# Komen Charlotte

## Grant Writing Workshop

**2017**

susan g. komen®

# Agenda and Objectives

- Introductions
- Background
- Overview of the Community Grants Process
- Community Profile and Funding Priorities
- Request for Applications
- Grant Writing Tutorial
- GeMS Updates


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# Introduction

- Name
- Organization
- Brief description of services and proposed grant program

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# Workshop Goals

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# About Susan G. Komen®

- World's largest breast cancer organization
- Funded more than $920 million in research and provided more than $2 billion in funding to screening, education, treatment and psychosocial support programs
- Founded by Nancy G. Brinker


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# Komen's Bold Goal

**Reduce the current number of breast cancer deaths by**

**50%**

**in the U.S. by 2026.**

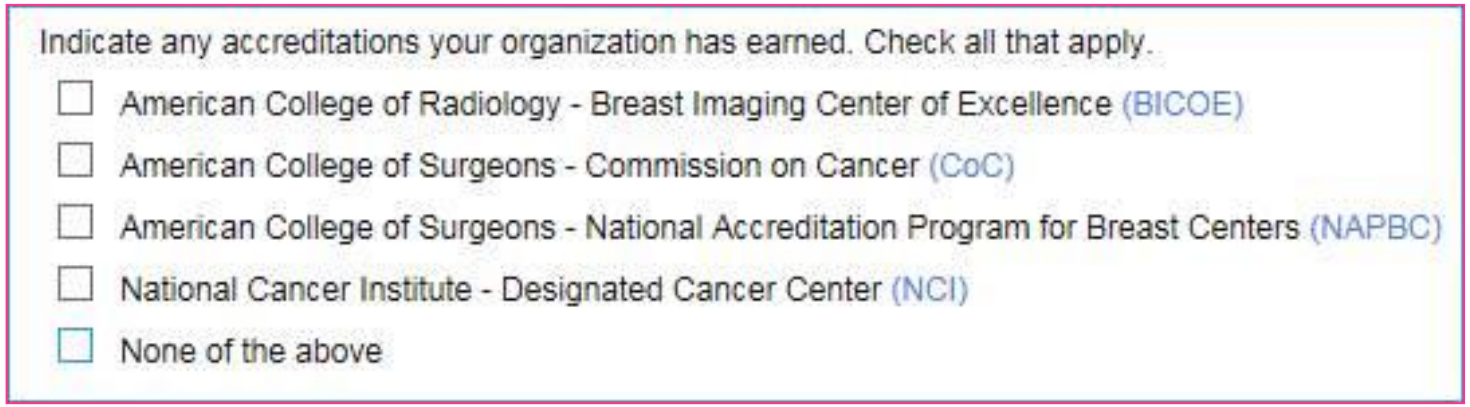
# Purpose of Komen Community Grants

- **Increase access and utilization of quality care to reduce late-stage breast cancer diagnosis and breast cancer mortality.**

# Assessing progress towards Bold Goal

- Quality of care
- Time to care
- Completion of care

- NEW! Quality of Care Indicator: Applicants will be asked which of the following accreditation(s) their organization has earned:





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# About Susan G. Komen® Charlotte

- Founded on a promise.
- First Komen Charlotte Race for the Cure in October 1997.
- Seven staff members, Board of Directors and lots of volunteers!
- To date, Komen Charlotte has invested more than $16 million in Community Grants and more than $6 million in Komen Research Grants.


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# Komen Charlotte Service Area

Susan G. Komen Charlotte 13-County Service Area

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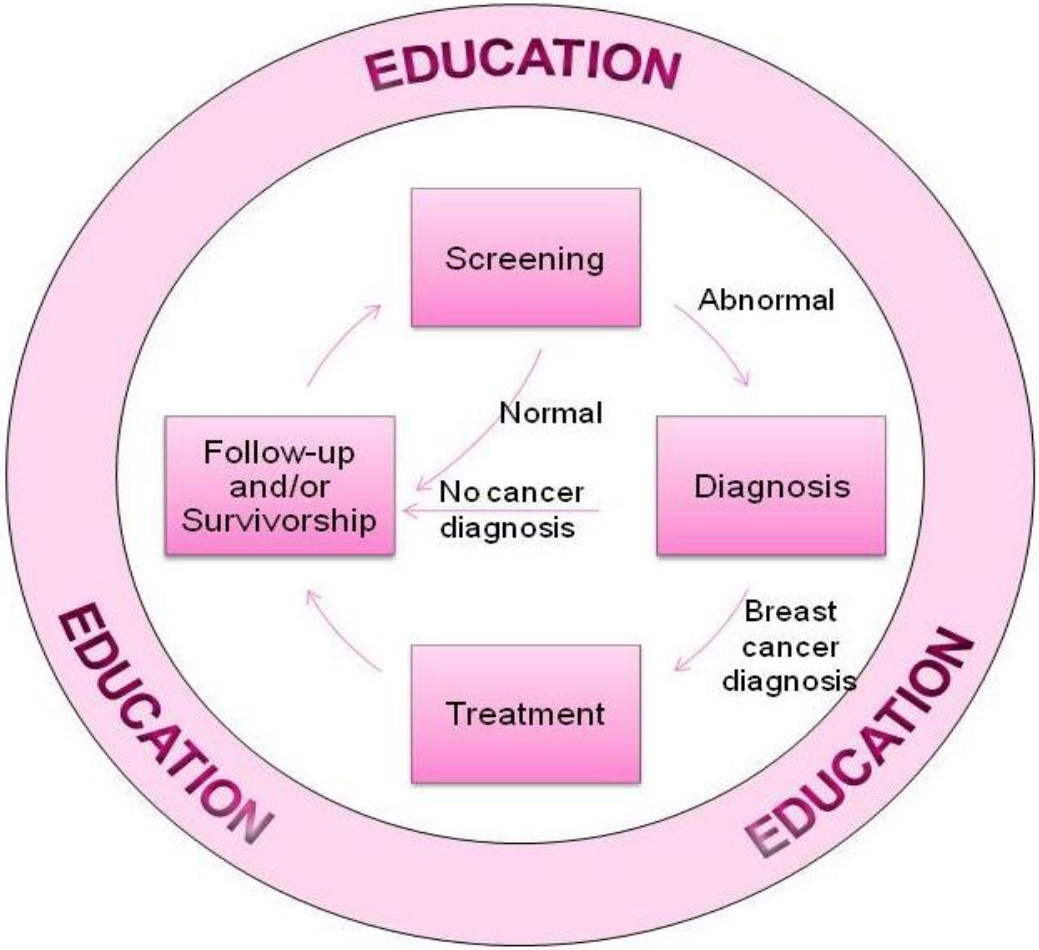
# Breast Cancer Continuum of Care (CoC)



