



Community Grants Program

2012 Request for Application

www.komenlouisville.org

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

Fulfilling the Promise — 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.

Fulfilling the Promise Locally —The Louisville 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 special events like the Komen Louisville Race for the Cure and Pink Tie Ball, we have invested over \$4.2 million in local breast health and breast cancer awareness projects in the 15 counties of our service area. Up to 75 percent of net proceeds generated by the Komen Louisville Affiliate stay in the fifteen county service area. The remaining 25 percent of the income goes to the national Susan G. Komen for the Cure Grants Program for energizing science to find the cures.



Through the Community Grants Program, the Louisville Affiliate awards grants to non-profit organizations providing breast cancer screening and treatment as well as breast health education to residents in the fifteen county service area: Breckinridge, Bullitt, Grayson, Hardin, Jefferson, Larue, Meade, Nelson, Oldham, Shelby and Spencer in Kentucky, and Clark, Floyd, Harrison, and Scott in Indiana.

The Community Grants Program seeks to reduce breast cancer mortality, especially among those who are disproportionately affected by this disease.

In 2011, the Louisville Affiliate awarded \$625,000 to 17 community breast health education, screening, and treatment programs in our 15 county service area. \$215,000 was given to breast cancer research.



Community Grants Program 2012 Request for Application

The Komen Louisville Affiliate is accepting applications for 2012 Community Grants Program

Award Period: April 1, 2012-March 31, 2013

Award Notification: March 16, 2012

Application Deadline: January 20, 2012

Applications will be accepted for breast health or breast cancer screening, treatment, education or support projects that serve the counties listed in the information below. Priority will be given to programs that specifically address objectives outlined in the following Funding Priorities.

I. Funding Priorities

Komen Louisville Affiliate’s funding priorities for 2012 were developed through the analysis of the 2011 community needs assessment as described in the *2011 Community Profile*. This document may be found on our website at www.komenlouisville.org

To be considered for funding the Louisville Affiliate has identified the following funding priority areas:

Priority 1: Increase access to screening services of uninsured and underinsured women in economically challenged zip codes of the fifteen county service area.

Priority 2: Support breast health providers in effort to insure the uninsured and underinsured patients receive the treatment and support services after diagnosis.

Priority 3: Solicit and provide breast health services to non-English speaking breast programming to increase screenings for breast cancer in Jefferson and Hardin Counties in KY and Floyd County in Indiana.

Priority 4: Increase knowledge of breast health, offer educational workshops, and provide mammogram services to reach Black women. Including outreach activities and the use of mobile units in economically challenged zip codes in the service area.

Please Note: *Priority will be given to programs that serve the underinsured and the uninsured.*

Important Dates

Application Deadline

Application Due: 1/20/2012

Grant applications must be received in the Komen Louisville Office by

5:00 pm, Friday, January 20, 2012

**Louisville Affiliate of
Susan G. Komen for the Cure**
2301 Hurstbourne Village Dr., Ste.
700, Louisville, KY 40299
502-584-2873

*Office hours are 8:30am-5:00pm
Monday through Friday. Please
call before bringing your
application in person.*

Technical Assistance if

you are submitting a grant for the first time please plan to attend one of the following opportunities.

Application Development

Workshops

Wed., December 7, 2011

3:00 - 4:00 pm

and

Friday, December 9, 2011

3:00- 4:00pm

To register for a workshop,

please send an e-mail or call:

khasselback@komenlouisville.org
502-584-2873

Registered workshop participants will receive workshop confirmation that will provide details, including the location.



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II. Applicant Eligibility

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

1. Applicant must be U.S. nonprofit organization.
2. Applicants must ensure that all past and current Komen-funded grants or awards are up-to-date and in compliance with Komen requirements.
3. Applicants must provide services to populations in one or more of the following counties:
 - Breckinridge County, KY
 - Bullitt County, KY
 - Clark County, IN
 - Floyd County, IN
 - Grayson County, KY
 - Hardin County, KY
 - Harrison County, IN
 - Jefferson County, KY
 - Larue County, KY
 - Meade County, KY
 - Nelson County, KY
 - Oldham County, KY
 - Scott County, IN
 - Shelby County, KY
 - Spencer County, KY
4. Proposed project must be specific to breast health and/or breast cancer.

