



**Northwest Ohio Affiliate of Susan G. Komen for the Cure®  
Community Grants Request for Application**

Grant Period: April 1, 2012- March 31, 2013

Deadline: October 14, 2011

**Information and Background:**

The Northwest Ohio Affiliate of Susan G. Komen for the Cure is currently offering Community Grants for innovative programs that reduce breast cancer incidence and mortality rates, especially among those who are disproportionately affected by breast cancer. Programs must address breast health and/or breast cancer education, screening, diagnosis, treatment, and/or survivorship needs of low income and underserved women and men in Monroe County, Michigan or in one or more of the 23 Northwest Ohio counties (Allen, Auglaize, Crawford, Defiance, Erie, Fulton, Hancock, Hardin, Henry, Huron, Lucas, Logan, Mercer, Ottawa, Paulding, Putnam, Sandusky, Seneca, Shelby, Van Wert, Williams, Wood, Wyandot).

In March 2011, the Northwest Ohio Affiliate completed a Community Profile in order to understand the state of breast health and breast cancer in Southeast Michigan and Northwest Ohio. The Community Profile provides information on the population to be served, access to services, location of services, barriers to services, and other breast health and breast cancer gaps. An effective Community Profile assists the Komen Northwest Ohio Affiliate in aligning its mission and non-mission initiatives through a strategic planning process to ensure a targeted, effective and non-duplicative effort in order to have the greatest impact in saving lives and ending breast cancer forever.

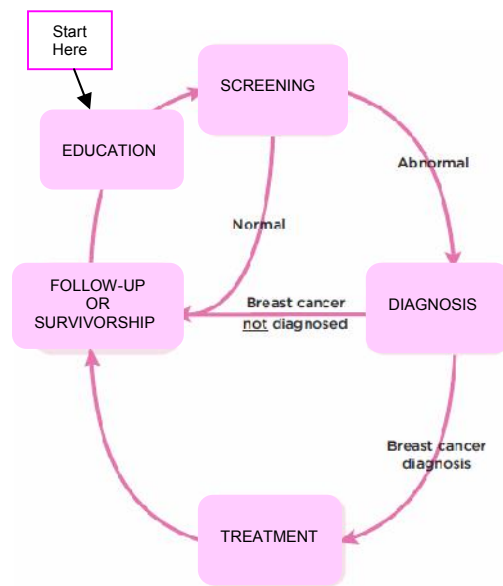
Highlights from the 2011 Community Profile include the following (full report can be downloaded at [www.komennwohio.org](http://www.komennwohio.org)):

- The incidence rate for females of all ages is 116.78 for Northwest Ohio, which is similar to the State of Ohio (116.20) and slightly less than the United States (118.69). The counties with an incidence rate higher than the State of Ohio for women ages 45 and older are Allen, Auglaize, Crawford, Erie, Hancock, Hardin, Huron, Logan, Putnam, Sandusky, Seneca, Shelby, and Wyandot.
- On average, 37.7 percent of women ages 40 and older in Northwest Ohio did not receive a mammogram in the past 12 months. The six counties with the greatest percentage of women over the age of 40 not receiving a recommended mammogram

are Hardin (41.1 percent), Huron (41.0 percent), Wyandot (40.6 percent), Seneca (40.6 percent), Crawford (40.4 percent) and Williams (40.3 percent).

- The prevalence rate for the Northwest Ohio Affiliate service area is 438.48 resulting in approximately 3,833 women in 2009 being diagnosed with breast cancer. The average age of a woman being diagnosed with breast cancer is 59.5 years which is comparable to the State of Ohio and the United States. The counties with the highest prevalence rates are Erie, Hardin, Logan, Wyandot, Auglaize, Crawford and Allen, respectively.
- The Northwest Ohio Affiliate’s service area has a crude mortality rate of 26.96 per 100,000 females. Counties in the Northwest Ohio Affiliate service area with mortality rates higher than the State of Ohio for all races are Auglaize, Crawford, Defiance, Erie, Putnam, Sandusky, and Seneca.

