



**Our Vision:
A World Without Breast Cancer
Milwaukee Affiliate Grant Handbook
2010-2011**

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68 Seconds

Every 68 seconds, someone in the world dies from breast cancer.

The Purpose and Benefit of this Handbook

The purpose of this handbook is to give you a clear understanding of the grant-making program with the Milwaukee Affiliate of Susan G. Komen for the Cure®. Everything you need to complete a grant can be found in this handbook. We recommend that you review this handbook before completing the grant application.

About Susan G. Komen for the Cure®

Susan G. Komen fought breast cancer with her heart, body and soul. Throughout her diagnosis, treatments, and endless days in the hospital, she spent her time thinking of ways to make life better for other women battling breast cancer instead of worrying about her own situation. That concern for others continued even as Susan neared the end of her fight. Moved by Susan's compassion for others and committed to making a difference, Nancy G. Brinker promised her sister that she would do everything in her power to end breast cancer forever.

That promise is now Susan G. Komen for the Cure®, the global leader of the breast cancer movement, having invested more than \$1 billion since inception in 1982. As the world's largest grassroots network of breast cancer survivors and activists, we're working together to save lives, empower people, ensure quality care for all and energize science to find the cures. Thanks to events like the Susan G. Komen Race for the Cure®, and generous contributions from our partners, sponsors and fellow supporters, we have become the largest source of nonprofit funds dedicated to the fight against breast cancer in the world.

Enormous Stakes

The stakes are enormous for women in southeastern Wisconsin. In our service area alone, there will be more than 1,300 women diagnosed with breast cancer by the end of 2009. More than 280 women will die. Every 75 seconds, somewhere in the world, a woman dies from breast cancer – the most prevalent cancer among women today. These numbers are, quite simply, unacceptable.

The Komen Milwaukee Affiliate plan to address these devastating numbers is straightforward. We will continue to support programs which provide access to services and breast health education, so more women are getting mammograms, being diagnosed early and surviving longer. In addition, the Komen Milwaukee Affiliate, through its Mission Committee, will be investing additional resources to reach out to individuals not currently being touched by our community health grants.

Milwaukee Affiliate History

The Milwaukee Affiliate of Susan G. Komen for the Cure® began in 1999 to carry out the Promise of Susan G. Komen for the Cure® in southeastern Wisconsin. A group of dedicated breast cancer survivors, breast health professionals, and other women of vision founded the Milwaukee Affiliate. Since its inception, the Affiliate has raised over \$4 million toward national

research and local breast cancer education, screening, and treatment for under-served women in southeastern Wisconsin.

Facts about Komen Funding

- The Komen Milwaukee Affiliate is like any other foundation; we make grants to nonprofits through a defined process.
- The Komen Milwaukee Affiliate only funds in one program area – breast health and breast cancer-related projects.
- Applicants must be a United States nonprofit, federally tax-exempt organization to apply for a community health grant. Eligible organizations include nonprofit organizations, nonprofit hospitals and hospital systems, governmental entities, and nonprofit educational institutions.
- Komen Milwaukee Affiliate funding is meant to allow organizations to begin building programs which will bring us closer to achieving the priorities defined in our Community Profile and in the Request for Application. Ideally, program funding would eventually be absorbed by the health care system or community organization seeking funding so Komen funds can support the growth of other innovative breast health programs.
- Komen Milwaukee Affiliate is not an endowed foundation. This means our giving can fluctuate more from year to year more than endowed foundations.
- The funding raised by our affiliate during 2009-2010 fiscal year (04.01.09 – 03.31.10) will be used to make grants for our 2010-2011 (04.01.10 – 03.31.11) fiscal year.
- Funding is never guaranteed. This is a rigorous and competitive process. Each year the Komen Milwaukee Affiliate is looking for new and innovative projects which focus on evidence-based programs.
- A grant contract will be the legal mechanism for funding. The grant period begins April 1, 2010 and will conclude March 31, 2011.
- All grant funding is for one year with initial fund distribution (one-half of the grant award) after an executed grant contract has been received from new grantee. Typically applicants can expect to see the initial fund distribution by April 30.
- For-profit entities are not eligible for funding.
- For each grant cycle, each grantee should endeavor to spend all of its funding in compliance with the approved grant program proposal by the end of the grant period. All unspent funds must be remitted to the Affiliate within 45 days of the expiration or early termination of the contract.

Application Guidelines

Applications must be type-written using 1 inch margins and at least a 10 point Arial or Times New Roman. Applications must include all items in the Request for Application (RFA) form found on at www.komenmilwaukee.org (home>grants>how to apply for funding). Applications must be ordered and numbered according to the application form. Page numbers are required and applications must be written in English. Keep applications to the page limits described in the RFA form. Submit only the documents requested, additional materials will be discarded.

Application Deadline: Friday, November 13, 2009 by 5:00 PM

Please submit one electronic copy of all application documents in a PDF file. Once the application has been checked for compliance with the Affiliate grant guidelines, you will be asked to submit 10 copies for the independent review panel.

Inquiries in advance of the deadline can be directed to Jennifer Frahm at (414) 805-4904 or jenniferfrahm@komenmilwaukee.org. Please allow adequate time before the deadline for response to any inquiry.

Understanding the Grant Making Process

The grant making process is competitive and rigorous and no applicant is ever guaranteed funding. It is important for all grant applicants to understand the process in order to submit a strong grant proposal.

Important Terms Used in the Process

“Approved” versus “Funded”

The community review panel scores each grant and ranks them sequentially. The Board of Directors determines the amount of money available for funding the grants. The grants will be funded in the order of their ranking. “Approved” simply means that the review panel has voted to approve the grant for funding. “Funded” means the money is available for the grant.

It is important to note that some “approved” grants are not “funded” because the Affiliate has limited funding available. If and when additional funds become available, additional approved grants could be funded.

