



## **Request for Proposals Community Grants 2016-2017 Continuum of Care Navigation Program**

Susan G. Komen® Columbus —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 hundreds of thousands 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 Columbus Race for the Cure® and Athens Race for the Cure®, we have invested \$18.2 million in local breast health and breast cancer awareness programs in 30 counties. Up to 75 percent of net proceeds generated by Komen® Columbus stay in the central and southeastern Ohio service area. The remaining income goes to the Susan G. Komen Research Program, which supports grants and scientific partnerships to find the cures.

### **About Susan G. Komen**

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 it’s founding in 1982, Komen has funded more than \$889 million in research and provided more than \$1.95 billion in funding to screening, education, treatment and psychosocial support programs 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.

### **Notice of Funding Opportunity and Statement of Need**

Komen Columbus will award community grants to local non-profit organizations that will provide breast health and breast cancer projects between April 1, 2016 and March 31, 2017.

Komen Columbus has identified the following funding priority areas, in order of importance. Funding priorities were selected based on data from the 2015 Komen Columbus Community Profile Report. The 2015 Community Profile can be found on our website at [www.komencolumbus.org](http://www.komencolumbus.org).

**Problem Statement:** The Metropolitan, Suburban and Rural-Appalachian target communities experience communication and access barriers to accessing adhering to and receiving quality care which contributes to higher than average late-stage diagnoses and mortality rates. The goal of the Continuum of Care program is to create a seamless continuum of care, increasing the number of women progressing through the continuum of care by reducing financial, physical, logistical and informational barriers. All grant activities should support this goal through providing safety-net services at

centers of care, assessing and addressing any barriers that would stop a patient from continuing through the continuum of care through evidence-based patient navigation.

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- Collaborate and coordinate with community based partners (health departments, FQHCs, community health workers, etc.) for referrals to safety-net services, including BCCP referrals
- Reduce financial barriers to entering the continuum of care for any uninsured women ineligible for other safety-net programs (over age 50 and income greater than 200% Federal Poverty Level, or under age 40 and income less than 200% FPL, or other gaps as they are identified by the applicant) by providing free or low-cost mammography (letter of support must be included from all providing partners).
- Link patients with appropriate care after an abnormal finding on a breast imaging test, and assisting in moving women through the healthcare system by utilizing lay health or clinical patient navigators to guide women through the continuum of care
- Reduce financial barriers to progressing through the continuum of care by providing appropriate financial assistance any underinsured clients for out of pocket costs.
- Increase access to care by addressing logistical, physical, and transportation barriers through mobile mammography, expanded clinic hours, providing gas cards, cab vouchers or assisting with other transportation needs
- Provide linkages to community resources for financial assistance, transportation, family needs, and/or translation services
- Provide education and psychosocial support for patients and their families as they move through the breast cancer continuum of care
- Other quality improvement projects as informed by needs of the organization to improve progression through the continuum of care

### **Important Dates**

Grant Writing Workshop                      November 6, 2015, 10 a.m.- 2 p.m.  
Attendance is strongly recommended due to significant changes in the RFA, RSVP to [juliemcmahon@komencolumbus.org](mailto:juliemcmahon@komencolumbus.org) by October 30

Application Deadline                      January 8, 2016  
Revision Period                              January 8-13, 2016  
Award Notification                         March 2016  
Award Period                                 April 1, 2016- March 31, 2016

### **Eligibility**

Individuals are not eligible for funding. Grants will be awarded only to eligible organizations. Applicants must meet the following eligibility criteria to be considered for funding:

- Program must be specific to breast health and/or breast cancer. If a program includes other health issues along with breast cancer, such as a breast and cervical cancer program, funding may only be requested for the breast cancer portion.
- All past and current Komen-funded grants or awards to Applicant are up-to-date and in compliance with Komen requirements.
- Applicant has documentation of current 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: Athens, Champaign, Clark, Delaware, Fairfield, Fayette, Franklin, Gallia, Guernsey, Hocking, Jackson, Knox, Lawrence, Licking, Madison, Marion, Meigs, Monroe, Morgan, Morrow, Muskingum, Noble, Perry, Pickaway, Pike, Ross, Scioto, Union, Vinton, and Washington.
- If 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 applicant is not eligible to apply for a grant until 12 months after the conviction. After such 12 month period, applicant must demonstrate in its application that appropriate remedial measures have been taken to ensure that any criminal misconduct does not recur.