Continuum of care refers to the range of services available within, and outside, the health care sector to address health and wellness needs. It involves a comprehensive system of care that guides and tracks patients over time through an array of health services spanning all levels of intensity of care. Ideally, patients enter care at the lowest level capable of addressing their problem, and advance to higher levels only as their problems become more complex and demanding. For breast health and breast cancer, the continuum of care would begin with preventive public health services (i.e. education and outreach), then a second level of medical professionals and facilities that are able to provide screening, diagnostic, and treatment services followed by the third level of ongoing management of patients (i.e. follow-up after screening, diagnostic and treatment services).



**Funding Priorities:**

From the 2011 Community Profile, the Northwest Ohio Affiliate of Susan G. Komen for the Cure has identified the following four priorities:

***Priority 1: Breast Health and Breast Cancer Education/Awareness:*** Programs that focus on providing culturally appropriate breast cancer education and awareness, patient navigation, and advocacy with an emphasis on the medically underserved.

*Examples may include:*

- Breast health programs that are developed in partnership with school systems (high schools and colleges), community leaders, minority populations and organizations.

- Breast health programs that are developed and managed in partnership with health care professionals such as doctors, nurses, hospitals, public health professionals, and patient navigators.
- Breast cancer patient navigator programs focusing on navigating the participant from the education through to the survivorship stage. The patient navigator must be committed to reaching out to the medically underserved and guiding them through the process necessary to access needed screenings and treatment. Patient navigators should be certified through a breast cancer navigation training program that is recognized by the American College of Surgeons- National Accreditation for Breast Centers (NAPBC). The navigator(s) will need to have knowledge of breast cancer and related services provided from all available sources including transportation and financial assistance.

***Priority 2: Access to Breast Cancer Screening:*** Screening of high-risk underserved populations, especially focusing on women and minority populations of all ages, with resource and access barriers.

*Examples may include:*

- Mammograms and clinical breast exams for under and uninsured women and men of all ages.
- Assistance for programs that address access barriers by providing transportation to mammogram appointments; mobile mammography programs; expanded clinic hours to accommodate low-income workers who cannot afford to lose pay.

***Priority 3: Access to Breast Cancer Diagnosis and/or Treatment:*** Diagnosis and treatment of high-risk underserved populations, especially focusing on women and minority populations of all ages, with resource and access barriers.

*Examples may include:*

- Diagnostic mammograms, breast ultrasounds, and breast biopsies for under and uninsured women and men of all ages.
- Assistance with payment for physical therapy associated with breast surgery (i.e. lymphedema).

***Priority 4: Breast Cancer Survivorship:*** Programs directed to breast cancer patients at the early or newly diagnosed stage and ongoing through treatment.

*Examples may include:*

- Patient assistance with costs of medication, treatment services and associated needs.
- Breast cancer support programs as well as survivorship and prevention of reoccurrence.

### **Eligibility:**

- Program must be specific to breast health and/or breast cancer. If a program is a combined Breast and Cervical Cancer Project, funding may only be requested for the breast cancer portion.
- Applicants must be a U.S. nonprofit (federally tax-exempt) organization. Nonprofit organizations, educational institutions, government agencies, and Indian tribes are eligible to apply.
- Breast cancer research projects will **not** be funded by the Komen Northwest Ohio Affiliate.
  - Please refer to the document “Distinguishing Public Health Research and Public Health Nonresearch” at <http://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf>.
  - Komen research grants are available through the Susan G. Komen for the Cure® Research Program (Information available at <http://ww5.komen.org/ResearchGrants/FundingOpportunities.html>)

### **Grant Guidelines:**

Failure to adhere to these guidelines will result in delayed processing or refusal of the application.

- Program must include information notifying recipients that the program is funded in full or part by the Northwest Ohio Affiliate of Susan G. Komen for the Cure.
- Salaries, if requested, are for personnel related to this program only and not general work of applicant. No more than a .5 FTE (full-time equivalent) or 20 hours per week maximum will be funded for program specific personnel. The program specific personnel must be an employee of the applicant agency.
- Indirect costs, if applicable, may not exceed 10% of direct costs.
- Equipment costs, if applicable, may not exceed 30% of direct costs and should be used exclusively on this program.
- Insurance requirements depending on services. Upon notice of award from Komen Northwest Ohio Affiliate, programs will be required to submit proof of the following insurance coverage and shall name the Northwest Ohio Affiliate of Susan G. Komen for the Cure as an additional insured:
  - General Liability Insurance: \$1,000,000 per occurrence and \$2,000,000 in aggregate for bodily injury, including death, and property damage.
  - Workers compensation insurance in amount required by State of Ohio.
  - Employers Liability Insurance with limits of not less than \$500,000.
  - If providing transportation, automobile insurance covering all owned, hired and non-owned vehicles and trailers used for program, with limits of liability of not less than \$500,000 per accident.
  - Medical Malpractice Insurance: \$1,000,000 limit.
- Treatment reimbursement, if provided, should be based on the 2011 Ohio Reimbursement Rates for the ODH Breast and Cervical Cancer Project and established limits by the Affiliate.