III. Expenses

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

- Program must be specific to breast health and/or breast cancer, e.g., if a project is a combined breast and cervical cancer project, funding may only be requested for the breast cancer portion.
- Salaries, if requested, are for personnel related to this program only and not the general work of employee.
- Equipment costs, if applicable, may not exceed 30% of direct costs and should be used exclusively on this program.
- Indirect costs, if applicable, should be no more than 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
- Endowment
- Debt Reduction

III. Application Format Requirements

- Typed on plain, white, single-sided 8 ½ x 11 paper, black ink (no color).
- 12-point font
- Text is single-spaced
- Each page must include a footer that includes: title of application, name of applicant organization, submission date and page number. (NOTE: Footer font may be 10 pt. size.)
- Four copies (one original and three duplicates) should be submitted.
- Each submitted copy must have a single staple in the upper left-hand corner and/or a clip.
- No special packaging is allowed, e.g., binders, plastic covers, etc.
- Attachments and additional material are not allowed, e.g., videotapes, annual reports, brochures, etc.
- In addition, please email the proposal and all attachments as a Microsoft Word to khaselback@komenlouisville.org

V. Application Review Process

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

- 1. 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?
- 2. 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?
- 3. 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?
- 4. Collaboration:** Does this project enhance collaboration among organizations with similar or complementary goals? Are the roles of the partners appropriate and relevant?
- 5. 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.



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VI. Program Funding Levels

Applicant should only request a grant for what is needed to accomplish the proposed program's objectives.

The minimum Community Grant is \$5,000. To request funding for less than \$5,000, please contact the Komen Louisville Affiliate for information regarding the small grant program.

The total amount available for Community Grants depends on fundraising conducted in Fiscal Year 2012 and on the funding priorities and levels determined by the Komen Louisville Affiliate.

With limited funds to award in Community Grants, the Komen Louisville Affiliate awards grants where it sees the opportunities to impact in its funding priority areas. Community Grants are rarely at the levels to fund an entire program and are more often used to add capacity to existing programs, where that capacity specifically addresses a funding priority as delineated in Section I. The Affiliate has very rarely awarded more than \$75,000 to any one program in one year.

VII. Grant Approval Administration

1. A grant contract is the legal mechanism for funding.
2. Funding is provided for a grant period beginning April 1, 2012 through March 31, 2013.
3. The first payment will be issued after receipt of the fully executed contract.
4. All awarded grantees are to follow the insurance guidelines set forth by Susan G. Komen for the Cure. A copy of those requirements can be found on the website as well as a copy of the Grant Contract. Please look at the Grant Contract Template on www.komenlouisville.org. When granted funding the Grant Contract will be provided and mailed to the program director.
5. The first progress report is due at the end of the first six (6) months of the contract.
6. A final report is due within sixty (60) days of completion of the grant period.
7. All grantee reports must follow Komen Reporting requirements.

Application Instructions and Content Requirements

1. **Cover Pages (1 page)** – An electronic version of the Cover Page may be downloaded from the Grants page of the Komen Louisville web site: komenlouisville.org. The signature must be that of a person with fiscal and legal responsibility within the organization, someone other than the program director.

2. **Abstract (2 pages)** – (1) Provide Information and (2) abstract text limited to 225 words.

The abstract should be brief and include the following components:

- a) The purpose of the program
- b) A description of key activities
- c) A summary of evaluation methods
- d) The likely impact of the program

3. **Budget Information (2-3 pages)**

- a) Budget Detail - Provide a detailed total program budget.
- b) Budget Justification – For each line on the budget, provide a brief description of how the funds will be used and why they are programmatically necessary.