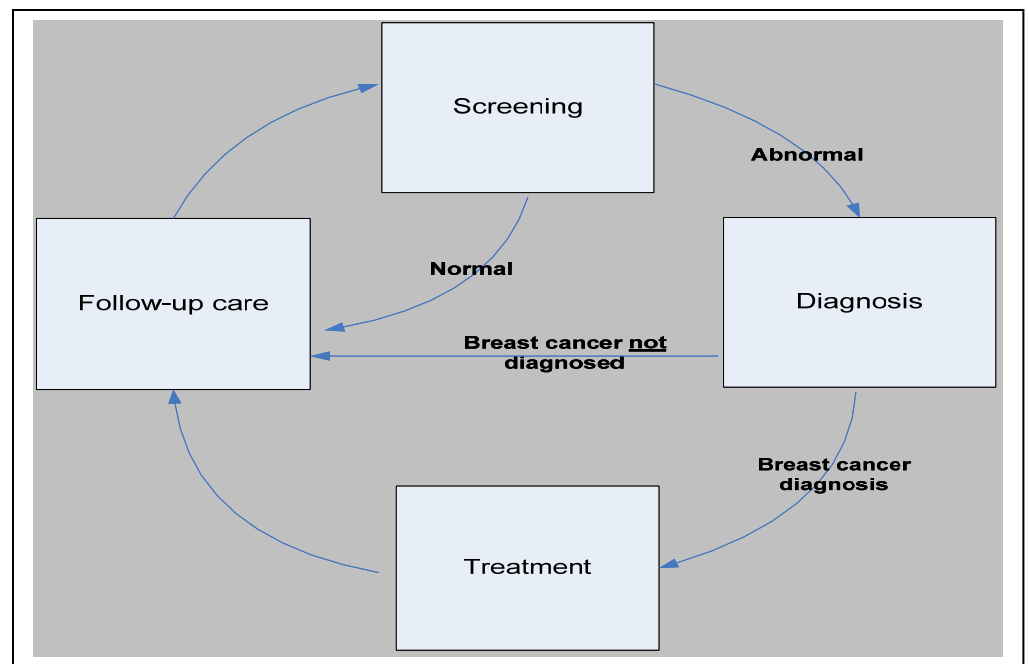
WHERE You Live Shouldn't Determine
WHETHER You Live



Breast Cancer Continuum of Care

The breast cancer continuum of care is illustrated in the diagram below. Susan G. Komen for the Cure® is working to address barriers that prevent some women from entering the continuum of care, delay entering, or fail to complete the continuum of care. The goal of our community health projects is to: decrease

time it takes for a person to move through the breast cancer continuum of care, increase mammography rates, change knowledge, attitudes, and beliefs, and improve the quality of life for people going through treatment.



Community Profile

Komen Milwaukee Affiliate worked with local medical experts and community leaders to conduct a comprehensive community needs assessments. The Community Profile includes: overview of demographic and breast cancer statistics, after preliminary analysis, highlight target areas, groups, or issues that need further exploration. The statistics pinpoint where efforts will have the most impact. In order to ensure effective and targeted efforts it is important to also understand what programs and services gaps, needs and barriers exist, as well as what existing assets can be looked to for partnership and collaborative interventions.

Community Review Panel

An independent panel whose members are invited to review the incoming grant applications and determine grant awards. The panel is comprised of health care professionals, breast cancer survivors, educators, advocates, community members, representatives from other nonprofits and other types of professionals (including accountants, attorneys, bankers, etc.) from our service area. Each review panel member is required to sign a confidentiality agreement and disclose all potential conflicts of interest. Any panel member that reports a conflict of interest will not be involved in reviewing, discussing or voting on approval of the application(s) from the organization(s) with whom the conflict(s) exists. Members of the Komen Board of Directors may not serve on the community review panel.

Disparities

Ensure that priorities and strategies developed in project plans work to eliminate health disparities. Disparities can include differences in the incidence, mortality, and related adverse health conditions that exist among specific population groups. In Wisconsin, these population groups may be characterized by gender, age, race, ethnicity, education, income, social class, disability, geographic location, or sexual orientation.

Education

Education defined as evidence based activities targeted at improving overall understanding about breast health/breast cancer, promoting action toward early detection, increase awareness about sources of care, how to initiate the screening process and follow-up to ensure screening process completed.

Education programs must be culturally-appropriate programs for target populations and provide a direct link to screening services and follow-up as necessary. Culturally-appropriate education means that there is a clear understanding of the target population and the program takes into account the social and cultural norms of that population.

Education does not mean literature was distributed at a health fair or shower cards were picked up in a “goodie bag.” What is the change in behavior or perception as a result of an education program? How do you know? Support assumptions with details. Were pre and post tests administered to validate claims? Knowledge gained by the participants is the determinant.

Evidence-based Strategies

Evidence-based strategies are programs that have been proven to result in a specific outcome, reviewed by peers, and usually published in a public health or medical journal.

Komen Milwaukee only provides funding for effective breast cancer education, support and screening/treatment programs. Evidence-based, evidence-informed and best-practice programs are programs that show potential for success because they have a track record based in evidence. Please do the research on evidence-based programs. If there is not a fit, explain why and provide a justified alternative.

Educational Materials

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.

Breast cancer is the most frequently diagnosed cancer and is the leading cause of death among women worldwide.

Medically Underserved

Includes uninsured and underinsured individuals; includes individuals who may not receive adequate care because of barriers such as cost or language; includes populations that have high rates of breast cancer mortality. Barriers vary from community to community and must be described in detail. Medically-underserved populations must be identified, defined and documented in the project narrative.

National Breast and Cervical Cancer Early Detection Program (BCCCP)

BCCCP Provides low-income, uninsured women access to screening and diagnostic services. In Wisconsin the name of the program is the Wisconsin Well Woman Program.