**2011-2012 Service Reimbursement Rates**

<b>CPT Code</b>	<b>Service</b>	<b>Amount</b>
77057	Analog, Screening Mammogram- Bilateral	Technical Component- \$44.50 Professional Component-\$34.92 <b>Total: \$79.42</b>
77055	Analog, Diagnostic Mammogram – Unilateral	Technical Component- \$49.72 Professional Component-\$34.92 <b>Total: \$84.65</b>
77056	Analog, Diagnostic Mammogram – Bilateral	Technical Component- \$64.74 Professional Component-\$43.40 <b>Total: \$108.14</b>
G0202	Digital, Screening Mammogram- Bilateral	Technical Component- \$101.31 Professional Component-\$34.92 <b>Total: \$136.23</b>
G0206	Digital, Diagnostic Mammogram- Unilateral	Technical Component- \$94.13 Professional Component-\$34.92 <b>Total: \$129.05</b>
G0204	Digital, Diagnostic Mammogram- Bilateral	Technical Component- \$119.92 Professional Component-\$34.08 <b>Total: \$163.00</b>
77051/52	Computer-Aided Detection for Abnormal Mammograms	<b>Total: \$11.36</b>
76645	Breast Ultrasounds	Technical Component- \$59.84 Professional Component-\$27.20 <b>Total: \$87.05</b>
<i>*Technical Component= Amount for all other services related to procedure (including staffing and equipment costs)</i> <i>**Professional Component= Physician interpretation of the results of procedure.</i> <i>*** Total= combined technical and professional component</i>		
<b>Additional Komen Funding Rates:</b>		
Breast Diagnostic Services- not already covered	Not to exceed more than \$500 per person	
Breast Biopsy Services- not already covered	Not to exceed more than \$1,500 per person	
Breast MRI's- including contrasts as needed and physician fees	Not to exceed more than \$1,500 per person	
Treatment costs- not already covered	Not to exceed more than \$1,500 per person	
Transportation Rates	Current IRS mileage reimbursement rate or less per mile for personal car.	
Public Transportation Rates	As appropriate for your service area.	

**Grant Period:**

Grant period begins April 1, 2012 and will conclude on March 31, 2013.

**Number of Grants to be Awarded:**

The actual number of awards will depend on the amount of funding granted per program. Funding for the Community Grants is made possible from donations to the Komen Northwest Ohio Affiliate through the annual Race for the Cure, third-party events, and other fundraising initiatives. No Community Grant application will be accepted for funding under \$10,000. If amount being requested is under \$10,000, please refer to the Small Grant application on the

Komen Northwest Ohio website: <http://www.komennwohio.org/grants/how-to-apply-for-funding>.

**Grant Review:**

Applications received complete and postmarked **by 5:00 p.m. Friday, October 14, 2011**, and meeting compliance with grant guidelines, will be submitted for review by a peer review panel established through the local Komen Northwest Ohio Affiliate.

**Confirmation of Receipt of Application:**

An e-mail confirmation of receipt of application will be sent out following review for compliance to grant guidelines. Please do not contact the Komen Northwest Ohio Affiliate office regarding the status of the application during the review period.

**Grant Award Announcement:**

Announcement of grants awarded will be made by March 1, 2012 in writing to designated Program Directors and Authorizing Official of the organization. Representatives from each funded program will be invited to a required grantee training and award reception in April 2012, at which time the first check will be presented.

**Grant Contract:**

A grant contract will be the legal mechanism for funding. Approved grantees will receive a contract upon approval of funding by the Komen Northwest Ohio Affiliate Board of Directors. Contract will need to be returned to the office prior to awarding of funding.