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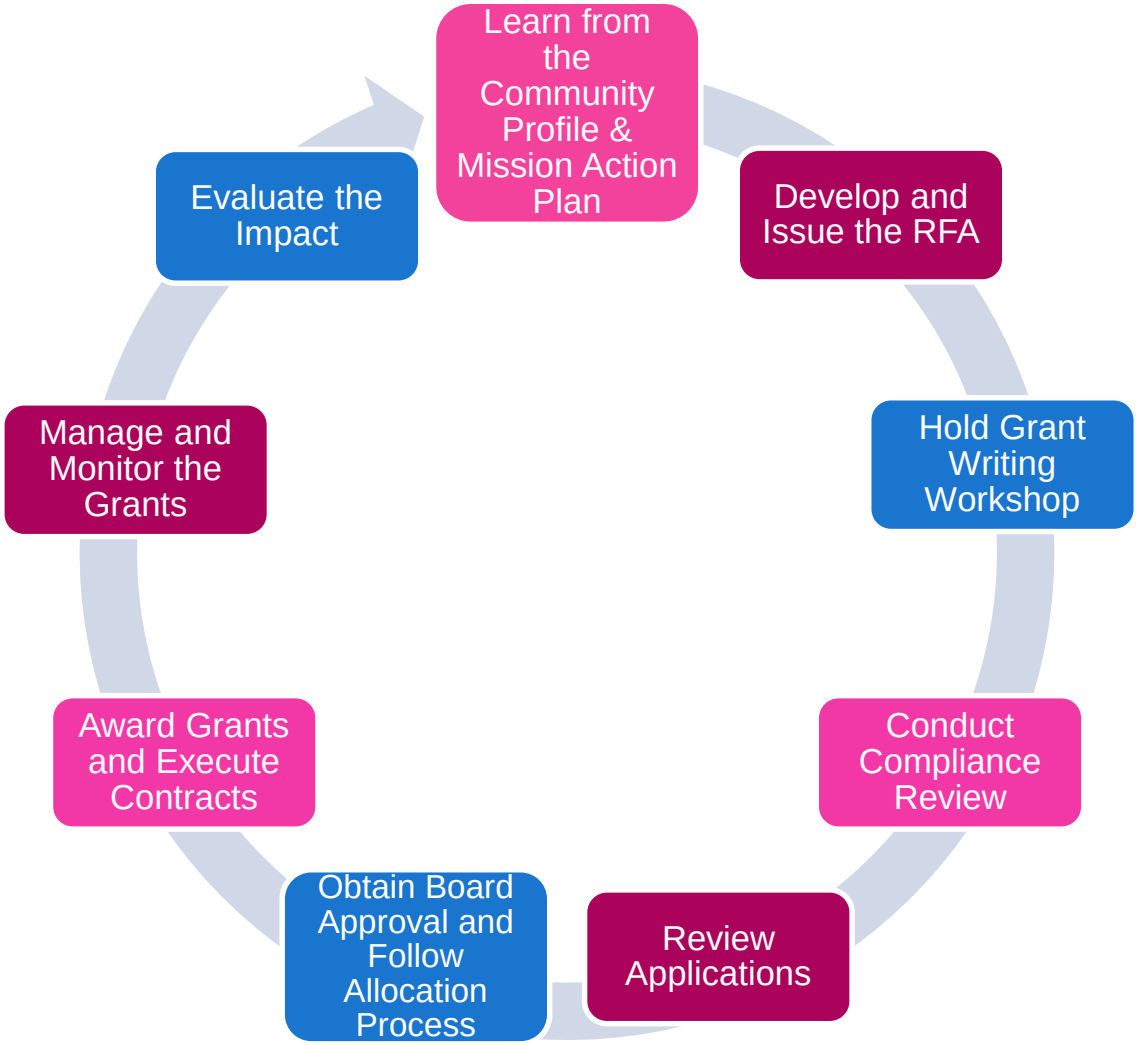
# Affiliate Community Grants Process Overview



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# Important Dates

| ACTION | DATE |
|---|---|
| Grant application deadline | December 14, 2017 @ 2 PM |
| Grant applications reviewed by peer review panel | February 2018 |
| Grant slate approved by Affiliate Board of Directors | March 2018 |
| Grantees notified | March 31, 2018 |
| First check issued following execution of contract | ~April 2018 |
| Six-month progress report due, second payment issued after **approval** of six-month progress report | October 31, 2018 |
| Site visits | Varies |
| Deadline to request a no-cost extension | March 1, 2019 |
| Final report and return of any unspent funds due | May 15, 2019 |


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# Community Profile

- **WHAT?**

  An assessment of breast cancer and breast health services

- **WHY?**

  To ensure effective and targeted efforts

- **HOW?**

  Rigorous collection and analysis of data



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# Community Profile

- Healthy People 2020 (HP2020) is a federal government initiative that has set specific health objectives for improving the health of communities, and for the country as a whole, by the year 2020.
- Target communities were prioritized based on the predicted time needed to reach the HP2020 objectives listed for breast cancer late-stage incidence and deaths.

- **The objectives specific to breast cancer include:**
  - Reducing the rate of late-stage breast cancer diagnoses to 41.0 cases per 100,000 women (US late-stage incidence rate is 43.7 cases per 100,000 women).
  - Reducing the death rate from breast cancer to 20.6 per 100,000 women (US death rate is 22.6 per 100,000 women).

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# Community Profile

| County | Priority | Predicted Time to Achieve Death Rate Target | Predicted Time to Achieve Late-stage Incidence Target | Key Population Characteristics |
|---|---|---|---|---|
| **Cabarrus County - NC** | Highest | 13 years or longer | 13 years or longer | |
| **Mecklenburg County - NC** | High | 8 years | 13 years or longer | **%Black, foreign** |
| **Cleveland County - NC** | Medium High | 1 year | 13 years or longer | **Education, poverty, rural, medically underserved** |
| **Gaston County - NC** | Medium High | 6 years | 13 years or longer | |
| **Iredell County - NC** | Medium High | 13 years or longer | 6 years | **Rural** |
| **Anson County - NC** | Medium | 13 years or longer | Currently meets target | **%Black, older, education, poverty, employment, rural, medically underserved** |
| **Lincoln County - NC** | Medium | Currently meets target | 13 years or longer | **Rural** |
| **Stanly County - NC** | Medium | Currently meets target | 13 years or longer | **Older, education, rural, medically underserved** |
| **York County - SC** | Medium | 7 years | 1 year | |

# Community Profile

| County | Priority | Predicted Time to Achieve Death Rate Target | Predicted Time to Achieve Late-stage Incidence Target | Key Population Characteristics |
|---|---|---|---|---|
| **Montgomery County - NC** | Medium Low | NA | 4 years | **Education, poverty, rural, insurance, medically underserved** |
| **Richmond County - NC** | Medium Low | 5 years | 5 years | **%Black, education, poverty, employment, rural, medically underserved** |
| **Rowan County - NC** | Medium Low | Currently meets target | 7 years | **Rural** |
| **Union County - NC** | **Lowest** | **Currently meets target** | **Currently meets target** | **Rural, medically underserved** |

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# Community Profile – Affiliate Target Communities

Komen Charlotte is concentrating strategic efforts on these target communities for five years.

- Cabarrus County – Projected not to reach the HP 2020 targets for late-stage incidence rate and death rate

- Mecklenburg County – Projected not to reach the HP 2020 target for late-stage incidence rate

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# Community Profile

**FAQ:**

Were Cabarrus and Mecklenburg Counties identified by the data as priority counties because they have larger population sizes?

**NO!**

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# Community Profile

## How were these numbers calculated?

Incidence, death and late-stage rates are displayed as a number “per 100,000” population, in this case women.

The data provided in the Quantitative Data Report uses rate calculations at the county level per 100,000 which are comparable from one county to the next and age-adjusted to account for age differences within the county (a county with older population can be compared to a county with a younger population accurately).

