breast cancer today. Our Affiliate is proud to have sent over \$43,000 to the Organization for research in 2011. In addition to funding research, the Affiliate funds non-duplicative, community-based breast health education and breast cancer screening and treatment projects for the medically underserved in Lyon, Sioux, Plymouth, Woodbury counties in Iowa, Union County in South Dakota, and Dakota and Thurston Counties in Nebraska counties.

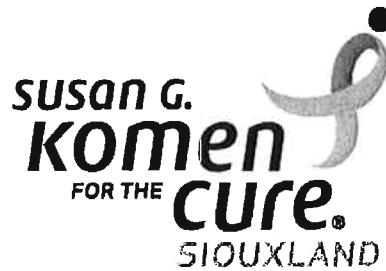
Our grant cycle runs from April 1, 2012 through March 31, 2013. Eligible applications must be postmarked by 5:00 p.m. on November 21, 2011. Announcements of funding will be made on April 1, 2012

If you have any questions or concerns, please contact Cindy Brewer by phone 712 577-2571 or email cbrewer@acosta.com

I look forward to hearing from you.

Sincerely,

Cindy Brewer
Grant Chair
Komen Siouxland Affiliate



Request for Applications

The Siouxland Affiliate of Susan G. Komen for the Cure®—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 Siouxland Race for the Cure, we have invested over \$600,000 in local breast health and breast cancer awareness projects in a 7 county area covering Northwest Iowa, Southeast South Dakota, and Northeast Nebraska. Up to 75 percent of net proceeds generated by the Komen Siouxland Affiliate stay in the Siouxland Area. The remaining income goes to the national Susan G. Komen for the Cure Grants Program for energizing science to find the 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 launched the global breast cancer movement. 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 events like the Komen Race for the Cure®, we have invested more than \$1.3 billion to fulfill our promise, becoming 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, breast health or breast cancer, visit www.komen.org or call 1-877 GO KOMEN.

Funding Opportunities

The Komen Siouxland Affiliate is currently offering grants for innovative programs that reduce breast cancer mortality, especially among those who are disproportionately affected by this disease. Through a community needs assessment (Community Profile) available at www.komensiouxland.org we have identified the following funding priority areas:

Priority 1: Target Thurston County, Nebraska and Plymouth and Lyon Counties, Iowa to emphasize the importance of patient education regarding breast health care and increase the regularity of clinical breast examinations and mammograms.

Priority 2: Partner with African-American and Latina community leaders to increase awareness and access to breast health services to women living in the Siouxland affiliate region.

Priority 3: Assist breast cancer patients and survivors as they navigate the continuum of care.

Important Dates

Application Deadline	November 21 2011
Award Notification	April 1, 2012
Award Period	April 1, 2012 – March 31, 2013

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 non-profit organizations located in or providing services to one or more of the following locations:
 - Lyon County, Iowa
 - Sioux County, Iowa
 - Plymouth County, Iowa
 - Woodbury County, Iowa
 - Union County, South Dakota
 - Dakota County, Nebraska
 - Thurston County, Nebraska
- Project must be specific to breast health and/or breast cancer

Allowable Expenses

Funds may be used for the following types of program expenses:

- Salaries and fringe benefits for program staff
- Consultant fees
- Clinical services or patient care costs
- Meeting Costs
- Supplies
- Travel
- Other direct program expenses
- Equipment, not to exceed \$5,000.
- Indirect costs, not to exceed 15% of direct costs

Funds may **not** be used for the following purposes:

- Medical or scientific research
- Scholarships or fellowships
- Construction or renovation of facilities
- Political campaigns or lobbying

- Endowments
- Debt Reduction

Educational Materials and Messages

Susan G. Komen for the Cure® is a source of information about breast cancer for people all over the world. To reduce confusion and reinforce learning, we require that grantees provide educational messages and materials that are consistent with those promoted by Komen for the Cure. Please visit the following website before completing your application and be sure that your organization can agree to promote these messages:

http://www.shopkomen.com/cart.php?m=product_list&c=93

Komen for the Cure grantees are eligible to receive preferred pricing for Komen educational materials. Komen for the Cure materials should be used and displayed whenever possible. To view our educational materials, visit www.shopkomen.org.