**Payment and Reporting:**

Payment to grantees will occur in two installments: (1) first payment presented at the required grantee training and reception (April 2012) and (2) second payment dispersed upon approval of a six-month progress report that will be due October 2012. In order for the agency to receive the first installment, proof of insurance must be received one week prior to the grantee training and reception. If not received one week prior, the grantee will receive the first installment upon receipt of proof of insurance after the grantee training and reception. A final report is due within 45 days of completion of the grant period (Due date: May 15, 2013).

**Optional Grant Training and Teleconference:**

Applicants will have multiple opportunities to ask questions about the Community Grants:

- **In-person Grant Trainings:**
  - **Wednesday, July 13, 2011** from 2:30 pm. - 4:30 p.m. on the second floor of Hardin County Department of Job and Family Services, 175 West Franklin Street, Kenton, Ohio 43326. To register, please contact Becky Royer at 419-724-CURE, 1-877-604-CURE or via e-mail at [becky@komennwohio.org](mailto:becky@komennwohio.org) by Monday, July 11, 2011.

- **Tuesday, August 9, 2011** from 10:00 a.m. – 12:00 p.m. at the Bowling Green State University at Levis Commons, 1655 N. Wilkinson Way, Perrysburg, Ohio 43551. To register, please contact Becky Royer at 419-724-CURE, 1-877-604-CURE or via e-mail at [becky@komennwohio.org](mailto:becky@komennwohio.org) by Tuesday, August 2, 2011.
- **Grant Teleconference** to be held on Friday, September 16, 2011 from 10:00 a.m.- 12:00 p.m. To register, please contact Becky Royer at 419-724-CURE, 1-877-604-CURE or via e-mail at [becky@komennwohio.org](mailto:becky@komennwohio.org) by Friday, September 9, 2011. Teleconference materials and call-in directions will be posted on the website on Thursday, September 15, 2011.
- **Questions and Answers** from the grant training and teleconference will be posted on the Komen Northwest Ohio Affiliate website at: <http://www.komennwohio.org/grants/how-to-apply-for-funding>.

**Notice of Intent to Apply (optional):**

If you plan on applying for a Community Grant, the Komen Northwest Ohio Affiliate requests that applicants send the Notice of Intent to Apply (page 11) in order for the Affiliate to plan for the anticipated number of grants. The submission of the Notice of Intent to Apply is not required to apply for a Community Grant and will not be part of the review process.

**Application and Submission Information:**

**Applications must include the following items in the order listed:**

- A. Cover Page:** The proposal cover page consists of general information about the organization and provides space for a program abstract. If the organization is awarded funding, this information will be used to describe the program internally and externally. (Please note: Signature of the Authorizing Official of the Organization is required.)
- B. Abstract:** 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. Abstract is **not to exceed 1200 characters including spaces**, written in lay terms for release to the general public should this application be chosen for funding.
- C. Program Description:** The program description presents the overall program plan. It should respond directly to the intent of the funding focus. Components of the Program Description should include: Background, Statement of Need, Program Overview, Evaluation Plan and Sustainability Plan.
  - **Background:** Briefly describe the organization’s history, organizational structure and service area. The background should also address the following:
    - Breast health/breast cancer services currently provided to the target population

- Fiscal capability to manage the proposed services and ensure adequate measures for internal control of grant dollars.
- **Statement of Need:** Describe why the proposed program is needed. Please include the following information:
  - How the proposed program responds to needs/priorities identified in the Northwest Ohio Affiliate’s 2011 Community Profile.
  - How the organization’s current capacity limits its current scope of outreach to and engagement of the target population.
  - Evidence of risk/need within the target population.
  - Describe the continuum of care for breast cancer in target counties by explaining who provides education, screening, diagnosis, treatment and survivorship activities.
  - How the proposed program will not be duplicative of services currently offered in the organization’s service area.
- **Program Overview:** Provide a detailed description of the proposed program and activities:
  - Describe in detail the specific program activities and strategies to be implemented to achieve each stated goal and objective. The description should include information about how, when, where, for whom and by whom activities will take place.
  - Describe population to be served.
  - Include projected numbers of participants/beneficiaries for each activity *if applicable*.
  - Describe any products to be developed by the program.
  - If partnerships exist for this program, explain the specific role each partner organization will play. Describe how collaboration will strengthen the program.
- **Evaluation Plan:** Describe in detail how the organization will determine and measure success. Consider the organization’s intended results. A strong evaluation plan measures both the quantity and quality of a program.
  - **Impact Evaluation:** Assesses the changes that can be attributed to a particular intervention, such as a program or practice.
  - **Process Evaluation:** Assesses the delivery of programs. Process evaluation verifies that the methodology or approach was sound.
- **Sustainability Plan:**
  - How will the organization sustain new practices and/or strategies beyond the grant period?
  - How will the organization sustain the program financially beyond the grant period?

