



Request for Proposals (RFP): Grant Applications Now Being Accepted

Grant Cycle April 1, 2012 – March 31, 2013

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.

The Komen Philadelphia Affiliate's 13-county service area includes Philadelphia, Bucks, Montgomery, Delaware, York, Lehigh, Lancaster, Berks and Chester Counties in Pennsylvania; Camden County in New Jersey and New Castle, Kent and Sussex Counties in Delaware. Komen Philadelphia is committed to ensuring that all individuals have access to breast cancer education, screening, high quality treatment, and support during and after treatment. The grants program is designed to ensure that everyone, regardless of income, race, ethnicity, or immigration status, is able to get the resources needed for the early detection of breast cancer and for proper follow-up care and treatment, if necessary.

Application deadline is 5:00 pm, Thursday, September 8, 2011.

Applications will not be accepted after this date and time.

Two complete hard copies of the application must be received by this date at:

Susan G. Komen for the Cure, Philadelphia Affiliate

Attn: 2012-2013 Grants

125 South 9th Street, Suite 202

Philadelphia, PA 19107

All grant applicants MUST attend the mandatory RFP Briefing Webinar on August 3rd at 1:30 pm. Information and Registration at www.komenphiladelphia.org/grants.

Inquiries can be directed to Ann Ritter, Program Director of Grants & Public Policy.

Please call 215-238-8900 or email Ann@komenphiladelphia.org.

IMPORTANT DATES

Mandatory RFP Briefing Webinar

August 3, 2011, 1:30 pm
Registration Information:
www.komenphiladelphia.org/grants

Training Resources

To be announced at www.komenphiladelphia.org/grants

Application Deadline

Thursday, September 8, 2011, 5:00 p.m.

Anticipated Award Notification

January 2012

Funding Time Period

April 1, 2012 – March 31, 2013

GRANT CATEGORIES

Screening/Treatment Grants

The Philadelphia Affiliate of Susan G. Komen for the Cure is offering grants **up to \$100,000** for projects that provide free screening mammograms, diagnostic services and/or treatment with appropriate follow up for abnormal findings to people who are medically underserved, uninsured and/or low-income. **All approved grants are fully funded.**

Education and/or Support Grants

The Philadelphia Affiliate of Susan G. Komen for the Cure is offering grants **up to \$30,000** for projects that provide breast cancer education and/or support services to people who are medically underserved, uninsured and/or low-income. Education projects should be culturally appropriate for targeted populations and must link project participants with breast cancer screening and follow-up, as necessary. Support programs include emotional support programs, health/wellness promotion programs, temporary gap funding (as part of a larger program) and support groups for breast cancer survivors and their families. **All approved grants are fully funded.**

KOMEN PHILADELPHIA FUNDING PRIORITIES

It is strongly recommended that proposed projects address the community needs outlined in the 2011 Komen Philadelphia Community Profile, which is available at www.komenphiladelphia.org/grants. Funding priority will be given to grant applications that fulfill the needs described in the Community Profile and that use evidence-based, evidence-informed or best-practice projects.

Priority geographic areas Identified by the 2011 Community Profile:

- **Camden County, NJ**
- **The State of Delaware**
(New Castle, Kent & Sussex Counties)
- **Lancaster County, PA**
- **Philadelphia, PA**

Komen Philadelphia seeks to fund:

- Programs that expand access to breast cancer screening, diagnostic and treatment services for **low-income, uninsured** and/or **medically underserved** people.
- Programs that promote outreach and increase education or support services for **low-income, uninsured** and/or **medically underserved** people.

Komen Philadelphia defines the medically underserved as people who either: do not have insurance; who have insurance that does not include coverage for breast health services; or who have insurance that requires prohibitively expensive out-of-pocket payments to access care. Additionally, we recognize that some individuals may not receive adequate care because of barriers such as language, cultural differences, economics, violence and fear.

Komen Philadelphia will also consider high-quality projects and programs that do not directly relate to the findings in the Community Profile. Komen Philadelphia does not guarantee continued funding from year to year.

