2015-2016- Education Grants
Request for Applications
Columbus Affiliate of Susan G. Komen

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 of 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 Columbus Race for the Cure®, we have invested more than $20 million in local breast health and breast cancer awareness projects in 30 counties. Up to 75 percent of net proceeds generated by the Komen Columbus stays in the Central and Southeastern Ohio 30-county 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 its founding in 1982, Komen has funded more than $800 million in research and provided more than $1.7 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. Visit komen.org or call 1-877 GO KOMEN. Connect with us on Facebook at facebook.com/susangkomen and Twitter @SusanGKomen.

Important Dates
Grant writing Workshop: October 31, 2014, TIME TBD. (Attendance is strongly recommended due to significant changes in the RFA, RSVP to juliemcmahon@komencolumbus.org by October 20)
Question Period: September 30- November 18th, 2014 (Questions and proposal ideas may be submitted for comments, discussion and guidance from staff)
Application Deadline: January 6, 2015, 5 p.m.
Revision Period: January 6- January 12, 2015
Award Notification: March 2015
Award Period: April 1, 2015- March 31, 2016
Statement of Need

Preliminary findings from the 2015 Community Profile highlight a need for provider and patient education relating to screening recommendations, treatment options and knowledge of available resources. Major barriers to entering the continuum of care through recommended screening include fear, lack of recommendation from a provider, and lack of knowledge of resources or facilities to get services. Assessments have revealed that insured women often underutilize screening, and should be one target of education and outreach in addition to outreach to uninsured populations. Outreach to insured women is a financially sustainable and efficient way to increase screening rates. Outreach to uninsured women and linkage to resources, which will remove the financial barriers to screening, is also crucial.

The goal of educating the target population is to create a clear intent to act and link to the services available. Once accomplished, mobile units are an effective way to link target population to services. Proposals that wish to incorporate mobile units to offer screening services are encouraged to determine a partner, identify which organization will be the fiscal agent, and should either submit requests for that portion of funding through the Access Request for Applications with the service provider as the recipient of funds, or request mobile unit services funding for referrals through the Education Request for Applications. Partnering on such a proposal with a mobile mammography unit or imaging provider is recommended so that education programs can refer to services.

Preliminary sections of the 2015 Community Profile can be found at http://komencolumbus.org/grants/applying-for-community-grants/funding-priorities-2/.

Patient Protection and Affordable Care Act

The Patient Protection and Affordable Care Act were passed by Congress in March 2010. This law is intended to help more Americans gain access to health care through a variety of mandates that require most U.S. citizens to have health insurance by 2014 or face a tax penalty. Implications of this legislation have been discussed in the Health Systems and Public Policy Section of the 2015 Community Profile. Please refer to that document and consider emerging policy changes when planning your grant project and drafting your proposal.

Drawing from preliminary findings from the 2015 community profile and observations of emerging healthcare legislation (ACA), Komen Columbus has identified two complementary sets of priorities:

- Education programs should focus on evidence-based practices that increase breast self-awareness education, leading to action or intent to act and link to services or resources. Collaboration with service provider grant applicants using the Access RFA through referrals or partnering to deliver mobile mammography is highly encouraged.
- Proposed Access programs should focus on evidence-based practices that remove barriers to breast health services, enhance access to and utilization of quality breast care and survivorship services, with the goal of reducing mortality and improving quality of life. Collaboration with Education grant programs is highly encouraged. Education grants may request funding for evidence-based outreach and education, funneling women in need of services into Access programs.
Priorities to motivate intent to act and link to services

- Provide evidence-based and targeted outreach and education programs to increase the number of women who enter the continuum of care, that document linkage of project participants to breast cancer services, including culturally competent outreach for groups experiencing mortality or screening disparities (African Americans and Hispanics and persons with disabilities).
- Reduce patient recidivism using evidence-based approaches; increase percentage of returning patients adhering to screening recommendations.
- Provide medical provider education for primary care physicians and OB/GYNs about screening recommendations, risk assessment for high-risk women (family history, BRCA1/2) and/or available resources for women.