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# Community Profile – Affiliate Target Communities

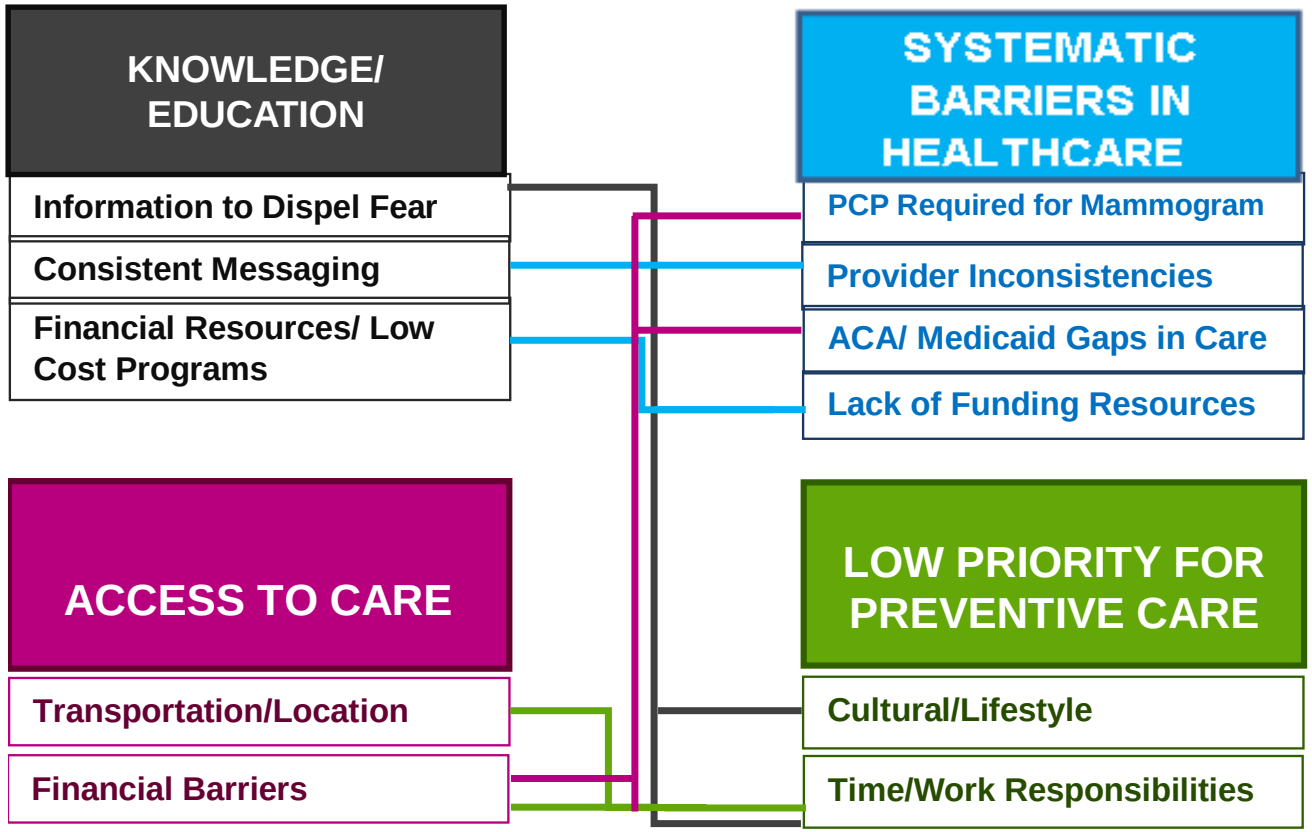


Figure 4: Factors in High Late-Stage Diagnosis and Death Rate

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# Community Profile – Mission Action Plan Updates

*Priority 1:* Increase breast health knowledge through education and outreach which may contribute to a reduction in late-stage breast cancer incidence and death rates with emphasis on Cabarrus County and Mecklenburg County.

- *Objective 5:* From mid-year FY2018 – FY2020, implement pretests and posttests for all educational outreach presentations, gather contact information at each event and follow-up with participants in 3-6 months to determine if they have taken action for their breast health and/or need resources to take action.


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# Community Profile – Mission Action Plan Updates

*Priority 3:* Increase access to the breast cancer continuum of care by addressing barriers and ensuring resources are available for individuals who are underserved in Cabarrus County and Mecklenburg County.

- *Objective 5:* By 2020, work with the Mecklenburg Breast Health Coalition to create a forum with the purpose to increase resource sharing and collaboration among nurses/nurse navigators in Mecklenburg and Cabarrus Counties, and ultimately increase the number of individuals who enter into and stay in the breast health/breast cancer continuum of care.


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# RFA Funding Priorities

- Reducing Barriers to Care
- Breast Cancer Education
- Lymphedema Treatment Support
- Patient Navigation


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# RFA Funding Priorities

**Reducing Barriers to Care**

- Evidence-based projects that reduce barriers to quality breast cancer care experienced by uninsured and underinsured individuals residing in the Affiliate's 13-county service area, with priority given to programs covering Cabarrus and Mecklenburg Counties.

- "Underinsured is defined as having some insurance coverage but not enough, or when one is insured yet unable to afford the out-of-pocket responsibilities not covered by his or her insurer" (Patient Advocate Foundation, http://www.patientadvocate.org/resources.php?p=781).


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# RFA Funding Priorities

## Breast Cancer Education

- Projects that provide evidence-based and culturally relevant breast cancer education in one-on-one and group settings. Projects must be designed to result in documented age-appropriate, breast cancer action (e.g., getting a screening mammogram, obtaining recommended follow-up after an abnormal mammogram).

- Breast cancer education projects must include Komen's breast self-awareness messages and provide evidence of linkage to local breast cancer services. Health fairs and mass media campaigns are not evidence-based interventions and will not be accepted.


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# RFA Funding Priorities

**Lymphedema Treatment Support**

- Projects that provide evidence-based lymphedema therapy, garments and bandages for breast cancer survivors that reside in the Affiliate's 13-county service area. Lymphedema programs must include clinical evaluation to determine the effectiveness of the therapy, garments or bandages. The need for lymphedema treatment support programs is based on education and data from community partner organizations in the Affiliate service area.


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# RFA Funding Priorities

**Patient Navigation**

- Projects that provide evidence-based patient navigation for individuals that reside in Cabarrus or Mecklenburg Counties. Patient navigation must follow the individual from abnormal screening to diagnostic resolution and through treatment, if necessary.


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# Evidence-Based Practices

- Evidence-based practices (EBP) have been shown through **scientific research** to consistently **improve** measurable **outcomes**

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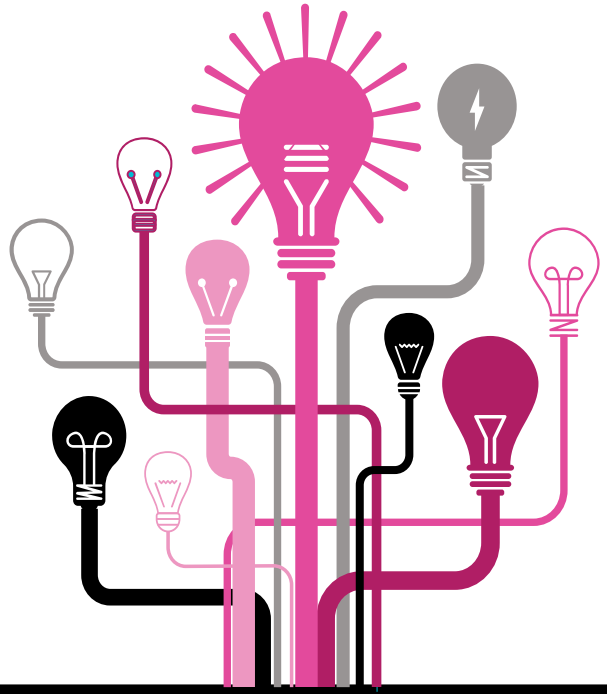
# Where to Find Evidence-Based Practices

- The Community Guide
  - TheCommunityGuide.org
- National Cancer Institute's Research-Tested Intervention Programs (RTIPs)
  - rtips.cancer.gov
- Cochrane Reviews
  - CochraneLibrary.com



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# Eligibility Requirements

- Individuals are not eligible to apply.