Submission Requirements

All proposals must be type-written on plain, white, single-sided 8 ½ x 11 paper using 12-point font. Seven copies (one original and six duplicates) should be submitted. 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, etc.) should be included. In addition, please email the proposal and all attachments to the following email address: cbrewer@acosta.com

Applications must be received on or before 5:00 p.m. on November 21, 2011 at:

Siouxland Affiliate of Susan G. Komen for the Cure®
P.O. Box 1116
Sioux City, IA 51102.

No late submissions will be accepted.

Review Process

Each grant application will be reviewed by at least three independent reviewers. They will consider each of the following selection criteria:

Impact: Will the program have a substantial positive impact on breast cancer disparities and the priority area selected?

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

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?

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

Sustainability: Is the program likely to be sustained? 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

Cindy Brewer
Grants Chair
(712) 577-2571
cbrewer@acosta.com

Application Instructions

Cover Page

Complete the attached cover page including an abstract (project summary). The abstract should be limited to 1,200 characters, including spaces and punctuation (approximately 225 words). The abstract should 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) the likely impact of the program. The signature of approving institutional personnel, other than the project director, is required.

Program Description (limit – 8 pages):

1. **Background:** Describe the organization's history, mission, and goals. Describe current programs and recent accomplishments.
2. **Statement of Need/Problem:** Describe why the proposed project is needed. Describe the population to be served. Review comparable programs offered in this service area and explain how this program is unique.
3. **Goals and Objectives:** State the program goals and measurable objectives, including the number of people to be served. Explain how the goals and objectives address the selected priority area.
4. **Activities and Timeline:** 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.
5. **Collaboration:** Describe the other organizations or entities, if any, participating in the Program.
6. **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.
7. **Organizational Capacity:** Describe the organization's experience serving the target population. Describe the other organizations, if any, participating in the program. Explain why your organization is best-suited to carry out the program.
8. **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? Applicants should demonstrate that other sources of funding will be sought and used to support this project.

Budget (form attached)

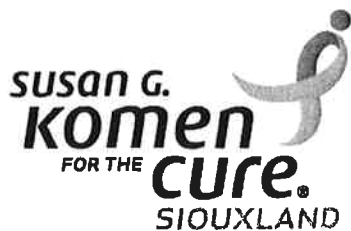
Provide a detailed total program budget. All funding for this program, including other grants and general funds should be included in the budget. Please note that indirect costs may not exceed 15% of direct costs and equipment costs may not exceed \$5,000.

Budget Justification

For each line item in the budget, provide a brief 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.

Attachments

1. **Information regarding Key Personnel** – For key personnel that are currently employed by the applicant, provide a resume or curriculum vitae. For new or vacant positions, provide job descriptions (*Two page limit per individual*).
2. **Proof of Non-Profit Status** – 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.



Grant Application Cover Page

Organization Information

Project Title: _____

Organization Name: _____

Legal Name: _____

Department: _____

Federal Tax ID: _____

Phone: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip (include +4): _____ -

County: _____ Website: _____

Amount Requested: _____

Please indicate the type of organization:

- | | | | | | | |
|--------------------------|---|--------------------------|--------------------------|---------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 501c3 | Federally
qualified
health clinic | Hospital | Government
agency | Religious
organization | School | University |

Project Director Information

First Name: _____ Last Name: _____ Degree(s): _____

Email: _____

Phone: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip (include +4): _____ -

Community Contact

First Name: _____ Last Name: _____ Degree(s): _____

Phone: _____

Abstract: (Please limit your abstract to 1500 characters.)

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 measures
4. The likely impact of the program

Please enter up to 10 keywords that describe your proposed project:

Please indicate how the grant funds will be used by percentage:

	% Education	% Screening	% Diagnosis
	% Treatment	% Treatment Support	
% Survivorship	% Health Care Delivery/Systems Change		

Which of the priorities from our Community Profile does your project propose to address?