Interventions to list in workplan:

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<tr>
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<th>Outcomes to report:</th>
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<tr>
<td>Public education (e.g. radio, television, newspaper, e-communications, social networking)</td>
<td>Number of public education messages you released through small and mass media outlets such as radio, television, newspaper, e-communications, social networking</td>
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<tr>
<td>Group education (e.g. lectures, workshops, seminars, webinars)</td>
<td>Number of individuals who participated in an educational lecture, workshop, seminar or webinar</td>
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<tr>
<td>One-on-one education</td>
<td>Number of individuals you reached through one-on-one education contacts</td>
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<td>Events (e.g. health fairs) in accessible venues</td>
<td>Number of events you hosted (e.g. free screening days, hosting a mammography van, etc.- does not include group education events)</td>
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<tr>
<td>Health care professional training and provider education</td>
<td>Number of health care providers you educated</td>
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<td>Outreach programs (that result in new appointments, new patients)</td>
<td>Referrals for free or low-cost clinical breast exams, referrals for free or low-cost screening mammograms</td>
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<tr>
<td>In-reach programs (result in getting existing patients to get a mammogram)</td>
<td>Referrals for free or low-cost clinical breast exams, referrals for free or low-cost screening mammograms</td>
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Applications that propose health fairs, the development of educational materials, or unsupported outreach via mass media as the sole method of education or outreach will not be accepted. These methods may be used to promote programs, but evidence-based methods should be used to educate.

When determining what services present the most financial barriers and criteria for eligibility consider that the federal government mandates that insurance plans cover screening mammograms free of any co-pay to women over 40, every one or two years and that women at or below 138% Federal Poverty Level are eligible for and should utilize Medicaid before accessing grant funding.

If unclear about which RFA best fits an application, please contact Julie McMahon (juliemcmahon@komencolumbus.org).
Eligibility
Applicants must meet the following eligibility criteria to be considered for funding:

- All past and current Komen-funded grants or awards to applicant are up-to-date and in compliance with Komen requirements.
- Applicant has tax exempt status under the Internal Revenue Service code.
- Applicant must be a non-profit organization located in or providing services to one or more of the following locations: 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.
- Project must be specific to breast health and/or breast cancer; e.g., if a project is a combined one, such as a breast and cervical cancer project, funding may only be requested for the breast cancer portion.
- 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, then applicant is not eligible to apply for a grant during this current cycle and will not be eligible to apply for a new grant until the later of 12 months after the conviction or until applicant can demonstrate that appropriate remedial measures have been taken to ensure that any criminal misconduct does not recur.

Allowable Expenses
Applicants may request funding at an award level of $10,000 and above for one year.

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

- Salaries and fringe benefits for program staff
  - Salaries should only be requested for personnel’s time related to this project only and not the general work of an employee.
  - Salaries should only be requested for patient service oriented positions related to the grant project, not administrative roles or other grant projects.
  - Preference will be given to programs that provide matching/in-kind support of salary and personnel requests as this allows increased sustainability of the program.
  - Clearly state why additional funding is needed for the support of personnel whose salary is to be supported by the grant in the budget justification section. Salary requests will be closely evaluated and expected to be strongly and clearly justified as essential to the execution of the project. Be sure to explain if the salary is not supported by the organization’s operational budget.
  - Be sure to discuss salary requests with the affiliate to ensure they are allowable before submitting your request.
  - Fringe benefits should only be included for personnel members that work 50% of their work commitment on the Komen-funded grant program. We will proportionally cover fringe benefits, not exceeding 25% of their salary for the grant program. Otherwise, it is expected that the supporting organization should maintain total fringe benefit coverage.
- Consultant fees
- Meeting Costs
- Supplies
- Travel
• Other direct program expenses: Funding may be requested for costs related to the program (telephone charges, computer use, postage and printing, miscellaneous office supplies, audit and legal, administrative staff, fuel, maintenance, generator) through the “other” expense category and may not exceed 10% of total proposal costs. These costs must be listed as line items under the other category and detailed in the budget justification section.

• Equipment, not to exceed $5,000 or 10% of the funding request, whichever is less, and should be used exclusively on this project. Upon termination of a funded grant program, any equipment will become the property of the Columbus Affiliate.

Funds may not be used for the following purposes:

• Clinical services or patient care costs
  o If the applicant is a service provider, linkage to these services should be documented as referrals (reflected in the workplan’s measurable objectives). Clinical services funding should only be requested through the Access Request for Applications.
  o If the applicant is not a service provider, a clear plan for referrals should be outlined in the application and linkage to these services should be documented as referrals (in the workplan’s measurable objectives). The applicant can either partner with a service provider to provide services and apply to the Access RFA, or simply refer to existing resources. If partnering with a service provider to provide mobile mammography to patients recruited by an education program, funding may be requested through this RFA to support the mobile unit.

