



THE WEST VIRGINIA AFFILIATE OF SUSAN G. KOMEN FOR THE CURE

Grant applications now being accepted for
**BREAST HEALTH AND/OR BREAST CANCER EDUCATION,
TREATMENT SUPPORT, OR SCREENING PROJECTS**

The mission of Susan G. Komen for the Cure is to eradicate breast cancer as a life-threatening disease by advancing research, education, screening, and treatment. Affiliates of the Komen Foundation represent one of the nation's largest private funding sources for breast health and breast cancer screening, education, and treatment support programs.

The West Virginia Affiliate of the Susan G. Komen For The Cure, Inc., is currently offering grants of up to \$35,000 for innovative projects in the areas of breast health and breast cancer education, outreach, screening, and treatment support targeting services not otherwise available to the medically underserved populations in West Virginia. Grants are available for up to one (1) year.

Important Notes

1. Applications will be accepted for any breast health or breast cancer screening, treatment, education, or support project in West Virginia. However, each application **must** address at least one of the four funding priorities outlined on page 2 of this document to be considered for funding.
2. All requests for science research funding should be directed to the Komen Foundation's Award and Research Grant Program. More information on research funding is available at <http://ww5.komen.org/ResearchGrants/ResearchandGrants.html>.
3. All successful grantees must possess general liability and umbrella insurance and provide a certificate showing the WV Komen Affiliate as an additional insured entity. See page 3 for more information.
4. All successful grantees are required to attend an Awards Luncheon in Charleston shortly after April 1, 2012 to review the requirements of the grant agreement. See page 4 for more information.

APPLICATIONS MUST BE RECEIVED BY THE AFFILIATE OFFICE BY
5:00 PM ON DECEMBER 1, 2011 IN ORDER TO BE ACCEPTED.

GUIDELINES AND INSTRUCTIONS FOR APPLICANTS

The purpose of this program is to address the breast health and breast cancer screening, treatment, and education needs of West Virginia.

STATEMENT OF NEED: Through the most recent community needs assessment, the West Virginia Affiliate of Susan G. Komen for the Cure has identified the following needs/gaps in West Virginia by establishing the following funding priorities:

1. Promoting and educating rural women about the mobile mammography unit (Bonnie's Bus)
2. Providing education and outreach in the counties of Cabell, Hancock, and/or Southern West Virginia (Raleigh, Summers, Monroe, Wyoming, McDowell, Mercer)
3. Assisting uninsured and under-insured women aged 40-49 in overcoming the barrier of unaffordable costs associated with screening for and treatment of breast cancer
4. Developing an educational campaign for health care providers on clinical trials (must be breast cancer relevant)

QUALIFICATIONS: Applications are accepted from US nonprofit institutions; US citizenship or residency is not required. Applications must be submitted in English. Applicant organizations must be providing services to West Virginia residents.

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 – office supplies, program supplies, postage, etc
- Travel
- Other direct program expenses
- Equipment, not to exceed \$5,000
- Indirect costs, not to exceed 10% of direct costs

RESTRICTIONS:

- Project must be specific to breast health and/or breast cancer. If a project is a combined breast & cervical cancer project, funds may only be requested for the breast cancer portion.
- Applicants must be a US nonprofit (federally tax-exempt) organization, e.g. nonprofit organizations, educational institutions, government agencies, and Indian tribes are eligible.
- Services must be provided and offered to West Virginia residents.
- Indirect costs, if applicable, should be no more than 10% of direct costs.
- Equipment costs, if applicable, may not exceed \$5,000 and should be used exclusively on this project.
- Requests should not exceed \$35,000.
- Salaries, if requested, are for personnel related to this project only and not the general work of an employee.
- If funded, each grantee must maintain the following insurance during the agreement:
 - 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.
 - Excess/umbrella insurance, excess to the insurance set forth above, with a limit of not less than \$5,000,000.
 - The WV Komen Affiliate must be named as an additional insured entity under the grantee's commercial general liability insurance policy solely with respect to the breast cancer project and any additional policies and riders entered into by the grantee in connection with the project.
 - Proof of this coverage is required in the form of a certificate of insurance. While the certificate is not a requirement to submit an application, funded entities must provide this documentation as part of a grant agreement. **Grant payments will not be issued without this proof.**
- 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: A variety of educational materials are available from the Komen Foundation. Some items are targeted to special populations. Before requesting funds to purchase items from other sources or create new materials, please contact the West Virginia Affiliate of Susan G. Komen for the Cure. We require that Komen materials be used in the project whenever possible and funds requested in the proposal for educational materials must be used to purchase Komen materials only. Other educational materials may be used in the project, but cannot be paid for with Komen grant funds.

