



Welcome to the 2012/2013 Wabash Valley Affiliate of Susan G. Komen for the Cure Grant Application Process.

A. Deadlines for the Grant Application process:

February 27, 2012 – Applications must be completed and submitted to either of the following:

Mailed: Wabash Valley Affiliate of SGK, P. O. Box 3162, Terre Haute, IN 47803

Emailed: wvkomenoff@yahoo.com

April 20, 2012 – All applicants of 2012 – 2013 grant process will be notified the week of April 20.

B. Attached you will find Request for Applications, which includes Application Instructions and all the forms listed below.

- Grant Application Cover Page
- Organization Summary
- Project Work Plan or detailed Program Description – either format must include a minimum of 2 objectives. Templates are provided for both options.
- Budget Template
- Completed W9
- Copy of 501 (c) (3) tax letter

All the above documents must be completed to be included in this year's application process.

C. Please note two new additions to be eligible for funding.

- A representative of your organization is to attend the Annual Survivor Celebration/Grants Announcement being held on April 27, 2012 at Boot City. There will be a table available for your representative to display information about your organization.
- Your organization is to attend the Annual Race for the Cure on September 29, 2012, which includes setting up and manning a display in the Expo Tent.

Both of these requirements must be met to receive funding.



Request for Applications

The Wabash Valley Affiliate of Susan G. Komen for the Cure®—along with those who generously support us with their talent, time and resources—is working to better the lives of those facing breast cancer in our community. We join more than 100,000 breast cancer survivors and activists around the globe as part of the world’s largest and most progressive grassroots network fighting breast cancer. Through events like the Wabash Valley Race for the Cure, we have invested over \$1 million in local breast health and breast cancer awareness projects in 11 counties. Up to 75 percent of net proceeds generated by the Komen Wabash Valley Affiliate stay in the Clark and Edgar in Illinois, Greene, Clay, Monroe, Parke, Putnam, Owen, Sullivan, Vermillion and Vigo counties in Indiana. The remaining income goes to the national Susan G. Komen for the Cure Grants Program for energizing science to find the cures.

About Susan G. Komen for the Cure

Nancy G. Brinker promised her dying sister, Susan G. Komen, she would do everything in her power to end breast cancer forever. In 1982, that promise became Susan G. Komen for the Cure and launched the global breast cancer movement. Today, Komen for the Cure is the world’s largest grassroots network of breast cancer survivors and activists fighting to save lives, empower people, ensure quality care for all and energize science to find the cures. Thanks to events like the Komen Race for the Cure®, we have invested more than \$1.9 billion to fulfill our promise, becoming the largest source of nonprofit funds dedicated to the fight against breast cancer in the world. For more information about Susan G. Komen for the Cure, breast health or breast cancer, visit www.komen.org or call 1-877 GO KOMEN.

Statement of Need

The findings from the 2011 Wabash Valley Affiliate Community Profile revealed above national average of breast cancer diagnosis. A summary 2011 Community Profile can be found on our website at komenwabashvalley.org.

Drawing from the profile Wabash Valley Affiliate has identified the following funding priority areas:

1. Access to service for screening and treatment
2. Access to screening not qualifying for BCCP in Affiliate service areas
3. Education and support programs



Important Dates

Application Deadline	February 27, 2012
Award Notification	Week of April 20, 2012
Award Period	April 1, 2012 thru March 31, 2013
Other Important Dates	April 27, 2012 – Survivor Celebration Sept. 29, 2012 – Wabash Valley Race for the Cure

Eligibility

Applicants must meet the following eligibility criteria to be considered for funding:

- All past and current Komen-funded grants or awards to applicant are up-to-date and in compliance with Komen requirements.
- Applicant has tax exempt status under the Internal Revenue Service code.
- Applicant must be a non-profit organization located in or providing services to one or more of the following locations:
 - Clark and Edgar in Illinois, Greene, Clay, Monroe, Parke, Putnam, Owen, Sullivan, Vermillion and Vigo counties in Indiana
- Project must be specific to breast health and/or breast cancer
- Applicant is not currently debarred from the receipt of federal or state funding
- No key personnel of applicant or any of its affiliates has been convicted of fraud or a crime involving any other financial or administrative impropriety within the last year
- Applicant or any of its affiliates is not currently under a local, state or federal formal investigation for financial or administrative impropriety or fraud. (“Affiliate” means any entities that control, are controlled by or are under the same control as applicant or independent entities operating under the same name or brand as applicant.)

