



2016-2017 Community Grant Request for Applications

Komen Northeast Ohio's community grants program offers funding for innovative projects in the areas of breast health and/or breast cancer education, outreach, screening, and treatment support services not otherwise available to medically underserved populations of Northeast Ohio, including the following counties: Ashland, Ashtabula, Belmont, Carroll, Columbiana, Coshocton, Cuyahoga, Geauga, Harrison, Holmes, Jefferson, Lake, Lorain, Mahoning, Medina, Portage, Richland, Stark, Summit, Trumbull, Tuscarawas, and Wayne Counties.

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For information specific to the community grants program, please contact Gina Chicotel at gchicotel@kommenneohio.org

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OUR PROMISE

Susan G. Komen is the world's largest breast cancer organization, funding more breast cancer research than any other nonprofit while providing real-time help to those facing the disease. Since its founding in 1982, Komen has funded more than \$847 million in research and provided \$1.8 billion in funding to screening, education, treatment and psychosocial support projects serving millions of people in more than 30 countries worldwide. Komen was founded by Nancy G. Brinker, who promised her sister, Susan G. Komen, that she would end the disease that claimed Suzy's life. Visit komen.org or call 1-877 GO KOMEN.

Our Promise: To save lives and end breast cancer forever by empowering people, ensuring quality care for all, and energizing science to find the cures.

ABOUT KOMEN NORTHEAST OHIO

Susan G. Komen Northeast Ohio works to better the lives of those facing a breast cancer diagnosis in the local community. Through events like the Komen Northeast Ohio Race for the Cure series, Komen Northeast Ohio has invested nearly \$15 million in community breast health projects and has helped contribute to the more than \$800 million invested globally in research. For more information, call 216-292-CURE (2873) or visit www.komenneohio.org.

Komen Northeast Ohio serves 22 counties, including: Ashland, Ashtabula, Belmont, Carroll, Columbiana, Coshocton, Cuyahoga, Geauga, Harrison, Holmes, Jefferson, Lake, Lorain, Mahoning, Medina, Portage, Richland, Stark, Summit, Trumbull, Tuscarawas and Wayne. Seventy-five percent of the net proceeds raised by Komen Northeast Ohio stay in this 22 county service area and are awarded to projects offering breast health and breast cancer education, screening, diagnostics*, and other treatment support* services through our Community Grants Program. The remaining twenty-five percent of the net proceeds support Komen National's Research & Scientific Awards Program.

GUIDING PRINCIPLES IN GRANTMAKING

Komen Northeast Ohio's Guiding Principles in Grantmaking assist in holding the Affiliate and Komen Northeast Ohio grantees to the highest standards of accountability. Komen Northeast Ohio provides financial support to local agencies that support evidence-based strategies and promising practices aimed at reducing disparities in breast cancer mortality within our 22 county service area. Grant funding is prioritized according to needs as identified by the Komen Northeast Ohio Community Profile.

The Guiding Principles in Grantmaking provide a framework for all potential grant applicants. Grants are awarded to organizations that exhibit the following principles.

Impact – Komen Northeast Ohio strongly supports projects that impact individuals, groups, families, and/or communities with large populations of high-risk individuals. Funded projects reach high-risk populations through interventions or projects that affect multiple levels on the continuum of care.

Collaboration – Komen Northeast Ohio and its grantees collaborate and build partnerships with key stakeholders, legislators, community members, and grassroots organizations to leverage existing resources. A strong priority is given to funding requests that include the coordination of services and information sharing among organizations to strengthen the continuum of care. Komen Northeast Ohio values maximizing resources to ensure project sustainability.

Cultural Competence – Cultural competence in healthcare ensures a high level of care is delivered to patients with diverse values, beliefs, and behaviors, including tailoring delivery to meet patients' social, cultural, and linguistic needs. Projects initiated by Komen Northeast Ohio and its grantees will promote cultural competency* through information and education on the

* - Please see Appendix A: Glossary of Terms for specific definitions throughout the Grantmaking Guide

latest in breast health practices. In accordance with this principle, Komen Northeast Ohio values grant projects that are representative of the communities they serve.

Shared Learning – Komen Northeast Ohio fosters an environment of shared learning among its grantees and between the grantee and the Affiliate, allowing everyone to learn from each other's success and experience. Komen funds evidence-based and outcome-driven programming. Sharing information on how projects are able to impact lives or to demonstrate return-on-investment enhances the process for all and raises the probability of success for future projects.

GRANTMAKING GUIDE

Komen Northeast Ohio seeks to ensure all people, regardless of race, income, geographic location, sexual orientation, or insurance status, have access to screening and, if diagnosed, quality, effective treatment support services. The Affiliate supports this by funding an array of breast health and cancer services that together create seamless delivery of care for the medically underserved* in Komen Northeast Ohio's 22 county service area.

Statement of Need and Funding Priorities

Komen Northeast Ohio establishes strategic funding priorities through a comprehensive community health needs assessment, known as the Komen Northeast Ohio Community Profile. Grant applicants are strongly encouraged to review the 2015 Community Profile report to learn more about the challenges and successes related to breast health and breast cancer in Northeast Ohio. County level information is included on breast cancer incidence, death, screening rates, insurance status, and key population demographics. The full report can be viewed on [Komen Northeast Ohio's website](#).

For the April 1, 2016 – March 31, 2017 grant cycle, funding for projects that have demonstrated a commitment to the Affiliate's Guiding Principles in Grantmaking in their day-to-day practices will be given strong preference. **Projects must also specifically address one or more of the Affiliate funding priority areas.** All funding priority areas will be considered equally; there is no weight assigned or preference given as to which areas will be funded as long as applicants address one or more of the priority areas using one or more of the specific techniques outlined below.

Priority Area: Accessibility – Improve timely access to quality, affordable screening and treatment services for the low-income, underinsured, uninsured, and/or working poor.

- Projects must break down systems-level barriers to care, including assistance with co-pays and deductibles, the provision of free/low-cost screening services, non-traditional clinic hours, and weekend appointment availability.
- Prioritization will be given to projects that support the development and expansion of mobile mammography and/or provide transportation assistance.
- Prioritization will be given to projects that facilitate enrollment into sources of ongoing primary care services for individuals without a healthcare provider.

Priority Area: Quality of Care – Increase the number of effective, evidence-based programs that support the emotional, social, financial, and spiritual well-being of individuals diagnosed with breast cancer and their families.

- Komen Northeast Ohio will support projects providing direct financial assistance that assist with cost of living and treatment expenses to facilitate continuation of treatment.
- Komen Northeast Ohio will support the development and/or implementation of trainings focused on effective, evidence-based communication methods and styles for those working with individuals and families battling breast cancer.
- Komen Northeast Ohio aims to increase the number of free/low-cost survivor support groups and services that use evidence-based strategies to address the psycho-social, emotional, and physical issues faced by survivors and their family members.
- Prioritization will be given to projects that provide patient navigation* for individuals in treatment for breast cancer and break down barriers to care, including medical care and

* - Please see Appendix A: Glossary of Terms for specific definitions throughout the Grantmaking Guide

service coordination, child care and transportation assistance, social work and community-based referrals, and emotional support.

Priority Area: Education* – Initiate and support efforts focused on increasing awareness and utilization of existing resources, the importance of early detection, and motivating women to action with an emphasis on reaching the low-income, uninsured, underinsured, and/or working poor.

- Education projects should focus on motivating women to action and lead to long-term, sustained behavior change.
- Prioritization will be given to education projects that utilize evidence-based*, peer-to-peer and/or community health worker models.

Priority Area: Healthcare System Performance Improvement – Decrease gaps/breakdowns in the breast health continuum of care* and reduce systemic barriers* through the development of strategic collaborations with stakeholders and non-traditional partners to increase access to and seamless progression through the breast health continuum of care.

- Prioritization will be given to applications that support the initiation and/or expansion of projects focused on healthcare system performance improvements, including: provider education* on the BCCP; internal training on agency processes for enrollment in financial assistance projects; physician reminder systems; shared medical appointments; development of inter-disciplinary workgroups/teams; creation of internal checklists and protocols; and the development of data-driven approaches in implementing evidence-based programs.

Please review the [Eligibility and General Restrictions and Conditions](#) sections of the [Grantmaking Guide](#) for more details, information, and instructions related to project design, target populations, and eligibility for funding.