Komen 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 http://www.shopkomen.com/cart.php?m=product_list&c=93.

GRANT AGREEMENTS: A grant agreement will be the legal mechanism for funding.

GRANT PERIOD: The grant period begins April 1, 2012 and will conclude on March 31, 2013.

PAYMENT AND REPORTING: The first payment will be made no later than thirty (30) days after receipt of the fully executed grant agreement. Progress reports are due quarterly. Copies of the progress report forms will be provided electronically to grantees. A final report is due within forty-five (45) days of completion of the grant period.

ADDITIONAL MATERIALS: DO NOT send additional materials (i.e. reprints, complete curriculum vitae, annual reports, binders, brochures, etc). These will not be reviewed and can result in a reduction in scoring points.

CONFIRMATION OF RECEIPT OF APPLICATION: The project director will receive confirmation of receipt following a review of the application for compliance/adherence to guidelines. If immediate confirmation of receipt is requested, please include a self-addressed, stamped postcard that will be returned to you immediately upon receipt of the application. Do not contact the West Virginia Affiliate of Susan G. Komen for the Cure regarding the status of the application during the review period.

ANNOUNCEMENT: Announcement of grants awarded will be made by March 31, 2012. Project directors will be notified in writing of the outcome of the review. All successful grantees are required to attend an Awards Luncheon in Charleston shortly after April 1, 2012 to review the requirements of the grant agreement. If your organization is outside of the Charleston area and will require travel expenses to attend this luncheon, you must include this expense in the travel budget of your grant application.

APPLICATIONS ARE REQUIRED TO INCLUDE AND BE ORDERED AS FOLLOWS:

- Cover Page** (use form attached)

Note: The Project Director will serve as the contact person and should be someone who will be familiar with the day-to-day operations of the project. Signature of approving institutional personnel, other than project director, is required.

- Project Abstract** (use form attached)

The abstract (project summary) should be limited to **1200 characters**, including spaces and punctuation. 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.

- Target Population** that will benefit from this grant must be identified (use form attached and follow the directions at the top of the form).
- Project Description** (use form attached; section not to exceed four typewritten pages; font size should be no smaller than a twelve-point typeface).
- Work Plan** (use form attached – no page limit)
 1. Description of program goals and *measurable* objectives.
 2. Description of activities planned to accomplish these goals. Is this a new or ongoing activity of your organization?
 3. Timetable for accomplishing goals (Please note: progress reports are required quarterly and a final report is required at the end of the grant period).
 4. Indicate the projected number of participants you plan to reach.
 5. Describe your evaluation methods and intended outcomes.
- Biosketch form** required for project director and personnel listed in budget request (use form attached, resume OR curriculum vitae; no more than two pages per person).
- Financial Information** (not to exceed three typewritten pages and must include the following):
 1. Budget for requested funds (use form attached)
 2. Budget justification (all expenses requested should be well-justified)
 3. List of other sources of current funding and/or in-kind support for the project
- Proof of nonprofit status** for applicant institution (IRS determination letter and/or tax exempt certificate).
- Letters of collaboration** should be included to demonstrate an intention of partners regarding contributions to the project.
- Checklist** (use form attached and check off each box to indicate inclusion of the item.)

Applications must be submitted by the director of the project.

Number all pages and keep grant requests to the page limits, as stated above.

Excess pages/unrequested information will be removed prior to review.

Submit one original and four (4) copies of each application

(total of 5 hard copies) plus one (1) electronic copy. Use your organization's name as the file name.