**D. Community Grant Program Plan Table: (Program Plan Example- Appendix A)**

- **Goals and Objectives (Program Plan Table)**

Explain the proposed program and how it addresses one of the selected priorities in the Statement of Need. Describe program goals and objectives.

**“Goals”** are defined as broad statements of the ultimate result of the program being undertaken.

**“Objectives”** are defined as something that is a measurable, time-specific result that the Affiliate expects to accomplish as part of this grant. Objectives are specific approaches to achieve the goal. Objectives must be written as using the SMART format.

- Specific – to what you want to achieve
- Measurable – how much do you want to achieve?
- Achievable – are the objectives realistic?
- Results-oriented – measures outcomes, not activities
- Timely – by when do you want to achieve the objective?

○ **Activities and Timeline (Program Plan Table)**

Describe the activities that will be conducted to accomplish the goals and objectives. Provide a realistic timeline for implementing the program. A program plan table must be used to show this information.

**E. Financial Information:**

1. Budget Form: Please enter budget numbers into the form provided.
2. Budget Narrative: Explain the cost associated with each line item and how they are essential to the program.
3. List of other sources of current funding for the program.

**G. Attachments:**

One copy of each of the following attachments must be submitted with the original signed grant application.

1. Proof of Nonprofit Status for applicant institution
2. W-9 Form (download from website: <http://www.irs.gov/pub/irs-pdf/fw9.pdf>)
3. Current Board of Directors Listing
4. Current Agency Operating Budget
5. Resumes for Program Director and key personnel listed in the budget request. No more than 2 pages per person.
6. Collaboration Letters (if applicable)

**Additional Materials:**

Please **do not** send additional materials (i.e. reprints, copies of presentations, manuals).

**Application Checklist (Appendix B):**

The Application Checklist is for your reference only. Please **do not** send this form in with the grant application.

**Submission Guidelines:**

Submit **one** original, signed grant application via mail, e-mail, or hand-delivered with all requested forms and attachments. Applications should be bound by clips only, no spiral bound materials or staples. E-mailed applications must be in one pdf attachment titled as follows: “organizationname\_2012-2013CommunityGrant”. Faxed copies **will not** be accepted.

**Applications must be postmarked by 5:00 p.m. on Friday, October 14, 2011 and either mailed, e-mailed (in pdf format) or hand-delivered, to:**

Northwest Ohio Affiliate  
Susan G. Komen for the Cure  
Attn: Community Grants  
3100 W. Central Ave., Suite 235  
Toledo, OH 43606  
E-mail: [becky@komennwohio.org](mailto:becky@komennwohio.org)

**Considerations:**

This Request for Application (RFA) does not constitute an offer. Acceptance of proposals for review does not commit the Northwest Ohio Affiliate of Susan G. Komen for the Cure to award a contract, nor is it liable for any costs incurred in the preparation of proposals. The Komen Northwest Ohio Affiliate reserves the right to award contracts to a single applicant, multiple applicants, or to reject any and all proposals or parts of proposals received. Proposals submitted in response to this RFA must comply with all specifications stated herein these instructions. Failure to do so may result in the applicant being eliminated from consideration.

**Northwest Ohio Affiliate of Susan G. Komen for the Cure® Contacts:**

Komen Northwest Ohio Affiliate encourages inquiries concerning this request for application. Inquiries can be made to:

- Mary Westphal, Executive Director: [mary@komennwohio.org](mailto:mary@komennwohio.org)
- Becky Royer, Community Outreach Coordinator: [becky@komennwohio.org](mailto:becky@komennwohio.org)

Northwest Ohio Affiliate Phone Number: 419-724-CURE (2873)  
1-877-604-CURE (2873)

**2012-2013 Community Grant Notice of Intent to Apply**

**County of Applicant Agency:** \_\_\_\_\_

**Type of Applicant Agency (Check One)**

- County Agency       City Agency       Hospital  
 Higher Education       Local School       Not-for-Profit  
 501c3       Other: \_\_\_\_\_