4. **Organizational Capacity Information Form**

- a) Complete Information requested (1-2 pages)
- b) Attach required documents

5. **Program Description (limit – 8 pages)**

Program Description must include the following components:

a) Organization Capacity

- Explain why the 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.

b) Statement of Need

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

c) Goals and Objectives

- State the goals of the program and the measurable objectives within each goal. (*E.g. By March 2011 the Breast Cancer Prevention program will screen 300 low income uninsured women who live in Bullitt County for breast cancer.*)

The objectives must specify:

1. Komen funding priority addressed
2. The target population
 - a) Constituency (gender, ethnicity, geography, age, economic situation)
 - b) How this program will serve its constituents
 - c) Benefits for the constituents
3. The percentage or number
4. What kind of change will occur?
5. The time period
 - a) Realistic, month-by-month timeline

Note: Please note that a 6 month progress report is required

d) Collaborations/Partners

- Name and describe the roles and responsibility 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 the application.

Note: Letters of collaboration are not included in the 8-page limit -- they are considered attachments.



Community Grants Program
2012 Request for Application
Cover Page
www.komenlouisville.org

PROGRAM NAME			
Organization	Name:		
	<input type="checkbox"/> 501c3 <input type="checkbox"/> Federally Qualified Health Clinic <input type="checkbox"/> Hospital Government Agency <input type="checkbox"/> Religious Organization <input type="checkbox"/> School <input type="checkbox"/> University	Mailing Address:	
		County:	
PROGRAM DIRECTOR	Directors Name:	Director's Title:	Department:
	Work Phone	Alternate Phone	Fax
	E-Mail Address		
Community Contact	Name:	Title:	
	Email Address:	Phone:	
Grant Request	Total Amount of Funding Requested:	Grant Period: April 1, 2012 - March 31, 2013	
Grant Category	SCREENING %	EDUCATION %	TREATMENT %
Funding Priorities Propose to Address	<p>Please select the priority or priorities that your proposed application addresses.</p> <input type="checkbox"/> Increase access to screening services of uninsured and underinsured women in economically challenged zip codes of the fifteen county service area. <input type="checkbox"/> Support breast health providers in effort to insure the uninsured and underinsured patients receive the treatment and support services after diagnosis. <input type="checkbox"/> Solicit and provide breast health services to non-English speaking breast programming to increase screenings for breast cancer in Jefferson and Hardin Counties in KY and Floyd County in Indiana. <input type="checkbox"/> Increase knowledge of breast health, offer educational workshops, and provide mammogram services to reach Black women. Including outreach activities and the use of mobile units in economically challenged zip codes in the service area.		
Authorized Personnel	Name	Title	
	Signature	Date	

Eligible Requests For Applications must be received in the Komen Louisville Office by 5:00pm January 20, 2012
 2301 Hurstbourne Village Dr., Suite 700, Louisville, KY 40299
 T: 502-584-2873 / F: 502-495-7839 / khasselback@komenlouisville.org / www.komenlouisville.org



Community Grants Program
2012 Request for Application
ABSTRACT
www.komenlouisville.org

PROGRAM NAME:			
Organization:		Program Director:	
In what way is your organization involved with the National Breast and Cervical Cancer Early Detection Program? <input type="checkbox"/> Not Involved <input type="checkbox"/> CDC Grantee <input type="checkbox"/> Provider <input type="checkbox"/> Contractor <input type="checkbox"/> Other _____		<u>Target Counties in Kentucky</u> <input type="checkbox"/> Breckinridge <input type="checkbox"/> Bullitt <input type="checkbox"/> Grayson <input type="checkbox"/> Hardin <input type="checkbox"/> Jefferson <input type="checkbox"/> Larue <input type="checkbox"/> Meade <input type="checkbox"/> Nelson <input type="checkbox"/> Oldham <input type="checkbox"/> Shelby <input type="checkbox"/> Spencer	<u>Target Counties in Indiana</u> <input type="checkbox"/> Clark <input type="checkbox"/> Floyd <input type="checkbox"/> Harrison <input type="checkbox"/> Scott
In the four categories below, please select your programs <u>PRIMARY</u> target population:			
<u>Ethnic/Racial Groups</u> <input type="checkbox"/> African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> East Indian <input type="checkbox"/> Hispanic/Latina (o) <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Other _____	<u>General Population</u> <input type="checkbox"/> Unspecified <input type="checkbox"/> Youth 0-19 <input type="checkbox"/> Adults 20-39 <input type="checkbox"/> Adults 40-49 <input type="checkbox"/> Adults 50-64 <input type="checkbox"/> Adults 65+	<u>Gender</u> <input type="checkbox"/> Unspecified <input type="checkbox"/> Females <input type="checkbox"/> Males	<u>Named Groups</u> <input type="checkbox"/> Co-Survivors <input type="checkbox"/> English as a second Language <input type="checkbox"/> Health Educators <input type="checkbox"/> Healthcare Providers <input type="checkbox"/> Homeless <input type="checkbox"/> Immigrants, Refugees <input type="checkbox"/> Lesbian/Gay/Bisexual/Transgender <input type="checkbox"/> Low-Literacy <input type="checkbox"/> Migrant Workers <input type="checkbox"/> Persons with Disabilities <input type="checkbox"/> Survivors <input type="checkbox"/> Survivors(metastatic) <input type="checkbox"/> Uninsured, Underinsured <input type="checkbox"/> Other: _____
Program Partnering Organizations: (List partnering organizations and the services they will provide)			
Organization	Services Provided	Partnership # of Years	