NOTE REGARDING ELECTRONIC SUBMISSIONS: To account for signatures on the electronic copy, you may indicate "original signatures are on hard copy" on the electronic copy where signatures are required. To account for documents inserted into the hard copy of application that are not available electronically (i.e. IRS letter of determination), insert a blank page in the electronic submission where the document should appear and label it accordingly with a statement

that the original is included in the hard copies of the application. Applications should be bound by staples or binder clips only. No spiral bound materials should be submitted. Faxed copies will not be accepted. Please save the file as your organization's name.

Failure to adhere to these guidelines will result in delayed processing and a deduction of points in the scoring process.

REVIEW PROCESS: Applications received will be reviewed for compliance and submitted for grant review by a panel established through the local grants committee. The Komen Grants Committee will conduct the compliance review, which will be worth fifty (50) points. Applicants will no longer be afforded an opportunity to get their applications in compliance after it has been submitted. Points in the compliance review will be scored "all or nothing." For example, meeting the deadline for submission is worth 25 points. If the application is submitted on time, the score for that component is 25; if it is late, the score is zero (0). Scoring criteria is as follows:

- Received in the Komen office by the due date – 25 points
- Used required forms – 5 points
- Abstract is proper length – 5 points
- Adhered to page limits/fonts – 5 points
- Included all required information – 5 points
- Adhered to limitations and maximums on amounts requested – 5 points

Each grant application will be reviewed by at least three independent reviewers. They will consider each of the following selection criteria which is worth 10 points each:

- Impact: Will the program have a substantial positive impact on breast cancer disparities and the priority area selected?
- Feasibility: How likely is it that the objectives and activities will be achieved within the scope of the funded program?
- Capacity: Does the organization, Program Director and his/her team have the expertise to effectively implement all aspects of the program? Is the organization respected and valued by the target population?
- Collaboration: Does this program enhance collaboration among organizations with similar or complementary goals?
- Sustainability: Is the program likely to be sustained? 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. **Organizations that are not in good standing (i.e. have outstanding reports that have not been submitted, have outstanding refunds of unspent grant funds that have not been returned, etc.) are not eligible for funding.**

**A COMPLETE APPLICATION INCLUDES THE REQUIRED HARD COPIES AND AN ELECTRONIC COPY
APPLICATIONS MUST BE RECEIVED BY 5:00 PM, DECEMBER 1, 2011**

HARD COPIES SHOULD BE SUBMITTED TO:
West Virginia Affiliate of Susan G. Komen for the Cure
ATTENTION: Grants Chair
P.O. Box 9275
South Charleston, WV 25309

***** NOTE THAT NEITHER UPS NOR FEDEX WILL DELIVER TO P.O. BOXES. IF YOU NEED TO
EXPEDITE SHIPPING, PLEASE USE PRIORITY MAIL FROM THE US POSTAL SERVICE.*****

**ELECTRONIC COPIES MAY BE SUBMITTED ON A CD AND INCLUDED WITH THE HARD COPIES TO
THE ABOVE ADDRESS OR SUBMITTED VIA EMAIL TO:**

grants@komenwv.org

Inquiries should be addressed as above and/or directed to

Shanen Wright
Phone: (304) 346-9864 ext. 2278
Email: grants@komenwv.org and/or swright@wvmi.org

OR

Jaunita Conaway
Phone: (304) 356-4223
Email: Jaunita.L.Conaway@wv.gov

OR

Caroline Schlatt
Phone: (304) 399-6562
Email: robert26@marshall.edu

(Please allow adequate time before deadline for response to any inquiry).

Visit www.komenwv.org for more information about the
West Virginia Affiliate of Susan G. Komen for the Cure.