Number of Women Reached

Number of women reached refers to a change in attitude or behavior as a result of an intervention. For example, how many women did you influence to seek a mammogram? Number of women reached does not mean they signed in at a seminar, or showed up at a presentation and you counted occupied chairs. It does not mean they were recipients of a mass mailing, or you counted literature before a health fair and then again after it was handed out to determine your outreach. Be specific in choosing your indicators.

Outreach/Intervention

Outreach is defined as reaching out to various communities to find people who do not use or who under use medical services. Outreach is making meaningful contacts with people on their own terms, in their natural settings within well-defined communities, while also providing any service that facilitates and promotes breast healthcare.

Promising Practices

Promising practices are programs that have been proven successful, but for which there may not yet be enough evidence to prove that it has resulted in a positive outcome. They may also be called “emerging best practices”.

Qualifying Organizations

Any United States nonprofit, federally tax-exempt organization may apply for a grant from the Milwaukee Affiliate, assuming that the applicant meets all other requirements as stated in these

guidelines. Eligible organizations include nonprofit organizations, nonprofit hospitals and hospital systems, governmental entities, and nonprofit educational institutions.

The Milwaukee Affiliate's service area includes the following counties: Jefferson, Kenosha, Milwaukee, Ozaukee, Racine, Walworth, Washington and Waukesha.



Applying organizations may only provide services to individuals living within the Milwaukee Affiliate's service area.

Screening

Screening means mammography and/or subsequent medical tests, i.e., ultrasound, biopsy (surgical, stereo tactical, and/or needle, etc.) and other medical

procedures that may be followed when a positive diagnosis of breast cancer seems imminent.

Screening does not mean breast self exams (BSE). Total breast self-awareness is considered a healthy lifestyle regimen.

Underinsured/Uninsured

Uninsured refers to individuals who do not have health insurance. Underinsured refers to individuals who have insurance, but that insurance does not include breast cancer screening, diagnosis or treatment services or that the co-payments are prohibitively expensive.

Wisconsin Cancer Control Plan

The Wisconsin Comprehensive Cancer Control Plan (WI CCC Plan) 2005-2010 serves as a common framework for action in cancer prevention and control over the next several years. It will provide program leaders, policy makers and researchers with a carefully crafted vision of what needs to be done and the resources needed to reduce the burden of cancer on the people of Wisconsin. www.wicancer.org

Project Must:

- ✓ Propose to reach a specific population of uninsured, underinsured women and demonstrate an understanding of target population's demographics, education and service needs;
- ✓ Deliver accurate, culturally competent educational information on breast cancer;
- ✓ Ensure that screening mammograms and clinical breast exams are received by a specific number of women as a direct result of the proposed program;
- ✓ Facilitate logistical and emotional support of women being served by program;
- ✓ Track women to ensure women receive annual mammograms, screening results, and any needed follow-up services;
- ✓ Ensure that women receive prompt follow-up care for abnormal findings; and
- ✓ Facilitate re-screening at appropriate intervals.

The Steps of the Grant Cycle

1. Compliance Review

After an application is received, the Komen Milwaukee Affiliate will review the application to verify it is in compliance with the published RFA and the governance, management, and financial position of applicant's organization are solid. During this period, the Affiliate may contact the applicant with questions or suggested revisions for their consideration.

2. Grants Review

Applications which are in compliance with the guidelines and meet the statement of need from the Affiliate are then forwarded on to an independent community review panel for consideration. Review panel members meet along with the grants chair, executive director, and community outreach coordinator to evaluate and rank submitted proposals. At the conclusion of this meeting a funding recommendation for each application will be reached.

3. Funding Approval

The grants chair and the community outreach coordinator then prepare a slate of applications to be presented to the Affiliate's Board of Directors. The board then approves or rejects the entire slate of grants. After the slate is approved, all applicants are notified of the board's decision. If the funding is not approved by the board, the community review panel will meet again and prepare a new slate for board approval.

4. Announcement of Grants

The Komen Milwaukee Affiliate will publically announce its grant awards once a signed contract has been received from every funded grant recipient. Each applicant organization will receive electronic notification of funding decisions by March 1, 2010.

5. Grants Contract

Grant contracts will be issued to all funded grant recipients. The grant contract will serve as the guide between the Komen Milwaukee Affiliate and each of its grantees. The Affiliate expects each grantee to read and understand the provisions and requirements explained in the grant contract.

After the contract is fully-executed, the Affiliate issues the first half of the awarded amount. Each grantee receives the remaining balance contingent on the receipt of two successful progress reports, and a depletion of the first installment of funds. A final report is due within 30 days of the completion of the grant period.

IMPACT
A Susan G. Komen for the Cure® grant has touched every major breast cancer break thorough in the past 25 years.

What Applicants Can Expect from Komen Milwaukee Affiliate

Staff will be available during the course of the grant period to provide technical assistance to funded programs over the telephone and through the web site and other mechanisms. Some onsite technical assistance may be available to selected agencies. Technical assistance may include, but is not limited to: helping new programs with limited infrastructure with resources to design and implement their program; helping programs identify and resolve challenges it may face; offering information or resources for educational materials; reviewing and approving newly-developed educational materials; providing assistance with evaluation; or suggesting ideas for recruitment and follow-up strategies.

What We Expect from Applicants

- Propose to reach a specific population of uninsured and underinsured individuals in alignment with our community profile and RFA priorities;
- Demonstrate a clear understanding of an evidence-based intervention program or promising practice that will be implemented if funding is approved.
- Ensure that screening mammograms and clinical breast exams are received by a specific number of women as a direct result of your program intervention;
- Track individuals served through evidence-based intervention program to ensure a complete continuum of care;
- Ensure that woman receive prompt follow-up care for abnormal findings; and
- Facilitate re-screening at appropriate intervals.
- Agreement to maintain the following insurance during the term of an approved grant. 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; and excess/umbrella insurance, excess to the insurance set forth in above, with a limit of not less than \$5,000,000. Grantee shall name Milwaukee Affiliate as an additional insured under its commercial general liability insurance policy solely with respect to the funded breast cancer project and any additional policies and riders entered into by Grantee in connection with the project.