Allowable Expenses

Funds may be used for the following types of program expenses:

- Salaries and fringe benefits for program staff
- Consultant fees
- Clinical services or patient care costs
- Meeting Costs
- Supplies
- Travel
- Other direct program expenses
- Equipment, not to exceed \$5,000.
- Indirect costs, not to exceed 15% of direct costs

Funds may **not** be used for the following purposes:

- Medical or scientific research
- Scholarships or fellowships



- Construction or renovation of facilities
- Political campaigns or lobbying
- Endowments
- Debt Reduction

Educational Materials and Messages

Susan G. Komen for the Cure® is a source of information about breast cancer for people all over the world. To reduce confusion and reinforce learning, we require that grantees provide educational messages and materials that are consistent with those promoted by Komen for the Cure, 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>.

Komen for the Cure grantees are eligible to receive preferred pricing for Komen educational materials. Komen for the Cure materials should be used and displayed whenever possible. To view our educational materials, visit www.shopkomen.org.

Submission Requirements

All proposals must be type-written on plain, white, single-sided 8 ½ x 11 paper using 12-point font. Four copies (one original and three duplicates) should be submitted. The pages should be numbered and each copy stapled in the top left corner. No special packaging (binders, plastic covers, etc.) or additional material (videotapes, annual reports, brochures, etc.) should be included. In addition, please email the proposal and all attachments (unless the form is attached e.g. budget template, project work plan) in a Microsoft Word document to the following email address: wvkomenoff@yahoo.com

Applications must be received on or before **February 27, 2012** at **Wabash Valley Affiliate of Susan G. Komen, P. O. Box 3162, Terre Haute, IN 47802 (unless emailed)**. No late submissions will be accepted.

Review Process

Each grant application will be reviewed by at least three independent reviewers. They will consider each of the following selection criteria:

Impact: Will the 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 priority selected? How closely does the project align with the funding priorities stated in the RFA? Does the project have a sufficient and documented plan to evaluate its impact?



Feasibility: 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?

Capacity: Does the organization, Project Director and his/her team have the expertise to effectively implement all aspects of the project? Is the organization respected and valued by the target population? Is it culturally competent?

Collaboration: Does this project enhance collaboration among organizations with similar or complementary goals? Are the roles of the partners appropriate and relevant?

Sustainability: Is the project likely to be sustained? Are partnerships likely to be sustained past project period? Is the impact likely to be long-term?

The grant application process is competitive, whether or not an organization has received a grant in the past. Funding in subsequent years is never guaranteed.

Customer Support: Questions should be directed to:

Jeri Humphrey
812 917 5047
wvkomenoff@yahoo.com



Application Instructions

Cover Page (form attached)

Complete the attached cover page including an abstract (project summary). The abstract should be limited to 1,500 characters, including spaces and punctuation (approximately 225 words). The abstract should provide a brief description of the proposal including the following: 1) the purpose of the program; 2) a description of key activities; 3) a summary of evaluation methods; and 4) the likely impact of the program. The signature of approving institutional personnel, other than the project director, is required.

Organization Summary (form attached)

Complete the attached organization summary page. It should include a brief description of the following: 1) organization's history and if your program is part of a larger organization, an explanation of the mission of the larger entity and your relationship to it; 3) the mission of the organization; 4) the current programs and accomplishments; 5) explanation of how your organization seeks to be diverse and inclusive; 6) number of paid full time staff, volunteers and total annual organization budget.

