



Where the end of breast cancer begins.™

COMMUNITY GRANTS REQUEST FOR APPLICATIONS

APPLICATION DEADLINE: NOVEMBER 14, 2019 @ 10:59pm CST

REQUIRED GRANT WRITING WORKSHOP: SEPTEMBER 10 OR 11, 2019; 12PM – 2PM

AWARD PERIOD: APRIL 1, 2020 – MARCH 31, 2021

AWARD NOTIFICATION: MARCH 2020

*SEE APPENDIX A FOR OTHER IMPORTANT DATES

OUR MISSION: SAVE LIVES BY MEETING THE MOST CRITICAL NEEDS IN OUR COMMUNITIES AND INVESTING IN BREAKTHROUGH RESEARCH TO PREVENT AND CURE BREAST CANCER

OUR BOLD GOAL: REDUCE THE CURRENT NUMBER OF BREAST CANCER DEATHS BY 50% IN THE U.S. BY 2026.

Susan G. Komen® Dallas County
13747 Montfort Drive, Suite 200
Dallas, Texas 75240
www.komen-dallas.org

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ABOUT SUSAN G KOMEN® AND KOMEN DALLAS COUNTY

Susan G. Komen is the world's largest breast cancer organization, funding more breast cancer research than any other nonprofit outside of the U.S. government while providing real-time help to those facing the disease. Komen has set a Bold Goal to reduce the current number of breast cancer deaths by 50 percent in the U.S. by 2026. Since its founding in 1982, Komen has funded more than \$956 million in research and provided more than \$2.1 billion in funding to screening, education, treatment and psychosocial support programs. Komen has worked in more than 60 countries worldwide. Komen was founded by Nancy G. Brinker, who promised her sister, Susan G. Komen, that she would end the disease that claimed Suzy's life. Komen Dallas County has invested over \$27.5 million in community breast health programs in Dallas County and has helped contribute to the more than \$988 million invested globally in research.

ELIGIBILITY REQUIREMENTS

- Individuals are not eligible to apply.
- Applications will only be accepted from governmental organizations under Section 170(c)(1) or nonprofit organizations under Section 501(c)(3) of the Internal Revenue Service (IRS) code. Applicants must prove tax-exempt status by providing a letter of determination from the IRS.
- Proposed projects must be specific to breast health and/or breast cancer and address the priorities identified within this RFA. If a project includes other health issues along with breast cancer, such as a breast and cervical cancer project, funding may only be requested for the breast cancer portion.
- All past and current Komen-funded projects must be in compliance with Komen requirements.
- If applicant, or any of its key employees, directors, officers or agents is convicted of fraud or a crime involving any other financial or administrative impropriety in the 12 months prior to the submission deadline for the application, then applicant is not eligible to apply for a grant until 12 months after the conviction. After such 12-month period, applicant must demonstrate in its application that appropriate remedial measures have been taken to ensure that any criminal misconduct will not recur.
- **ALL APPLICANTS (including prior grant recipients)** must attend a Grant Writing workshop in order to be eligible to apply for funding. Two grant writing workshop opportunities will be offered on September 10th and 11th from noon to 2:00pm at Komen Dallas County's office, unless otherwise specified. If an applicant cannot attend either training opportunity, please contact Komen Dallas County at 214-750-7223 and request to speak with the Director of Mission Impact & Outreach to make other arrangements to attend the workshop.
- Prior recipients of Komen Dallas County funding must be in Good Standing at the time of application submission to be eligible for funding (See Appendix C for definition of Good Standing).

- Only one grant application will be accepted per organization.

ELIGIBLE SERVICE AREA

Applicants must provide services to **residents** of Dallas County

FUNDING PRIORITIES

Komen Dallas County supports breast cancer projects that address the funding priorities below, which were selected based on data from our current Community Profile Report, found on our website at <https://komen-dallas.org/about-us/history-impact/our-community-need-2/>.

The funding priority areas are listed below in order of importance as follows:

- **Reducing Barriers to Care.** Evidence-based programs that reduce barriers to quality breast cancer care experienced by uninsured and underinsured individuals residing in Dallas County. Underinsured is defined as having some insurance coverage but not enough, or when one is insured yet unable to afford the out-of-pocket responsibilities not covered by his or her insurer.

Komen Dallas County gives highest priority to programs that focus on delivery of no cost or low-cost screening/diagnostic/treatment services, mobile mammography, diagnostic/treatment co-pay and deductible assistance, transportation assistance, and pharmaceutical prescription assistance.

Komen Dallas County gives secondary priority to programs that deliver interpreter services, childcare/eldercare, and financial assistance for daily living expenses (e.g. rent, groceries, utilities, electricity, etc.).