- Non-profit organization with 501(c)3 status or a governmental organization with 170(c)(1) status serving residents of:
  - North Carolina Counties: Anson, Cabarrus, Cleveland, Gaston, Iredell, Lincoln, Mecklenburg, Montgomery, Richmond, Rowan, Stanly and Union
  - South Carolina Counties: York

**Eligibility requirements must be met at time of application submission**



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# Eligibility Requirements

- Proposed projects must be specific to breast health and/or breast cancer and address the priorities identified within this RFA. If a project includes other health issues along with breast cancer, such as a breast and cervical cancer project, funding may only be requested for the breast cancer portion.

- All past and current Komen-funded grants to an applicant must be in compliance with Komen requirements.



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# Eligibility Requirements

- Screening grantees must use Komen funding as a “last resort” by screening women for the BCCCP, other government programs and private insurance before ever using Komen funding.

- Salaries, if requested, are for personnel related to this project only.



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# Eligibility Requirements

- Personnel expenses for the proposed Komen-funded program must not exceed 25% of the total grant budget. This restriction does not apply to programs with an evidence-based education focus (see education funding priority on page 6) or programs that include costs for a patient navigator. Please consult the Affiliate if you need clarification.

- The budget must be clear and adequately support the objectives of the project. Be as specific as possible. Broad, general categories will be denied.


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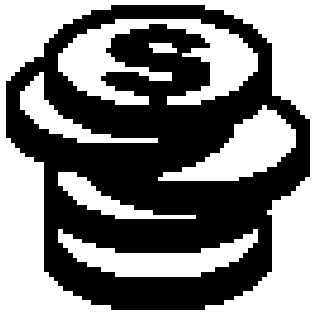
# Allowable Expenses

- Clinical services or patient care costs
- Key personnel / salaries
- Supplies
- Travel
- Other direct project expenses
- Equipment, including software, not to exceed $5,000 total, essential to the breast health-related project to be conducted



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# Funding Restrictions

- Research
- Education regarding breast self-exams/use of breast models
- Development of educational materials or resources that either duplicate existing Komen materials or for which there is not a demonstrated need
- Education via mass media (e.g. television, radio, newspapers, billboards), health fairs and material distribution
- General operating funds / indirect costs
- Event sponsorships

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# Funding Caps

- Applicants with proposed Komen-funded programs serving residents primarily (more than 50%) in Cabarrus or Mecklenburg Counties, may request funding up to $125,000 for one year.

- Applicants with proposed Komen-funded programs serving residents primarily in Anson, Cleveland, Gaston, Lincoln, Iredell, Montgomery, Richmond, Rowan, Stanly, Union or York Counties, may request funding up to $75,000 for one year.

- Applicants with proposed Komen-funded programs that include both direct services and patient navigation serving residents in Cabarrus or Mecklenburg Counties, may request funding up to $150,000 for one year.


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# Important Grant Policies

- The project must occur between April 1, 2018 to March 31, 2019
- No expenses should be accrued against the grant until the contractual agreement is fully executed
  - The contracting process can take up to six weeks
- Grant payments will be made in installments pending compliance with grant agreement and receipt of satisfactory progress reports
- Grantee may request one no cost extension of no more than six months per grant


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# Important Grant Policies

- Any unspent funds over $1.00 must be returned to Komen Charlotte.
- Grant payments will be made in installments pending execution of grant agreement and compliance with terms and conditions of grant agreement.
- Grantee will be required to submit a minimum of one semi-annual progress report and one final report. Additional reports may be requested.
- Grantee or representative of Grantee organization must make all reasonable effort to participate in the “Grantee/Education Village” at the Komen Charlotte Race for the Cure, the first Saturday in October.


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# Insurance Requirements

- If awarded, a Certificate of Insurance (COI) is required
- Grantee is required at minimum to hold:

| Coverage Type | Minimum Limits |
|---|---|
| Commercial General Liability | $1,000,000 per occurrence<br>$2,000,000 in the aggregate |
| Workers' compensation | $1,000,000 |
| Excess/Umbrella | $5,000,000 |
| Automobile Liability * | $1,000,000 |
| Medical Malpractice Coverage** | $1,000,000 per occurrence<br>$3,000,000 in the aggregate |
| * If providing transportation services<br>** If providing direct medical services | |


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# Submission Requirements

- All proposals must be submitted online through GeMS: **AffiliateGrants.Komen.org**
- Applications must be received on or before December 14, 2017 @ 2 PM
- Submission is a two-step process

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# Educational Materials

- We only fund programs that use educational messages and materials that are consistent with Komen messages

- Be sure that your organization can agree to promote these messages: ww5.komen.org/BreastCancer/BreastSelfAwareness.html

- Komen will not fund education programs that teach or endorse the use of monthly breast self-exams or use breast models



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# Project Narrative

- Statement of Need
- Project Design
- Organization Capacity
- Monitoring and Evaluation

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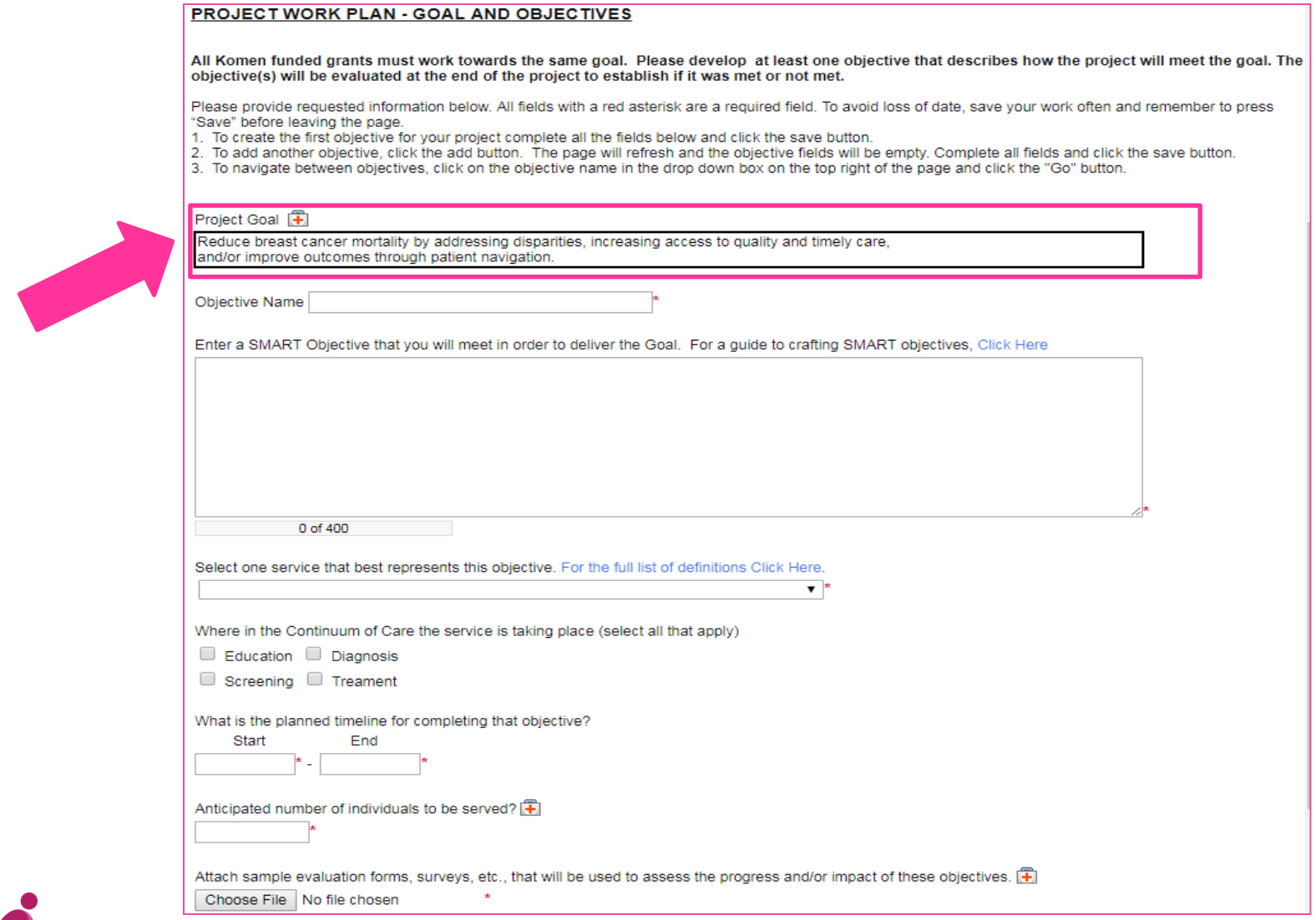
# Project Work Plan – GeMS



