



2011 SMALL GRANT GUIDELINES AND APPLICATION

The Komen Columbus Small Grants program allows the affiliate to fund short-duration programs, conferences and travel scholarships that meet our priorities. Small grants also allow us to fund projects that are innovative and often, riskier, than our annual Community Health grants.

Komen Columbus Mission priorities are based on our Community Profile needs assessment, for 2010-2011 the following priorities will be considered when making funding decisions:

1. Screening of high-risk and underserved populations, especially focusing on women over the age of 40
2. Breast health education programs, with a screening referral included
3. Treatment; and survivorship issues that require medical treatment or assistance
4. Survivorship wellness and support programs.

Restrictions: Organizations may submit multiple small grant applications throughout the year; however, once funded, a specific program may not resubmit for additional funding within the same fiscal year. Rejected proposals may be resubmitted for a second consideration within the same fiscal year, but will not be considered a third time.

Applications may be submitted at any time throughout the year; however, please note that applications will be reviewed and funding decisions will be announced on a quarterly basis. Applicants should consider the following schedule when submitting a proposal and/or planning their program and submit proposals at least two weeks before the following decision dates to be considered for that quarter.

Funding Decision Dates:

January 14, 2011

April 8, 2011

July 8, 2011

October 14, 2011

Please submit all applications to:

Susan G. Komen for Cure – Columbus Affiliate

Attn: Megan Knapke

929 Eastwind Drive, Suite 211

Westerville, Ohio 43081

614.297.8155 x204

AND

outreach@komencolumbus.org

SMALL GRANT PROGRAMS:

Small grants are intended to support pilot projects and programs that do not necessarily require a full-year of funding. Small Grants are NOT intended to support proposals that are simply smaller versions of an annual grant proposal.

Small grants CAN be used to fund medical services for individuals (e.g., mammograms, ultrasounds) but must be provided through a program operated by a 501 (c)(3) organization or non-profit government agency.

Funding requests must meet the following criteria to be considered for a small grant program sponsorship:

- Specific to breast health/breast cancer and meets one of the Komen Columbus priorities stated above
- Total request is less than \$10,000
- Willingness to acknowledge support of the Komen Columbus Affiliate
- Willingness to report financial and program progress to Affiliate
- Willingness to allow participation of Affiliate representative where appropriate
- Request does not support a fund-raising activity, food, giveaways/gifts or equipment costs
- Salaries, if requested, are for personnel related to this project only and not the general work of employee. Preference will be given to programs willing to provide matching/in-kind support of salary and personnel requests
- Applicants must be a U.S. nonprofit (federally tax-exempt with 501 (c) (3) status) organization, e.g., nonprofit organizations, educational institutions, government agencies, and Indian tribes are eligible
- Services must be provided to women/men in *Columbus Affiliate service area*
- Reimbursement rates for patient services provided by the program should be based on current Medicare/Medicaid rates.

SMALL GRANT PROGRAM

Application form provided below.

CONFERENCE GRANTS:

Conference grants support local scientific or educational conferences, symposia, and meetings, with an emphasis on events that enhance the interaction among the advocate, healthcare, and scientific communities.

Funding requests must meet the following criteria to be considered for conference sponsorship:

- Specific to breast health or to helping further the body of knowledge related to research, diagnosis, treatment, education, and/or other issues related to breast cancer
- Total request is less than \$10,000
- Willingness to acknowledge support from Komen Columbus Affiliate in all printed materials
- Willingness to allow participation of Affiliate representatives where appropriate
- Complimentary registration for at least two (2) Affiliate representatives
- Display area, where appropriate
- Willingness to provide a conference report following attendance, including the number of participants, evaluation of program, and impact of Affiliate sponsorship and participation.

CONFERENCE GRANT applications must include all items listed below and should be presented in the same order:

1. Completed cover page
2. Narrative including the following (2 page maximum):
 - a) Conference program outline
 - b) Target audience and number expected to attend
 - c) Specific sponsorship opportunities (i.e., represent the Affiliate at events, on panels, or as speakers, where appropriate; complimentary registration provided for at least two Affiliate representatives; exhibit space in visible, conspicuous location)
3. Detailed budget and budget justification
4. Proof of non-profit status

TRAVEL SCHOLARSHIP:

Travel scholarships support travel for grantees, health care professionals, and advocates to attend, participate in and/or present at meetings, conferences, or symposia that would increase the community knowledge of breast health and breast cancer and facilitate the exchange of ideas and communication between the scientific and lay public.

Funding requests must meet the following criteria to be considered for a travel scholarship:

- Relevant to breast health/cancer
- Total request is less than \$1,000 domestic or \$2,000 international (to include registration, coach airfare/train/mileage, moderate hotel [room and taxes only], meals, cab fare, and tips)
- Willingness of applicant to quantify participation and benefit to community
- Applicant must attend at least half of the conference sessions or apply for and successfully complete the continuing education credits offered
- Willingness to submit a written report or presentation to the Affiliate after the conference

TRAVEL SCHOLARSHIP applications must include the items listed below and should be presented in the same order:

1. Completed cover page
2. Narrative including the following (2 page maximum):
 - a) Conference goals and/or program outline
 - b) Statement of how program is relevant to breast health
 - c) Specifics of participation and benefit to traveler describing ability and intention of traveler to spread information to Komen Affiliate service area
3. Letters of recommendation from partnering organization(s), if applicable
4. Detailed budget and justification



