



Request for Applications

The Minnesota Affiliate of Susan G. Komen for the Cure®—along with those who generously support us with their talent, time and resources—is working to better the lives of those facing breast cancer in our community. We join more than 100,000 breast cancer survivors and activists around the globe as part of the world’s largest and most progressive grassroots network fighting breast cancer. Through events like the Komen Twin Cities Race for the Cure, we have invested approximately \$20 million in local breast health and breast cancer awareness projects in the state of Minnesota. Up to 75 percent of net proceeds generated by the Komen Minnesota Affiliate stay in the state of Minnesota. The remaining income goes to the national Susan G. Komen for the Cure Grants Program for energizing science to find the cures.

About Susan G. Komen for the Cure

Nancy G. Brinker promised her dying sister, Susan G. Komen, she would do everything in her power to end breast cancer forever. In 1982, that promise became Susan G. Komen for the Cure and launched the global breast cancer movement. Today, Komen for the Cure is the world’s largest grassroots network of breast cancer survivors and activists fighting to save lives, empower people, ensure quality care for all and energize science to find the cures. Thanks to events like the Komen Race for the Cure®, we have invested more than \$1.3 billion to fulfill our promise, becoming the largest source of nonprofit funds dedicated to the fight against breast cancer in the world. For more information about Susan G. Komen for the Cure, breast health or breast cancer, visit www.komen.org or call 1-877 GO KOMEN.

Funding Opportunities and Priorities

The Komen Minnesota Affiliate is currently offering grants of up to \$100,000.00 for innovative programs that reduce breast cancer mortality, especially among those who are disproportionately affected by this disease in the state of Minnesota. Programs that serve Aitkin, Cass and Crow Wing counties are served by the Komen Brainerd Lakes Affiliate and are not eligible for funding by the Komen Minnesota Affiliate. Programs that serve all other counties in the state of Minnesota are eligible. Grant applications requesting funds for the purchase of breast cancer screening or diagnostic equipment may not exceed \$5,000.00. All requests for science and medical research funding should be directed to the Komen Foundation’s Award and Research Grant Program at www.komen.org/grants. Through a community needs assessment we have identified the following funding priority areas:

1. Programs that bring breast health education and/or breast cancer screening and/or breast cancer treatment services to the medically underserved who live in the Komen Minnesota Affiliate Service Area. The medically underserved may include those who have low literacy rates in English, are physically isolated or live in poverty.
2. Programs focusing on breast health education and/or breast cancer screening and/or breast cancer treatment services among people of color and lesbian women throughout the Komen Minnesota Affiliate Service Area.
3. Programs that provide culturally-appropriate support services to African American, Native American, Southeast Asian, Somali, Russian, or Hispanic breast cancer survivors throughout the Komen Minnesota Affiliate Service Area.
4. Programs that accomplish one or more of the above goals working in collaboration with other programs or organizations. We encourage leveraging resources through collaboration and will look favorably on collaborative efforts.

Important Dates

Application Deadline	January 8, 2010
Award Notification	March 26, 2010
Award Period	April 1, 2010 - March 31, 2011

Eligibility

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

- Applicants must ensure that all past and current Komen-funded grants or awards are up-to-date and in compliance with Komen requirements.
- Institutions must be US non-profit organizations (federally tax-exempt organizations, including educational institutions, government agencies and Indian tribes are eligible). Institutions must be located in or providing services in the state of Minnesota. Programs that serve Aitkin, Cass, and Crow Wing counties are served by the Komen Brainerd Lakes Affiliate and are not eligible for funding by the Komen Minnesota Affiliate. Programs that serve all other counties in the state of Minnesota are eligible.
- Project must be specific to breast health and/or breast cancer.
- Applicants must submit most recent financial statements from most recently completed year, audited if available.
- Equipment costs, if applicable, including requests for the purchase of screening and diagnostic equipment, may not exceed \$5,000.00 and should be used exclusively on this project.

Allowable Expenses

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

- Salaries and fringe benefits for program staff only
- Consultant fees
- Clinical services or patient care costs
- Meeting Costs
- Supplies
- Travel
- Other direct program expenses
- Equipment, not to exceed \$5,000.
- Indirect costs, not to exceed 10% of direct costs

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

- Medical or scientific research
- Scholarships or fellowships
- Construction or renovation of facilities
- Political campaigns or lobbying
- Endowments
- Debt Reduction

Educational Materials and Messages

Susan G. Komen for the Cure® 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 for the Cure. Please visit the following website before completing your application and be sure that your organization can agree to promote these messages:

ww5.komen.org/BreastCancer/BreastSelfAwareness.html

Komen for the Cure grantees are eligible to receive preferred pricing for Komen educational materials. Komen for the Cure materials should be used and displayed whenever possible. To view our educational materials, visit www.shopkomen.org.