**PROJECT WORK PLAN - GOAL AND OBJECTIVES**

**All Komen funded grants must work towards the same goal. Please develop at least one objective that describes how the project will meet the goal. The objective(s) will be evaluated at the end of the project to establish if it was met or not met.**

Please provide requested information below. All fields with a red asterisk are a required field. To avoid loss of date, save your work often and remember to press "Save" before leaving the page.
1. To create the first objective for your project complete all the fields below and click the save button.
2. To add another objective, click the add button. The page will refresh and the objective fields will be empty. Complete all fields and click the save button.
3. To navigate between objectives, click on the objective name in the drop down box on the top right of the page and click the "Go" button.

Project Goal

Reduce breast cancer mortality by addressing disparities, increasing access to quality and timely care, and/or improve outcomes through patient navigation.

Objective Name *

Enter a SMART Objective that you will meet in order to deliver the Goal. For a guide to crafting SMART objectives, Click Here

0 of 400

Select one service that best represents this objective. For the full list of definitions Click Here. *

Where in the Continuum of Care the service is taking place (select all that apply)

Education Diagnosis
Screening Treament

What is the planned timeline for completing that objective?

Start End

* - *

Anticipated number of individuals to be served? *

Attach sample evaluation forms, surveys, etc., that will be used to assess the progress and/or impact of these objectives.

Choose File No file chosen *



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# Reporting on Objectives in GeMS

Objective 2 - Screening

100 patients will screening mammograms by December 2018

Describe Key Accomplishments

0 of 1500

List Upcoming Tasks

0 of 1500

Describe project challenges and how they were addressed:

0 of 1500



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# Project Work Plan – Objective Examples

- OBJECTIVE 1: By February 1, 2019, the patient navigator will have contacted 100% of all women with an abnormal screening result in Green County within three business days to schedule a follow-up appointment.

- OBJECTIVE 2: By March 31, 2019, the project will provide 30 uninsured/underinsured Green County women free/reduced cost diagnostic procedures within 30 days of an abnormal screening.



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# Appendix A: FY 18 Reporting Metrics

- **NEW METRICS! Take time to review the FY18 Reporting Metrics listed in the RFA**
  - All grantees will report on demographics of those served
  - Each option in the service list on the Project Workplan page of the application will have a corresponding, customized page in the progress and final report.
    - Grantees will only report back on those services they select


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# GeMS Service Report Example

**REPORT - BARRIERS REDUCTION REPORT**

| ASSISTANCE PROVIDED TO REMOVE BARRIERS | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| MEASURES | OVERALL TOTALS | RACE TOTALS | | | | | | ETHNICITY TOTALS | |
| ASSISTANCE PROVIDED | TOTAL ASSISTANCE PROVIDED Count | American Indian or Alaska Native Count | Asian Count | Black/African-American Count | Middle Eastern or North African Count | Native Hawaiian or Pacific Islander Count | White Count | Hispanic/Latino Count | Non-Hispanic/Latino Count |
| Transportation | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Interpretation/translation services | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Co-pay/deductible assistance | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Daily living expenses | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Childcare | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total services | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |



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# GeMS Diagnostic Services Report Example

| CLINICAL SERVICES RECEIVED | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| DIAGNOSIS | | | | | | | | | |
| MEASURES | OVERALL TOTALS | RACE TOTALS | | | | | | ETHNICITY TOTALS | |
| TIME FROM SCREENING TO DIAGNOSIS | TIME FROM SCREENING TO DIAGNOSIS Count | American Indian or Alaska Native Count | Asian Count | Black/African-American Count | Middle Eastern or North African Count | Native Hawaiian or Pacific Islander Count | White Count | Hispanic/Latino Count | Non-Hispanic/Latino Count |
| 0-30 days | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 31-60 days | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 61-90 days | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| More than 90 days | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Unknown | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Totals | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| DIAGNOSTIC FACILITY ACCREDITATION | DIAGNOSTIC FACILITY ACCREDITATION Count | American Indian or Alaska Native Count | Asian Count | Black/African-American Count | Middle Eastern or North African Count | Native Hawaiian or Pacific Islander Count | White Count | Hispanic/Latino Count | Non-Hispanic/Latino Count |
| Facility not accredited | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| BICOE only | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| BICOE & NAPBC | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| NAPBC only | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| DIAGNOSTIC SERVICE | DIAGNOSTIC SERVICE Count | American Indian or Alaska Native Count | Asian Count | Black/African-American Count | Middle Eastern or North African Count | Native Hawaiian or Pacific Islander Count | White Count | Hispanic/Latino Count | Non-Hispanic/Latino Count |
| Diagnostic mammogram | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Breast ultrasound | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Breast MRI | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Biopsy | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Genomic testing to guide treatment | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total services | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| REFERRED TO TREATMENT | REFERRED TO TREATMENT Count | American Indian or Alaska Native Count | Asian Count | Black/African-American Count | Middle Eastern or North African Count | Native Hawaiian or Pacific Islander Count | White Count | Hispanic/Latino Count | Non-Hispanic/Latino Count |
| Yes | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| No | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Unknown | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |



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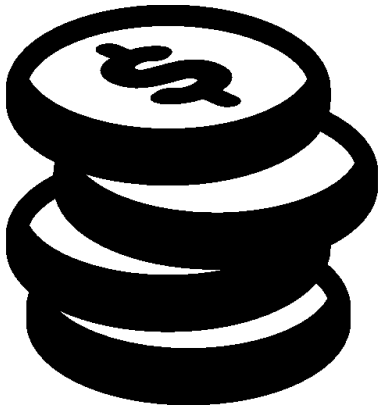
# Budget Pages

- Patient Care
- Key Personnel/Salaries
- Supplies
- Travel
- Other
- Project Budget Summary



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# Budget - Patient Care

- This section includes all services for patient care

**Screening**
Includes clinical screening procedures and barrier reduction services for individuals to detect breast cancer early. **This would include genetic testing to assess breast cancer risk.**

| Screening | Number of Services to be Provided | Cost per Service | Total Costs |
|---|---|---|---|
| Mammogram- Mobile | 100 | $150 | $15,000 |
| Mammogram- Stationary | 250 | $150 | $37,500 |
| | | **Screening Total:** | $52,500 |