• 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:
  o Understand the biology and/or causes of breast cancer
  o Improve existing or develop new screening or diagnostic methods
  o Identify approaches to breast cancer prevention or risk reduction
  o Improve existing or develop new treatments for breast cancer or to overcome treatment resistance, or to understand post-treatment effects
  o Investigate or validate methods

• Construction or renovation of facilities
• Political campaigns or lobbying
• Endowments
• General operating funds (except indirect cost)
• Debt reduction
• Annual fund-raising campaigns
• Event sponsorships
• Projects completed before the date of grant approval
• Individuals

• Reimbursement for specific individuals’ direct services
• Building/renovation
• Capital campaigns
• Employee matching gifts
• Land acquisition
• Program-related investments/loans
• Scholarships
• Education regarding breast self exams/use of breast models
• 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.
- 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 6 months for each grant. This request must be submitted at least 30 days before the end of the grant period. Requests submitted after that time will not be considered.
- Certain insurance coverage must be demonstrated 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 the Affiliate as an Additional Insured on the above policies.

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


We do not recommend monthly breast self-exam and therefore will not fund education programs that teach monthly breast self-exam or use breast models.

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.

We suggest that each program plan to spend no more than $1 per person when the program includes education or outreach activities. If you have questions about specific discounted costs of educational materials, please contact the Komen Columbus office.
Submission Requirements
All proposals must be submitted online through the Grants e-Management System (GeMS): https://affiliategrants.komen.org.

Applications must be received on or before January 6, 2015 at 5 p.m Eastern Time. No late submissions.

User guides are available at http://www.komencolumbus.org/grants/how-to-apply-for-funding/ and upon request to the Director of Mission and technical assistance is available.

Failure to adhere to these instructions will result in applications being administratively withdrawn from consideration prior to peer review, without appeal.

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 RFA. 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 undergo review.

Each qualified application is then reviewed by local volunteer grant reviewers. Prior to the review, each reviewer must read and accept the Code of Ethics and the Komen staff and committee chairmen will maintain a record of reviewers who report a potential conflict of interest. Each grant application will be reviewed by at least three independent reviewers. Grant reviewers will consider each of the following selection criteria:

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<th>Percentage</th>
<th>Criteria</th>
<th>Description</th>
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<tr>
<td>30%</td>
<td>Impact</td>
<td>Will the project have a substantial positive and measurable impact on increasing the percentage of people who enter, stay in, or progress through the continuum of care? Will the project have a substantial and measurable impact on the priority selected? How closely does the project align with the funding priorities, target populations and counties stated in the RFA? Does the project have a sufficient and documented plan to evaluate its impact?</td>
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<tr>
<td>15%</td>
<td>Feasibility</td>
<td>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?</td>
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<tr>
<td>15%</td>
<td>Capacity</td>
<td>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?</td>
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<tr>
<td>15%</td>
<td>Collaboration</td>
<td>Does this project enhance collaboration among organizations with similar or complementary goals without duplicating services? Are the roles of the partners appropriate and relevant? Does the partnership efficiently benefit the partner(s) by sharing a service that would not otherwise be available? Is overlap in the system minimized so as to effectively use funds to the maximum benefit?</td>
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<tr>
<td>10%</td>
<td>Sustainability</td>
<td>Is the project likely to be sustained? Are partnerships likely to be sustained past project period? Is the impact likely to be long-term?</td>
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<tr>
<td>15%</td>
<td>Evidence-base</td>
<td>Does the project demonstrate awareness of and/or potential replication of best practice models in the design and delivery of the stated priorities for funding? Does the grant application clearly articulate the best practice and evidence-based methods for successful implementation of states goals and objectives? What lessons learned from other projects are being applied to this project?</td>
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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.
Application Support

Questions should be directed to:

Julie McMahon, Director of Mission
juliemcmahon@komencolumbus.org
614-297-8155 x 204
Application Instructions

The application will be completed and submitted on GeMS, https://affiliategrants.komen.org. For an application instruction manual, please visit the Affiliate’s Grants webpage, http://www.komencolumbus.org/grants/how-to-apply-for-funding/, or contact Julie McMahon, juliemcmahon@komencolumbus.org, 614-297-8155 x204). When initiating an application on GeMS, make sure it is the correct Community Grants application, corresponding to the Education RFA, and not a Small Grants application.

Each project will have a 1) project director (project’s lead contact, responsible for validating new users from your organization and all administrative functions in GeMS) and an 2) authorized signer (authority to sign legal documents on behalf of the organization, responsible for electronically signing applications and contracts). Viewer and writer roles are also available for you to use.

Organization Summary
This section collects detailed information regarding your organization, including in-depth information regarding your organization background and structure. Provide a brief description of:

- the organization’s history. If your program is part of a larger organization, briefly explain the mission of the larger entity and your relationship to it;
- the mission of the organization;
- current programs and accomplishments;
- how your organization seeks to be diverse and inclusive; and
- the number of paid full time staff, volunteers and total annual organization budget.