ELIGIBILITY

All applicants must register for and participate in the free, mandatory RFP Briefing webinar.

Registration information for the August 3, 2011 RFP Briefing webinar is available at

<http://www.komenphiladelphia.org/grants>.

- Project must be specific to breast health and/or breast cancer; e.g. if a project is for a women's health project, funding may **only** be requested for the breast cancer portion.
- Applicants must be nonprofit organizations.
- Only one application per organization, as determined by Federal Tax ID number, will be accepted.
- Applications that request funding for an amount that is greater than 20% of the agency's operating budget will not be accepted for review.
- All past and current Komen-funded grantees must be in compliance with Komen requirements and in good standing with regard to mandatory grant reporting requirements.
- Applicants are not required to be headquartered within Komen Philadelphia's service area, but must demonstrate an established presence within the service area to be eligible for funding.
- *For Screening/Treatment grant applications ONLY:* Applicant must be a state breast cancer screening provider under the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). The state screening program in Pennsylvania is called HealthyWoman, in Delaware is called Screening for Life and in New Jersey is called NJCEED.
- *For Screening/Treatment grant applications ONLY:* Applicant must operate a screening facility accredited by the American College of Radiology (ACR).

BUDGET RESTRICTIONS

- Komen Philadelphia will not fund participation in fundraisers, including the Race for the Cure.
- Komen Philadelphia will not fund Indirect Costs (e.g., office space rent and utilities), Equipment Costs, or Fringe Benefits.
- The budget must include category-level detail. For example, if the project costs include printing flyers to promote the project, the budget must show the cost per flyer (e.g., 250 flyers at \$0.10 each = \$25.00).
- Giveaways and incentives may not exceed \$5.00 per item and the total amount budgeted for giveaways may not exceed 1% of the grant request. Gift card incentives are not permitted. A selection of pre-approved giveaway items will be made available through a preferred vendor if the grant is awarded.
- Salaries, if requested, are for personnel related to this project **only** and not the general work of employee.
- *For Screening/Treatment grant applications ONLY:* Komen Philadelphia has determined that the screening and treatment needs are different in each state of the service area because of differences in public policy. As a result, the budget requirements for screening/treatment applications must reflect those differences:
 - In Delaware, salaries may not exceed 25% of the total budget request. In Pennsylvania and New Jersey, salaries may not exceed 20% of the total budget request.
 - In Delaware, at least 40% of the budget request must be allocated to patient services. In Pennsylvania and New Jersey, at least 50% of the budget request must be allocated to patient services.
 - The budgeted amounts for patient care services must be based upon the reimbursement rates used by the NBCCEDP program in the applicant's state.

Applications MUST include all of the following and be ordered and numbered as follows:

1. Cover Page and Abstract (Use form provided in this document)

2. Narrative (Must not exceed seven typewritten pages plus the forms provided)

- A. Project Summary. Provide a brief description of the proposal, including the purpose of the project, a description of key activities, a summary of evaluation methods, and the expected impact.
- B. What is the purpose of the project?
 - i. Characterize the population you are targeting with this project.
 - ii. Describe why the project is needed.
 - iii. Describe how the project addresses the needs outlined in the 2011 Komen Philadelphia Community Profile.
- C. Describe the existing breast health system in your community.
 - i. How will this project fit into the breast health system?
 - ii. With which other organizations will you be working?
 - iii. Describe how constituents will move through the breast health system.
 - iv. Review comparable and complementary programs that are offered and explain how your program works with these programs.
- D. How does the proposed project fit into the organization's range of services?
- E. State the project goal(s). List and number the project objectives. Objectives must be SMART: Specific, Measurable, Achievable/Attainable, Realistic/Relevant, and Time-bound.
 - i. Explain how the goal(s) and objectives will address the community's needs.
 - ii. Describe the project activities and the timeline for the project.
 - iii. Submit a project work plan. (Use the form provided in this document)
 - iv. Describe how you will measure that you are achieving the objectives and how you will assess the impact of the project on the population you are targeting.
- F. Describe how your approach uses or adapts evidence-based strategies or promising practices. Explain why you chose this approach. Provide citation(s).
- G. Identify how Komen Philadelphia will be acknowledged as the funding source of the project.