The Patient Protection and Affordable Care Act

The Patient Protection and Affordable Care Act (PPACA) was passed by Congress in March 2010. This law intends to help more Americans gain access to healthcare through a variety of mandates that require most US citizens to have health insurance by 2014 or face a tax penalty. Under the PPACA guidelines, most Americans will have insurance that covers the cost of breast cancer screening and treatment. Komen Northeast Ohio encourages applicants requesting funds for screening and treatment for the uninsured to focus on assisting those who qualify for Medicaid or premium assistance to apply for this coverage through the healthcare exchanges. **Every effort should be made to demonstrate how your project will help facilitate enrollment for the eligible uninsured into Medicaid and/or the healthcare exchanges.** This may be accomplished through a partnership with organizations who offer navigation services.

Evidence-Based Programming

Projects should focus on and provide evidence-based practices suitable for the project's target populations. Evidence-based practices refer to an intervention/activity that has been tested and shown to be effective through repeated, rigorous, quantitative/empirical data collection and analysis. Please see [Appendix B: Grant Writing Resources](#) for a list of available online resources that may assist you in locating evidence-practices to utilize in the project development and grant writing process. **Applicants are required to specifically state which evidence-based model they are using for their project in the Project Narrative section of the grant application.**

Grant Training Opportunities

Komen Northeast Ohio will offer multiple webinars, in-person trainings, and coaching opportunities during the months of August and September to acquaint all applicants with Komen Northeast Ohio grant funding priorities, the 2015 Community Profile, grant writing tips and tricks, and the grant submission process.

On August 24, 2015, Komen Northeast Ohio will upload two presentations to www.kommenneohio.org. The first, Grant Writing 101, will provide an overview of the grant writing process specific to Komen NEO's grant application and submission requirements, funding priorities, and GeMS. The second, Monitoring &

* - Please see Appendix A: Glossary of Terms for specific definitions throughout the Grantmaking Guide

Evaluation 101, will provide an overview of program evaluation, data collection and analysis, and the expectations of grant reporting for a Komen Northeast Ohio grant. Applicants can review these presentations online at any point during the application process.

Komen Northeast Ohio will host three in-person trainings during September of 2015 focused on the 2015 Community Profile and how to use the information within the report to support the development, implementation, and/or continuation of breast health projects. These sessions will also focus on updates to the 2016-2017 RFA and the use of evidence-based models to inform program development and delivery to effectively address the issues outlined in the 2015 Community Profile. Trainings will be held September 22-24th in Cleveland, Akron/Canton, and Youngstown; please see the Grant Applicant Training Schedule below for exact dates, times, and locations. **Due to the new information provided in the 2015 Community Profile and the significant changes made to grant requirements and the grant application itself, all potential grant applicants are strongly encouraged to attend one of these in-person training opportunities.** To RSVP for an in-person training session, please email Gina Chicotel at gchicotel@komenneohio.org.

Komen Northeast Ohio can only accept grant applications through Komen Headquarters' Grants e-Management System (GeMS). Therefore, **all new applicants, any organizations that have not applied for funding in the last four years, and/or new program staff for returning applicants/grantees are required to attend one mandatory, in-person GeMS training with Affiliate staff.** This mandatory training will be offered at the Komen NEO office from 3:00pm-5:00pm on Wednesday, September 16, 2015, and Thursday, September 17, 2015. Applicants can choose the date that works best for their schedule, but they MUST attend at least one training session. Conference call capabilities will be available for those who have to travel long distances. To RSVP for a GeMS training session, please email Gina Chicotel at gchicotel@komenneohio.org.

2016-2017 Grant Applicant Training Schedule					
Date	Time	Location	Description	In-Person or Web	Optional or Mandatory
August 24	9:00am	Komen NEO website	Grant Writing 101 and Monitoring & Evaluation 101	Web	Optional (strongly encouraged for new applicants)
September 16 and 17	3:00pm-5:00pm	Komen NEO office 26210 Emery Rd., Ste. 307 Cleveland, OH 44128	GeMS Training for new applicants	In-person	Mandatory
September 22	10:00am-1:00pm	Independence Library 6361 Selig Dr, Independence, OH 44131	2015 Community Profile and Evidence-Based Programming	In-person	Strongly Encouraged
September 23	1:00pm-4:00pm	Akron Library 60 S. High St. Akron, OH 44326	2015 Community Profile and Evidence-Based Programming	In-person	Strongly Encouraged
September 24	1:00pm-4:00pm	Youngstown Library 305 Wick Ave. Youngstown, OH 44503	2015 Community Profile and Evidence-Based Programming	In-person	Strongly Encouraged

Komen staff will also be available by appointment during the months of September and October to address any unique concerns and/or issues an applicant may have during the application process. Please contact Gina Chicotel at gchicotel@komenneohio.org to schedule a convenient time to meet.

Grant Application Pre-Review

An optional grant application pre-review period will be available to all applicants in the month of October. Applicants who wish to participate in the optional pre-review process will be required to submit a portion of their application to be reviewed by Komen Northeast staff, grant writing experts, and former Grant Review Committee* members. Segments of the application eligible for pre-review are: Project Summary Information (to include the Project Profile, Project Abstract, and Project Target Demographics); the Project Narrative; the Project Work Plan; and the Project Budget. Feedback and comments from pre-reviewers will be summarized in a written document and returned to participating applicants via email.

Applicants who wish to participate in the pre-review process must submit eligible sections of the application electronically to Gina Chicotel at gchicotel@komenneohio.org no later than 5:00pm on October 2, 2015. Application feedback and comments will be returned to all participating applicants no later than 5:00pm on October 16, 2015. If the applicant has further questions related to the pre-review feedback, in-person appointments and/or conference calls can be scheduled on an as-needed basis.

Coaching (including consultation prior to, during, or following the grant pre-review period) is independent of the grant review process. **Feedback received at any point in the application process does not predict a final funding decision nor does it guarantee funding.**

Please see [Appendix B: Grant Writing Resources](#) for a list of available online resources that may assist in the project development and grant writing process.

Eligibility

Qualifying Organizations

Any United States nonprofit, federally exempt organization may apply, assuming the applicant meets all other requirements as stated in these guidelines. Eligible organizations include nonprofit organizations, nonprofit hospitals and hospital systems, governmental entities, Indian tribes, and nonprofit educational institutions. Organizations who plan to use a fiscal sponsor must contact Komen Northeast Ohio prior to submitting a grant application. Organizations must serve at least one of the 22 counties covered by Komen Northeast Ohio.

If the applicant, or any of its key employees, directors, officers, or agents is convicted of fraud or a crime involving any other financial or administrative impropriety in the 12 months prior to the submission deadline for the application, then the applicant is not eligible to apply for a grant until 12 months after the conviction. After such 12 month period, the applicant must demonstrate that appropriate remedial measures have been taken to ensure any criminal misconduct does not recur.

Project Focus and Target Populations

Komen Northeast Ohio will only fund projects focused exclusively on breast health and/or breast cancer services for uninsured, underinsured, and low-income individuals. If a project includes other health issues along with breast cancer, such as a breast and cervical cancer project, funding may only be requested for the breast cancer portion.

Komen Northeast Ohio works to ensure Komen funds are leveraged in conjunction with existing resources and go towards helping those most in need. The following chart outlines the populations eligible to receive a free/low-cost screening and/or diagnostic service with Komen Northeast Ohio funds versus those who should be referred to a Breast and Cervical Cancer Project (BCCP) Regional Enrollment Agency.

* - Please see Appendix A: Glossary of Terms for specific definitions throughout the Grantmaking Guide

Age	Insurance and Financial Status	Funding Source
Under 40 with or without a breast health problem [†]	Uninsured and underinsured, [#] low-income	Komen Northeast Ohio
40-49 without a breast health problem [†]	Uninsured and underinsured, [#] low-income	Komen Northeast Ohio
40-49 with a breast health problem [†]	Uninsured with an income at or below 200% of the FPL [±]	Breast and Cervical Cancer Project
40-49 with a breast health problem [†]	Underinsured, [#] low-income	Komen Northeast Ohio
50+ with or without a breast health problem [†]	Uninsured with an income at or below 200% of the FPL [±]	Breast and Cervical Cancer Project
50+ with or without a breast health problem [†]	Underinsured, [#] low-income	Komen Northeast Ohio

[†]A breast health problem is defined as a physician noted abnormality.