### **Allowable Expenses**

Funds may be used for the following types of expenses provided they are directly attributable to the program:

- Salaries and fringe benefits for program staff
- Consultant fees
- Clinical services or patient care costs
- Meeting costs
- Supplies
- Reasonable travel costs related to the execution of the program
- Other direct program expenses
- Equipment, essential to the breast health-related program to be conducted
- Indirect costs, not to exceed 5 percent of direct costs

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

- Research, defined as any project or program with the primary goal of gathering and analyzing data or information.
  - 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 effects
  - Investigate or validate methods
- Education regarding breast self-exams/use of breast models
- Development of educational materials or resources
- Construction or renovation of facilities
- Political campaigns or lobbying
- General operating funds (in excess of allowable indirect costs)
- Debt reduction
- Fundraising (e.g. endowments, annual campaigns, capital campaigns, employee matching gifts, events)
- Education via mass media (e.g. television, radio, newspapers, billboards)
- Event sponsorships
- Projects completed before the date of grant approval
- Payments/reimbursement made directly to individuals
- Land acquisition
- Program-related investments/loans
- Scholarships
- Thermography

### **Important Granting Policies**

Please note these policies before submitting a proposal. These policies are non-negotiable.

- No expenses may be accrued against the grant until the agreement is fully executed.
- Any unspent funds over \$1.00 must be returned to Komen Columbus.
- Grantee will be required to submit a minimum of one semi-annual progress report and one final report that will include, among other things, an accounting of expenditures. Additional reports may be requested.
- At the discretion of Komen Columbus, the grantee may request one no cost extension of no more than six months for each grant.
- Certain insurance coverage must be demonstrated through a certificate of insurance at the execution of the grant agreement, if awarded. Grantee is required at minimum to hold:
  - 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;
  - Workers' compensation insurance in the amount required by the law in the state(s) in which its workers are located and employers liability insurance with limits of not less than \$500,000; and
  - Excess/umbrella insurance with a limit of not less than \$5,000,000.

- In the event any transportation services are provided in connection with program, \$1,000,000 combined single limit of automobile liability coverage will be required.
- If any medical services (other than referrals) are provided or facilitated, medical malpractice coverage with combined limits of not less than \$1,000,000 per occurrence and \$3,000,000 in the aggregate will be required.
- Grantees are also required to name Susan G. Komen Breast Cancer Foundation, Inc., Susan G. Komen Columbus, its officers, employees and agents as Additional Insured on the above policies.

### **Submission Requirements**

All proposals must be submitted online through the Komen Grants e-Management System (GeMS): <https://affiliategrants.komen.org>.

Applications must be received on or before January 8, 2016. No late submissions will be accepted.

### **Educational Materials and Messages**

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, we only fund programs that involve educational messages and materials that are 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 the adoption of the actions we think are important. Please visit the following webpage before completing your application and be sure that your organization can agree to promote these messages:

<http://ww5.komen.org/BreastCancer/BreastSelfAwareness.html>.

#### *Breast Self-Exam*

According to studies, teaching breast self-exam (BSE) has not been shown to be effective at reducing mortality from breast cancer and therefore **Komen will not fund education programs that teach or endorse the use of monthly breast self-exams or use breast models**. As an evidence-based organization, engaging in activities that are not supported by scientific evidence pose a threat to Komen's credibility as a reliable source of information on the topic of breast cancer.

#### *Creation and Distribution of Educational Materials and Resources*

Komen Affiliate Grantees must use/distribute only Komen-developed or Komen-approved educational resources, including messages, materials, toolkits or online content during their grant period. This is to ensure that all breast cancer messaging associated with the Komen name or brand are safe, accurate, based on evidence and consistent and to avoid expense associated with the duplication of effort to develop educational resources. If applicants/grantees intend to develop educational materials

that are otherwise not provided by Komen, they must be approved by the Affiliate and Komen Headquarters prior to development.

Komen grantees are eligible to receive preferred pricing for Komen educational materials. Komen materials should be used and displayed whenever possible. To view our educational materials, visit [www.shopkomen.com](http://www.shopkomen.com).