<b>Applicant Information:</b>					
<b>Organization:</b>					
<b>Primary Point of Contact</b>		<b>Last Name:</b>		<b>Degree(s):</b>	
<b>First Name:</b>		<b>Last Name:</b>		<b>Degree(s):</b>	
<b>Title:</b>			<b>Email:</b>		
<b>Phone:</b>			<b>Fax:</b>		
<b>Address:</b>					
<b>City:</b>		<b>State:</b>		<b>Zip (include +4):</b>	
<input type="checkbox"/> New Komen Grant Request How did you hear about the grant: _____					
<input type="checkbox"/> Returning Komen Grant Request (Funded in 2011-2012)					
<b>New or Returning Grantee:</b>					

**Mail, E-mail or Fax To:** Northwest Ohio Affiliate  
 Susan G. Komen for the Cure  
 3100 W. Central Avenue, Suite 235  
 Toledo, Ohio 43606  
 E-mail: becky@komennwohio.org  
 Fax: 419-724-2874

*Notice of Intent to Apply for Funding Form is optional and should be submitted by Friday, September 23, 2011.*



**2012-2013 Community Grant Application Cover Page**

<b>Organization:</b>					
<b>Program Title:</b>					
<b>Amount Requested:</b>	\$				
<b>Program Results:</b> (please check all that apply for the proposed program)	<input type="checkbox"/> <b>Priority 1:</b> Breast Health and Breast Cancer Education/Awareness <input type="checkbox"/> <b>Priority 2:</b> Access to Breast Cancer Screening <input type="checkbox"/> <b>Priority 3:</b> Access to Breast Cancer Diagnosis and/or Treatment <input type="checkbox"/> <b>Priority 4:</b> Breast Cancer Survivorship				
<b>New or Returning Grantee:</b>	<input type="checkbox"/> New Komen Grant Request (Not funded in 2011-2012) <input type="checkbox"/> Returning Komen Grant Request (Funded in 2011-2012)				
<b>Dates of Proposed Program:</b>	<b>From</b> April 1, 2012 <b>Through</b> March 31, 2013				
<i>Applicant Information</i>					
<b>Organization:</b>					
<b>Primary Point of Contact</b>					
<b>First Name:</b>		<b>Last Name:</b>		<b>Degree(s):</b>	
<b>Title:</b>			<b>Email:</b>		
<b>Phone:</b>		<b>Fax:</b>			
<b>Address:</b>					
<b>City:</b>		<b>State:</b>		<b>Zip (include +4):</b>	
<b>Authorized Official</b>	<b>First Name:</b>	<b>Last Name:</b>	<b>Title:</b>		
<b>Signature Required</b>					

**Counties where participants reside:** Mark as many as applicable with an X before the specific county.

<input type="checkbox"/>	Allen County	<input type="checkbox"/>	Mercer County
<input type="checkbox"/>	Auglaize County	<input type="checkbox"/>	Ottawa County
<input type="checkbox"/>	Defiance County	<input type="checkbox"/>	Paulding County
<input type="checkbox"/>	Crawford County	<input type="checkbox"/>	Putnam County
<input type="checkbox"/>	Erie County	<input type="checkbox"/>	Sandusky County
<input type="checkbox"/>	Fulton County	<input type="checkbox"/>	Seneca County
<input type="checkbox"/>	Hancock County	<input type="checkbox"/>	Shelby County
<input type="checkbox"/>	Hardin County	<input type="checkbox"/>	Van Wert County
<input type="checkbox"/>	Henry County	<input type="checkbox"/>	Wood County
<input type="checkbox"/>	Huron County	<input type="checkbox"/>	Williams County
<input type="checkbox"/>	Logan County	<input type="checkbox"/>	Wyandot County
<input type="checkbox"/>	Lucas County	<input type="checkbox"/>	Monroe County, MI

**Population Served:**

Total participants served:	
Cost per participant: (Figure C from Budget)	\$
Description of target population (200 words or less):	