General Tips for Preparing a Strong Application

- Make sure your proposal addresses the priorities established by the Milwaukee Affiliate in the RFA.
- Respect the Affiliate's independent community review panel's time. A variety of community members are invited to independently review and score all grant

applications. Each review between 10 to 15 applications, so clarity of thought and presentation are appreciated.

- Submit a complete application. Applications that are out of compliance with the grant guidelines will be removed from consideration and not forwarded to the community review panel.
- Follow the grant guidelines closely. They are very specific. All of the information that we request is necessary for reviewing each application. It is also very important that applicants follow page limits, word limits, and formatting guidelines.
- Assume the community review panel is not familiar with your organization although they are active, well-informed members of our community. Clearly explain the elements of your project define acronyms and avoid using jargon.
- Do not include extra information with your application. We have requested all of the information that we need to make our funding decisions. Extra information will be discarded immediately.
- Remember that funding is never guaranteed. Milwaukee Affiliate makes its funding decisions to address the most urgent needs within our service area and will most likely receive requests for funding that exceed the amount of funds available. Therefore, it is possible that some worthy projects will not be funded during this funding cycle. Understanding this ahead of time is very important.

Key Points on Content and Project Design

Key Point #1: Appropriate project, appropriate request

Make sure your proposal targets an individual rarely or never screened before and is focused exclusively on breast health and breast cancer. Be sure the size of the funding request matches the size of the project outcomes.

Key Point #2: Expertise

Be sure that your proposal conveys expertise and an understanding of the environment where your program will operate. Conduct research to validate the demographics of your target populations and their communities.

Key Point #4: Strong Budget

Budgets are important! Make sure your math is correct! **We calculate per client costs before reading the application.** While many of the services nonprofits provide are justifiably expensive, your application needs to explain and justify its budget. Make sure proposed outcomes are in-line with funding requested.

As breast cancer knows no borders, neither can our fight to end it.



Example: Using the budget justification section to your advantage could help save your application if items in the budget seem questionable.

Key Point #5: Evaluations and Measurable Outcomes

Evaluate your program from its beginning. Establish a baseline so you can record your progress. In fact, performance measurement is the ongoing monitoring and reporting of program accomplishments, particularly progress towards pre-established goals. Performance evaluations are customized and consist of the tools that tell whether, and in what important ways, a program works well or poorly, and why. For every objective you create, you must also create a performance metric to determine if you are on track at specified intervals, such as at quarterly progress report times. If an objective is written well and includes all the components of SMART objectives, it may often be restated as the performance metric.

Outcomes are benefits or changes for individuals or populations during or after participation in program interventions. In fact, outcomes are what participants know, think, do, or how they behave or what their condition is that is different following the intervention program. Outcomes have no value to program developers unless they can be measured.

Different kinds of outcomes – program outcomes, learning outcomes and action or behavioral outcomes – may result from the programs that we fund. Measurable outcomes from screening initiatives involve getting a mammogram and having documentation to prove the screening took place at the designated facility and at the scheduled time.

Measurable outcomes must be a component of the program you propose for funding. We want to ensure to our sponsors, donors, volunteers, and the communities that we serve that the programs we fund are making a difference in their respective areas.

Key Point #6: Using Evidence to Support Your Program Choices

We want to fund effective programs; programs that we believe have a good chance of making a true difference in the communities they serve. Therefore, we expect programs submitted to our RFP process to be based on evidence. We realize that there are not enough R-TIPS (Research Tested Intervention Programs through Cancer Control P.L.A.N.E.T. but we expect you to do the research on evidence-based and evidence-informed programs that could work in your community. If there is not a fit, explain why, and provide a justified alternative.

Consider the following websites when searching for evidence to support your programs:

Cancer Control P.L.A.N.E.T.

<http://www.cancercontrolplanet.cancer.gov/>

National Library of Medicine PubMed

www.pubmed.gov



The Community Guide – What Works to Promote Health
<http://www.thecommunityguide.org/index.html>

Department of Health and Human Services – Center for Disease and Control Prevention
Handbook for Enhancing Community Health Worker Programs: Guidance for the National Breast and Cervical Cancer Early Detection Program <http://www.cdc.gov/cancer/nbccedp/training/community.htm>

Getting Started

Download all materials needed beginning with the 2010-11 RFA from our website, www.komenmilwaukee.org (home>grants>how to apply for funding>applicant & grantee resources).

Our RFA consists of the following sections:

✓ **Cover page**

✓ **Project abstract**

The abstract is an important component of your application. A good abstract concisely states the need to be addressed and how it will be managed in lay terms. It is essential to develop a succinct and pertinent abstract. The reader should deem a comprehensive understanding of the project based upon the abstract alone.

The abstract is used for the following purposes:

- Our Board of Directors uses the abstract to make funding decisions
- The abstract is published in a national Komen grant recipient directory

✓ **Organizational overview**

Komen would like to see information about the larger organization and the relationship between the proposed program and this organization. First, give a brief overview of your parent institution (e.g. hospital/cancer center/university), followed by more detailed information about the division (e.g. breast cancer/oncology/outreach) of which your proposed program will be a part.

✓ **Organizational capability**

✓ **Brief explanation of needs to be addressed and target population**

This section is where you capture the essence of your project, drawing from several resources. The review panel and Affiliate staff and volunteers are aware of current breast cancer statistics. Therefore, do not use precious space in your statement of need telling readers that 1 in 8 women will be diagnosed with breast cancer within her lifetime or that over 40,000 people are expected to die during 2009-2010. However, the use of local statistics or statistics gathered by your

organization can help substantiate the need for your project, and therefore, are important to include when relevant.