[#]Underinsured includes any individual with insurance coverage (Medicaid, Medicare, private insurance, health savings accounts, etc.) whose out-of-pocket deductibles and co-pays are a financial burden.

[±]Federal Poverty Level; determined annually by the [US Department of Health and Human Services](https://www.hhs.gov/ohr/ipo/).

Any low-income men, regardless of age or insurance status, are eligible to receive screenings with Komen Northeast Ohio funds. Please refer to [Appendix C: Income Levels](#) for information on the Federal Poverty Guidelines. BCCP Medicaid Reimbursement Rates can be [downloaded online](#) and provide more information on allowable costs and expenses related to breast cancer screenings and treatments.

Service Area

All grant applicants must be located in and/or provide services in the following counties: Ashland, Ashtabula, Belmont, Carroll, Columbiana, Coshocton, Cuyahoga, Geauga, Harrison, Holmes, Jefferson, Lake, Lorain, Mahoning, Medina, Portage, Richland, Stark, Summit, Trumbull, Tuscarawas and Wayne.

General Restrictions and Conditions

Partial Funding

Komen Northeast Ohio may fund your application only after requesting and approving budget modifications or may fund only a portion of the application. If you feel partial funding would be an impediment to your project, please note this in your budget justification. The GeMS system will detect any errors in budget calculations.

Reimbursement Rates

Direct services are reimbursed based on the current OH Medicaid reimbursement rates (plus 10% for those organizations who do not follow Medicaid rates). OH BCCP Medicaid Reimbursement Rates can be [downloaded online](#) and provide more information on allowable costs and expenses related to breast cancer screenings and treatments. For any services not covered by BCCP Medicaid, please refer to the standard [OH Medicaid rates available online](#). Rates for services must be justified within the grant application. Requests for rates higher than allowed will be returned to the applicant for correction during the Internal Compliance Review period.

Past and Current Grantees

All past and current Komen funded grants or awards made to the applicant must be up-to-date, in compliance with Komen requirements, and/or closed in good standing.

Returning grant applicants must provide a letter that acknowledges and responds to all points outlined in the written feedback of the Grant Review Committee from the prior year. This letter should be uploaded in the Project Budget Summary section of the grant application. This is a requirement and should not be overlooked. 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 must also provide a PDF copy of their most recent progress/final report for the last year they received Komen Northeast Ohio funding. This is only a requirement for grants that were awarded in the last five years (after 2011) and should not be overlooked. 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.

*Collaborative Grants**

Sub-grant agreements are not permitted; however, collaborative grants are acceptable. Collaborative grants consist of a consortium* of organizations applying for Komen funding together to conduct specific activities or services under the grant.

Letters of Collaboration

Komen Northeast Ohio strives to fund projects that reduce duplication of services, but we realize some duplication will exist. Therefore, Komen Northeast Ohio recommends the applicant demonstrate collaboration and partnership with similar projects to optimize strengths and enhance the impact of the project.

If the proposal relates to a collaborative project between or among agencies, the applicant should document the stated relationship with a letter of support. For example, Agency A states it will actively work with Agency B to complement each other's projects and ensure they are not providing duplicative health services. Agency A should therefore secure a letter of support from Agency B confirming the collaboration. These letters of collaboration will be expected and factored into the application's score as part of the grant review process.

Applicants should demonstrate an understanding of and a working relationship with their respective Breast and Cervical Cancer Project (BCCP) regional office, if applicable. Organizations requesting funds for screenings MUST have a letter of support from the appropriate regional BCCP office to demonstrate patients in need of screenings will be vetted for BCCP eligibility and be seen by a BCCP contracted provider. Applications with a screening component that do not contain a letter of support from the appropriate BCCP regional office will be returned to project directors for correction during the initial compliance review period (please see the [Review Process](#) section of the RFA for more information on the initial compliance period).

Educational Messages and Materials

Susan G. Komen is a source of information about breast health and breast cancer for people all over the world. To reduce confusion and reinforce learning, Komen only funds projects that involve educational messages and materials consistent with those promoted by Komen, including promoting the messages of breast self-awareness-- know your risk, get screened, know what is normal for you, and make healthy lifestyle choices. The consistent and repeated use of the same messages will improve retention and adoption of the breast health messages Komen values.

Education projects should focus on the importance of breast self-awareness and breast cancer screenings to support early detection. **Komen does not recommend monthly breast self-exams and therefore will not fund education projects that teach or endorse the use of monthly breast self-exams and/or use breast models.**

Education projects should increase knowledge about breast health and breast cancer to empower people to make informed decisions. Effective education efforts do more than simply raise awareness about breast cancer; they equip individuals to take action by providing in-depth information on breast cancer, breast cancer risk, screening options, knowing when, where, and how to seek care (including risk assessment, screening, diagnosis, treatment, and survivorship), community resources, and how to incorporate positive health practices into their daily lives. Projects should:

- Provide culturally competent education and outreach focused on vulnerable and at-risk populations, such as the elderly, racial minorities, low socio-economic populations, rural populations, those with limited or no health literacy skills, and/or LGBT communities.
- Focus on evidence-based practices that increase knowledge and encourage informed breast care decision making. **A clear explanation of how the project will lead to action or intent to act should be included in all applications requesting funds for education initiatives.**

* - Please see Appendix A: Glossary of Terms for specific definitions throughout the Grantmaking Guide

- Implement tailored messages from an understanding of the disease, to survivorship concerns, and ensure the project is culturally competent.

Applications that propose health fairs, the development of educational materials, education via mass media, or patient incentives will not be accepted by the Affiliate.

Education projects must facilitate access to breast cancer screening services. Funding will not be provided for breast health/cancer education WITHOUT also providing referral to and tracking of screening and/or diagnostic breast care.

Funding to purchase Komen materials should be included in your project budget. Komen Northeast Ohio recommends applicants budget \$1 per person for educational materials. Grantees are eligible to receive a discount on materials and will be enrolled in a discount program. To view Komen's educational materials, including materials targeted to specific populations, visit www.shopkomen.com.

Organizations that have an education component and are approved for funding will be required to submit any PowerPoint presentations, education materials, and/or a summary of key points covered during any education sessions during the grant reporting process. Please see [Appendix D: Grant Reporting Requirements](#) for more specific information related to grant reporting requirements and expectations.

Screening Projects

Screening projects must facilitate access to breast cancer diagnostic and treatment services. Screening projects must also demonstrate a working relationship with Ohio's BCCP to ensure women are not inadvertently disqualified from the project. Please refer to the [Project Focus and Target Populations](#) section of this Grantmaking Guide for more information. Funding will not be provided for breast cancer screenings WITHOUT also providing referral to, and tracking of, diagnostic care and treatment, if necessary.

Contract and Contract Period

A grant contract will be the legal mechanism for funding. The grant contract will stipulate all of the conditions listed in this document. The grant period begins April 1, 2016 and will conclude March 31, 2017.

*Proof of Insurance**

For the grant application process, applicants will only be required to upload proof of insurance documentation that outlines the current commercial general liability insurance levels for the organization.

During the contract period for applications approved for funding, grantees must agree to and provide documentation that shows the following insurance coverage limits:

1. Maintain and provide evidence of commercial general liability insurance with combined limits of not less than \$1,000,000 per occurrence and \$2,000,000 in the aggregate for bodily injury, including death and property damage.
2. Workers' compensation insurance in the amount required by the law in the state of OH and professional liability insurance with limits of not less than \$1,000,000.
3. Excess/umbrella insurance, excess to the insurance set forth above, with a limit of not less than \$5,000,000.
4. In the event the grantee provides any transportation services in connection with the Breast Cancer Project, the grantee will also need to maintain \$1,000,000 combined single limit automobile liability coverage.
5. If the grantee provides or facilitates any medical services (other than referrals), the grantee will maintain medical malpractice coverage with combined limits of not less than \$1,000,000 per occurrence and \$3,000,000 in the aggregate.
6. Name the Northeast Ohio Affiliate of Susan G. Komen as an additional insured under its general liability insurance policy solely with respect to funded project and any additional policies and riders entered into by the organization in connection with the funded project.

* - Please see Appendix A: Glossary of Terms for specific definitions throughout the Grantmaking Guide

All insurance required of the grantee shall be primary and non-contributory to any of Komen Northeast Ohio's insurance coverage.