**Please numerically rank the top three primary groups that will benefit from this grant.**

<input type="checkbox"/>	African American	<input type="checkbox"/>	High School Students	<input type="checkbox"/>	Migrant Workers
<input type="checkbox"/>	Asian	<input type="checkbox"/>	Hispanic/Latino	<input type="checkbox"/>	Men
<input type="checkbox"/>	Breast Cancer Patients	<input type="checkbox"/>	Homeless	<input type="checkbox"/>	Native Indian
<input type="checkbox"/>	Breast Cancer Survivors	<input type="checkbox"/>	Immigrants	<input type="checkbox"/>	Pacific Islander
<input type="checkbox"/>	College Students	<input type="checkbox"/>	In a Shelter	<input type="checkbox"/>	Persons with Disabilities
<input type="checkbox"/>	Co-survivors	<input type="checkbox"/>	Incarcerated	<input type="checkbox"/>	Recently Diagnosed Patients
<input type="checkbox"/>	East Indian	<input type="checkbox"/>	Lesbian/Gay/Bisexual/Transgender	<input type="checkbox"/>	Refugees
<input type="checkbox"/>	Elderly (>65)	<input type="checkbox"/>	Low-Literacy	<input type="checkbox"/>	Rural
<input type="checkbox"/>	Health Educators	<input type="checkbox"/>	Lymphedema Patients	<input type="checkbox"/>	Scientists
<input type="checkbox"/>	Healthcare Providers	<input type="checkbox"/>	Middle Eastern	<input type="checkbox"/>	White/Caucasian

**Collaborating Agency List (If this is a collaboration program):**

**Breast and Cervical Cancer Program (BCCP) Provider?**  Yes  No

**2012-2013 Community Grant Application Abstract**

In the space below, please 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. Abstract is **not to exceed 1200 characters including spaces**, 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 the Northwest Ohio Affiliate of Susan G. Komen for the Cure to publish the above abstract should this application be selected for funding.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

## **2012-2013 Community Grant Application Program Description**

Refer to “**Application and Submission Information**” beginning on page 7 of the Request for Application for detailed description. Do not exceed five pages. Formatting: doubled-spaced, 12-point font, one inch margins.

**1. Background:**

**2. Statement of Need:**

**3. Program Overview:**

**4. Evaluation Plan:**

**5. Sustainability Plan:**

**2012-2013 Community Grant Application Program Plan Table**

List all goals and objectives in the table. State objectives in measurable terms. Include corresponding activities and realistic target date(s) for achievement.

<b>Goals</b>	<b>Objectives</b>	<b>Activities Planned</b>	<b>Timetable</b>	<b>Evaluation Methods &amp; Techniques</b>

**2012-2013 Community Grant Application Budget Form**

Detailed Budget for Entire Budget Period		04/01/11 through 03/31/12		Amount Requested from Komen: \$		
Personnel (must be specific to program)		Weekly Hours Spent on program (not to exceed .5 FTE from Komen funding)	Program Budget			
Name	Role on Program		Annual salary	Total Komen Funding Request	Other Funding Sources	Total Budget For Program
<b>Subtotals</b>						
<b>Educational Services:</b> (if billing as a per session cost)						
<b>Patient Care Costs:</b> (Mammograms, biopsies, treatment)						
<b>Survivorship Services:</b> (if billing as a per session cost)						
<b>Supplies: (Itemized)</b>						
<b>Equipment : [not to exceed 30% of direct costs(a)]</b>						
<b>Travel:</b>						
<b>Other Expenses: (Itemized by category)</b>						
<b>SUBTOTAL OF DIRECT COSTS:</b>						
<b>Indirect Cost Allocation</b> (not to exceed 10% of Direct Cost of Komen request, not total budget for program)						
<b>TOTAL FUNDING REQUEST **</b>				<b>(a)*</b>		
<b>Number of Clients Served</b>	<b>(b)**</b>	<b>Cost per client</b>			<b>(c)***</b>	

\* (a) Total Komen Funding Request \_\_\_\_\_ = \*\*\* (c) Cost per client \_\_\_\_\_  
 \*\* (b) Number of Clients Served \_\_\_\_\_

**2012-2013 Community Grant Application Budget Narrative**

Explain the cost associated with each line item and how they are essential to the program. If billing as a per session cost, indicate what is included in the per session cost. (i.e. billing \$50.00 per educational session that includes presenter cost, handout materials, mileage, or billing \$50.00 per survivor support group for facilitator) Do not exceed two pages. Formatting: doubled-spaced, 12- point font, one inch margins.