- ✓ **Quality assurance**
Description of how applicant will ensure that the majority of the individuals touched through proposed program have not had a mammogram or clinical breast exam in the last two years.
- ✓ **Intervention strategies**
- ✓ **Source citation of evidence-based strategy or emerging best practices that will be utilized in program**
- ✓ **Follow-up services**
- ✓ **Staffing**
- ✓ **Project goals, activities and timeline**
During the grant review process, we place special emphasis on project's goals and objectives. Thus, we encourage all grant applicants to spend time developing solid goals and objectives for their projects. Please use the table provided within in the RFA.
- ✓ **Evaluation**
- ✓ **Program details at a glance**
- ✓ **Long-term sources and strategies for funding**
At the present time, Milwaukee Affiliate funds breast health and breast cancer-related projects for one (1) year at a time. There is no guarantee that funding will be available or that your organization will be selected by the review panel for future funding.

ONE MORE TIME...

Your project must serve the medically underserved, be based on evidence, and focus on breast health and on breast cancer exclusively.

Sometimes a project may make a considerable impact on its community and would continue to thrive if funds were available to continue the program. For this reason, project directors should always be looking for additional funding – not duplicative funding – but funding that could sustain the program if Komen funds were no longer available. Our job in the community is to grow successful programs not just sustain them.

Long-term sources and/or strategies for funding of the project after the grant period is over give added value to the project's proposal. Moreover, funded programs should strive for self sufficiency within three years and then sprout

other projects that could be supported. This strategy impacts the cancer burden and your place in addressing it.

✓ **Letters of commitment**

Applicants must secure referral commitments for medical services – including clinical breast exams, mammograms, and follow-up care (surgery/oncology) – and provide specific documentation that those services have been secured. It is essential that these letters of commitment be included in your application and that the level of commitment is equal to the level of screening you are proposing.

A proposed outreach and education program must have a letter of collaboration from a screening facility detailing how a woman will be followed-up with to ensure they change behavior and get a mammogram.

✓ **Comparable programs**

When developing this section of your application, it is very important to include an honest assessment of similar programs within Milwaukee Affiliate's service area. The Komen Milwaukee Affiliate strongly discourages duplication but strongly encourages collaboration. In fact, this knowledge is an important part of evidence-based programming. Knowledge of what others are doing is crucial to fill the gaps that exist within a community.

Ideally, the Komen Milwaukee Affiliate would prefer not to fund duplicative services, but we realize that some duplication will exist. When duplication does exist between your project and others, honestly discussing the duplication and how your project is unique will help the Milwaukee Affiliate to evaluate your application fairly. Exploring ways to collaborate would also be a great strategy to overcome this barrier.

If your organization does not identify and discuss other similar projects, the review panel may conclude that your organization is not aware that other projects exist. As a result of not knowing your landscape, your organization may not be the best one to receive a grant from their perspective.

Do not omit this section of the application. An honest appraisal of the environment where your project will flourish can strengthen an average application and make it distinctive.

✓ **Program budget and narrative**

A well-prepared budget is one where each line item is explained with detailed assumptions. For instance, if you request \$4,400 for postage, your assumptions might show 10,000 pieces X \$0.44 per piece.

It is crucial that an organization spends the time necessary to develop a clear, strong, and realistic budget for the proposed project. Failure to spend funds during the time allotted or in accordance with the approved grant will result in a refund

to the Milwaukee Affiliate. The budget is one of the key pieces of the RFA. When preparing the budget form, it is very important to make sure that the line items are very clearly explained, both on the budget form and on the budget justification form. Also, be sure to place a budget line item under the logical subheading – not doing so only confuses the reviewers. It is also very important to know what the Affiliate allows as budget items.

Honoring RFA Restrictions

- Salaries for personnel related to this project should be provided by the organization requesting funding unless the individual is instrumental to the project's success, i.e., an added non-English speaking outreach worker.
- Only projects that focus on breast health and/or breast cancer will be considered for funding. For example, if a staff person's time will be spent on breast and cervical cancer (which is typically the case when working with the BCCCP program); the request can only include the breast cancer part of the project.
- In general, funding for staff positions at 100% are not reasonable. As staff assigned to grant typically work to reduce barriers for individuals in need of mammography screening, they will more than likely work with clients to ensure all needs, beyond breast cancer, are met.
- The Affiliate strongly encourages organizations to match a portion of the salary for individuals doing direct client outreach.
- Indirect costs are not allowed for this grant application including rent, internet, cell phones, laptops, beepers, etc
- Screening and diagnostic charges are capped at 150% of the Medicare reimbursement rates including films and interpretations. Current rates can be found online at www.komenmilwaukee.org (home>grants>how to apply for funding>applicant & grantee resources).
- Funding is last resort. Applicants may not be reimbursed for breast related services including clinical breast exams or mammograms for individuals eligible for government sponsored health care benefits such as Wisconsin Well Woman, BadgerCare, Medicare, etc. *Please justify why funds requested for screening services would not be covered through one of these identified plans.*
- Treatment costs (such as a combination of surgery, radiation therapy, chemotherapy, hormonal therapy and/or targeted therapy) are not eligible for funding.

Required Attachments

- Copy of organization's audited (if available) financial statements for the most recent available year. Attachment should include a balance sheet, a statement of activities (or statement of income and expenses) and function expenses. For applicants that are part of a larger parent institution provide the financial statements and project division.
- Applicable letters of commitment from all organizations providing services including local Well Woman Coordinators
- Copy of non-profit determination letter from IRS
- 10/1/09 Progress Report if a current Komen grantee
- Listing of organization's Board of Directors/Board of Trustees including occupations and/or community affiliations
- Completed biosketch form for all project personnel receiving payment during grant period (including salaries, honorariums, stipends, etc.)
- Proposed job description for new hires

Note: Please remember that all RFAs need to be submitted exactly as described in the RFA guidelines. Not following the Guidelines is considered noncompliant and can result in the rejection of an application.