Project Abstract and Narrative
The Project Abstract should provide a brief description of the proposal including the purpose of the program, a description of key activities, a summary of evaluation methods and the expected or resulting change(s) your program will likely bring in your community.

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

Organization Capacity (limit- 3,500 characters)
- Explain why the applicant organization is best-suited to lead the project and accomplish the goals and objectives set forth in this application
- Describe evidence of success in delivering breast health/cancer services to the proposed population
- Describe fiscal capability to manage the delivery of the proposed goals and objectives and ensure adequate measures for internal control of grant dollars.

Statement of Need (limit- 3,500 characters)
- Describe the population to be served
- Describe evidence of the risk/need within that population
- Provide population characteristics (race, ethnicity, economic status, and breast cancer statistics) specific to the target population
**Project Description** (limit- 3,500 characters)

- Explain how the project’s goals and objectives, as outlined in your Project Work Plan addresses one or more of the priorities outlined in the Affiliate’s Community Profile/Statement of Need.
- Explain how the project will increase the percentage of people who enter, stay in, or progress through the continuum of care as specified by the goals of the Education RFA.
- Provide an estimate of the overall cost per woman served by your grant, including your calculation for this figure (i.e. total budget dedicated to patient service divided by number of women served by the project).
- Clearly state eligibility criteria for who the program will serve, and how you will recruit audience and participants. Reviewers want to see a very targeted approach for identifying the appropriate gaps and target audience, and a plan for reaching them.

**Collaboration** (limit- 3,500 characters)

- Describe the roles and responsibilities of all organizations or entities participating in the project.
- Explain how the collaboration strengthens the project and why these organizations are best suited to carry out the project and accomplish the goals and objectives set forth in this application.

**Sustainability** (limit- 3,500 characters)

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

**Evaluation**

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

- Applicants must be able to demonstrate that they can identify, measure and report on:
  
  a. Number of education interventions conducted
  
  b. Number of people participating in each education intervention
  
  c. Demographics of people attending each education intervention
  
  d. Increased participant knowledge after the education intervention (e.g. pre/post-test)
e. Number of people that indicated that they intend to take a specific action (i.e. talk with their
doctor about risk, know their family history, schedule a screening mammography) after
participating in the education intervention
f. Recommended: Of those participants that indicated they intended to take a specific action,
the number of people that acted on their intention within 30 days, 31-60 days, 61-90 days,
and 91+ days.

Evidence-based
- 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. 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) 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 as the sole mechanism of education will not be accepted.
**Project Workplan**

In the Project Workplan component of the application on GeMS, you will be required to submit goals (high level statements that provide overall context for what the project is trying to achieve. E.g. improve the quality of breast care) and objectives (low level concrete statements that describe what the project is trying to achieve. An objective can be evaluated at the end of the project to establish if the objective was met or not met. E.g. reduce the time from screening to diagnosis by two days). For each objective, you will outline timelines, the intended intervention to be utilized (choose ONE PER OBJECTIVE from the priorities listed), the individual responsible for completion of each objective, the anticipated number of individuals to be served, and the evaluation method you will utilize.

At your six month report and final report, you’ll be asked to list the individuals served by each intervention (as you listed in your application workplan above), demographics describing those served individuals and to report the status of each of the goals and corresponding interventions.

As you write your workplan, consider that each item must be accounted for in progress and final reporting, and that your workplan should only include items goals that will be accomplished with funds requested from Komen Columbus. For each objective, you will be asked to select an intervention type. Objectives that will be funded by other means should not be reported here, but instead, in your overall program description.

Your workplan will be evaluated by the reviewers and compared against your proposed budget. **Please select only one intervention type per objective, so that your later reports will match your workplan.** Workplan drafts may be submitted during the question period for staff feedback. Insufficient workplans will be returned for revision during compliance review.

**Budget**

Provide a detailed total program budget. 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**

1. **Information regarding Key Personnel** – For key personnel who are currently employed by the applicant, provide a resume or curriculum vitae. For new or vacant positions, provide job descriptions (Two page limit per individual).

2. **Proof of Non-Profit Status** – To document your federal tax-exempt status, attach your determination letter from the Internal Revenue Service. Evidence of state or local exemption will not be accepted. Please do not attach your Federal tax return.

3. **Letters of support or memoranda of understanding from proposed collaborators (if applicable)** – To describe the nature of the collaboration, MOUs, etc. demonstrating your partnerships and the services/expertise/personnel to be provided through the collaboration.

4. **Evaluation forms, surveys, logic model, etc.** to demonstrate the effectiveness of your program as defined in your Project Work Plan.

5. **Scholarly articles or other resources cited as the evidence-base for your program**

**Note:** Insurance will not be required at the time of application, but will be required for execution of the grant agreement, if awarded.