**Personnel:**

**Educational Services:**

**Patient Care Costs (Screening, Diagnosis and Treatment):**

**Survivorship Services:**

**Supplies:**

**Equipment:**

**Travel (i.e. personnel travel or travel vouchers):**

**Other Expenses (i.e. wigs, bras):**

**Indirect Costs:**

**Please indicate percent (%) of budget spent on the following areas:**

\_\_\_\_ Education      \_\_\_\_ Screening      \_\_\_\_ Diagnosis/Treatment      \_\_\_\_ Survivorship

**Appendix A: 2012-2013 Community Grant Application Program Plan Table Example**

<b>Goals</b>	<b>Objectives</b>	<b>Activities Planned</b>	<b>Timetable</b>	<b>Evaluation Methods &amp; Techniques</b>
<p>Improve the knowledge, attitudes and beliefs about breast health and breast cancer among the Hispanic/Latino community.</p>	<p>By October 15, 2011, Hispanic/Latino Community Outreach Assistant will have scheduled new breast health education events with 3-5 Hispanic/Latino organizations in Northwest Ohio.</p>	<p>1. Contact and meet with potential partners.                      - Adelante                      - Farm Labor Organizing Committee                      - Univ. of Toledo Latino Student Union                      - Sofia Quintero Cultural Center                      -Mayores Senior Center</p> <p>2. Schedule culturally-appropriate events with organizations for October 2011 – March 2012.</p> <p>3. Hispanic/Latino Community Outreach Assistant and volunteers will participate in scheduled events.</p>	<p>1. May 2011-June 2011</p> <p>2. July 2011- October 2011</p> <p>3. October 2011- March 2012</p>	<p>1a. Number of contacts and meetings scheduled.                      1b. Number of organizations providing services to Hispanics/Latinos applying for Small Grants and Community Grants.</p> <p>2. Number of events scheduled.</p> <p>3a. Number of events held.                      3b. Number of participants that received breast health education and resources.                      3c. Number of Hispanic/Latino volunteers recruited.</p>
	<p>By March 2012, the Hispanic/Latino Community Outreach Assistant will participate in at least three existing Hispanic/Latino community events.</p>	<p>1. Contact event sponsors of the following events:                      - 2011 Latino Fest                      - Hispanic/Latino Mudhens Baseball Day                      - ABLE and FALCON 2011 Harvest Season Reception                      - Diamante Awards- NW Ohio Community                      - 11<sup>th</sup> Annual Ohio Latin Americanist Conference.</p> <p>2. Participate in three of the community events.</p>	<p>1. June 2011- March 2012</p> <p>2. July 2011- March 2012</p>	<p>1a. Number of contacts made                      1b. Number of registrations submitted for participation at events.</p> <p>2a. Number of events that the Affiliate participates in.                      2b. Number of participants receiving breast health information.</p>

**Appendix B: 2012-2013 Community Grant Application Checklist**

\_\_\_ **In-Person Grant Training:** Wednesday, July 13, 2011 from 2:30 p.m. – 4:30 p.m. (Kenton, Ohio)  
Tuesday, August 9, 2011 from 10:00 a.m. – 12:00 p.m. (Perrysburg, Ohio)

\_\_\_ **Grant Teleconference:** Friday, September 16, 2011 from 10:00 a.m. – 12:00 p.m.

\_\_\_ **Notice of Intent to Apply:** Due Friday, September 23, 2011 (Optional)

\_\_\_ **Postmarked by 5:00 p.m., Friday, October 14, 2011:** (No faxed copies will be accepted)

\_\_\_\_\_ **Cover Pages**

\_\_\_\_\_ **Abstract**

\_\_\_\_\_ **Program Description**

\_\_\_\_\_ **Program Plan Table**

\_\_\_\_\_ **Budget**

\_\_\_\_\_ **Budget Narrative**

\_\_\_\_\_ **Attachments:** One copy of each included with the original application

\_\_\_\_\_ Proof of nonprofit status

\_\_\_\_\_ W-9 (<http://www.irs.gov/pub/irs-pdf/fw9.pdf>)

\_\_\_\_\_ Current Board of Directors for the organization

\_\_\_\_\_ Current operating budget for the organization

\_\_\_\_\_ Resume(s)

\_\_\_\_\_ Collaborations letters, if applicable