#### *Use of Komen's Breast Cancer Education Toolkit for Hispanic/Latina Communities and Other Resources*

Susan G. Komen has developed a Breast Cancer Education Toolkit for Hispanic/Latina communities. It is designed for educators and organizations to use in order to meet the needs of these communities. Applications to this mechanism may seek funding for such implementation. Demonstrated need for educational outreach for Hispanic populations in the Affiliate service area may be key to a successful application, but is not necessary for access to the toolkit which is free online. This tool is available in both English and Spanish versions. To access the Toolkit, please visit <http://komentoolkits.org>. Komen has additional educational toolkits and resources, including [komen.org](http://komen.org), that may be used in community outreach and education programs. Check with your local Komen Affiliate for resources that may be used in programming.

#### **Review Process**

Applications will first be evaluated for eligibility, submission of all required application materials, adherence to formatting requirements, and responsiveness to the program focus specified in this RFP. Applications that do not pass a compliance check will be notified of required changes to be compliant, and will be given at least 48 hours to make those changes and re-submit their application. Applications that still do not meet these requirements will be administratively withdrawn and will not under gr review. Each grant application will be reviewed by at least three independent reviewers. They will consider each of the following selection criteria:

**Statement of Need:** Does the program provide services to one or more of the target communities described in the Affiliate's Community Profile? How closely does the program align with the funding priorities stated in the RFA?

**Program Design:** Is the program culturally competent? Is the program evidence-based? How likely is it that the objectives and activities will be achieved within the scope of the funded program? Is the program 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 program? If the proposed program includes collaboration with other organizations, are the roles of the partners appropriate, relevant and clearly defined?

**Impact:** Will the program have a substantial positive impact on increasing the percentage of people who enter, stay in, or progress through the continuum of care? Will the program have a substantial impact on the need described in the funding priority selected? Is the impact likely to be long-term?

**Organization Capacity:** Does the applicant organization, Project Director and his/her team have the expertise to effectively implement all aspects of the program? Is there evidence of success in delivering services to the target population? Is the organization fiscally capable of managing the grant program, including having appropriate financial controls in place? Does the applicant organization have the equipment, resources, tools, space, etc., to implement all aspects of the program? 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 program beyond the grant term (if awarded)? Are collaborations (if proposed) likely to be sustained beyond the grant term? Does the applicant organization have long-term support from organizational leadership?

**Monitoring and Evaluation:** Is there a documented plan to measure progress against the stated program goal and objectives, and the resulting outputs and outcomes? Is there sufficient monitoring and evaluation (M&E) expertise for the program? Are there sufficient resources in place for M&E efforts?

**BCCP Alignment:** Did the organization describe their present relationship with the state's version of the National Breast and Cervical Cancer Early Detection Program? Are proper eligibility and referral processes in place to ensure no duplication between the BCCP program and this proposal?

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.

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

Julie McMahan  
Director of Mission  
614-297-8155 x204  
juliemcmahan@komencolumbus.org

## Application Instructions

The application will be completed and submitted via the Komen Grants e-Management System (GeMS), <https://affiliategrants.komen.org>. The required sections/pages in GeMS are listed in ALL CAPS and described below. For an application instruction manual, please visit the Affiliate's Grants webpage, [www.komencolumbus.org](http://www.komencolumbus.org) under Community Impact, or contact Julie McMahon.

### PROJECT PROFILE

This section collects basic organization and project information, including the title of the project, contact information and partner organizations.

Attachments for the Project Profile page (if applicable):

- **Letters of support or memoranda of understanding from proposed collaborators**– To describe the nature of the collaboration and the services/expertise/personnel to be provided through the collaboration. A letter should be submitted for every partner mentioned in the Program Design section.

### ORGANIZATION SUMMARY

This section collects detailed information regarding your organization's history, mission, programs, staff/volunteers, budget, and social media.

### PROJECT PRIORITIES AND ABSTRACT (limit – 1,000 characters)

This section collects important information to classify the focus of the project, the priorities to be addressed and a summary of the project (abstract). This abstract should include the target communities to be served, the need to be addressed, a description of activities, the expected number of individuals served and the expected change your program will likely bring in your community. The abstract is typically used by the Affiliate in public communications about funded projects.

### PROJECT NARRATIVE

This section is the core piece of the application. On the Project Narrative page of the application on GeMS, please address the requests below for each section.