3. Financial Information (Must not exceed one page plus the forms provided)

- A. Identify the funding request.
- B. How much will it cost to operate the project if it is greater than the funding request?
- C. List other sources of current and pending funding for the project. Include in-kind donations. In-kind donations are strongly encouraged.
- D. Describe long-term strategies for funding the project. Demonstrate that the organization has an ongoing commitment to the project.
- E. Budget: Using the Budget Form and the Budget Justification Form, provide category-level details (e.g., \$200 for Transportation – 100 bus tokens at \$2 each).

4. Attachments

- A. Copies of letters of agreement between partnering organizations.
- B. Biosketch form and job descriptions for project director and personnel listed in budget request.
- C. One-page Organization Financial Statement for the most recently completed fiscal year.
- D. A copy of the IRS Nonprofit Determination Letter.
- E. Proof of NBCCEDP participation (For Screening/Treatment grant applications ONLY).
- F. Proof of ACR accreditation (For Screening/Treatment grant applications ONLY).

- Applications must be typed in English with 1 inch margins and at least a 10 point Arial or Times New Roman font.
- Page numbers are required.
- Keep to the page limits described in "Application Contents". Submit only the documents requested. Additional materials will be discarded.
- Submit two hard copies of the application bound with a binder clip or paper clip. Please, no spiral-bound materials. Fax and electronic submissions will not be accepted.
- Applications must be received by Komen Philadelphia by 5:00 pm on Thursday, September 8, 2011. Applications received after this time will not be accepted.
- Applications should be addressed to Susan G. Komen for the Cure, Philadelphia Affiliate, Attn: 2012-2013 Grants, 125 S. 9th Street, Suite 202, Philadelphia, PA, 19107.

DEFINITIONS AND ADDITIONAL INFORMATION

Grant Period and Funding Schedule: The Grant, if awarded, will begin April 1, 2012 and will conclude on March 31, 2013. A grant contract will be executed to govern the relationship between Komen Philadelphia and the grantee. Grant payments will be made on a quarterly basis. The first installment will be paid after receipt of the fully executed contract and then after successful completion of three quarterly reports, which will be due on July 15, 2012; October 15, 2012; January 15, 2013. A final report will be due on May 15, 2013.

National Breast and Cervical Cancer Early Detection Program (NBCCEDP): Provides low-income, uninsured and underinsured women access to screening and diagnostic services. The state screening program in Pennsylvania is called HealthyWoman, in Delaware is called Screening for Life and in New Jersey is called NJCEED.

Educational Messages and Materials: Projects must provide educational messages and materials that are consistent with those promoted by Komen for the Cure, including promoting the message of breast self-awareness and knowing your risks for breast cancer. Please visit the following website before completing your application and be sure that your organization can agree to promote these messages: <http://ww5.komen.org/BreastCancer/BreastSelfAwareness.html>. A variety of education materials are available from Susan G. Komen for the Cure at discounted rates for grantees. Please also research the Komen materials available at www.shopkomen.com. Use Komen materials first, if available. Quality materials are also available from the National Cancer Institute.

Patient Care: In the budget form, this section includes medical services such as screening mammograms, diagnostic services and/or treatment. May include biopsy, diagnostic mammogram, lumpectomy, mastectomy and other related services. Does NOT include support services or temporary gap funding.

Evidence-Based Strategies and Promising Practices: Evidence-based programs have been proven to result in a specific outcome, reviewed by peers, and usually published in a public health or medical journal. Promising practices appear to be successful in their early stages of development, but there may not yet be enough evidence to prove that they have resulted in a positive outcome. Promising practices may also be called "emerging best practices." Citations of the evidence-based strategies and/or promising practices being used in the proposed program must be provided in the application.

Evaluation: All applications should describe how the outcomes of the project will be measured and evaluated by program personnel. Komen Philadelphia strongly discourages applicants from budgeting funds to hire external evaluation consultants. Additional training resources that describe effective evaluation methods for non-profit organizations will be discussed during the RFP Briefing webinar and made available via www.komenphiladelphia.org/grants.