**Diagnostics**
Includes clinical diagnostic services and barrier reduction services for individuals that have symptoms or received an abnormal mammogram. **This would include genomic testing (not genetic testing) that is used to guide treatment decisions.**

| Diagnostic | Number of Services to be Provided | Cost per Service | Total Costs |
|---|---|---|---|
| Biopsies | 25 | $1,500 | $37,500 |
| Diagnostic mammogram | 40 | $300 | $12,000 |
| | | **Diagnostic Total:** | $49,500 |

**Treatment**
Includes clinical treatment services and barrier reduction services for those diagnosed with breast cancer.

| Treatment | Number of Services to be Provided | Cost per Service | Total Costs |
|---|---|---|---|
| | | | $0 |
| | | | $0 |
| | | **Treatment Total:** | $0 |

**Transportation**
Transportation cost for a patient related directly to receiving a patient care service: screening, diagnostic, and/or treatment.

| Transportation | Type of Assistance (e.g., gas cards, bus pass) | Number of Services to be Provided | Cost per Service | Total Costs |
|---|---|---|---|---|
| | | | | |
| | | | **Transportation Total:** | $0 |

**Patient Care Total:** $102,000


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# Budget – GeMS Project Budget Summary

**PROJECT BUDGET SUMMARY**

**The "Requested from Komen" field will auto-populate from the information you have included in the previous budget sections. If you have an error on this page, please return to the section to make any necessary corrections.**

**If you are receiving cash or in kind donations to subsidize your program please include that information in the "Cash" and "In Kind" fields below. Any monetary funds for the program from outside sources, such as other grant awards, should be entered as Cash. Both services and supplies provided by the organization itself and from outside sources (e.g. food, supplies) to support the program should be entered as In Kind. If no cash or in kind is received/provided, please enter 0.**

Please provide requested information below. All fields with a red asterisk are a required field. To avoid loss of data, save your work often and remember to press "Save" before leaving the page.

| | | From Other Sources | | |
|---|---|---|---|---|
| | Requested from Komen | Cash | In Kind | Total Required |
| **Salaries and Fringe** | | | | |
| **Consultants/Subcontracts** | | | | |
| **Supplies** | | | | |
| **Travel** | | | | |
| **Patient Care Costs** | | | | |
| Screening | $0 | | | |
| Diagnostics | $0 | | | |
| Treatment | $0 | | | |
| Transportation | $0 | | | |
| **Other** | | | | |
| **Subtotal – Direct Costs** | | | | |
| **Indirect Costs** | | | | |
| **Total:** | | | | |

**List the source(s) of cash and/or in-kind donation(s) and explain how such donation(s) will support the project.**

0 of 1000

What percentage of the organization's overall budget is the amount requested from Komen for this project?

%*



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# Supporting Documents

- The following attachments are required at the time of submission per the RFA:

| Attachment | GeMS Page |
|---|---|
| Letters of Support | Project Profile |
| Resumes/ Job Descriptions | Key Personnel/ Salaries |
| Proof of Tax-Exempt Status | Project Budget Summary |
| Written agreement with mammography provider, if applicable | Project Profile |



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# Review Criteria

- IMPACT – [20%]
- STATEMENT OF NEED – [20%]
- PROJECT DESIGN – [20%]
- ORGANIZATION CAPACITY – [20%]
- MONITORING AND EVALUATION – [20%]


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# Review Scoring Anchors

| Score | Descriptor | Score Definition |
|---|---|---|
| 7 | Exceptional | Very strong with no weaknesses identified |
| 6 | Excellent | Very strong with a few minor weaknesses identified |
| 5 | Good | Strong with at least one moderate weakness identified |
| 4 | Satisfactory | Some strengths and several moderate weaknesses identified |
| 3 | Fair | A few strengths and at least one major weakness identified |
| 2 | Marginal | Very few strengths and a few major weaknesses identified |
| 1 | Poor | No strengths and several major weaknesses identified |


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# Review Process

- **Compliance review** by Director of Community Health
  - Ensures applications adhere to RFA requirements

- **Review Panel**
  - Is diverse, representing different racial/ethnic groups, professions and life experiences
  - Includes expert and community reviewers


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# Review Process (cont.)

- Three review panel members score each application
- Review Panel meets to discuss the grant applications and determine the slate of projects to present to the Affiliate Board of Directors
- Board of Directors votes to approve the grant slate


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# Grant Writing Tutorial

## Grant Writing Workshop

**2017**

susan G. komen®

# Grant Writing Tutorial

- Developing a Proposal
- Writing an Abstract
- Developing Objectives
- Program Evaluation
- Budgeting
- Helpful Hints

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# Planning the Proposal

- **Read everything!**
  - RFA
  - Community Profile
    - http://komencharlotte.org/impact/our-community-need/

- Consider the funding priorities carefully

- Discuss ideas with decision-makers in your organization



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# Planning the Proposal (Cont.)

- Explore opportunities for collaboration
- Work across departments to develop your proposal– do not work in a silo
- START EARLY
  - Allow time to craft an application that is truly responsive to the identified needs in the community


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# Proposal Abstract

- First impressions are important
- Brief statement of your “case” and a summary of your proposal
- Be compelling & concise!
  - Do not exceed 1,000 characters (about 200 words)


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# Evaluation: Process Evaluation

- What happened
- How it happened
- How much
- Where
- To whom

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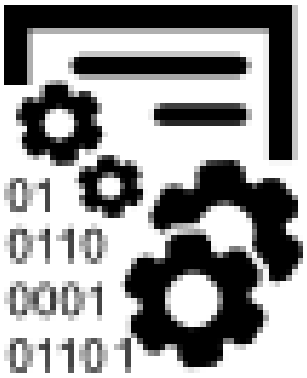
# Evaluation: Impact Evaluation

- Changes in:
  - Behavior
  - Knowledge
  - Attitudes
  - Beliefs

- Change among:
  - Individuals
  - Providers
  - Organizations
  - Communities

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# Budget & Expenses

- Reviewers do not simply look at the bottom line of costs.
- Be realistic!  Ask for what you need.

- Justify expenses.
  - Do the costs follow with narrative project description?
  - Is an estimated expense calculation and an explanation about how the funds will be used and why they are necessary to achieve proposed objectives included?

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# Helpful Hints

- Read the RFA carefully — follow ALL directions
- Be innovative, realistic and specific
- Write clearly, use active rather than passive voice
- Avoid jargon or acronyms
- Allow plenty of time


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# Applicant Support

- Contact with questions:
  Sarah Bailey
  Director of Community Health
  704-817-4078
  s.bailey@komencharlotte.org

- Use the GeMS Applicant Manual to guide you through all steps of the application process, from user registration to application submission