2011 SMALL GRANT PROGRAM APPLICATION



Project Director & Title _____

Institute _____

Address _____

Phone () _____

Fax () _____

Email _____

Title of Project/Conference _____

Total Amount Requested _____

Signature & Title of Approving Personnel
(other than Program Director) _____

Name & Title of Approving Institutional Personnel (typed) _____ Date _____

Small Grant Program **Conference Grant** **Travel Scholarship**

Small Grant Type:

- _ Education
- _ Screening
- _ Treatment
- _ Survivorship Wellness Program

Date(s) of program activities:
Expected date of completion:
(Final report is due within 30 days of this date)



ABSTRACT

ORGANIZATION/INSTITUTION BCCP PROVIDER?	<input type="checkbox"/> YES <input type="checkbox"/> No
TARGET POPULATION COUNTY/REGION SERVED	
APPROXIMATE # OF WOMEN TO BE SERVED	

In the space below, please provide a short abstract, **not to exceed 1200 characters**, written in lay terms for release to the general public should this application be chosen for funding.

DETAILED BUDGET FOR ENTIRE BUDGET PERIOD						
PERSONNEL <i>(MUST BE SPECIFIC TO PROJECT)</i>		TYPE APPT. (MONTHS)	% EFFORT ON PROJECT	FRINGE BENEFIT <i>(NOT TO EXCEED 25% OF BASE SALARY, ONLY FOR 50%+ FTE PERSONNEL)</i>	BASE SALARY	DOLLAR AMOUNT REQUESTED
EXAMPLE: JANE SMITH	PROJECT MANAGER	12	100	8,400	42,000	25,200
SUBTOTALS						
SUPPLIES (ITEMIZE BY CATEGORY)						
TRAVEL						
PATIENT FINANCIAL ASSISTANCE (PLEASE ITEMIZE EXPECTED SERVICES)						
OUTPATIENT CARE COSTS (KOMEN WILL PAY MEDICARE RATES FOR MAMMOGRAMS)						
OTHER EXPENSES (ITEMIZE BY CATEGORY)						
1. SUBTOTAL: DIRECT COSTS OF FUNDS REQUESTED FROM KOMEN						
2. INDIRECT COSTS (NOT TO EXCEED 10% OF DIRECT COSTS)						
3. <i>Total Funding Request From Komen (Line 1 + Line 2)</i>						
4. <i>Amount of donated/in-kind funding (i.e. personnel already on project, and from other sources of support)</i>						\$25,200 (EXAMPLE)
5. <i>TOTAL amount of Project (Line 3+Line4)</i>						



BUDGET JUSTIFICATION

Note: Not to exceed one page. Font size should be no smaller than a twelve- point typeface. Please include detailed price per service being provided when appropriate; consult attached list for our reimbursement rates for common breast health medical procedures.

PROGRAM DESCRIPTION/NARRATIVE

(5 PAGES MAXIMUM)

- a. Purpose of funding request
- b. Project goals and objectives

Service	# estimated to be provided by grant
Screening Mammogram Performed	
Diagnostic Mammogram Performed	
Referred for Mammogram	
Referred for Diagnostic Services	
Patient Navigation Provided	
Clinical Breast Exam Performed	
Ultrasound	
Biopsy	
MRI	
Genetic Testing	
Educational Materials Provided	
Breast Health Education Provided	
Patient Financial Assistance Provided	
Transportation Assistance Provided	
Psychosocial Support	
Survivorship Support	
Other (please specify)	

Goal: <i>EXAMPLE To increase screening rates of underserved women and reduce late stage diagnoses in Licking County.</i>				
Objectives	Activities	Data/Measures	How Assess Progress	Members Responsible
1. To screen 100 women in Newark, OH by March 31, 2012.	Host weekly screening clinics with funding available for uninsured women	type of screening provided, patient demographics and insurance status, screening results	Track total # of women screened, track # served by grant vs. insurance	Program Coordinator (Mammography Technologist)
2.				



- c. Benefit to Komen Columbus Affiliate
- d. Timeline
- e. Other participating sponsors/organization and sources of support

OTHER REQUIRED INFORMATION

Please attach

1. proof of non-profit status to your application IRS 501 (c) (3) documentation
2. copy of your organizations' w-9 form



EXHIBIT A: KOMEN COLUMBUS REIMBURSEMENT RATES

(RANGE IS BASED ON MEDICARE/MEDICAID BCCP 2010 RATES, AND INCLUDES RADIOLOGY FEES)

We will not consider funding requests for services listed that do not fall within the provided range.

PROCEDURE	RATE
Screening Mammogram	\$80-\$100
Screening Mammogram (Digital)	\$115-\$150
Diagnostic Mammogram	\$100-\$130
Diagnostic Mammogram (Digital)	\$145-\$180
Ultrasound	\$86-\$120
Surgical Consult	\$65-\$186
Fine needle aspiration without imaging guidance	\$127-\$165
Fine needle aspiration with imaging guidance	\$125-\$175
Puncture aspiration of the breast (cystic aspiration)	\$98-\$140
Biopsy of breast: Needle Core	\$127-\$175
Biopsy of breast: Incisional	\$292-\$350
Biopsy; percutaneous, needle core, using imaging guidance (for placement of clip, see 19295)	\$196-\$250
Biopsy of breast: Percutaneous automated vacuum assisted or rotating biopsy device using imaging guidance	\$493-\$600
Ultrasound guidance for needle biopsy	\$171-\$220

*If you need the rate(s) for additional procedures, please let us know.