Payments and Reporting

Grants will be paid in two equal installments. The first installment is generally paid within 30 days of receiving the fully executed grant contract; however, Komen Northeast Ohio is unable to process first grant payments until ALL grant contracts for all grantee organizations are signed and submitted to the Affiliate. If one grantee does not sign their contract within thirty days of award notification, the whole process may be moved back. If non-receipt of payment within the first thirty days is burdensome for the grantee, the Affiliate will work with your organization to resolve the issue(s).

The second grant payment will be paid after Komen Northeast Ohio receives and accepts the first progress report. The first progress report is due in GeMS no later than 45 days after the first six months of the grant period. The six month report provides information about progress made according to the approved Project Work Plan and how grant funds have been spent. If the grantee's performance is poor or the grantee does not submit the required report, Komen Northeast Ohio may not issue additional payments until corrective action is taken.

A final report is also required. Within 45 days of completion of the grant period, as specified in the grant contract, each grantee will submit a final written report in GeMS. The final report will include cumulative numbers for each objective listed in the grantee's approved Project Work Plan, an evaluation of the project's cumulative accomplishments, and a summary of the impact in the community. It should also include a full accounting of grant funds awarded (actual versus budgeted expenses) for the entire grant year.

Grantees are expected to report on all components of the project funded by Komen Northeast Ohio. A list of project components will be generated from the objectives applicant's list on the approved Project Work Plan. Please see [Appendix D: Grant Reporting Requirements](#) for more specific information related to grant reporting requirements and expectations. Any additional reporting templates for the 2016-2017 Grant Year will be posted online by April 1, 2016. GeMS must be utilized for all report submissions.

Any unspent funds over the amount of \$1.00 must be returned to Komen Northeast Ohio. At the discretion of Komen Northeast Ohio, the grantee may request one no-cost extension of no more than six months for each grant.

Grantee Celebration

All approved grant organizations for the 2016-2017 Grant Year are required to send at least one representative to attend Komen NEO's Annual Grantee Celebration, to take place in May 2016 (exact date TBD and announced during the grant contract period).

Race for the Cure

All approved grant organizations for the 2016-2017 Grant Year are required to send at least one representative to at least one Race for the Cure event in Northeast Ohio. Tables at the Race(s) must be staffed at all times and should be as interactive as possible (giveaways, sign-up sheet for women to receive your services, information about your project, teach women what breast changes to look out for, etc.). Dates for the 2016 Akron and Cleveland Races are TBD and will be provided to all funded organizations during the award notification process in April 2016.

Funding Amount and Allowable Expenses

For the 2016-2017 Grant Year, Komen Northeast Ohio has established a **maximum funding amount of \$75,000**. Applications that request more than the maximum funding amount will be returned to the applicant for correction during the Internal Compliance Review period.

Project Expenses – Funds may be used for the following types of project expenses:

- Salaries for any employee involved in the development, implementation, or evaluation of the project

- Consultant fees
- Clinical services or patient care costs
- Meeting costs
- Supplies
- Travel
- Other direct project expenses
- Equipment costs, if applicable, may not exceed \$5,000 and should be used exclusively on the proposed project
- Indirect costs, if applicable, may not exceed 15% of direct costs

Funds may not be used for the following purposes:

- Medical or scientific research; specific examples include, but are not limited to, projects or programs designed to:
 - Understand the biology and/or causes of breast cancer
 - Improve existing or develop new screening or diagnostic methods
 - Identify approaches to breast cancer prevention or risk reduction
 - Improve existing or develop new treatments for breast cancer or to overcome treatment resistance, or to understand post-treatment effectiveness
- Development of educational materials or resources
- General operating funds (except indirect costs)
- Scholarships or fellowships
- Construction or renovation of facilities
- Political campaigns or lobbying
- Fundraising (e.g., endowments, annual campaigns, capital campaigns, employee matching gifts, events, etc.)
- Event sponsorships
- Projects completed prior to the date of grant approval
- Payments/reimbursements made directly to individuals
- Land acquisition
- Project-related investments/loans
- Debt reduction
- Thermography

Submission Requirements

All applications must be received by 5:00pm on Monday, November 2, 2015. Applications are required to be submitted through Komen's Grants eManagement System (GeMS). Late or incomplete applications will not be accepted by the system. Komen Northeast Ohio will not accept any paper copies of applications. The grant application consists of the following segments that must be completed in their entirety:

- Project Profile
- Organization Summary
- Project Abstract
- Project Narrative
- Target Demographics
- Project Work Plan – goals* and objectives*
- Project Budget – salaries, consultants, supplies, travel, patient care, indirect and various other costs

Please see the [Grant Application](#) section of the RFA for more information specific to the application sections.

All attachments should be in Word, Excel, or PDF format. Questions about the submission process should be sent to Gina Chicotel at gchicotel@komenneohio.org or (216) 292-2873 ext.112. Please allow adequate time (at least five business days) before the application deadline for response to any questions.

* - Please see Appendix A: Glossary of Terms for specific definitions throughout the Grantmaking Guide

Review Process

Komen Northeast Ohio's grantmaking process is competitive. **Funding for previous grant recipients is never guaranteed.** Each submitted application will be reviewed by Komen Northeast Ohio staff for compliance and adherence to the RFA and grant eligibility guidelines. An application may be returned to project directors in the two weeks following submission to correct minor non-compliance issues. Compliant applications will then be passed on to the Grant Review Committee to be reviewed and scored by at least three independent reviewers.

The Grant Review Committee is comprised of a minimum of eight volunteers from Northeast Ohio. The Affiliate makes every effort to have representation on the Committee that is diverse geographically, socio-economically, and culturally. The members are chosen from a wide range of backgrounds, which include experience in the medical profession, project development & evaluation, the non-profit arena, and grant oversight and administration. At least one reviewer has also been directly affected by breast cancer.

Reviewers will consider and score applications on the following criteria. The percentage assigned reflects the weight each criteria holds in the final scoring of applications.

- **Statement of Need: 15%** - Does the project provide services to one or more of the target communities described in the Affiliate's Community Profile? How closely does the project align with the funding priorities stated in the RFA?
- **Project Design: 20%** - Is the project culturally competent? Is the project evidence-based? How likely is it that the objectives and activities will be achieved within the scope of the funded project? Is the project well planned? Is the budget appropriate and realistic? Does the budget justification explain in detail the reasoning and need for the costs associated with the project?
- **Impact: 25%** - Will the project have a substantial positive impact on increasing the percentage of people who enter, stay in, or progress through the continuum of care? Will the project have a substantial impact on the need described in the funding priority selected? Is the impact likely to be long-term?
- **Organization Capacity: 15%** - Does the applicant organization, Project Director, and his/her team have the expertise to effectively implement all aspects of the project? Is there evidence of success in delivering services to the target population? Is the organization fiscally capable of managing the grant project, including having appropriate financial controls in place? Does the applicant organization have the equipment, resources, tools, space, etc., to implement all aspects of the project? Does the organization or staff have appropriate licenses, certifications, accreditations, etc., to deliver the proposed services? Does the organization have a plan to obtain the resources (financial, personnel, partnerships, etc.) needed to sustain the project beyond the grant term (if awarded)? Does the applicant organization have long-term support from organizational leadership?
- **Monitoring and Evaluation: 15%** - Is there a documented plan to measure progress against the stated project goal(s) and objective(s), and the resulting outputs and outcomes? Is there sufficient monitoring and evaluation (M&E) expertise for the project? Are there sufficient resources in place for M&E efforts?
- **Collaboration: 10%** - Does the proposed project enhance collaboration among organizations with similar or complementary goals? Are the roles of the partners (if applicable) appropriate and relevant? Are collaborations (if applicable) likely to be sustained beyond the grant term?

Each Grant Review Committee member is required to sign a confidentiality agreement and disclose all potential conflicts of interest. Any Grant Review Committee member that reports a conflict of interest with an applicant organization will not be involved in reviewing, discussing, or voting on approval of the application(s) from the organization(s) with whom the conflict(s) exists. The Grant Review Committee will use standard scoring rubrics* when scoring your application. The Grant Review Committee's funding recommendations are presented to Komen Northeast Ohio's Board of Directors, who either approve or reject the entire slate of grants.

