2017-2018 Grant Application Checklist

The Grant Application Checklist is a tool applicants can utilize to ensure their application will not be denied or returned for modifications during the initial grant compliance review.

For All Applicants

- ☐ Application is submitted in English.
- ☐ The program is located and/or provides services that benefit people residing within the 22 counties of the Northeast Ohio service area.
- ☐ Proof of non-profit status is uploaded in the Organization Details section of GeMS. Proof of non-profit status includes a copy of an IRS determination letter indicating nonprofit or 501(c)(3) tax-exempt status. Organization must have U.S. Nonprofit – Federally Tax Exempt status. Eligible organizations include nonprofit organizations, nonprofit hospitals and hospital systems, governmental entities, Indian tribes, and nonprofit educational institutions.
- ☐ All letters of collaboration are uploaded in the Project Profile section of the application.
- ☐ The Federal Tax ID information entered in the Organization Summary section of GeMS is correct and up-to-date.
- ☐ The Project Abstract provides a clear overview of the proposed project (1,000 character limit), anticipated number of individuals served, and is written at least at an eighth grade reading level.
- ☐ The evidence-based model used to guide the program is explicitly stated in the Project Narrative section of the application.
- ☐ A clear description of how the program helps facilitate access to affordable, ongoing sources of health insurance (Health Insurance Exchange plans and/or expanded Medicaid) for the uninsured is included in the Project Narrative section of the application.
- ☐ If the project targets individuals who are low-income and/or underinsured, guidelines for what qualifies individuals for program services (e.g., what does “low-income” mean to your program?) are explicitly stated in the Project Narrative section of the application.
- ☐ All objectives in the Project Work Plan – Objectives section of the application are named in accordance to RFA guidelines (see page 18 of the RFA).
- ☐ Only one activity/intervention is outlined per objective in the Project Work Plan – Objectives section of the application.
- ☐ All evaluation and tracking tools are uploaded in the Project Work Plan – Objectives section of the application.
- ☐ Resume information for all key personnel involved in the implementation, management, and evaluation of the project is uploaded in the Salaries section of the application (CVs and resumes provided are limited to two pages).
- ☐ The total amount requested from Komen is no more than $75,000.
- ☐ The required financial information is complete and includes the following:
  - Budget for requested funds
  - Budget justification
  - Other sources of current funding for proposed project (if applicable)

- ☐ Any requested funds for direct medical services (mammograms, biopsies, etc.) are reimbursed based on the current OH Medicaid reimbursement rates (plus 10% for those organizations who do not follow Medicaid rates).

- ☐ The Authorized Signer submits the application in GeMS **by 5:00pm on Tuesday, November 1, 2016.**

For Education Programs

- ☐ A demonstrated, documented link from education to screening is provided through letters of collaboration and/or in the Project Narrative section of the application. (Funding will not be provided for breast health/cancer education WITHOUT also providing referral to, and tracking of, screening and/or diagnostic breast care.)

- ☐ Education programs promote breast self-awareness and not breast self-examination (including the use of breast models/forms).

- ☐ A clear explanation of how the education provided will lead participants to action and/or intent to act is provided in the Project Narrative section of the application.

For Screening Programs

- ☐ A demonstrated and documented link from screening to diagnostics and/or treatment is provided through letters of collaboration and/or in the Project Narrative section of GeMS. Screening program facilitates access to breast cancer diagnostic and treatment services. (Funding will not be provided for breast cancer screenings WITHOUT also providing referral to, and tracking of, diagnostic care and treatment, if necessary.)

- ☐ If requesting funds for screening and/or diagnostic services, applicant has uploaded a letter of collaboration from their respective Breast and Cervical Cancer Program regional office to demonstrate their facility/providers is/are contracted with the program.

For Returning Grant Applicants/Grantees

- ☐ **RETURNING GRANT APPLICANTS**: A letter that acknowledges and responds to all points outlined in the written feedback of the Grant Review Committee from the last year an application was submitted is uploaded in the Project Budget Summary section. If you require a copy of your most recent Grant Review Committee feedback, please contact Gina Chicotel at gchicotel@komenneohio.org or (216) 292-2873 ext.112.

- ☐ **RETURNING GRANTEES (OPTIONAL):** A PDF copy of your most recent progress/final report for the last year they received Komen NEO funding is uploaded in the Project Budget Summary section of the grant application. (Please contact Gina Chicotel at gchicotel@komenneohio.org or (216) 292-2873 ext. 112 if you are unable to locate a copy of your most recent progress/final report.)