Project Work Plan (form attached)

Complete the attached project work plan. Directions for completion appear at the top of the page.

Program Description

Organization Capacity (limit- 3,500 characters)

- Explain why the applicant organization is best-suited to lead the project and accomplish the goals and objectives set forth in this application
- Describe evidence of success in delivering breast health/cancer services to the proposed population
- Describe fiscal capability to manage the delivery of the proposed goals and objectives and ensure adequate measures for internal control of grant dollars.

Statement of Need (limit- 3,500 characters)

- Describe the population to be served
- Describe evidence of the risk/need within that population
- Provide statistics specific to the target population

Project Description (limit- 3,500 characters)

- Explain how the project's goals and objectives, as outlined in your Project Work Plan addresses one or more of the priorities outlined in the Affiliate's Community Profile/Statement of Need.
-



Collaboration (limit- 3,500 characters)

- Describe 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.

Sustainability (limit- 3,500 characters)

- What resources (financial, personnel, partnerships, etc.) will be needed to sustain the effort over time? How will those resources be secured by the end of the funded project period?
- What are your organization's plans to support the project lead to implement, manage and oversee all aspects of the proposed project?
- What efforts will you take to communicate this project to leadership to ensure buy-in?
- Describe the organization's current financial state. Has your organizational budget increased or decreased from last year? Please explain why.

Evaluation

- Describe in detail how the organization (s) will measure achieving project goals and objectives and how will the impact of the project on the priority selected will be assessed.
- Describe the evaluation expertise that will be available for this purpose.
- What resources are allocated for evaluation in the project budget?
 - A strong evaluation plan measures both the quantity and quality of strategy implementation and outcomes.
 - i. **Impact Evaluation:** Assesses the changes that can be attributed to a particular intervention, such as a project, program or policy. Impact Evaluation helps us to answer key questions such as, what works, what doesn't, where, why and for how much?
 - ii. **Process Evaluation:** Assesses the delivery of programs. Process evaluation verifies what the program is and whether it is being implemented as designed. It answers the questions of what is delivered in reality and where are the gaps between program design and delivery?

Budget (form attached)

Provide a detailed total program budget. All funding for this program, including other grants and general funds should be included in the budget. Please note that indirect costs may not exceed 15% of direct costs and equipment costs may not exceed \$5,000.



For each line item in the budget, provide a brief description of how the funds will be used and why they are programmatically necessary. List all other committed and pending sources of support for the program.

Attachments

- 1. Information regarding Key Personnel** – For key personnel that are currently employed by the applicant, provide a resume or curriculum vitae. For new or vacant positions, provide job descriptions (*Two page limit per individual*).
- 2. Proof of Non-Profit Status** – To document your federal tax-exempt status, attach your determination letter from the Internal Revenue Service. Evidence of state or local exemption will not be accepted. Please do not attach your Federal tax return.
- 3. Letters of support, collaboration, MOUs, etc.** demonstrating your partnerships.
- 4. Evaluation forms, surveys, logic model, etc.** related to demonstrating the effectiveness of your program as defined in your work plan.



Grant Application Cover Page

Organization Information

Project Title: _____

Organization Name: _____

Legal Name: _____

Department: _____

Federal Tax ID: _____

Phone: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip (include +4): _____ -

County: _____ Website: _____

Amount Requested: _____

Please indicate the type of organization:

- | | | | | | | |
|--------------------------|---|--------------------------|--------------------------|---------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 501c3 | Federally
qualified
health clinic | Hospital | Government
agency | Religious
organization | School | University |

Project Director Information

First Name: _____ Last Name: _____ Degree(s): _____

Email: _____

Phone: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip (include +4): _____ -

Community Contact

First Name: _____ Last Name: _____ Degree(s): _____

Phone: _____



Abstract: (Please limit your abstract to 1500 characters.)