Community Grants Program
2012 Request for Application
ABSTRACT
www.komenlouisville.org

ABSTRACT: Please limit your abstract to 225 words.

In the Space provided below provide a brief abstract describing the program. Abstract should not exceed 225 words and be written in lay terms for the general public. Include 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.

Permission to publish: Permission is hereby granted to Susan G. Komen for the Cure and the Louisville Affiliate to publish the above abstract should this application be selected for funding.

Authorized Persons Name

Authorized Persons Title

Signature

Date



Community Grants Program
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BUDGET INFORMATION
 www.komenlouisville.org

BUDGET DETAIL

Program Name:		Total Requested Amount
<i>Provide detailed budget for entire grant period: April 1, 2012 through March 31, 2013</i>		
Personnel		
Supplies (itemize by category)		
Equipment (not to exceed 30% of direct costs)		
Travel		
Patient Care Costs		
Screening		
Diagnostics		
Treatment		
Transportation		
Other (specify)		
Other Expenses (itemize by category)		
Subtotal - Direct Costs		
Indirect cost allocation (not to exceed 15% of direct costs)		
Total Funding Request from the Louisville Affiliate of Susan G. Komen for the Cure		



Community Grants Program
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BUDGET INFORMATION
www.komenlouisville.org

BUDGET JUSTIFICATION

	Name	Role	Position Terms (months)	% Effort Program	Base Salary	Salary Requested	Fringe Benefits	Total	Funding Source for Remainder of Salary
Personnel Rationale									
	Provide narrative explaining why this grant is necessary to support personnel in the program and describe personnel in terms of full-time, part-time, temporary, etc.								
Supplies									
Equipment									
Travel									
Patient Care Costs									
Other Expenses									
Indirect									
If your funding request is denied or only partially funded, how will you proceed to provide the services described within this application?									



Community Grants Program
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ORGANIZATIONAL CAPACITY
 www.komenlouisville.org

Total Annual Operating Budgets		ORGANIZATION	BREAST HEALTH PROGRAM
Staffing Levels	Full-Time Paid		
	Part-Time Paid		
	Volunteer		
Organization's Mission Statement			
Give a brief summary of the organization's history, programs, and purpose.			
Briefly describe how the program applying for the Komen Louisville Community Grant fits within Komen's organization's mission and strategic priorities.			

Attach the following documents:

- 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.
- Information regarding Key Personnel** – For key personnel that are currently employed by the applicant, provides a resume or curriculum vitae. For new or vacant positions please include job descriptions.
- Letters of Support, Collaborations, MOUs, etc.** - Demonstrating partnerships.
- Evaluation forms, Surveys, Logic Model, etc.** Related to demonstrating the effectiveness of the program
- If received a previous Komen Community Grant**, applicant must attach copy of recent grant process report.
- Most recent financial statement**, audited if available, showing actual expenses. This information should include a balance sheet, a statement of activities (or statement of income and expenses) and functional expenses.
- Organization budget for current year**, including income and expenses.
- Additional funders.** List names of corporations and foundations from which you are requesting funds, with dollar amounts, indicating which sources are committed or pending.