**Follow the steps in the GeMS Manual EXACTLY as written**

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# GeMS Updates

## Grantwriting Workshop

**2017**

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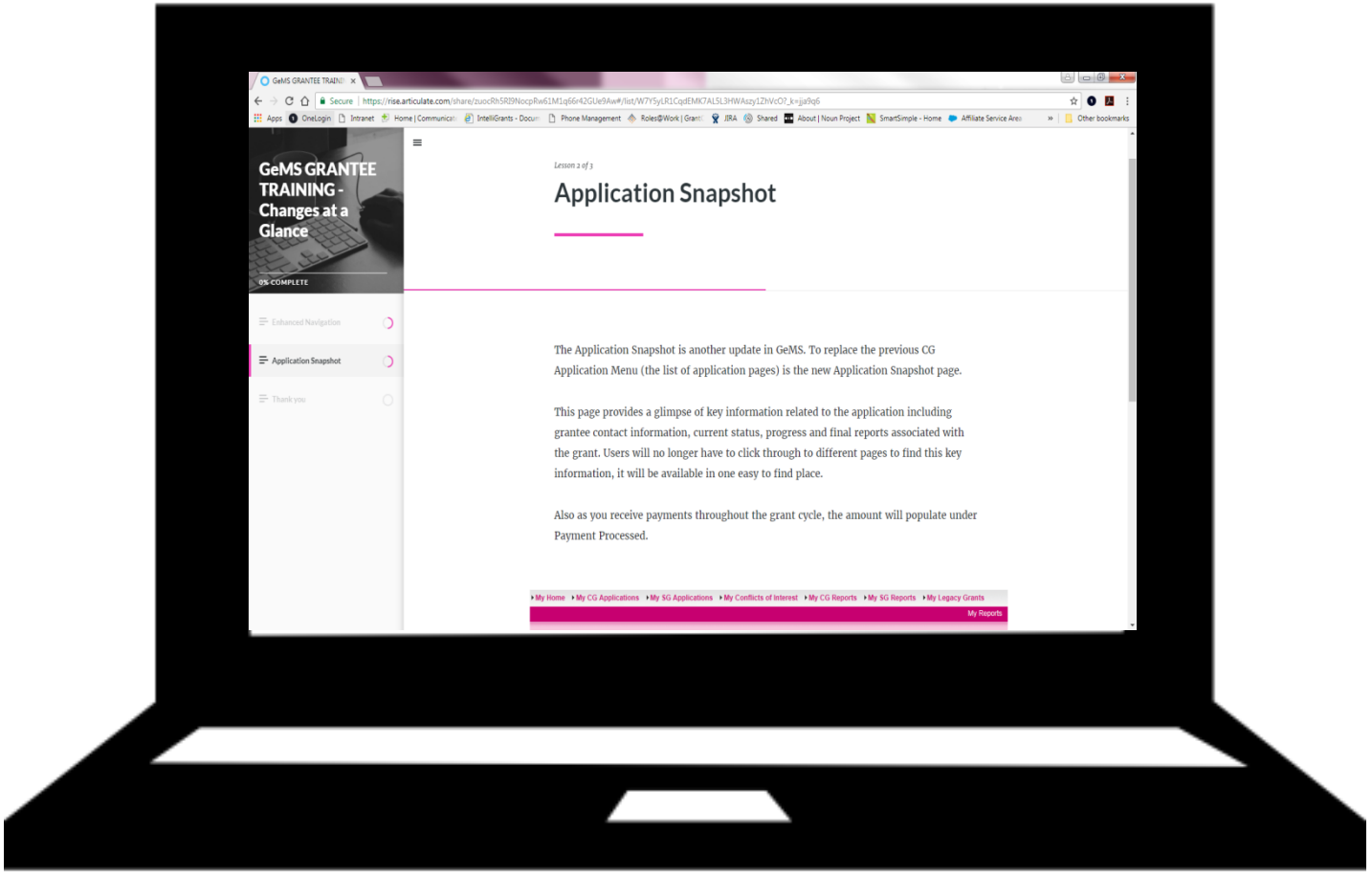
# GeMS Enhancements




*Icons made by Freepik from www.flaticon.com*



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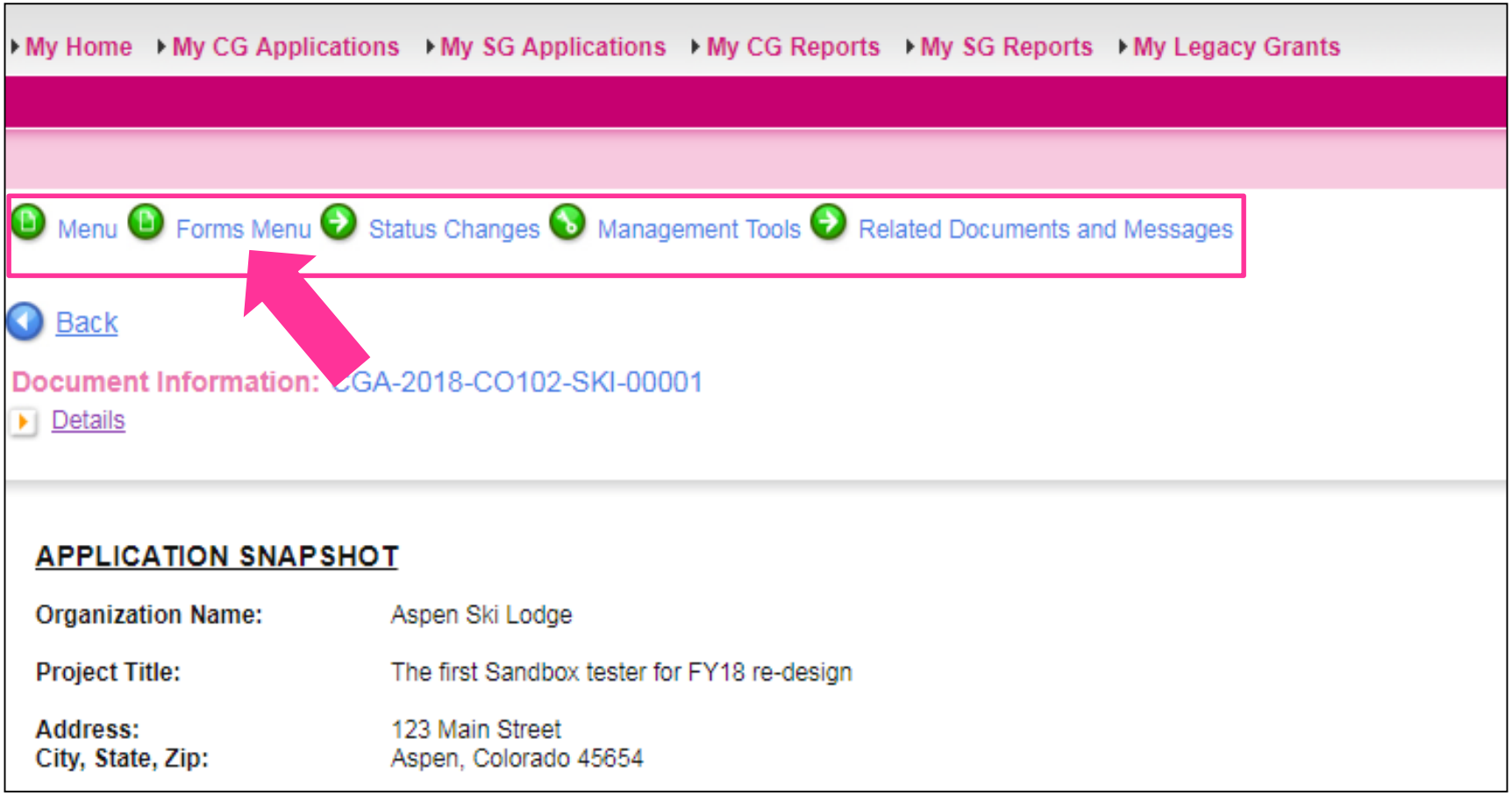
# Enhanced Navigation