Submission Requirements

All proposals must be type-written on plain, white, single-sided 8 ½ x 11 paper using 12-point font and submitted in English. Ten copies (one original and nine duplicates) should be submitted. The pages should be numbered and each copy stapled in the top left corner. No special packaging (binders, plastic covers, etc.) or additional material (videotapes, annual reports, brochures, etc.) should be included. In addition, please

email the proposal and all attachments to the following email address: david@komenminnesota.org. Please include a self-addressed, stamped postcard from the project director that will be returned by US Mail upon receipt of the application and review for compliance to guidelines.

Applications must be received on or before January 8, 2010, at:

Susan G. Komen for the Cure – Minnesota Affiliate
Attn: David Egan
Mall of America
301 South Avenue
Bloomington, MN 55425

No late submissions will be accepted.

Review Process

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

Impact: Will the program have a substantial positive impact on breast cancer disparities and the priority area selected?

Feasibility: How likely is it that the objectives and activities will be achieved within the scope of the funded program?

Capacity: Does the organization, Program Director and his/her team have the expertise to effectively implement all aspects of the program? Is the organization respected and valued by the target population?

Collaboration: Does this program enhance collaboration among organizations with similar or complementary goals?

Sustainability: Is the program likely to be sustained? Is the impact likely to be long-term?

The grant application process is competitive, whether or not an organization has received a grant in the past. Funding in subsequent years is never guaranteed.

Customer Support: Questions should be directed to: David Egan at 952-746-1760

Application Instructions

Cover Page (form attached)

Complete the attached cover page including an abstract (project summary). The abstract should be limited to 1,200 characters, including spaces and punctuation (approximately 225 words). The abstract should provide a brief description of the proposal including the following: 1) the purpose of the program; 2) a description of key activities; 3) a summary of evaluation methods; and 4) the likely impact of the program. The signature of approving institutional personnel, other than the project director, is required.

Program Description (limit – 8 pages):

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

Budget (form attached)

Provide a detailed total program budget. All funding for this program, including other grants and general funds should be included in the budget. Please note that indirect costs may not exceed 10% of direct costs and equipment costs may not exceed \$5,000.

Budget Justification (please attach to budget form on separate sheet)

For each line item in the budget, provide a brief description of how the funds will be used and why they are programmatically necessary. List all other committed and pending sources of support for the program.

Attachments

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



Grant Application Cover Page

Project Title: _____

Organization: _____

Tax ID Number: _____

Amount Requested: _____

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

_____ % Education _____ % Screening _____ % Treatment

Project Director Information

First Name: _____ Last Name: _____ Degree(s): _____

Email: _____

Phone: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip (include +4): _____ -

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

Priority Area Addressed (select one primary priority area):

- [Priority 1 from RFA]
- [Priority 2 from RFA]
- [Priority 3 from RFA]
- [Priority 4 from RFA]

Geographical Area Served: _____

Does your agency receive funds from the SAGE Screening Program (formerly Minnesota Breast and Cervical Cancer Control Program)?

- Yes
- No

Target Populations (select up to three primary populations):

Ethnic/Racial Groups

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

- Migrant Workers
- Refugees
- Rural

Health Professionals

- Health Educators
- Healthcare Providers
- Scientists

Patients

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

Other Groups

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

Medically Underserved

- Homeless
- Immigrants
- In a Shelter

Required Signatures

I understand that funding decisions are made at the sole discretion of [Affiliate Name].

Program Director

Signature: _____ Date: _____

Name: _____ Title: _____

Approving Institution Official Signature

Signature: _____ Date: _____

Name: _____ Title: _____



Budget

	Requested from Komen	From Other Sources	Total Required
Salaries			
Fringe (Benefits, Taxes)			
Consultant Costs			
Supplies			
Equipment (not to exceed \$5,000)			
Travel			
Patient Care Costs			
Screening			
Diagnostics			
Treatment			
Sub-contracts			
Other (itemize below)			

Subtotal - Direct Costs			
Indirect Costs (not to exceed 10% of direct costs)			
Total			



**Budget
Justification**