THE WEST VIRGINIA AFFILIATE OF THE SUSAN G. KOMEN FOR THE CURE

Grant Application Cover Page

PROJECT DIRECTOR NAME & TITLE _____

ORGANIZATION/INSTITUTION _____
INSTITUTION'S FEDERAL EMPLOYER _____
IDENTIFICATION NUMBER (F.E.I.N.) _____

PROJECT DIRECTOR ADDRESS _____

PROJECT DIRECTOR PHONE () _____

PROJECT DIRECTOR FAX () _____

PROJECT DIRECTOR EMAIL _____

TITLE OF PROJECT _____

TOTAL AMOUNT REQUESTED _____

GRANT PERIOD 04/01/2012 – 03/31/2013 _____

SIGNATURE OF _____
APPROVING PERSONNEL (OTHER THAN _____
PROGRAM DIRECTOR) _____ DATE _____

TYPED NAME & TITLE OF APPROVING _____
INSTITUTIONAL PERSONNEL ABOVE _____

PLEASE CHECK TYPE OF APPLICATION: EDUCATION SCREENING TREATMENT
INDICATE PERCENTAGE OF EACH % _____ % _____ % _____

(NOTE: PERCENTAGES MUST TOTAL 100%)

APPLICATIONS MUST BE RECEIVED BY 5:00 PM, DECEMBER 1, 2011

PROJECT ABSTRACT

IS YOUR ORGANIZATION A YES NO
WV BCCSP PROVIDER?

In the space below, please provide a short abstract, **not to exceed 1200 characters**, written in lay terms to summarize the goals/objectives of the project.

Permission to publish:

Permission is hereby granted to Susan G. Komen for the Cure, Inc., to publish the above abstract should this application be selected for funding.

PROJECT
DIRECTOR
SIGNATURE

DATE

NAME (TYPED)

PHONE NUMBER

Target Population

Indicate no more than **three** (3) primary groups who will benefit from this grant. This information is required to be reported to the national office of Susan G. Komen for the Cure in the event this application is chosen for funding.

Ethnic/Racial Groups

- | | |
|--|---|
| <input type="checkbox"/> African American | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Middle Eastern |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> East Indian | <input type="checkbox"/> White Caucasian |
-

Patients

- | | |
|--|--|
| <input type="checkbox"/> Breast cancer patients | <input type="checkbox"/> Lymphedema patients |
| <input type="checkbox"/> Breast cancer survivors | <input type="checkbox"/> Recently diagnosed patients |
-

Medically Underserved

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Homeless | <input type="checkbox"/> Migrant workers |
| <input type="checkbox"/> Immigrants | <input type="checkbox"/> Refugees |
| <input type="checkbox"/> In a shelter | <input type="checkbox"/> Rural |
-

Health Professionals

- | |
|--|
| <input type="checkbox"/> Health educators |
| <input type="checkbox"/> Health care providers |
| <input type="checkbox"/> Scientists |
-

Other Groups

- | | |
|---|---|
| <input type="checkbox"/> Co-survivors | <input type="checkbox"/> Incarcerated |
| <input type="checkbox"/> College students | <input type="checkbox"/> Lesbian/gay/bisexual/transgender |
| <input type="checkbox"/> Elderly (>65) | <input type="checkbox"/> Low-literacy |
| <input type="checkbox"/> High school students | <input type="checkbox"/> Men |

Project Description

1. Provide a brief explanation of the project.
2. Provide details regarding the statement of need/problem to be addressed. (This is where statistical information regarding the project, geographical area, target population, etc., should be included).
3. Describe the target population and how they will be benefited (please indicate number of women to be served).
4. Provide a brief review of comparable programs offered in this service area and an explanation of how this program is unique.
5. How do you intend to use the program's results and how will they be disseminated?
6. Describe other organizations or entities, if any, participating in the program. If collaborating entities are named in the application, letters of collaboration outlining the partnership **must** be included from each organization. This is a requirement.
7. What are your organization's long term strategies for funding of the program after initial funding?
8. How would you describe success for the program and how will it be measured?

WORK PLAN (fill-in/add space as needed)

Indicate the funding priority/priorities the proposed project will address.