* - Please see Appendix A: Glossary of Terms for specific definitions throughout the Grantmaking Guide

Award Announcement

Announcement of grants awarded will be made to all applicants on March 11, 2016 and to the general public on April 1, 2016. Project directors listed on the application will be notified regarding the outcome of the review via email and in writing.

Important Dates and Times

Date	Time	Description
August 17, 2015	9:00am	RFA and electronic grant application available to the public
August 24, 2015	9:00am	Two presentations (Grant Writing 101 and Monitoring & Evaluation 101) uploaded to www.komenneohio.org
August 24, 2015	9:00am	2016 grant application available in GeMS
September 22-24, 2015	Varies	In-person grant writing workshops; see the Grant Applicant Training Opportunities section of the RFA
September 16 or 17, 2015	3:00pm-5:00pm	GeMS training for new applicants and new project staff at the Komen Northeast Ohio office
October 2, 2015	5:00pm	Pre-review materials due to Affiliate
October 16, 2015	5:00pm	Pre-review comments sent back to participating applicants
November 2, 2015	5:00pm	Full applications due to Affiliate in GeMS
November 3-15, 2015		Initial compliance review
November 16, 2015 – January 2016		Grant review period
February 2016		Grant funding slate* submitted for Board approval
March 11, 2016	5:00pm	Award notification sent to project directors via email and in writing
April 1, 2016	9:00am	Award announcements made to the public
May 2016	TBD	Grantee reception and celebration

APPLICATION INSTRUCTIONS

Grants eManagement System (GeMS)

All grant applicants are required to submit proposals electronically through the Grants eManagement System (GeMS). Komen NEO will not accept any printed copies of grant applications. The GeMS site can be accessed using the following link: <https://affiliategrants.komen.org>.

Komen NEO has created a GeMS User Manual which can be accessed on [Komen Northeast Ohio's website](#). **In-person training on the web-based system will be required for any new applicants and/or new project staff (please see the [Grant Training Opportunities](#) section of the RFA for more specific information related to this mandatory training)**. If you encounter any problems with accessing the system, registering, or the application process, please contact Gina Chicotel at gchicotel@komenneohio.org or (216) 292-2873 x112. Please allow adequate time (at least five business days) before the application deadline for response to any questions.

The Grant Application

The Komen Northeast Ohio 2016-2017 Grant Application consists of the following sections.

1. *Project Profile* – The Project Profile collects basic organization and project information, including:
 - The Department/Unit/Area of the organization under which project supervision falls.
 - Name and contact information for the Project Director, Primary Contact, and Community Contact.

* - Please see Appendix A: Glossary of Terms for specific definitions throughout the Grantmaking Guide

- Number of years you have received Komen funding for the proposed project (automatically generated).
 - Title of project.
 - Information related to the organization's relationship with the State's Breast and Cervical Early Detection Project.
 - Names, contact information, and letters of support from all organizations applicant will collaborate with. Organizations that provide screening and/or diagnostic services must include a letter of support from the appropriate Breast and Cervical Cancer Project Regional Enrollment Agency.
2. *Organization Summary* – The Organization Summary collects detailed information regarding the applicant's organization. Please be prepared to provide in-depth information regarding your organization background and structure. The information given should be relative to the organization as a whole, not one specific department or initiative. The Organization Summary includes:
- A brief description of the organization's history; if your organization is part of a larger organization, briefly state the mission of the larger entity and your relationship to it (750 characters).
 - The mission of the organization (500 characters).
 - Current programming and accomplishments (750 characters).
 - Number of paid full-time staff.
 - Number of volunteers.
 - Organization total annual budget.
 - Description of efforts made by the organization to be diverse and inclusive (750 characters).
3. *Project Priorities and Abstract* – The Project Priorities and Abstract section asks for information regarding the main focus of the proposed project. The abstract should be detailed and address the reason for the project, important project activities, methods for evaluation, and the impact the project will make on breast cancer in the communities served. The Project Abstract includes:
- Primary, secondary, and tertiary project categories. Project categories are:
 - Education
 - Screening
 - Diagnosis
 - Treatment
 - Treatment support
 - Survivorship
 - Healthcare delivery/systems change
 - Patient navigation
 - Identification of Community Profile priority the application addresses.
 - Abstract Narrative – a brief description of the proposal to include the following (1,000 characters):
 - The purpose of the project.
 - A description of key activities.
 - A summary of evaluation methods.
 - The likely impact of the project.

Project Abstracts will be published in various media outlets and will be available to the public. Please take great care when crafting this section of your application to make sure it is written at an eighth grade reading level.

4. *Project Narrative* – Detailed information is required in this section to assure enough information is included for reviewers to fully understand the specifics of your project. After reading the Project Narrative, an individual should fully understand the components of your project and what the project intends to accomplish. The Project Narrative consists of the following sections:
- Statement of Need (5,000 characters)
 - Describe the population(s) to be served by the project.

- Describe evidence of the risk/need within that population(s), using the RFA funding priority areas and the 2015 Community Profile as a guide.
- Provide population characteristics (race, ethnicity, economic status, and breast cancer statistics) specific to the target population(s).
- Describe how the proposed project aligns with Komen Northeast Ohio target communities and/or RFA funding priority areas.
- Project Design (5,000 characters)
 - Explain the project's goals and objectives, as outlined in your Project Work Plan.
 - Explain how the project will increase the percentage of people who enter, stay in, or progress through the continuum of care.
 - Explain how the project is culturally competent.
 - **Applicants must specifically state the evidence-based model or best practice projects they are utilizing in their project design and which elements of the project, if any, have been adapted for local implementation.** If any evidence-based program elements have been adapted, the applicant should outline why modifications were necessary and why alternative strategies were chosen. Please cite references.
 - Describe project collaboration and the roles and responsibilities of all organizations or entities participating in the project.
 - Explain how the collaboration strengthens the project and why these organizations are best suited to carry out the project and accomplish the goals and objectives set forth in this application.
 - **If the application is requesting funds for breast cancer screenings, diagnostics, and/or treatment, the application must specifically outline what populations qualify for Komen funded services.** If the applicant organization uses financial criteria for program eligibility, the applicant must define what those criteria are; additionally, the applicant must outline how the project will assist women who fall outside of their program eligibility restrictions.
- Organizational Capacity (5,000 characters)
 - Explain why the applicant organization, Project Director, and staff are best-suited to lead the project and accomplish the goals and objectives set forth in the application.
 - Describe evidence of previous success in delivering breast health/cancer services to the proposed population.
 - Describe the equipment, resources, tools, space, etc., that the applicant organization possesses or will utilize to implement all aspects of the project.
 - Describe fiscal capability to manage the delivery of the proposed goals and objectives and ensure adequate measures for internal control of grant dollars.
 - Describe the organization's current financial state. Has your organizational budget increased or decreased from last year? Please explain why.
 - Describe the plan to secure and allocate resources (financial, personnel, partnerships, etc.) to sustain the project at the conclusion of the grant period.
 - Describe the efforts you will take to communicate this project to your organizational leadership to ensure long-term buy-in/support.
- Monitoring and Evaluation (5,000 characters) – Grantees will be required to report on the following outputs and outcomes in the progress and final reports: successes and accomplishments, challenges, lessons learned, best practice example, story from an individual served with funding, and number of individuals served for each objective (including county of residence, race and ethnicity, age, and population group).
 - Describe in detail how the organization will measure progress against the stated project goals and objectives. Please include any templates, logic models, or surveys in the attachments.
 - Describe how the organization will assess how the project had an effect on the selected priority. Please include any templates, logic models, or surveys in the attachments.
 - Describe how the organization will assess project delivery. Please include any templates, logic models, or surveys in the attachments.
 - Describe the monitoring and evaluation (M&E) expertise that will be available for this purpose.

- Describe the resources available for M&E during the course of the project. Specify if these resources are requested as part of this grant or if they are existing organizational resources.

A strong evaluation plan* measures both the quantity and quality of strategy implementation and outcomes.

- **Impact Evaluation:** Assesses the changes that can be attributed to a particular intervention, such as a project, project or policy. Impact Evaluation helps us to answer key questions such as, what works, what doesn't, where, why and for how much.
- **Process Evaluation:** Assesses the delivery of projects. Process evaluation verifies what the project is and whether it is being implemented as designed. It answers the questions of what is delivered in reality and where gaps exist between project design and delivery.