- Priority 1:** Target Thurston County, Nebraska and Plymouth and Lyon Counties, Iowa to emphasize the importance of patient education regarding breast health care and increase the regularity of clinical breast examinations and mammograms.
- Priority 2:** Partner with African-American and Latina community leaders to increase awareness and access to breast health services to women living in the Siouxland affiliate region.
- Priority 3:** Assist breast cancer patients and survivors as they navigate the continuum of care.

Target Counties: _____

How long has your organization received funds from Komen for this project : _____

In what way is your organization involved with the National Breast and Cervical Cancer Early Detection Program?

- Not Involved
- CDC Grantee
- Provider
- Contractor
- Other

Partners (List partnering organization and the services they will provide; letters of support are accepted and will be discussed under Application Instructions on the RFA):

Organization	Services Provided	Partner # Years

Target Populations (select up to four primary populations):

Ethnic/Racial Groups

- Unspecified
- African American, African descent (non-Hispanic origin)
- American Indian/Alaskan Native
- Asian
- Pacific Islander
- Hispanic/Latina(o)
- Middle Easterner
- White (non-Hispanic Origin)

- Other
- Other
- Other
- Other

General Population

- Unspecified
- Youth 0-19
- Adults 20-39
- Adults 40-49
- Adults 50-64
- Adults 65+

Named Groups

- Survivors
- Survivors, living with metastatic disease
- Co-Survivors
- English as a second language
- Immigrants, Newcomers, Refugees
- Offenders, Ex-Offenders
- Homeless
- Uninsured, Underinsured
- Healthcare providers
- Lesbian/Gay/Bisexual/Transgender
- Migrant Workers
- Jewish
- Persons With Disabilities

Gender

- Unspecified
- Females
- Males

Required Signatures

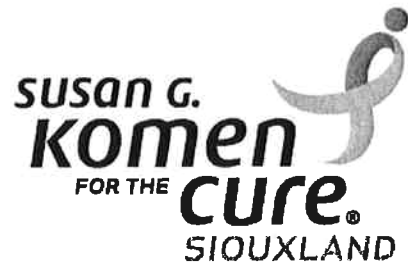
I understand that funding decisions are made at the sole discretion of the Siouxland Affiliate.

Program Director

Signature: _____ Date: _____
 Name: _____ Title: _____

Approving Institution Official Signature

Signature: _____ Date: _____
 Name: _____ Title: _____



Organization Summary

Please provide a brief description of the organization's history. If your program is part of a larger organization, briefly explain the mission of the larger entity and your relationship to it (limit of 750 characters).

State the mission of the organization (limit of 500 characters).

Describe the current programs and accomplishments (limit of 500 characters).

Please explain how your organization seeks to be diverse and inclusive (limit of 100 characters).

Number of paid full time staff:
Number of volunteers:
Organization total annual budget:

Project Work Plan

Project Work Plan instructions:

- Please fill out one tab for each Goal
- You may enter multiple objectives for each goal but it is not required.
- To select an intervention below, click on "Select from list" and then click on the drop down arrow to display choices. Select one intervention for each objective. You may enter an intervention under "Other" if it doesn't appear on the list.

Goal:

Objective 1:
(limit 300 characters)

Timeline:

Start Date

End Date

Intervention:

Other :

Select from list

Individual Responsible:

Individuals Served:

(please list anticipated #)

What methods and techniques will you use to evaluate the effectiveness of this objective?

(limit 300 characters)

Objective 2:

(limit 300 characters)

--

Timeline:

Start Date

End Date

Intervention:

Other :

Individual Responsible:

Individuals Served:

(please list anticipated #)

What methods and techniques will you use to evaluate the effectiveness of this objective?

(limit 300 characters)

--

Objective 3:

(limit 300 characters)

Timeline:

Start Date

End Date

Intervention:

Other :

Select from list

Individual Responsible:

Individuals Served:

(please list anticipated #)

What methods and techniques will you use to evaluate the effectiveness of this objective?