Concept Development

The first step in developing your grant application is to develop a concept for your project. Consider the Community Profile for your area. Look at statistics from the Wisconsin Department of Health and Human Services as well as the Affiliate's Executive Summary from its Community Profile. Evidence-based programming requires knowledge of comparable community programs. While many applicants will already have defined breast health and/or breast cancer projects, new and emerging projects are encouraged and will be considered for funding.

Important Questions to Ask When Developing Concept

- ✓ Does the project fit with organization's mission?
- ✓ How does this project concept fit with the priorities as defined by the Milwaukee Affiliate?
- ✓ What does your organization want to accomplish through this project? Is this in line with community needs and the organization's mission?
- ✓ Does your organization have the capacity to implement and manage this project?
- ✓ Is there evidence to support your project concept?

- ✓ Is this project unique in your community or does it duplicate other programs? If your project is not unique or it duplicates other programs, please explain why this project is still needed within your community.
- ✓ Should your organization include partners? (Milwaukee Affiliate strongly encourages collaboration among community partners.)

Goals, Objectives and Activities

Goals and objectives should be clear, concise and well thought-out. Goals and objectives should be focused for the one-year grant period. Goals and objectives should be narrow, not broad, to ensure their measurement. Therefore, Milwaukee Affiliate expects applicants to use SMART objectives.

Objectives that are SMART are Specific

Objectives that are SMART are Measurable

Objectives that are SMART are Achievable

Objectives that are SMART are Realistic

Objectives that are SMART are Time bound

S.M.A.R.T. GUIDELINES	OBJECTIVE COMPONENTS
<p><u>SPECIFIC</u> Specific goals, objectives or activities are clear and unambiguous; they communicate exactly what is expected. Specific goals and objectives answer who, what, where or provide requirements</p>	
<p><u>MEASURABLE</u> Measurable goals, objectives and activities require you to establish concrete criteria for measuring progress toward attainment of each goal or objective that you set. Measurable goals and objectives answer how much, how many, or how we will know that something is accomplished</p>	
<p><u>ATTAINABLE</u> Attainable objectives, goals and activities are realistic and attainable in the current environment. The best goals and objectives may require staff to stretch a bit to achieve them.</p>	
<p><u>RESULTS BASED</u> Results-based goals, objectives and activities represent an objective toward which the organization is both willing and able to work. Results-based objectives describe the business objective you are trying to achieve.</p>	
<p><u>TIME BOUND</u> Time bound goals, objectives and activities have starting points, ending</p>	

points and fixed duration. There is a clear target date. Time bound should describe when the goal will be completed.	
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Examples

NOT SMART Objectives	SMART OBJECTIVES
Participants will be aware of the major risk factors for developing breast.	Upon post-testing following an educational intervention, participants will be able to identify 3 major risk factors for developing breast cancer.
Individuals who take our breast health class will get a mammogram.	Three months after taking our breast health class, at least 15 of 30 participants will have completed a mammogram or clinical breast exam.

Difference between Objectives and Outcomes

Objectives are how the goal will be obtained for the project (the steps).

Outcomes are the actual results of a project.

Activities and Timeline

When preparing the timetable in the RFA, include important milestones for the project, but also consider the review panel’s perspective when deciding which times to include in the timetable. Be sure that your timetable is realistic and coordinates with the project’s goals and objectives. Provide a realistic, month-by-month timeline for implement the evidence-based or promising practice program.

When using interventions methods as listed below, it is crucial to include these action items in the table. This will give the review panel a better understand of the evidence-based/promising practice model being utilized.

Cancer Prevention & Control, Client-oriented Screening Interventions: Client Reminders

Reminders include letters, postcards, or phone calls to alert clients that it is time for their cancer screening. Some note only that the test is due, while others include facts about the screening or offer to help set up an appointment.

Cancer Prevention & Control, Client-oriented Screening Interventions: Client Incentives

Incentives are small rewards (e.g., cash or coupons) that encourage people to accept cancer screening. They can be offered alone or in combination with other strategies (e.g., client reminders). The cancer screening review assessed the effectiveness of client incentives when used alone and found them to be insufficient. However, there is evidence to support combining incentives with other intervention methods.

Cancer Prevention & Control, Client-oriented Screening Interventions: Small Media

Small media include videos and printed materials such as letters, brochures, and newsletters. These materials can be used to inform and motivate people to be screened for cancer. They can provide information tailored to specific individuals or targeted to general audiences.

Cancer Prevention & Control, Client-oriented Screening Interventions: One-on-One Education

One-on-one education is provided in person or by telephone to encourage individuals to be screened for cancer. Healthcare providers can deliver one-on-one education in clinical settings, at home, or in local gathering places. Brochures, informational letters, or reminders may also be used. The information can be general or tailored to the needs of each person.

Cancer Prevention & Control, Client-oriented Screening Interventions: Reducing Structural Barriers

Many barriers can make it difficult for people to seek screening for cancer. They include distance from screening location, limited hours of operation, lack of daycare for children, and language and cultural factors. These types of interventions seek to increase screening by removing structural barriers.

Cancer Prevention & Control, Client-oriented Screening Interventions: Reducing Out-of-pocket Costs

Some interventions seek to increase cancer screening by reducing out-of-pocket costs. They may do so by reducing the costs of the screening tests, providing vouchers, reimbursing clients or clinics, and/or reducing health insurance costs.