5. *Project Target Demographics* – This section collects information regarding the various demographic groups the project intends to target. Because applicants can only select 6 demographic groups, please indicate the primary populations the project plans to focus attention on, not every group your project will/may serve. Applicants also have to identify which counties in the Northeast Ohio service area the project will target.
6. *Project Work Plan* – This section includes the main goal and objectives for the entire project. Goals are the highest level statements that provide the overall context for what the project is trying to achieve. **Applicants can only create one overarching goal for the entire project in GeMS**, so be as specific as possible when drafting your goal statement.

Objectives are low level concrete statements that describe what the project is trying to achieve. An objective can be evaluated at the end of the project to establish if the objective was met or not. The project goal should have at least one accompanying objective, but applicants can create an unlimited number of objectives in GeMS. Please assure objectives are SMART objectives:

- Specific
- Measurable*
- Attainable
- Realistic
- Timely

Within the Project Work Plan in GeMS, applicants will be required to assign a name to each objective they create. 2016-2017 Grant Year applicants should choose an objective name from the following approved list of objective names:

- Education
- Clinical breast exams
- Mammograms
- Diagnostics
- Treatment
- Patient Navigation
- Survivor Support
- Transportation

Applications that include objective names other than what is included on the above approved list will be returned to project directors for correction during the initial compliance review period. If you have more than one objective related to the above categories like education, for example, please use Education I, Education II, Education III, etc., when assigning names.

Activities/Interventions refer to the specific tasks done to accomplish each objective. Applicants will be required to choose from a list of pre-approved interventions for each objective within GeMS. **Applicants should incorporate only one activity/intervention per objective in the 2016-2017 Grant Year.** For example, if you plan on educating individuals through small group sessions and large group sessions, one objective should focus on the small group sessions and

another, separate objective should focus on the large group sessions. If you plan on providing clinical breast exams and screening mammograms, one objective should focus on clinical breast exams and another, separate objective should focus on the screening mammograms. Applications that have more than one activity/intervention included per objective will be returned to the applicant for correction during the Internal Compliance Review period.

The Project Work Plan section also requires a realistic timeline* for all objectives, as well as the key personnel responsible for achieving the objectives. Applicants will also need to identify the number of individuals they intend to serve under each objective.

Applicants are required to evaluate their progress in achieving the set goals and must attach the evaluation documents/tools they will utilize to measure success for each objective. Evaluation documents/tools should be comprehensive and reflective of the work listed in each objective, e.g., if an applicant proposes to use a pre/post-test to measure knowledge gained through group education, a blank copy of the pre/post-test should be attached along with any tracking sheets/tools the applicant will use to analyze the information collected in the pre/post-test.

All approved applicants will be required to provide specific numbers for every objective listed on the Project Work Plan in their progress and final reports, so choose and structure your objectives wisely. Please see [Appendix D: Grant Reporting Requirements](#) for specific information related to grant reporting requirements and expectations.

7. *Project Budget* – This portion of the application includes all of the financial information related to the requested funding. **Key personnel information MUST be entered in the salaries page even if salary support is not being requested for that individual/those individuals.** A Budget Justification must be provided for each section where funds are requested, which include:
 - Salaries, if requested, must be for personnel related to this project only and not the general work of applicant. The request must be in line with nonprofit salaries in Komen Northeast Ohio's service area. **Applicants are required to include information on each staff member's current role and responsibilities specific to the project within the grant application in the key personnel section of the salaries page.** Key Personnel includes anyone needed to complete the previously described project. Any individual playing a key role in the project implementation, management, or evaluation should be included in this section even if Komen funds will not be used to support the staff person and the agency is offering the support in-kind. If the position is currently occupied by personnel, please include that individual's resume and/or CV. If the position is currently vacant, please include the job description and recruitment plan for the position. Applicants are required to include the personnel's resume and/or current job description. Resumes, CVs, and job descriptions may only be two pages long. If you run into any issues classifying key personnel based on the options provided in GeMS, please email gchicotel@komenneohio.org to determine the most appropriate option. If salaries are not being requested for that individual, please leave the salary requested line blank or enter \$0.
 - Fees for any consultants that will help with a piece of the project or the entire project.
 - Office supplies, education supplies, and any other type of supplies your organization will need to complete the project. Equipment costs, if applicable, may not exceed 30% of direct costs and should be used exclusively on the proposed project. Komen funds cannot be used towards the purchase of breast health models.
 - Any type of travel related to the project, including conference travel and mileage costs.
 - Patient care costs encompass all funds requested for providing a direct service to a patient. This should be the cost you will need to provide the services mentioned in the goals and objectives portion of the application. Navigation or referral programs should not include the project costs in this section.
 - Sub-contracts are not allowable by Komen NEO.
 - The "Other" section should include any allowable expenses that do not fit the previously mentioned budget categories. This section should only be used if the item cannot be included on any of the other various budget sections.

* - Please see Appendix A: Glossary of Terms for specific definitions throughout the Grantmaking Guide

- Indirect costs include building fees/rent, depreciation, non-capital furniture costs, utilities, etc, and are limited to 15% of the total direct costs.
8. *Project Budget Summary* – This section allows the applicant to identify additional sources of funding for the project and generates a complete summary of the overall project budget. Applicants will need to identify what percentage of the total budget goes towards each Project Category. Applicants are also required to upload the required insurance documentation as outlined in the RFA.

Returning grant applicants must provide a letter acknowledging and responding to all points outlined by the Grant Review Committee from the prior year. Returning grantees must also include a PDF copy of their most recent progress and/or final report. These are strict requirements and should not be overlooked. These documents are to be uploaded in the Project Budget Summary section along with the organization's financial and insurance information. If you require a copy of your most recent Grant Review Committee feedback or progress/final report, please contact Gina Chicotel at gchicotel@komenneohio.org or (216) 292-2873 ext.112.



APPENDICES

Appendix A: Glossary of Terms

- **Collaborative Grants:** A consortium of organization may apply for Komen funding to conduct specific activities or services under the grant. For Komen purposes, a consortium is defined as two or more organizations that individually have the capacity and experience to carry out the activities under the grant award and enter into an agreement to submit a single application under this RFA.

The collaborative grant must set forth each organization's specific role in carrying out the activities under the grant award, and such roles must be neither nominal nor duplicative. One organization within the collaborative must be designated as the lead entity. The lead entity must submit the application and, if selected, execute the Grant Contract with Komen and assume responsibility for the award on behalf of the entire consortium. In addition, a Consortium Agreement must be executed and dated by all consortium members for the purpose of applying for and using Komen funding. The Consortium Agreement must be submitted with the grant application.

If awarded, the lead entity must enter into a sub-recipient agreement with each individual consortium member. The sub-recipient agreement must include the requirements of the Komen Grant Contract between Komen and the lead entity as well, and set forth the individual consortium member's responsibilities for compliance with Komen's grant agreement and all other Komen guidelines and policies.

Komen does not allow sub-contracts defined as contract entered between the grant recipient and a third party, not approved by Komen, to perform any portion of the grant in part or in whole.

- **Consortium:** An association or a combination of health care agencies, health care providers, community leaders, community members, government agencies, and/or grassroots organizations engaging in a joint venture to address breast health disparities.
- **Continuum of Care:** The continuum of care refers to the range of services available within the health care sector, and to some extent, outside of it, that address services and access to breast health, breast screening, diagnostics, breast cancer treatment, and survivorship services. The continuum of care is a theoretical model rather than an actual system of care delivery.
- **Cultural Competency:** Cultural competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or amongst professionals that enables the system, agency, or those professionals to work effectively in cross-cultural situations. The word culture refers to the integrated pattern of human behavior that includes thoughts, communications, actions, customs, beliefs, values, and institutions of a racial, ethnic, or religious group. The word competence refers to the capacity to function effectively. A culturally competent system of care acknowledges and incorporates—at all levels—the importance of culture, the assessment of cross-cultural relations, vigilance towards the dynamics that result from cultural difference, the expansion of cultural knowledge, and the adaptation of services to meet culturally-unique needs. (Definition adapted from *Toward a Culturally Competent System of Care: Vol. 1*, Terry Cross, et al. (1989).)
- **Education:** Defined for the purposes of this RFA as evidence-based activities targeted at improving overall understanding about breast health/breast cancer, promoting action toward early detection, increasing awareness about sources of care, and how to initiate the screening process. (May also include Patient Navigation (see definition below) component.)