#### **Statement of Need (limit- 5,000 characters)**

- Describe the population to be served.
- Describe evidence of the risk/need within that population, using the RFA funding priorities and the 2015 Community Profile as a guide.
- Provide population characteristics (race, ethnicity, economic status, and breast cancer statistics) specific to the target population.
- Describe how this program aligns with Komen [Affiliate Name] target communities and/or RFA funding priorities.

#### **Program Design (limit- 5,000 characters)**

- Explain the program's goal and objectives, as outlined in your Project Work Plan, including how your program will meet the overall goal of the RFP

- Explain how the program will increase the percentage of people who enter, stay in, or progress through the continuum of care. Include how your program will make a measurable impact on the priorities of the RFP.
- Explain how the program is culturally competent.
- Explain if and how the program is evidence-based and/or uses promising practices (please cite references through numbering and providing an attachment with any references). See appendix for evidence-based guidance.
- Describe program collaboration and the roles and responsibilities of all organizations or entities participating in the program.
- Explain how the collaboration strengthens the program and why partnering organizations are best suited to assist in carrying out the program and accomplishing the goal and objectives set forth in this application. Include letters of support on the Project Profile page for every collaboration referenced.

### **Organization Capacity (limit- 5,000 characters)**

- Explain why the applicant organization, Project Director and staff are best-suited to lead the program and accomplish the goals and objectives set forth in this application. Please include appropriate organization or staff licenses, certifications and/or accreditations.
- Describe evidence of success in delivering breast health/cancer services to the proposed population. If the breast health/cancer program is newly proposed, describe relevant success with other programs.
- Describe the equipment, resources, tools, space, etc., that the applicant organization possesses or will utilize to implement all aspects of the program.
- 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. How has your organizational budget changed over the last three years? Please explain increase or decrease.
- Describe the plan to secure and allocate resources (financial, personnel, partnerships, etc.) to sustain the program at the conclusion of the grant period.
- Describe the efforts you will take to communicate this program to your organizational leadership to ensure long-term support/buy-in.

### **Monitoring and Evaluation (limit- 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 that was served with the funding and number of individuals served for each objective (county, race and ethnicity, age and population group).

- Applicants must demonstrate that they can identify, measure and report on:
  - Number of patients referred to screening
  - Number of patients who have completed screening
  - Number of abnormal screening results
  - Number of diagnostic tests
  - Number of breast cancers diagnosed and staging
  - Number of patients that receive recommended diagnostic follow-up

- Number of patients who receive a survivorship care plan
- Number of patients whose breast cancer records were provided to their primary care provider
- Number of patients without a primary care provider who were referred to one
- Number of patients served with patient navigation services (including assessment of barriers)
- Number and type of barriers addressed
- Number and type of barriers resolved

For any additional deliverables and the way each objective can be measured, see Appendix A.

- Describe in detail how the organization(s) will measure progress against the stated program goal and objectives. Please include any templates, logic models, or surveys as attachments in the Project Work Plan – Objectives page.
- Describe how the organization(s) will assess how the program had an effect on the selected priority. Please include any templates, logic models, or surveys as attachments in the Project Work Plan – Objectives page.
- Describe how the organization(s) will assess program delivery. Please include any templates, logic models, or surveys as attachments in the Project Work Plan – Objectives page.
- 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 program. Specify if these resources are requested as part of this grant, or if they are existing organizational resources.

#### **BCCP Alignment:**

- Describe the organization's present relationship with the state's version of the National Breast and Cervical Cancer Early Detection Program.
- Describe the process for ensuring eligible clients are referred to BCCP.
- Describe the process for determining eligible clients for this program.

#### **PROJECT TARGET DEMOGRAPHICS**

This section collects information regarding the various groups you intend to target with your program. This does not include every demographic group your program will serve but should be based on the groups on which you plan to focus your program's attention.

#### **PROJECT WORK PLAN**

In the Project Work Plan component of the application on GeMS, you will be required to submit the goal and objectives:

- **Goals** are high level statements that provide overall context for what the program is trying to achieve.

- **Objectives** are specific statements that describe what the program is trying to achieve to meet the Goal. An objective should be evaluated at the end of the program to establish if it was met or not met.

The project goal should have at least one objective; there is no limit to the number of objectives. Please ensure that all objectives are SMART objectives. Non-compliant objectives will be returned for modification.