Evaluation – Show the Return on Investment

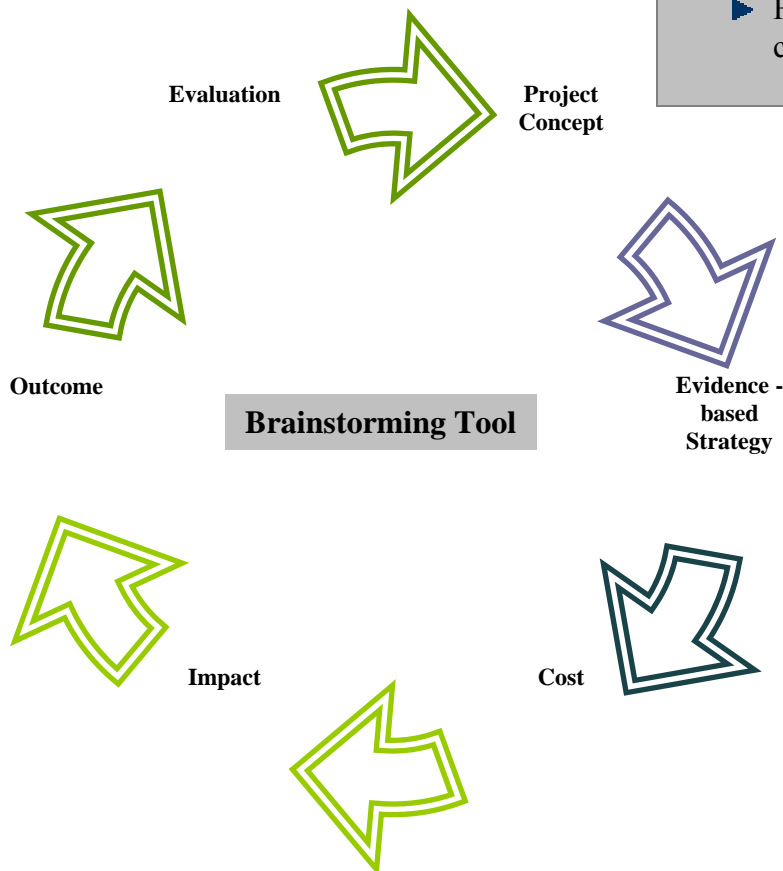
The evaluation clearly reveals how well the project director understands the program proposed. If the program cannot be evaluated, it cannot be executed. Thus, clues to a program’s viability are often overlooked until the day of reckoning when the evaluation is performed.

Evaluate from the beginning by establishing a baseline from which to record your progress. Evaluation states the expected results during the funding period. Evaluation includes the definition of success for the project and how this definition determines how to measure the project’s success.

As mentioned above, evaluation methodology is built in at the front of the application not at the back. An idea that cannot be evaluated must be abandoned.

What is evaluation?

- ▶ Evaluation is whether the idea was sound;
- ▶ Whether the strategy was the right approach;
- ▶ Whether the cost was high, low, or just right;
- ▶ What the impact was on the community;
- ▶ How the outcome changed the community.



What should an evaluation include?

Evaluation includes how the project's results will be used and disseminated to various constituencies. If the outcome changed a community which is a significant result, we can help to get those results to a larger audience like the media.

Before Submitting the Grant Application

- ✓ It is crucial that this application is not written in a vacuum. Make sure that everyone involved in the project has a chance to review the grant application before it is submitted.
- ✓ Have a good editor review the grant application to check for grammar and syntax mistakes as well as clarity, consistency and flow.
- ✓ Be sure all forms are completely filled out and all questions answered.

After Receiving a Grant

If your organization is selected to receive a grant from Milwaukee Affiliate, your organization will be required to comply with the policies and procedures of the Affiliate. These policies and procedures may differ from your experience with other foundations but are the ones that govern the management of the approved grant. Over the course of the one-year grant period, your organization will be required to submit three quarterly progress reports and a final report. This allows the Affiliate to monitor progress towards meeting outcomes and identify any technical assistance needs.

The 2010/2011 reporting schedule is as follows:

Report Type	Due Date	Reporting Period
Progress	July 1, 2010	4/1/10-6/30/10
Progress	October 1, 2010	7/1/10-9/30/10
Progress	January 4, 2011	10/1/10-1/31/11
Final	May 4, 2011	Cumulative

Required progress reports forms are available at www.komenmilwaukee.org (home>grants>how to apply for funding>applicant & grantee resources). Reporting requirements included, but are not limited to, the following information: a reasonably-detailed accounting of grant funds spent to date; progress made toward meeting objectives outlined in application; number of people served; notice or receipt of other sources of support for the project; including stimulus funding; copies or examples of any materials produced as a result of the project; documentation of acknowledgment; a listing of articles submitted for publication and the status of those articles; and presentations made at scientific conferences regarding the project. Throughout the grant cycle Komen may ask for an interim report. Grantee will be expected to comply with this request within a reasonable timeframe.

Misspent or Unused Funding

The Affiliate's promise to save lives and end breast cancer forever is a very serious and urgent promise and there is a tremendous need for breast health and/or breast cancer services within our service area. Therefore, we strongly encourage organizations to spend their funding in accordance with the approved grant proposal within the grant period. If an organization finds itself with remaining funds at the end of the grant period, an organization must return the unused grant funds.

Milwaukee Affiliate can request to be reimbursed if an organization misspends its funding. In this case, the organization may be ineligible to apply for future funding.

Eligibility for Future Funding

In almost all cases, former grantees will be considered for future funding. However, organizations that have misused Komen funding in the past, have not complied with reporting requirements, or have performed in a way that is not in keeping with the Milwaukee Affiliate's standards can be classified as ineligible for future funding either on a temporary or permanent basis.

Project Changes

The Affiliate understands that grantees may need to change their project during the grant period. In most cases, changes will be approved as grantees know their projects best and are most qualified to know when a change is necessary. However, the Affiliate requires that all project changes be approved in advance and in writing using the correct forms. A change request form can be found at www.komenmilwaukee.org (home>grants>how to apply for funding>applicant & grantee resources).

If your project encounters significant problems, please call the Milwaukee Affiliate's grants coordinator immediately to discuss and to resolve.

Site Visits

During the course of the funded grant, Affiliate will conduct one site visit.

Milwaukee Susan G. Komen Race for the Cure®

Grantees will be expected to have an exhibitor booth at the 2010 Race for the Cure®, strongly encouraged to create a team.