Education is defined by Komen National as:

- Development of communication tools and methods to include e-communications and social networking.
- Education of patients, health care providers, at-risk populations, and the general population about breast cancer.

- Communication to patients regarding therapeutic options.
- Education interventions to promote self-care and symptom management.
- Communication breast cancer risk to underserved, at-risk, and general populations.
- Communication of lifestyle models that reduce breast cancer risk, such as communication of nutritional interventions.
- Special approaches and considerations for underserved and at-risk populations.
- Education, information, and early detection/screening/assessment systems for the general public, primary care professionals, and policy makes.

Education projects should focus on the importance of breast self awareness and breast cancer screenings to support early detection. Education projects must facilitate access to breast cancer screening services. Funding will not be provided for breast health/cancer education WITHOUT also providing referral to, and tracking of, screening and/or diagnostic breast care.

- **Evaluation Plan:** A detailed plan of how you will measure achieving the project objectives and how the impact of the project will be assessed. It includes who will conduct data collection, when data will be collected and what methods will be used, such as surveys, intake forms, etc.

A strong evaluation plan measures the quantity (i.e. numbers served) and quality (i.e. satisfaction) of the implementation and effectiveness of the outcomes (i.e. all follow up completed within 60 days).

Staff members responsible for evaluation need the ability to:

- Assess project outcomes
 - Monitor project processes and performance of project
 - Analyze evaluation data and results
 - Present evaluation findings
- **Evidence-Based Practices:** Strategies have been tested, evaluated, and found to be effective in improving access, promoting behavioral change and/or empowering individuals to make good breast health decisions. Evidence-based strategies are peer reviewed, and usually published in a public health or medical journal. Please see our list of Applicant and grantee resources in Appendix A.
 - **Funding Slate:** Rank order listing of grant applications as determined by the Grant Review Committee.
 - **Grant Review Committee:** The Grant Review Committee is an independent group comprised of health care professionals, breast cancer survivors and co-survivors, educators, advocates, community members, representatives from other nonprofits, and other types of professionals (including accountants, attorneys, financial professionals, etc.), who are invited by the Affiliate to review all incoming grant applications and make funding recommendations to the Affiliate's Board of Directors.
 - **Goals:** A goal is a broad-based statement of the ultimate result of the project being undertaken. *For example:* Project plans to increase access to breast cancer screening in XYZ County. Educate women 40 and older in at risk zip codes, 44444, 44443, 44442 in XYZ County.
 - **Medically Underserved:** A term that refers to individuals who lack access to primary and specialty care either because they are socioeconomically disadvantaged and may live in areas with high poverty rates or because they reside in rural areas. The term also refers to individuals who reside in geographic areas where the index of Medical Underservice (IMU) is 62 or less. Health Resource Services Administration (HRSA) criteria designate a service area with an IMU of 62 or less as a "medically underserved area (MUA)." For more information go to: <http://muafind.hrsa.gov/>.

- **Measurable Objectives:** Project proposals must include a detailed evaluation plan that outlines proposed outcome measures that are relevant to project services and include the number of services provided as well as individuals served as well as more qualitative measures like changes in a patient's ability to better engage in everyday life or satisfaction with services provided. These projections may be derived from previous, comparable project outcomes, from data from projects providing similar services or from information provided by a community needs assessment. Funded Applicants must report how many actual services were provided during the grant cycle, as compared to the estimates made in this application.
- **Outreach:** For the purposes of this RFA, outreach is defined as reaching out to various communities to find women who do not use or who underuse medical services. Outreach is making meaningful contacts with women on their terms in their natural settings within well-defined communities, while also providing any service that facilitates entry into the screening cycle. May also include Patient Navigation component (see definition below).
- **Objective:** A measurable, time-specific result the organization expects to accomplish as part of the grant. Objectives are specific approaches to achieve the goal. *For example:* a) Provide screening mammograms to 150 medically underserved women; b) Will educate 500 women in breast health; c) X number of women out of the 500 will obtain a mammogram within six months of project.
- **Patient Navigation:** For breast health, Patient Navigation refers to guidance provided to persons needing access to screening, re-screening and, in the case of abnormal findings, accessing the cancer care system and overcoming barriers to quality, standard care. Patient Navigation services may be considered education, outreach, or both.
- **Promising Practices:** Innovative approaches that are likely to be effective but have not yet been fully evaluated. They may also be called "emerging best practices."
- **Proof of Insurance:** In circumstances, such as a grant, where the Affiliate does not have direct control over an activity and cannot therefore manage the risk associated with the activity, the Affiliate should ensure that the third-party adequately manages the risk. In the grant context, the grant agreement provides that the Affiliate is only responsible for funding the grant, and all activities of the grantee and any problems that arise from those activities are the exclusive responsibility of the grantee. Therefore, we require that grantees indemnify or defend the Affiliate if someone claims that the Affiliate is responsible for the actions of the grantee, by providing proof of insurance coverage to cover any potential claims. Please see the General Restrictions and Conditions for more information.
- **Provider:** HIPPA law defines provider, for the purposes of health care, as a provider of medical or health services and any other person or organization who furnishes, bills, or is paid for health care in the normal course of business. This can include, but is not limited to: breast health or breast cancer surgeons, oncologists, radiologists, nurses, patient navigators, social workers, mammographers, primary care physicians, medical billing staff, medical administrative staff, etc.
- **Provider Education:** For the purposes of this RFA, all proposed projects addressing provider education should increase provider knowledge and understanding of breast cancer screening recommendations supported by Susan G. Komen®, the various local resources available to the uninsured, breast cancer survivors and co-survivors, internal/external referral processes, and/or cultural competency issues so their patients can better navigate through the continuum of care. Please see the definition of providers above. Partnerships and/or collaborations are encouraged, but not required. Education/training must include appropriate CEU/CMUs for attendance.
- **RFA:** Request for Applications.

- **Scoring Rubric:** The template used by the Grant Review Committee that is used to objectively score RFA responses in a consistent manner. All Applicants have access to the scoring rubric, which can be found in Appendix C.
- **Screening and Diagnosis:** For the purposes of this RFA, defined as a complete breast health screening cycle that includes a Clinical Breast Exam (CBE) and/or mammography. Screening and diagnosis may also include medical services not covered by the BCCP. Komen NEO does not pay for breast cancer treatment.

Komen National defines screening and diagnosis as:

- Interventions to change attitudes and beliefs that affect behavior related to breast cancer control and breast cancer outcomes.
 - Influences of attitudes and beliefs on compliance to treatment and prevention protocols.
 - Psychological or educational interventions to promote behaviors that lessen treatment-related morbidity and promote psychological adjustment to the diagnosis of breast cancer and to treatment effects.
- **Sustainability:** How a project and its impact will be sustained in the long-term. What resources (financial, personnel, partnerships, etc.) will be needed to sustain this effort over time? How will those resources be secured? Could the organization(s) sustain the project three to five years from now without funds from Komen?
 - **Systemic Issues/Health Care Delivery:** Komen National describes this as:
 - Centers, consortia, and/or networks.
 - Analysis of health service provision, including interaction of primary and secondary care.
 - Impact of organizational, social, and cultural factors on access and quality of care.
 - **Survivor Support:** Komen National defines survivor support as interventions addressing: quality of life issues, pain management, psychological impacts of breast cancer survivorship, rehabilitation, reproductive issues, and/or long-term morbidity.
 - **Timeline:** *For example:* a) Two breast health screenings conducted by end of Q1, Q2, Q3, Q4; b) 200 women educated by June 2013, 200 women educated by September 2013, 200 women educated by March 2014.
 - **Treatment:** Projects focusing on treatment are those that reduce out-of-pocket costs for treatment related expenses, such as co-pay or prescription drug assistance, chemotherapy, clinical trials, etc.
 - **Treatment Support:** Refers to projects addressing quality of life issues and/or support during treatment or after diagnosis for breast cancer patients and/or their families. A person is considered a breast cancer survivor from the point of diagnosis. Projects addressing treatment support issues may assist with cost-of-living expenses for individuals in active treatment for breast cancer; provide support groups or counseling/psychotherapy for breast cancer patients and their families; complementary therapy (e.g. meditation, yoga, acupuncture, etc.) education; end of life care; legal services; and/or side-effect management (e.g. prosthesis, wigs, lymphedema care, etc.).