Goal: A goal is a broad-based statement of the ultimate result of the project being undertaken. For example, a support project goal could be “to improve the emotional well being of African-American breast cancer survivors living in southern Delaware.”

Objective: 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 overarching goal. Objectives must be SMART: Specific, Measurable, Achievable/Attainable, Realistic/Relevant, and Time-bound. For example, a support project objective could be: “Using pre-tests at the beginning and post-tests at the end of the six-week program, breast cancer patients will report a 75% improvement in their ability to manage stress”.

Activities: The tasks that program personnel undertake to meet their objectives. Program activities could include providing screening mammograms, organizing and planning educational events, recruiting participants to attend educational sessions, following up with people who attended the sessions, and reviewing and analyzing evaluation data.

Measures of Success: Measures of Success translate program concepts and expected impacts into specific items that can be analyzed. There should be at least one measure of success for each objective. Measures of success should represent the progress a program has made toward achieving its goals and objectives. Some examples of measures of success include: participation rates (e.g., 85 people participate in a scheduled educational event; at least 75 uninsured women receive a no-cost mammogram), and changes in individual behavior or knowledge (e.g., program participants on average demonstrate a 75% increase in knowledge about breast cancer risk factors).

Data Sources: On the Project Work Plan, provide the data sources that will be used to measure program effectiveness (e.g., event attendance records, survey results, pre and post-test data).

Temporary Gap Funding: Temporary gap funding is a support program for breast cancer patients and their families to help them through a financial crisis. Temporary gap funding should complement other screening, education, or support services being offered by the organization through the proposed project. Do not submit an application where the only service offered by the proposed project is temporary gap funding. Organizations that offer temporary gap funding must describe in their applications the guidelines they will use to administer and distribute the funds. Distributions must be limited to not more than \$500 per client. Komen Philadelphia prefers gap funding programs that issue payments directly to vendors instead of clients.

Underinsured/Uninsured: “Uninsured” refers to individuals who do not have health insurance. “Underinsured” refers to individuals who have insurance that either does not include breast cancer screening, diagnosis or treatment services or has co-payments that are prohibitively expensive.

Letters of Agreement: Collaboration among organizations is highly encouraged. Applicants should form partnerships with organizations that will help achieve project goals and/or provide services for the target population. Each Letter of Agreement must define what services each collaborating organization will provide. See the sample letter of agreement included in this document. Letters of Support will be discarded.



COVER PAGE AND ABSTRACT

GRANT PERIOD 04/01/2012 to 03/31/2013 New Project for Komen funding

TYPE OF APPLICATION EDUCATION SCREENING/TREATMENT SUPPORT

ORGANIZATION _____ FEDERAL TAX ID NUMBER: _____

PROJECT DIRECTOR _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PROJECT DIRECTOR PHONE () _____ FAX () _____

PROJECT DIRECTOR EMAIL _____

TITLE OF PROJECT _____

TARGET POPULATION _____

AMOUNT REQUESTED \$ _____ ORGANIZATION BUDGET (Total expenses for most recently completed fiscal year. Must match Attachment C.) \$ _____

Number of people who will be served:

- | | |
|---|--|
| _____ Education and/or Counseling Sessions | _____ Referrals to Screening Mammograms |
| _____ Outreach Contacts / Materials Distributed | _____ Screening Mammograms Performed |
| _____ Psychosocial Support | _____ Referrals to Clinical Breast Exams |
| _____ Temporary Gap Funding | _____ Clinical Breast Exams Performed |
| _____ Complementary/Alternative | _____ Diagnostic Services Performed |
| _____ Other: _____ | _____ Treatment Services Performed |

Service Area: (Choose only those that pertain to your grant application)

- | | | |
|-------------------------|------------------------|---------------------------|
| _____ New Jersey | _____ Pennsylvania | |
| _____ Camden County | _____ Berks County | _____ Lehigh County |
| _____ Delaware | _____ Bucks County | _____ Montgomery County |
| _____ New Castle County | _____ Chester County | _____ Philadelphia County |
| _____ Kent County | _____ Delaware County | _____ York County |
| _____ Sussex County | _____ Lancaster County | |
| _____ Other _____ | | |

Partners: (List partnering organizations and the services they will provide.)