(limit 300 characters)

Interventions List

Public education (e.g. radio, television, newspaper, e-communications, social networking)

Group education (e.g. lectures, workshops, seminars, webinars)

One-on-one education

Material development and dissemination (multi-cultural, and in accessible and alternative formats)

Events (e.g. health fairs) in accessible venues

Health care professional training and provider education

Reminder systems directed at patients (e.g. letters, phone calls)

Reminder systems directed at health care providers (e.g. chart reminders)

Outreach programs (that result in new appointments, new patients, etc.)

In-reach programs (result in getting existing patients to get a mammogram)

Reduce costs to patient for mammography (e.g. free or low-cost mammography)

Expand hours for breast health services to evenings and weekends

Provide free or low-cost screenings (clinical breast exams and/or screening mammograms)

Reduce other barriers to mammography (e.g. transportation, childcare)

Provide translation/interpretation services to include sign language interpreter:

Genetic testing

Patient navigation

Accessible facilities for screening (education, awareness)

Provide translation/interpretation services

Reduce costs to patient for diagnostic services (e.g. ultrasound, biopsies)

Patient navigation

Reduce other barriers to diagnostic services (e.g. transportation, childcare)

Reduce out-of-pocket costs for treatment (e.g. co-pay or prescription drug assistance)

Reduce costs for treatment services (e.g. free chemotherapy, radiation, surgery)

Clinical trials

Patient navigation

Provide financial assistance for day-to-day costs during treatment (e.g. housing, utilities)

Reduce other barriers to treatment (e.g. transportation, childcare)

Support groups

Individual counseling/psychotherapy

Side-effect management (e.g. prosthesis, wigs, lymphedema therapy)

Nutrition services (e.g. meal delivery)

Complementary therapies (e.g. meditation, yoga, acupuncture, art therapy)

End of life care (e.g. hospice/palliative care)

Legal services

Caregiver support (e.g. respite programs, training for caregivers)

Support groups

Individual counseling/psychotherapy

Exercise/Nutrition programs

Complementary therapies (e.g. meditation, yoga, acupuncture, art therapy)

Side-effect management (e.g. prosthesis, wigs, lymphedema therapy)

Interventions to increase the quality of health care delivery

Process improvement strategies

Other



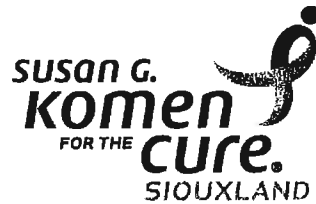
Budget Template

From Other Sources

	From Other Sources			Total Required
	Requested from Komen	Cash	In Kind	
Salaries				
Fringe (Benefits, Taxes)				
Consultant Costs				
Supplies				
Equipment (not to exceed \$5,000)				
Travel				
Patient Care Costs				
Screening				
Diagnostics				
Treatment				
Transportation				
Sub-contracts				
Other (itemize below)				
Subtotal - Direct Costs				
Indirect Costs (not to exceed 15% of direct costs)				
Total				

Budget Justification

Please provide written justification for each budget line item. This is required.



REQUEST FOR APPLICATION SUBMISSION CHECKLIST

Before submitting your application packet please be sure the following items are included:

- Cover Page (form provided)
- Organization Summary (form provided)
- Program Description
 - ✓ Did you answer all the questions outlined in the Request For Applications?
- Project Work Plan (form provided)
 - ✓ Is it completed exactly as it appears in the Microsoft Excel Worksheet?
 - ✓ Did you include only one goal per tab?
 - ✓ Are your objectives S.M.A.R.T?
- Budget (form provided)
 - ✓ Did you provide justification for each line item in your budget?
 - ✓ Did you include additional sources of support?
- Attachments
 - ✓ Key Personnel- Did you include resumes, curriculum vitas or job descriptions?
 - ✓ Proof of Non-Profit Status- Did you include your determination letter from the IRS?
 - ✓ Letters of Support- Did you include letters of support from your partners?
 - ✓ Evaluation Forms- Did you include relevant forms, surveys, logic model, etc?