



## **Request for Applications**

The Southwest Michigan 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 in our community who may be facing breast cancer. 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 Komen Southwest Michigan Race for the Cure, we have invested over \$ 844,000 in local grants for breast health and breast cancer awareness projects in 8 counties within southwest Michigan. Up to 75 percent of net proceeds generated by the Komen Southwest Michigan Affiliate stay in southwest Michigan. The remaining income goes to the national Susan G. Komen for the Cure Grants and Fellowships 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, Susan G. 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, Komen has invested nearly \$1 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](http://www.komen.org) or call 1-877 GO KOMEN.

### **Funding Opportunities**

The Komen Southwest Michigan Affiliate is currently offering grants for innovative programs that reduce breast cancer mortality, especially among those who are disproportionately affected by this disease. Through a community needs assessment (available at <http://www.komenswmichigan.org/t>) we have identified the following funding priority areas:

- 1. Increasing Numbers of Annual Mammograms in Southwest Michigan**
- 2. Educating Patients and Health Care Providers about the Importance of Annual Mammograms in All Women Age 40+ years**
- 3. Providing Treatment Programs for Breast Cancer Survivors**

## Important Dates

|                      |                                |
|----------------------|--------------------------------|
| Application Deadline | November 14, 2008              |
| Award Notification   | March 1, 2009                  |
| Award Period         | April 1, 2009 - March 31, 2010 |

## Eligibility

Applicants and institutions must conform to the following eligibility criteria to be considered for funding:

- Applicants must ensure that all past and current Komen-funded grants or awards are up-to-date and in compliance with Komen requirements.
- Institutions must be non-profit organizations located in or providing services to one or more of the following locations:
  - Allegan County
  - Berrien County
  - Branch County
  - Calhoun County
  - Cass County
  - Kalamazoo County
  - Saint Joseph County
  - Van Buren County
- Project must be specific to breast health and/or breast cancer

## 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 30% of direct costs
- 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

## **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 to the following email address: [juliebetzler@lifestorynet.com](mailto:juliebetzler@lifestorynet.com)]

Applications must be received on or before November 14, 2008 to Julie Betzler/Sarah Simpson, Southwest Michigan Komen Foundation, PO Box 2031, Kalamazoo, MI 49003. 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 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.

**Customer Support:** Questions should be directed to

Julie Betzler  
269 615-7816  
[juliebetzler@lifestorynet.com](mailto:juliebetzler@lifestorynet.com)

and/or

Sarah Simpson  
269 352-8234  
[sis3674@tds.net](mailto:sis3674@tds.net)

## Application Instructions

### Cover Page

Complete the attached cover page including an abstract (project summary). The abstract should be limited to 1,200 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.

### Program Description (limit – 8 pages):

1. **Background:** Describe the organization's history, mission, and goals. Describe current programs and recent accomplishments.
2. **Statement of Need/Problem:** Describe why the proposed project is needed. Describe the population to be served. Review comparable programs offered in this service area and explain how this program is unique.
3. **Goals and Objectives:** State the program goals and measurable objectives, including the number of people to be served. Explain how the goals and objectives address the selected priority area.
4. **Activities and Timeline:** Describe the activities that will be conducted to accomplish the above goals and objectives. Provide a realistic, month-by-month timeline for implementing the program.
5. **Collaboration:** Describe the other organizations or entities, if any, participating in the Program.
6. **Evaluation Plan:** Describe how you will measure that you are achieving the objectives and how you will assess the impact of the program on the priority area selected.
7. **Organizational Capacity:** Describe the organization's experience serving the target population. Describe the other organizations, if any, participating in the program. Explain why your organization is best-suited to carry out the program.
8. **Sustainability:** Explain how this program and its impact will be sustained long-term. What resources (financial, personnel, partnerships, etc.) will be needed to sustain this effort over time? How will those resources be secured? Applicants should demonstrate that other sources of funding will be sought and used to support this project.

### 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 30% of direct costs.

**Budget Justification (form attached)**

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*).

**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.



## Grant Application Cover Page

Project Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

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

\_\_\_\_\_ % Education \_\_\_\_\_ % Screening \_\_\_\_\_ % Treatment

### Project Director Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Degree(s): \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip (include +4): \_\_\_\_\_ -

Abstract: (Please limit your abstract to 1200 characters.):

**Priority Area Addressed (select one primary priority area):**

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

Geographical Area Served: \_\_\_\_\_

Does your agency receive funds from the Breast and Cervical Cancer Early Detection Program (BCCEDP) ?

- Yes
- No

**Target Populations (select up to three primary populations):**

**Ethnic/Racial Groups**

- African American
- American Indian/Alaskan Native
- Asian
- Hispanic/Latina(o)
- Middle Eastern
- Pacific Islander
- White/Caucasian

- Co-Survivors
- College Students
- Elderly (>65)
- High School Students
- Incarcerated
- Lesbian/Gay/Bisexual/Transgender
- Low-Literacy
- Men
- Persons With Disabilities

**Patients**

- Breast Cancer Patients
- Breast Cancer Survivors
- Lymphedema Patients
- Recently Diagnosed Patients

**Medically Underserved**

- Homeless
- Immigrants
- In a Shelter
  
- Migrant Workers
- Refugees
- Rural

**Health Professionals**

- Health Educators
- Healthcare Providers
- Scientists

**Other Groups**

**Required Signatures**

I understand that funding decisions are made at the sole discretion of the Southwest Michigan Affiliate.

Program Director

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Approving Institution Official Signature

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

## 2009-2010 BUDGET FORM

### GRANT APPLICATION REQUIRED BUDGET FORM

| DETAILED BUDGET FOR<br>ENTIRE BUDGET PERIOD  |                       | FROM<br>4/1/009        |                           |                | THROUGH<br>3-31-10      |                   |        |
|--|-----------------------|------------------------|---------------------------|----------------|-------------------------|-------------------|--------|
| PERSONNEL<br>(MUST BE SPECIFIC TO PROJECT)   |                       | TYPE APPT.<br>(MONTHS) | % EFFORT<br>ON<br>PROJECT | BASE<br>SALARY | DOLLAR AMOUNT REQUESTED |                   |        |
| NAME   | ROLE<br>ON<br>PROJECT |                        |                           |                | SALARY<br>REQUESTED     | Fringe<br>BENEFIT | TOTALS |
|  |                       |                        |                           |                |                         |                   |        |
|  |                       |                        |                           |                |                         |                   |        |
| SUBTOTALS                                    |                       |                        |                           |                |                         |                   |        |
| SUPPLIES (ITEMIZE BY CATEGORY)               |                       |                        |                           |                |                         |                   |        |
| EQUIPMENT (NOT TO EXCEED 30% OF DIRECT COST) |                       |                        |                           |                |                         |                   |        |
| TRAVEL                                       |                       |                        |                           |                |                         |                   |        |
| PATIENT CARE COSTS                           |                       |                        |                           |                |                         |                   |        |
| OTHER EXPENSES (ITEMIZE BY CATEGORY)         |                       |                        |                           |                |                         |                   |        |
|  |                       |                        |                           |                |                         |                   |        |
| <i>Subtotal - Direct Costs</i>               |                       |                        |                           |                |                         |                   |        |
| INDIRECT COST ALLOCATION (NOT TO EXCEED 10%) |                       |                        |                           |                |                         |                   |        |
|  |                       |                        |                           |                |                         |                   |        |
| <i>Total Funding Request</i>                 |                       |                        |                           |                |                         |                   |        |

**PLEASE ATTACH BUDGET JUSTIFICATION**