Organization	Service to be provided	Partner # Years	Letter of Agreement Attached?
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>



Previous Support from ANY affiliate of Susan G. Komen for the Cure (last 3 years):

Date	Purpose	Amount

Abstract

Please provide an abstract, **not to exceed 300 words**. Provide a brief description of the proposal, including the following: 1) the purpose of the project; 2) a description of key activities; 3) a summary of evaluation methods; and 4) expected impact of the project.

Permission to publish:

Permission is hereby granted to Susan G. Komen for the Cure, Inc. to publish the content in this cover page and abstract should this application be selected for funding.

SIGNATURE OF
CEO OR PRESIDENT
OTHER THAN PROJECT DIRECTOR _____ Date: _____

NAME & TITLE OF
CEO OR PRESIDENT
(TYPED) _____

SIGNATURE OF
PROJECT DIRECTOR _____ Date: _____

NAME & TITLE OF
PROJECT DIRECTOR (TYPED) _____

PROJECT WORK PLAN – GOALS

MUST NOT EXCEED 1 PAGE

ORGANIZATION NAME: _____

Overall Program Goal: 1.	Measures of Success 1.
Overall Program Goal: 2.	Measures of Success 2.
Overall Program Goal: 3.	Measures of Success 3.

PROJECT WORK PLAN – OBJECTIVES

MUST NOT EXCEED 2 PAGES

ORGANIZATION NAME: _____

GOAL #1:				
Objectives	Activities	How Progress Will Be Assessed	Data Source(s)	Responsibility
1.				
2.				

GOAL #2:				
Objectives	Activities	How Progress Will Be Assessed	Data Source(s)	Responsibility
1.				
2.				

GOAL #3:				
Objectives	Activities	How Progress Will Be Assessed	Data Source(s)	Responsibility
1.				
2.				

BUDGET FORM

Detailed Budget for Entire Grant Period	From April 1, 2012, through March 31, 2013	Total Requested Amount
Personnel (detail in Budget Justification form)		
Supplies (detail in Budget Justification form)		
Travel (detail in Budget Justification form)		
Patient Care Costs (detail in Budget Justification form)	Inpatient	
	Outpatient	
Other Expenses (detail in Budget Justification form)		
Total Funding Request from Komen Philadelphia		

BUDGET JUSTIFICATION FORM

Please include project costs, including in-kind contributions, on this form. For in-kind contributions, please indicate \$0 in the “Total Request” column for the in-kind line item.

PERSONNEL

Name	Role	% Effort On Project	Base Salary	Salary Request	TOTAL REQUEST

Supplies/Travel/Other Categories

Supplies/Travel/Other	Item	Cost per Item	Number of Items	TOTAL REQUEST

PATIENT CARE

In or Out Patient	Item	Cost per Item	Number of Items	TOTAL REQUEST

SAMPLE LETTER OF AGREEMENT

**** Please provide letter printed on the letterhead of the partnering organization ****

Date

Name of Contact at Applicant Organization
Name of Applicant Organization
Address of Applicant Organization
City, State, ZIP

Dear [Contact at Applicant Organization]:

This letter serves as an agreement between [Applicant] and [Partnering Organization] dated _____ to provide breast health services from April 1, 2012 through March 31, 2013.

Under this agreement, [Applicant] will:

-
-
-

Under this agreement [Partnering Organization] will:

-
-
-

To ensure effective and efficient operation of this project, we agree to share a report of the following information on a [weekly/monthly/bimonthly/etc.] basis:

- [Example: the number of people referred from [Organization] to [Organization] for breast health services]
-

We look forward to working with you on this project.

Sincerely,

Name
Title
Partnering Organization

Name
Title
Applicant Organization

