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**Komen, San Diego Affiliate**

**2016-2017 Letter of Inquiry Information**

The San Diego Affiliate Community Grants program is made possible through individual donations, corporate support, and events such as the San Diego Race for the Cure®. With the funds raised, Community Grants are made to support evidence-based strategies or promising practices to reduce disparities in breast cancer mortality in our community. The San Diego Affiliate is currently accepting letters of inquiry for breast health or breast cancer projects that support and promote access to and utilization of services within San Diego County. Interested applicants are required to first submit a Letter of Inquiry to indicate interest in Komen funding by **4:00 p.m. on Friday, October 21st, 2015**. If the San Diego Affiliate finds the request appropriate and within the scope of our funding priorities, applicants selected will be notified to submit a request for application and be invited to the 2016-2017 Grants Application Workshop. The funding period for the 2016-2017 Community Grants Program is April 1, 2016 to March 31, 2017.

**Statement of Need:**

Our goal is to increase access to breast health care, ensure quality and access throughout the continuum of care, and reduce breast cancer mortality, especially among those who are disproportionately affected by this disease. Komen National’s 2015 Disparities in Breast Cancer Screening Sheet reveals that only 65.6% of women 40 years and older in the United States reported having a mammogram in the last year. Based on these low screening rates, priority will be given to projects that address regional gaps in services, include information from the current Community Profile, address the continuum of care model and include one of the following 2016-2017 “priority areas” a*s* identified by the Affiliate*.* The most recent Community Profile can be found on our website at <http://komensandiego.org/services/community-profile/> .

**Priority Area Categories**

**Access to Diagnostic and Co-Pay Services (site-neutral)**: ($375,000 grant limit):

* 1. A major grant to provide diagnostic services for women under 40 and for those who do not qualify for the Every Woman Counts program, as well as co-pay services for patients for annual checkups. Would serve in a fiscal agent capacity for diagnostic services within San Diego County.

**Care Coordination (site-neutral)**: Serving all of San Diego County, including uninsured, underinsured and undocumented: ($50,000 grant limit):

 Identified Project Needs/Examples:

1. A project that would develop and maintain a care coordination program and serve all of San Diego County. This would include the maintenance of a breast health information clearinghouse and an updated website.

 b. A site-neutral project that would provide extensive case management and home visits to the newly diagnosed or anyone living with breast cancer and serve all of San Diego County.

 c. A community-based project that provides care coordination support to breast cancer clients as they move through the continuum of care process, and serve all of San Diego County.

**Patient Navigation (clinic and/or hospital based)**: ($40,000 grant limit):

 Project Category:

 a. Projects that support clients within a clinical or hospital setting. Programs target a defined set of health services required to complete an episode of breast cancer care, focus on the identification of individual patient-level barriers to care, and aim to reduce delays in accessing the continuum of care services to ensure patients progress into treatment from an abnormal finding within the 90-120 day period. In addition to caring for uninsured/underinsured, we are seeking programs aimed at HMO insured as well.

**Patient Financial Aid and Transportation (site-neutral)**: ($130,000 grant limit):

 Project Category:

1. Project that provides needed patient financial support as well as access to transportation to the medically underserved, uninsured or underinsured. All financial support must be available to residents within all of San Diego County.

**Support Services**: ($40,000 grant limit):

 Project Examples:

1. A site-neutral project that wouldprovide meal delivery for patients and their families going through the diagnosis and breast cancer treatment process. This project would serve all of San Diego County.
2. Projects that provide support services within all of San Diego County.

**Education**: ($40,000 grant limit):

 Project Examples:

a. Project that focuses on educating the African American population with appropriate and culturally competent educational methods, and the implementation of a follow up plan that establishes links to provide women with free or low-cost breast cancer screenings and completion of screening. Emphasis is on serving the Southeast and/or Central San Diego population. Education focus on breast health, breast cancer and insurance options.

b. Project that educates the public about breast health with appropriate and culturally competent educational methods, and the implementation of a follow up plan that establishes links to provide women with free or low-cost breast cancer screenings and completion of screenings. Emphasis on reaching targeted populations as identified in the most recent Community Profile. Education focus on breast health, breast cancer and insurance options.

**How to Apply:**

Late/incomplete submissions and faxes will not be accepted. Submit the following information by **4:00 p.m. on October 21st, 2015.**

Submit an electronic copy of the following in one Word or PDF document to lizzie@sdkomen.org:

* Completed “Cover Page” Form (one page)
* Completed “Organization Capacity” Form (one page)
* Completed “Project Information” Form (2-page maximum)
* Completed “Compliance Report” Form (Current 2015-16 Komen San Diego Grantees only)

**Questions:**

All questions related to the Letter of Inquiry process should be directed to the Director of Grants and Public Policy at lizzie@sdkomen.org. All questions will be responded to within two business days, please plan accordingly.

