

**Komen San Diego**

**2020-2021 Letter of Intent “Cover Page”**

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

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

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

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

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

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

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

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

**Please check priority area:**

[ ]  Clinical Trial Education (limit $10,000)

[ ]  Patient Navigation

[ ]  Reducing Barriers to Care

[ ]  Treatment Adherence Assistance

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 Failure to disclose these issues may result in grant funds being denied or rescinded.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 Intent “Organizational Capacity”**

**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) | $       |
| Anticipated amount to be requested from Komen: | $       |

|  |  |  |  |
| --- | --- | --- | --- |
| 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 Intent “Project Information” Form**

[This paragraph may be deleted prior to submission: A Letter of Intent must demonstrate understanding of the requirements of the grant project that is being applied for. To complete this form, be certain your request addresses Komen San Diego’s identified needs and funding priorities. Provide the required information in each of the following sections (minimum 11 point font). This project information form shall not exceed a maximum of two pages.]

1. **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. Describe how this need connects to Komen’s Bold Goal to reduce breast cancer mortality rates.
2. **Project design**: Describe the project, the goal, and what activities/objectives 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.
3. **Funding**: Include the total amount requested and how this project will be effectively implemented with this amount.
4. **Program history**: Does this program already exist in your organization?

[ ]  Yes, it was implemented \_\_\_\_\_\_\_\_\_\_\_\_\_\_(date or year) (please also be sure to describe in #3 above how additional Komen funding would enhance or expand the project)

 [ ]  No, this funding would allow us to implement this program for the first time



Komen Grantee Compliance Report

**Current 2019-20 Komen Grantees only, please answer the following 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 Mission and Public Policy notified within 30 days of the personnel change (i.e. resignation, new hire, maternity leave, etc.)?

[ ]  Yes [ ]  No

 If not, please explain:

1. 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 Mission and Public Policy?

[ ]  Yes [ ]  No

 If not, please explain:

1. Is it foreseeable that your program will have any unspent funds at the end of the grant cycle?

[ ]  Yes [ ]  No

If so, approximately how much and please explain why:

1. Have all Progress Reports to date for the 2019-20 grant cycle been submitted through GeMS on or before their deadline?

[ ]  Yes [ ]  No

If not, please explain:

1. Have any of the following occurred during the 2019-20 grant cycle:
* Grantee loss of Internal Revenue Service tax exempt status? [ ]  Yes [ ]  No
* Grantee debarred from the receipt of federal or state funding? [ ]  Yes [ ]  No
* 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? [ ]  Yes [ ]  No

If yes to any, please explain:

1. What additional funding has been secured (outside of Komen) to move toward sustainability? If additional funding has been secured, please explain how that will be complementary and not duplicative.