**Specific**  
**Measurable**  
**Attainable**  
**Realistic**  
**Time-bound**

You will also be required to submit the timelines, the anticipated number of individuals to be served, and the evaluation method you will utilize for each objective.

Write your Project Work Plan with the understanding that each item must be accounted for during progress reporting. The Project Work Plan should **only** include a goal that will be accomplished with funds requested from Komen Columbus. Objectives that will be funded by other means should **not** be reported here, but instead, can be included in your overall program description.

### **Example Work Plan**

GOAL: Provide patient navigation to women with screening abnormalities in order to reduce delays in and barriers to diagnostic care.

OBJECTIVE 1: During grant period, patient navigator will contact all women with an abnormal screening within three business days to schedule follow-up appointment.

OBJECTIVE 2: By end of grant period, provide 30 uninsured/underinsured women free/reduced cost diagnostic procedures.

*(The goal for this RFP for all projects should be to increase the number of women entering the continuum of care through recommended screening by increasing awareness, motivating and utilizing available resources. Objectives should break down each priority into measurable action steps.)*

Attachments for the Project Work Plan page:

- **Monitoring and Evaluation forms, surveys, logic model, etc.** – To monitor progress and determine the effectiveness of the proposed program.

### **BUDGET**

Provide a detailed total program budget for the entire requested grant term. Budget sections include Key Personnel/Salaries, Consultants, Supplies, Travel, Patient Care, Sub-Contracts, and Other. For each line item in the budget, provide a brief justification for how the funds will be used and why they are programmatically necessary.

### **Attachments Needed for Key Personnel/Salaries Section:**

- **Resume/Job Description** – For key personnel that are currently employed by the applicant organization, provide a resume or *curriculum vitae*. For new or vacant positions, provide a job description (*Two page limit per individual*).

### **Attachments Needed for the Project Budget Summary Section:**

- **Proof of Tax Exempt 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. To request verification of your organization's tax-determination status, visit the following page on the IRS Web site:

<http://www.irs.gov/Charities-&-Non-Profits/EO-Operational-Requirements:-Obtaining-Copies-of-Exemption-Determination-Letter-from-IRS>

- **Evidence-Based reference page** – Upload a list of your references in APA citation style format to the Project Budget Summary page.

## **Appendix A**

### **Evidence-based Community Health Programming**

A clear explanation of how the program will lead to action or intent to act should be included. 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. You may also cite best practice examples. The following websites are examples of resources of evidence-based interventions:

National Cancer Institute: (<http://rtips.cancer.gov/rtips/index.do>) RTIPs is a searchable database of cancer control interventions and program materials, and is designed to provide program planners and public health practitioners' easy and immediate access to research-tested materials.

NACCHO Model Practices: (<http://www.naccho.org/topics/modelpractices/>) Online, searchable database of innovative best practices across public health areas. These practices allow an individual to benefit from other professionals' experiences, to learn what works, get strategies on how to re-implement effective programs with good results, and save time and resources.

AHRQ Innovation Exchange: (<http://www.innovations.ahrq.gov/index.aspx>) The Exchange helps to solve problems, improve health care quality and reduce disparities as being a resource to find evidence-based innovations and quality tools, view new innovations and tools published and learn from experts through events and articles.

The Guide to Community Preventive Services: ([www.thecommunityguide.org](http://www.thecommunityguide.org)) The Guide is a resource to assist organizations in selecting programs and policies to improve health and prevent disease in the community. Systematic reviews are used to answer the following questions: Which program and policy interventions have been proven effective? Are there effective interventions that are right for the community of interest? What might effective interventions cost; what is the likely return on investment?

Cancer Control P.L.A.N.E.T (Plan, Link, Act, Network with Evidence-based Tools): (<http://cancercontrolplanet.cancer.gov/index.html>): Web-based resource that can assist in assessing cancer and/or risk factor burden within a given state; identifying potential partners that may already be working with high-risk populations; understanding current research findings and recommendations; assessing and downloading evidence-based programs and products; and finding guidelines for planning and evaluation.

The Community Tool Box: (<http://ctb.ku.edu>) This comprehensive resource offers more than 7000 pages of practical guidance on a wide range of skills essential for promoting community health. Tool kits (under the "Do Work"

tab) provide outlines, examples, and links to tools for topics such as community assessment and evaluation.

Applications that propose health fairs, the development of educational materials, or unsupported outreach via mass media will not be accepted.