Provide a brief description of the proposal including the following:

1. The purpose of the program
2. A description of key activities
3. A summary of evaluation measures
4. The likely impact of the program

Please enter up to 10 keywords that describe your proposed project:

Please indicate how the grant funds will be used by percentage:

	% Education	% Screening	% Diagnosis
	% Treatment	% Treatment Support	
% Survivorship	% Health Care Delivery/Systems Change		

Which of the priorities from our Community Profile does your project propose to address?

- [Priority 1 from RFA]
- [Priority 2 from RFA]
- [Priority 3 from RFA]

Target Counties: _____

How long has your organization received funds from Komen for this project : _____

In what way is your organization involved with the National Breast and Cervical Cancer Early Detection Program?

- Not Involved
- Provider
- CDC Grantee
- Other
- Contractor



Partners (List partnering organization and the services they will provide; letters of support are accepted and will be discussed under Application Instructions on the RFA):

Organization	Services Provided	Partner # Years

Target Populations (select up to four primary populations):

Ethnic/Racial Groups

- Unspecified
- African American, African descent (non-Hispanic origin)
- American Indian/Alaskan Native
- Asian
- Pacific Islander
- Hispanic/Latina(o)
- Middle Easterner
- White (non-Hispanic Origin)

- Other
- Other
- Other
- Other

General Population

- Unspecified
- Youth 0-19
- Adults 20-39
- Adults 40-49
- Adults 50-64
- Adults 65+

Gender

- Unspecified
- Females
- Males

Named Groups

- Survivors
- Survivors, living with metastatic disease
- Co-Survivors
- English as a second language
- Immigrants, Newcomers, Refugees
- Offenders, Ex-Offenders
- Homeless
- Uninsured, Underinsured
- Healthcare providers
- Lesbian/Gay/Bisexual/Transgender
- Migrant Workers
- Jewish
- Persons With Disabilities



Required Signatures

I understand that funding decisions are made at the sole discretion of [Affiliate Name].

Program Director

Signature: _____ Date: _____

Name: _____ Title: _____

Approving Institution Official Signature

Signature: _____ Date: _____

Name: _____ Title: _____



Organization Summary

Please provide a brief description of the organization's history. If your program is part of a larger organization, briefly explain the mission of the larger entity and your relationship to it (limit of 750 characters).

State the mission of the organization (limit of 500 characters).

Describe the current programs and accomplishments (limit of 500 characters).

Please explain how your organization seeks to be diverse and inclusive (limit of 750 characters).

Number of paid full time staff:
Number of volunteers:
Organization total annual budget:

Project Work Plan									
<p>Project Work Plan instructions:</p> <ul style="list-style-type: none"> - Please fill out one tab for each Goal (see actual excel file) - You may enter multiple objectives for each goal but it is not required. - To select an intervention below, click on "Select from list" and then click on the drop down arrow to display choices. You may select up to four interventions for each objective. You may enter an intervention under "Other" if it doesn't appear on the list. 									
Goal:									
<p>Objective 1: (limit 300 characters)</p>									
<p>Timeline: Start Date:</p>	<input style="width: 100px; height: 20px;" type="text"/>								
End Date:	<input style="width: 100px; height: 20px;" type="text"/>								
Intervention:	<p style="text-align: right;">Other :</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 60%; padding: 5px;">Select from list</td> <td style="width: 40%;"></td> </tr> <tr> <td style="padding: 5px;">Select from list</td> <td></td> </tr> <tr> <td style="padding: 5px;">Select from list</td> <td></td> </tr> <tr> <td style="padding: 5px;">Select from list</td> <td></td> </tr> </tbody> </table>	Select from list		Select from list		Select from list		Select from list	
Select from list									
Select from list									
Select from list									
Select from list									
Individual Responsible:	<input style="width: 100px; height: 20px;" type="text"/>								
<p>Individuals Served: (please list anticipated #)</p>	<input style="width: 100px; height: 20px;" type="text"/>								

What methods and techniques will you use to evaluate the effectiveness of this objective? (limit 300 characters)

