



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 \$580,225 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 available at www.komensiouxland.org we have identified the following funding priority areas:

Priority 1: Partner with patient care providers to emphasize the importance of patient education regarding breast health care and increase the regularity of clinical breast examinations.

Priority 2: Partner with Native American and Hispanic community leaders to increase awareness of and access to mammography services to women in the Siouxland Affiliate region.

Priority 3: Invest in community-based breast health organizations that effectively address/remove cultural and language barriers for women seeking information on breast health services in the affiliate region.

Important Dates

Grant writing Workshop	September 21, 2010
Application Deadline	November 19, 2010
Award Notification	March 1, 2011
Award Period	April 1, 2011 – March 31, 2012

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: aschneiderman@berensteinlawfirm.com

Applications must be received on or before 5:00 p.m. on November 19, 2010 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

Angie J. Schneiderman
(712) 252-0020 or (712) 204-9560
aschneiderman@berensteinlawfirm.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.

THE SIOUXLAND AFFILIATE OF
SUSAN G. KOMEN FOR THE CURE

REQUEST FOR FUNDING
FOR BREAST HEALTH AND/OR BREAST CANCER PROJECT

PROJECT DIRECTOR & TITLE _____
INSTITUTE _____
ADDRESS _____

PHONE () _____
FAX () _____
EMAIL _____
TITLE OF PROJECT _____
TOTAL AMOUNT REQUESTED _____
GRANT PERIOD 4/1/11 - 3/31/12 _____
SIGNATURE & TITLE OF APPROVING PERSONNEL (OTHER THAN PROGRAM DIRECTOR) _____ DATE _____
NAME & TITLE OF APPROVING INSTITUTIONAL PERSONNEL (TYPED) _____

PLEASE CHECK TYPE OF APPLICATION: EDUCATION SCREENING TREATMENT
 CRAFT

APPLICATIONS MUST BE RECEIVED BY 5:00 PM ON

NOVEMBER 19, 2010

(Photocopies of this form are acceptable)

SAMPLE ABSTRACT PAGE

PROJECT DIRECTOR _____

ORGANIZATION/INSTITUTION _____

BCCCP PROVIDER? YES NO

TARGET POPULATION _____

ABSTRACT

In the space below, please provide a short abstract, not to exceed 225 words, written in lay terms for release to the general public should this application be chosen for funding.

Permission to publish:

Permission is hereby granted to Susan G. Komen for the Cure to publish the above abstract should this application be selected for funding.

SIGNATURE _____

DATE _____

NAME (TYPED) _____

PHONE NUMBER _____

SAMPLE BIOSKETCH FORM

PROJECT DIRECTOR (*Last Name, First, Middle*)

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, include postdoctoral training)

INSTITUTION <i>(Indicate Location)</i>	DEGREE	YEAR CONFERRED	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 to representative earlier publications pertinent to this application.

DO NOT EXCEED TWO PAGES

SAMPLE BUDGET FORM

GRANT APPLICATION REQUIRED BUDGET FORM

DETAILED BUDGET FOR ENTIRE BUDGET PERIOD		FROM / /			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 30% OF DIRECT COST)							
TRAVEL							
PATIENT CARE COSTS		INPATIENT					
		OUTPATIENT					
OTHER EXPENSES (ITEMIZE BY CATEGORY)							
<i>SUBTOTAL - DIRECT COSTS</i>							
INDIRECT COST ALLOCATION (NOT TO EXCEED 15%)							
<i>TOTAL FUNDING REQUEST</i>							

PLEASE ATTACH BUDGET JUSTIFICATION