**Appendix A
Letter of Commitment**

Provider Name: _____

Provider's Full Address: _____

_____ agrees to provide the following services to _____, during the April 1, 2010 to March 31, 2011 period, in connection with a grant from the Milwaukee Affiliate of Susan G. Komen for the Cure®.

FOR WISCONSIN WELL WOMAN PROGRAMS

_____ # of individuals Wisconsin Well Woman staff can enroll in program from project referrals.

FOR SCREENING PROVIDERS

_____ # of mammograms provided free of charge to women.

_____ # of clinical breast exams provided free of charge to women.

DIAGNOSTIC AND FOLLOW-UP CARE

_____ # of women that will receive no cost follow-up care as needed.

_____ # of women that will receive low-cost follow-up care as needed.

SIGNATURE REQUIRED

Authorized Signature for Provider: _____

Printed Name: _____

Title: _____

Phone Number: _____

Email Address: _____

Date: _____

Appendix B Review Criteria

Your Score	Total Available	Measure
Organizational Factors – 10 Available Points		
5	5	Applicant has sufficient resources and the expertise to successfully execute the project described within the application.
5	5	The proposed project appears to be a strong fit for this organization and is in line with the organization’s larger mission.
Project Design – 50 Available Points		
5	5	The applicant has demonstrated, using solid evidence, that there is a significant need for this project within their community.
5	5	The goals, objectives, and outcomes are measurable and attainable.
5	5	The proposed activities are appropriate and closely align with the project’s goals and objectives.
35	35	The overall approach described in the application is culturally and linguistically appropriate for the intended target population (and includes the appropriate collaborative partners, if applicable). <i>Education/intervention effort is evidence-base and/or promising practice.</i>
Evaluation – 10 Available Points		
5	5	The applicant has developed an appropriate plan with appropriate measures for evaluating the success of the project.
5	5	The applicant has the capacity to implement the evaluation plan as described within the application.
Budget – 20 Available Points		
5	5	The budget is clear, appropriate, and reasonable.
5	5	The budget justification sufficiently explains each budget item and why each budget item is necessary for implementation of the project.
5	5	Together, the budget and the budget justification have a strong correlation with the goals and objectives, and the activities described within the application.
Sustainability- 10 Available Points		
5	5	The applicant has demonstrated how the program and its impact will be sustained long-term.
5	5	The applicant has the resources (financial, personnel, partnerships) needed to sustain their effort.
5	5	The applicant has secured additional financial support from internal or external sources to support project.
Total Score		
100	100	
Strengths:		
Weaknesses:		
Recommend for funding: <input type="checkbox"/> Yes <input type="checkbox"/> No Yes, with the following condition:		
Additional Comments:		

Appendix C
Bio Sketch Form

A completed bios ketch form is required for project director, all personnel listed on the budget and volunteers that are receiving honorariums/stipends for teaching. If you are proposing to create a new position, please provide a position description that will be used to hire personnel if funding is awarded.

Name:

Position Title:

Education:

Institution (degree, year conferred, field of study):

Professional experience (two years of history only):

Is the individual bi-lingual? If yes, what language?

Appendix D
Medicare Program Rates

<i>CPT Code</i>	<i>Current Medicare Program Rates Procedural Terminology Description as of 8/20/09</i>	<i>Reimbursement rate- includes professional and technical rate</i>	
		<i>Current Rate</i>	<i>150% of current rate</i>
77057	Screening mammogram, bilateral (2 view film study of each breast)	\$68.64	\$102.96
G0202	Screening mammogram, digital reimbursed at conventional mammogram rate	\$68.64	\$102.96
77055	Mammography, diagnostic follow-up, unilateral	\$68.44	\$102.66
G0206	Diagnostic mammogram (unilateral), digital reimbursed at conventional diagnostic mammogram (unilateral) rate	\$68.44	\$102.66
77056	Mammography, diagnostic follow-up, bilateral	\$86.42	\$129.63
G0204	Diagnostic mammogram (bilateral), digital reimbursed at conventional diagnostic mammogram (bilateral) rate	\$86.42	\$129.63
77031	Stereotactic localization guidance for breast biopsy or needle placement	\$206.17	\$309.26
77032	Mammographic guidance for needle placement, breast	\$54.97	\$82.46
76098	Radiological examination, surgical specimen	\$17.54	\$26.31
76645	Ultrasound, breast(s), unilateral or bilateral, B-scan and/or real time with image documentation	\$70.10	\$105.15
76942	Ultrasonic guidance for needle placement, imaging supervision and interpretation	\$145.02	\$217.53
19000	Puncture aspiration of cyst of breast	\$87.63	\$131.45
19001	Puncture aspiration of cyst of breast, each additional cyst	\$21.09	\$31.64
19100	Breast biopsy, percutaneous, needle core, not using imaging guidance	\$106.10	\$159.15
19101	Breast biopsy, open, incisional	\$241.91	\$362.86
19102	Breast biopsy, percutaneous, needle core, using imaging guidance	\$176.45	\$264.68
19103	Breast biopsy, percutaneous, automated vacuum assisted or rotating biopsy devise, using imaging guidance	\$453.91	\$680.86
19120	Excision of cyst, fibroadenoma or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion; open; one or more lesions	\$338.42	\$507.63
19125	Excision of breast lesion identified by preoperative placement of radiological marker; open; single lesion	\$373.32	\$559.98
19126	Excision of breast lesion identified by preoperative placement of radiological marker, open; each additional lesion separately identified by a preoperative radiological marker	\$121.73	\$182.60

19290	Preoperative placement of needle localization wire, breast	\$129.06	\$193.59
19291	Preoperative placement of needle localization wire, breast; each additional lesion	\$55.99	\$83.99
19295	Image guided placement, metallic localization clip, percutaneous, during breast biopsy	\$78.24	\$117.36
10021	Fine needle aspiration (FNA) without imaging guidance	\$107.72	\$161.58
10022	Fine needle aspiration (FNA) with imaging guidance	\$112.96	\$169.44