Objective 2:
 (limit 300 characters)

Timeline:

Start Date:

End Date:

Intervention:

Other :

Select from list	
Select from list	
Select from list	
Select from list	

Individual Responsible:

Individuals Served:

(please list anticipated #)

What methods and techniques will you use to evaluate the effectiveness of this objective? (limit 300 characters)

Objective 3:
(limit 300 characters)

Timeline:
Start Date:
End Date:

Intervention:

Other :

Select from list	
Select from list	
Select from list	
Select from list	

Individuals Served:
(please list anticipated #)

What methods and techniques will you use to evaluate the effectiveness of this objective?
(limit 300 characters)



Interventions List

Public education (e.g. radio, television, newspaper, e-communications, social networking)

Group education (e.g. lectures, workshops, seminars, webinars)

One-on-one education

Material development and dissemination (multi-cultural, and in accessible and alternative formats)

Events (e.g. health fairs) in accessible venues

Health care professional training and provider education

Reminder systems directed at patients (e.g. letters, phone calls)

Reminder systems directed at health care providers (e.g. chart reminders)

Outreach programs (that result in new appointments, new patients, etc.)

In-reach programs (result in getting existing patients to get a mammogram)

Reduce costs to patient for mammography (e.g. free or low-cost mammography)

Expand hours for breast health services to evenings and weekends.

Provide free or low-cost screenings (clinical breast exams and/or screening mammograms)

Reduce other barriers to mammography (e.g. transportation, childcare)

Provide translation/interpretation services to include sign language interpreters

Genetic testing

Patient navigation

Accessible facilities for screening (education, awareness)

Provide translation/interpretation services

Reduce costs to patient for diagnostic services (e.g. ultrasound, biopsies)

Patient navigation

Reduce other barriers to diagnostic services (e.g. transportation, childcare)

Reduce out-of-pocket costs for treatment (e.g. co-pay or prescription drug assistance)

Reduce costs for treatment services (e.g. free chemotherapy, radiation, surgery)

Clinical trials

Patient navigation

Provide financial assistance for day-to-day costs during treatment (e.g. housing, utilities)

Reduce other barriers to treatment (e.g. transportation, childcare)

Support groups

Individual counseling/psychotherapy

Side-effect management (e.g. prosthesis, wigs, lymphedema therapy)

Nutrition services (e.g. meal delivery)

Complementary therapies (e.g. meditation, yoga, acupuncture, art therapy)

End of life care (e.g. hospice/palliative care)

Legal services

Caregiver support (e.g. respite programs, training for caregivers)

Support groups

Individual counseling/psychotherapy

Exercise/Nutrition programs

Complementary therapies (e.g. meditation, yoga, acupuncture, art therapy)



Side-effect management (e.g. prosthesis, wigs, lymphedema therapy)

Interventions to increase the quality of health care delivery

Process improvement strategies



Budget Template (excel spreadsheet file provided separately)

	From Other Sources			Total Required
	Requested from Komen	Cash	In Kind	
Salaries				
Fringe (Benefits, Taxes)				
Consultant Costs				
Supplies				
Equipment (not to exceed \$5,000)				
Travel				
Patient Care Costs				
Screening				
Diagnostics				
Treatment				
Transportation				
Sub-contracts				
Other (itemize below)				

Subtotal - Direct Costs				
Indirect Costs (not to exceed XX% of direct costs)				
Total				

Budget Justification

Please provide written justification for each budget line item. This is required.

Form **W-9**
(Rev. January 2011)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Name (as shown on your income tax return)

Business name/d disregarded entity name, if different from above

Check appropriate box for federal tax classification (required): Individual proprietor S Corporation Partnership Trust/estate Exempt payee

Limited liability company: Enter the tax classification (C=S corporation, S=S corporation, P=partnership) ▶

Other (see instructions) ▶

Address (number, street, and apt. or suite no.) Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								
				-				
Employer identification number								

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here Signature of U.S. person ▶ Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partner's share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.