- Promoting and educating rural women about the mobile mammography unit (Bonnie’s Bus)
- Providing education and outreach in the counties of Cabell, Hancock, and/or Southern West Virginia (Raleigh, Summers, Monroe, Wyoming, McDowell, Mercer)
- Assisting uninsured and under-insured women aged 40-49 in overcoming the barrier of unaffordable costs associated with screening for and treatment of breast cancer
- Developing an educational campaign for health care providers on clinical trials (must be breast cancer relevant)

Goal for this Project:

Measures of Success:

Objectives	Activities Planned to Achieve This Objective	Time Line for Assessing Progress	Projected # Reached	How will you Evaluate this Activity? What are your intended outcomes?
1.	1a. 1b. 1c.	1a. 1b. 1c.	1a. 1b. 1c.	1a. 1b. 1c.
2.	2a.	2a.	2a.	2a.

	2b.	2b.	2b.	2b.
	2c.	2c.	2c.	2c.
3.	3a.	3a.	3a.	3a.
	3b.	3b.	3b.	3b.
	3c.	3c.	3c.	3c.
4.	4a.	4a.	4a.	4a.
	4b.	4b.	4b.	4b.
	4c.	4c.	4c.	4c.

BIOSKETCH FORM/BIOGRAPHICAL INFORMATION

Information should be submitted for the project director and other personnel included in the budget request. Please use a separate form for each person.

NAME	TITLE
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EDUCATION
(Begin with baccalaureate or initial professional education, such as nursing, include postdoctoral training)

INSTITUTION <i>(Indicate Location)</i>	DEGREE	YEAR CONFERRED	FIELD OF STUDY

PROFESSIONAL EXPERIENCE: Please list, in chronological order, concluding with present position, previous employment, experience and honors. List, in chronological order, the titles, authors and complete references to all publications during the past three years and to representative earlier publications pertinent to this application.

DO NOT EXCEED TWO PAGES

GRANT APPLICATION REQUIRED BUDGET FORM

*** Please use numbers rounded to the nearest dollar (no cents). ***

DETAILED BUDGET FOR ENTIRE BUDGET PERIOD		FROM 04 /01/2012			THROUGH 03 /31/2013		
PERSONNEL <i>(MUST BE SPECIFIC TO PROJECT)</i>		TYPE APPT. (MONTHS)	% EFFORT ON PROJECT	BASE SALARY	DOLLAR AMOUNT REQUESTED		
NAME	ROLE ON PROJECT				SALARY REQUESTED	FRINGE BENEFIT	TOTALS
SUBTOTALS							
SUPPLIES (ITEMIZE BY CATEGORY)							
EQUIPMENT (NOT TO EXCEED \$5,000)							
TRAVEL							
PATIENT CARE COSTS		INPATIENT					
		OUTPATIENT					
OTHER EXPENSES (ITEMIZE BY CATEGORY)							
SUBTOTAL - DIRECT COSTS							
INDIRECT COST ALLOCATION (NOT TO EXCEED 10% OF DIRECT COSTS)							
TOTAL FUNDING REQUEST							

CHECKLIST OF REQUIREMENTS FOR SUBMISSION

- Cover Page - used form included and supplied all requested information; includes required signature of approving institutional personnel, other than the project director
- Project Abstract - used form included
 - a. summary limited to 1200 characters (approximately 200 words), including spaces and punctuation.
 - b. includes 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.
- Target Population – used form attached
- Project Description - used form attached and not more than 4 typewritten pages with font size no smaller than a twelve-point typeface
- Work Plan - used form attached – no page limit, completed all areas of workplan form including:
 - a. Description of program goals and *measurable* objectives.
 - b. Description of activities planned to accomplish these goals. Is this a new or ongoing activity of your hospital or organization?
 - c. Timetable for accomplishing goals (Please note: progress reports are required quarterly and a final report is required at the end of the grant period).
 - d. Describe your evaluation methods and intended outcomes
- Biosketch Form - used form attached, resume, or curriculum vitae and include no more than 2 pages per person for project director and all personnel listed in budget request
- Financial Information - not more than 3 typewritten pages, used form attached for budget request, include budget justification, include list of other sources of current funding for the project
- Proof of non-profit status for applying institution
- Checklist - used form attached
- One (1) original hard copy of application, plus four (4) photocopies of application
- One (1) electronic copy of application – submitted electronically or included CD with hard copies
- If someone attended the 2011 Grant Writing Workshop on behalf of the applying organization, indicate that person's name: _____