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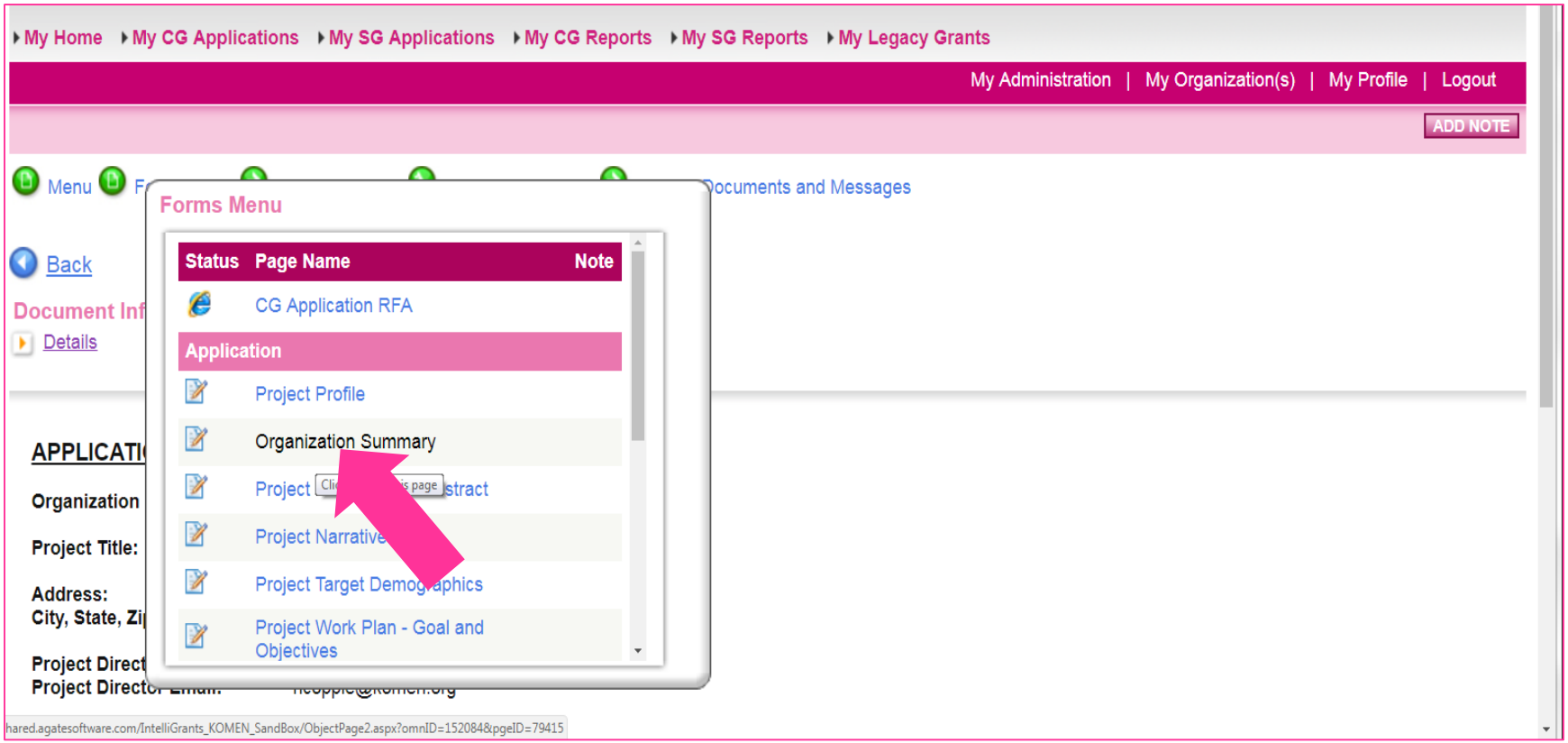
# Enhanced Navigation



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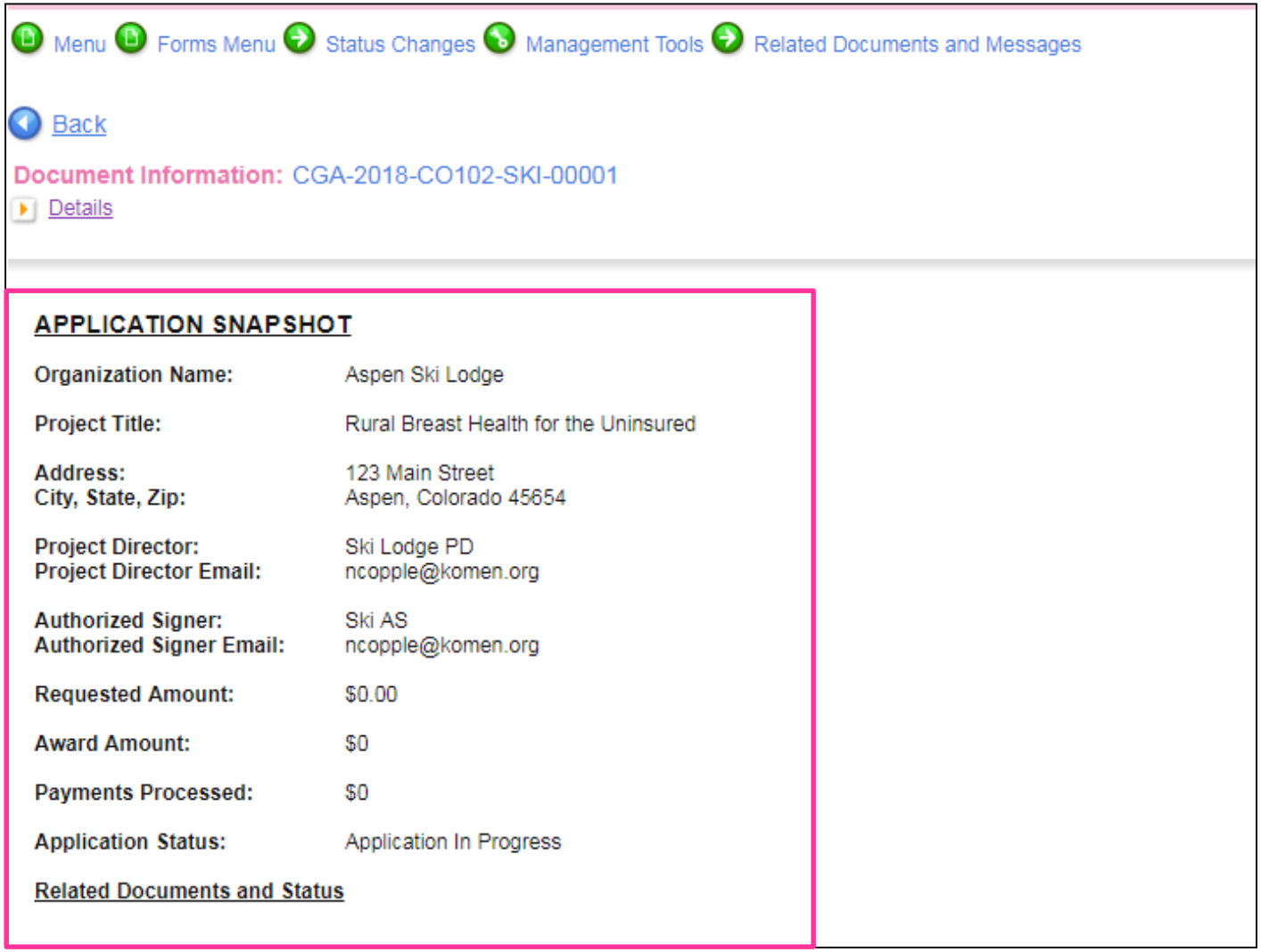
# Application Snapshot



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NEVER
GIVE UP
susan G.
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