Appendix B: Grant Writing Resources

Research-tested Intervention Programs (RTIPs) – Evidence-based Breast Cancer Screening Intervention Programs

<http://rtips.cancer.gov/rtips/programSearch.do>

This searchable database of cancer control interventions and program materials is designed to provide program planners and public health practitioners easy and immediate access to research-tested materials.

Cancer Control P.L.A.N.E.T.

<http://cancercontrolplanet.cancer.gov/>

This portal provides access to Web-based resources that can assist in: assessing the cancer and/or risk factor burden within a given state, identifying potential partner organizations that may already be working with high-risk populations, understanding the current research findings and recommendation, accessing and downloading evidence-based programs and products, and finding guidelines for planning and evaluating your program.

The Community Guide

<http://www.thecommunityguide.org/index.html>

The Guide to Community Preventive Services is a free resource to help you choose programs and policies to improve health and prevent disease in your community. Systematic reviews are used to answer these questions:

- Which program and policy interventions have been proven effective?
- Are there effective interventions that are right for my community?
- What might effective interventions cost; what is the likely return on investment?

Foundation Center's Proposal Writing Short Course

<http://foundationcenter.org/getstarted/tutorials/shortcourse/index.html>

The Foundation Center offers a short online course on proposal writing that covers gathering background information, the components of a proposal, the executive summary, statement of need, project description, budget, organizational information, and letter proposal.

CDC Evaluation Working Group

<http://www.cdc.gov/eval/>

The CDC Evaluation Working Group provides guidelines for program evaluation to help organizations use science as a basis for decision-making and action, expand the quest for social equity, perform effectively as a service agency, make efforts outcome-oriented and be accountable.

W. K. Kellogg Foundation Evaluation Handbook

<http://www.wkkf.org/knowledge-center/resources/2010/W-K-Kellogg-Foundation-Evaluation-Handbook.aspx>

The W. K. Kellogg Foundation believes that evaluation is useful to document impact and demonstrate accountability and that evaluation should also lead to more effective programs, greater learning opportunities, and better knowledge of what works. This handbook provides a framework for thinking about evaluation as a relevant and useful program tool and is designed to encourage dialogue about the role evaluation should play at the project level.

Community Tool Box

<http://ctb.ku.edu/en/default.aspx>

The Community Tool Box is a global resource for free information on essential skills for building healthy communities that offers practical guidance in creating change and improvement.

Community Health Worker Programs Materials

<http://www.cdc.gov/cancer/nbccedp/training/community.htm>

This link takes you to two handbooks created by the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). The first handbook is online and focuses on the development and management of community health programs. The second handbook is available on request and was developed to expand

existing community breast health worker programs to include breast and cervical cancer screening promotion and is used to train community health workers. Both materials have a comprehensive list of references and resources for further reading.

The Foundation Center

<http://foundationcenter.org/>

The Foundation Center is recognized as the nation's leading authority on organized philanthropy, connecting nonprofits and the grantmakers supporting them to tools they can use and information they can trust. The Center maintains the most comprehensive database on U.S. grantmakers and their grants; issues a wide variety of print, electronic, and online information resources; conducts and publishes research on trends in foundation growth, giving, and practice; and offers an array of free and affordable educational programs.

National Registry of Effective Programs and Practices (NREPP) Learning Center

<http://nrepp.samhsa.gov/LearnLanding.aspx>

NREPP's Learning Center includes learning modules, research documents, and other resources on topics of interest including making evidence-based programming work for you and evidence-based theory relationships.

University of Wisconsin Extension: Program Development and Evaluation

<http://www.uwex.edu/ces/pdande/evaluation/evaldocs.html>

The University of Wisconsin Extension provides practical, easy-to-use guides designed to help agencies better plan and implement credible and useful evaluations. They also may be useful to agencies or funders who are seeking assistance with realistic evaluation strategies.

Minnesota Department of Health: Public Health Resources

<http://www.health.state.mn.us/library/pubhealthref.htm>

The Minnesota Department of Health offers a variety of evaluation guides, including Evaluation: Why and What; The Purpose of Evaluation; Types of Evaluation; Program Evaluation Options Based on Your Resources; and Using Evaluation Tools. The website also contains examples of evaluation tracking and tip sheets on writing evaluation and progress reports.

Appendix C: Income Guidelines

2015 Poverty Guidelines for the 48 Contiguous States & the District of Columbia
Effective 1/22/2015

Persons in Family (Household)* Size***	100% of DHHS Federal Poverty Guidelines (FPL)*		250% of FPL	
	Monthly	Annual	Monthly	Annual
1	\$981	\$11,770	\$2,452	\$29,425
2	\$1,327	\$15,930	\$3,319	\$39,825
3	\$1,674	\$20,090	\$4,185	\$50,225
4	\$2,021	\$24,250	\$5,052	\$60,625
5	\$2,367	\$28,410	\$5,919	\$71,025
6	\$2,714	\$32,570	\$6,785	\$81,425
7	\$3,061	\$36,730	\$7,652	\$91,825
8	\$3,407	\$40,890	\$8,519	\$102,225

For families with more than 8 persons, add \$4,160 annually for each addition person.

*As defined by the Bureau of the Census for statistical purposes, a household consists of all the persons who occupy a housing unit (house or apartment), whether they are related to each other or not. If a family and an unrelated individual, or two unrelated individuals, are living in the same housing unit, they would constitute two family units, but only one household.

***Size of Family Unit supported by Total **Gross** Household Income. Gross income is money made by the individual **BEFORE** taxes.

SOURCE: DHHS (2015). Annual Update of the HHS Poverty Guidelines. *Federal Register*, 79(14), 3593-3594. Retrieved from <http://aspe.hhs.gov/poverty/15poverty.cfm>.

Appendix D: Grant Reporting Requirements

Komen Northeast Ohio grantees are expected to report on all components of the project funded by Komen Northeast Ohio. This means Komen Northeast Ohio grantees will be required to track and report interim and final numbers for each objective they have listed in their approved Project Work Plan.

Applicants should incorporate one activity/intervention per objective in the 2016-2017 Grant Year. For example, if you plan on educating individuals through small group sessions and large group sessions, one objective should focus on the small group sessions and another objective should focus on the large group sessions. If you plan on providing clinical breast exams and screening mammograms, one objective should focus on clinical breast exams and another objective should focus on the screening mammograms.

A summary report of program objectives and anticipated numbers served will be generated for each organization by the Affiliate and will be provided to the grantee during the contract acceptance process. This report will be created directly from the objectives and anticipated numbers of individuals served the grantee lists in the approved Project Work Plan. An example of the summary report is provided below.

Objective Name	Projected Number Served	Number Served to Date
Goal: Increase breast health mammography screenings among African-American women seen at Hospital X by 25% over baseline.		
By the fourth quarter of the grant year, educate 200 African-Americans on the importance of breast cancer screenings.	200	
Schedule mammography appointments for at least 20% of education session attendees by the end of each session.	40	
Provide bus passes or other transportation assistance to women who need help getting to their mammogram appointment at least two days prior to their scheduled appointment.	20	

The grantee will be held accountable to reporting interim & final numbers for each objective listed in the Project Work Plan and the Affiliate generated summary report. This information will be entered into the Individuals Served section of the interim and final reports in GeMS.

Grantees will be required to evaluate their progress in achieving their set goals and objectives and must attach the results from the evaluation documents/tools they utilized to measure success for each objective in both the interim and final reports. Evaluation documents/tools should be comprehensive and reflective of the work listed in each objective (e.g., if a grantee proposed to use a pre/post-test to measure knowledge gained through group education, a blank copy of the pre/post-test should be included in the interim and final reports along with any tracking sheets/tools used to analyze the information collected in the pre/post-test and a summary of the results from the pre/post-tests). It is expected that every grantee will include a summary of the evaluation results for each objective in the interim and final reports.

Grantees whose programs have an education component will also be expected to provide copies of all materials used during the education process, including but not limited to PowerPoint presentations, written materials, and/or a summary of key learning objectives and talking points.

Any additional reporting templates and/or guidelines for the 2016-2017 Grant Year will be communicated to the grantee during the grant contract process and posted online by April 1, 2016.