**Final Determinations:**

All letter of inquiry applicants will be notified by Tuesday, November 16th, 2015 of the final determination as to whether to proceed to the request for application process.



**Komen San Diego**

**Letter of Inquiry “Cover Page” Form**

**Project Title**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Organization Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tax Identification #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mailing Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City/State/Zip**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Director/Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please check type of application (priority area)**:

* Access to Diagnostic and Co-Pay Services Grant
* Care Coordination “Site-Neutral” Grant
* Patient Navigation “Clinic or Hospital-based” Grant
* Patient Financial Aid and Transportation “Site-Neutral” Grant
* Support Services “Site-Neutral” Grant
* Education Grant

**Anticipated amount requested: $\_\_\_\_\_\_\_\_\_**

Please sign below to verify that the information provided in this letter of intent for funding is accurate and that the proposed project and project-related staff are in good standing with licensure and regulatory agencies. If there are any material issues, past, current or pending, related to your organization’s current standing or related to the project, please attach information on the nature and status of these issues. This also includes operational and financial issues identified by an audit or otherwise, and any past performance issues (to include grant history) with the Komen San Diego Affiliate within the past 3 years. All stated issues will be evaluated as part of the letter of inquiry process. Failure to disclose these issues may result in grant funds being denied or rescinded.

I understand that funding decisions are made at the sole discretion of the Komen San Diego Affiliate.

**Approving Personnel:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Signature/Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name/Title (Typed)

**Komen San Diego**

**Letter of Inquiry “Organizational Capacity” Form**

**Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Organization Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Organization and Project Operating Budgets:**

|  |  |
| --- | --- |
| Organization’s Annual Operating Budget: | $       |
| Breast Health Project Annual Budget:(Total to include all funding streams) | $       |

|  |  |  |  |
| --- | --- | --- | --- |
| Number of People on Staff | Full Time (Paid):       | Part Time (Paid):       | Volunteer:      |
| Organization’s Mission Statement: |       |
| Give a brief summary of the organization’s history, programs, and purpose:Provide a brief history of breast health programs and capacity of organization to implement the proposed project, including the organization’s involvement/participation with NBCCEDP’s Every Woman Counts program: |       |

**Komen, San Diego Affiliate**

**Letter of Inquiry “Project Information” Form**

A letter of inquiry must demonstrate understanding of the requirements of the grant project that is being applied for. To complete this form, be certain your request addresses the San Diego Affiliate’s identified needs and funding priorities. Provide the required information in each of the following sections (minimum 11 point font). This project information form is a maximum of two pages and does not include the cover page form or the organizational capacity form.

1. **Project focus**: Which priority area and target populations will be addressed through this project?
2. **Statement of need**: Describe the region/community and populations that will be served by this project, and their specific breast health/breast cancer issues and needs.
3. **Project design**: Describe the project, the goal, and what activities will be implemented to address the stated issues/needs. List the main partnering organizations that the project will collaborate with to ensure that the continuum of care model is being reflected in the project through the implementation of a clearly identified referral and follow-up process.
4. **Evaluation plans:** Describe this project’s expected outcomes and evaluation plans.
5. **Funding**: Include the total amount requested and how this project will be effectively implemented with this amount.
6. **Past Komen funding (if applicable)**: If this project has been funded in the past, how many years has it been funded and what successes and outcomes has this project shown. What other funding sources in addition to Komen funds did this specific project receive for the 2015-16 Grant Cycle?



Komen Grantee Compliance Report

Current 2015-16 Komen Grantees only, please answer the following contract compliance inquiries:

1. Are all key personnel involved in your Komen funded program current in accordance with your Grant Application in GeMS? If not, was the Komen San Diego Director of Grants notified within 30 days of the personnel change (i.e. resignation, new hire, maternity leave, etc.)?
2. Have all Komen grant funds been expended to date in accordance with the Budget in your Grant Application in GeMS within the allowable 5% variance? If not, was a Grant Change Request approved prior by the Komen San Diego Director of Grants?
3. Is it foreseeable that your program will have any unspent funds at the end of the grant cycle? If so, approximately how much and explain why.
4. Have all Progress Reports to date for the 2015-16 grant cycle been submitted through GeMS on or before their deadline?
5. Have any of the following occurred during the 2015-16 grant cycle:
* Grantee loss of Internal Revenue Service tax exempt status?
* Grantee debarred from the receipt of federal or state funding?
* Komen funded project not conducted in conformance with applicable laws, or any approvals, licenses or certifications required to conduct the Komen funded project not obtained, suspended or revoked?