- **Community Health Workers.** Evidence-based programs incorporating the use of community health workers (CHWs) who are fluent in and sensitive to the language and culture of the audience that the health care programs want to reach with positive breast health messages. These projects focus on providing in-depth breast cancer education and outreach that link patients to care and result in completed breast cancer clinical services (e.g. clinical breast exams, screening mammograms, etc.). Projects need to have pre-test/post-test tools to evaluate the change in the participant's knowledge about breast cancer risk, screening recommendations, and utilizing the health care system to access recommended screening.
- **Patient Navigation.** Evidence-based programs providing culturally appropriate patient navigation through the full continuum of care from abnormal screening to diagnostic resolution and through treatment, if necessary. Patient navigation is a process by which a trained individual guides patients through and around barriers in the complex breast cancer care system. The primary focus of a patient navigator is on the individual patient, with responsibilities centered on coordinating and improving access to timely diagnostic and treatment services tailored to individual needs. Patient navigators offer interventions that may vary from patient to patient along the continuum of care and include a combination of information, emotional, and practical

support (i.e., breast cancer education, counseling, care coordination, health system navigation, and access to transportation, language services and financial resources).

Komen Dallas County is committed to funding high-quality projects that meet the needs of all medically underserved residents of Dallas County. However, within each funding priority area listed above, Komen Dallas County gives priority to programs that demonstrate a tangible benefit to African-American women residing in the following communities (the “Affiliate Target Demographic”): Cedar Hill (75104, 75137, 75249), DeSoto Lancaster (75115, 75134, 75146), and South Dallas (75203, 75210, 75215, 75216, 75226, 75232, 75237, 75241) will be given priority. A program need not solely concentrate on delivery of breast health services to African-American women residing in these target zip codes.

Examples of successful projects include those that result in:

- An increase in delivery of breast health services to the African-American population in particular;
- An increase in breast health action due to knowledge gained;
- An increase in the number of “never screened” women getting breast cancer screening;
- A reduction in the number of women “lost to follow-up;”
- A reduction in time from abnormal screening to diagnostic procedures;
- A reduction in time from diagnostic resolution to treatment;
- An increase in treatment compliance.

GRANT CATEGORIES & FUNDING CAPS

Komen Dallas County maintains the following funding caps for each of the following program services. Applications requesting funding that exceeds the maximum limits described below will be deemed non-compliant and will not proceed to grant panel review:

| | |
|---|-------------|
| Screening (including mobile mammography) | • \$75,000 |
| Diagnostic Services | • \$100,000 |
| Treatment Services | • \$125,000 |
| Community Health Worker, Patient Navigation, & Other Support Services (ie: transportation, translation, rent, childcare, pharmaceutical offset, etc.) to break down barriers to breast health | • \$50,000 |

ALLOWABLE COSTS

Applicants may request funding from \$10,000 up to \$175,000 for one year. All requested costs must be directly attributable to the project, provide an estimated cost calculation and include a brief justification explaining why the costs are necessary to achieve project objectives: **Komen Dallas County awards grants as funds are available and fully funds any grant program selected. Funding is not guaranteed from year to year.** The following are the categories of allowable costs:

- **Salaries and Fringe Benefits**
Project staff responsible for achieving project objectives with salary and fringe benefits adjusted to reflect the percentage of effort on the project. If no funds are requested from

Komen for staff salary, enter 0 in the % of Salary on Project request field to properly complete an application.

- **Consultants/ Sub-contracts**

Consultants are persons or organizations that offer specific expertise for achieving project objectives not provided by project staff and are usually paid by the hour or day. Subcontractors have substantive involvement with a specific portion of the project for achieving project objectives, often providing services not provided by the applicant. Patient Care services, even if subcontracted, should not be included in this section; those funds should be included in the Patient Care budget section

- **Supplies**

Resources needed to achieve project objectives.

- **Travel**

Conference registration fees/travel or mileage reimbursement by project staff or volunteers necessary to achieve project objectives. This section is **not** for transportation assistance for patients/clients – this expense should be recorded on the “Patient Care” page.

- **Patient Care**

Costs for providing direct services for a patient to achieve project objectives. Navigation or referral project costs should not be included in this section but can be included in Key Personnel/ Salaries or Consultants/ Sub-Contracts sections, as appropriate.

- **Other Direct Costs**

This section should only be used for direct costs directly attributable to the project that cannot be included in existing budget sections. This can include software, not to exceed \$5,000 total, essential to the breast health-related project to be conducted.

NON-ALLOWABLE COSTS

- Research, defined as any project activity with the primary goal of gathering and analyzing data or information.
 - Specific examples include, but are not limited to, projects or programs designed to:
 - Understand the biology and/or causes of breast cancer
 - Improve existing or develop new screening or diagnostic methods
 - Identify approaches to breast cancer prevention or risk reduction
 - Improve existing or develop new treatments for breast cancer or to overcome treatment resistance, or to understand post-treatment effects
 - Investigate or validate methods or tools
- Education regarding breast self-exams/use of breast models. According to studies, teaching breast self-exam (BSE) has not been shown to be effective at reducing mortality from breast cancer
- Development of educational materials or resources that either duplicate existing Komen materials or for which there is not a demonstrated need. Applicants can view, download and print all of Komen’s educational materials by visiting <http://ww5.komen.org/BreastCancer/KomenEducationalMaterials.html>. If an applicant intends to use supplemental materials, they should be consistent with Komen messages.

- Education via mass media (e.g., television, radio, newspapers, billboards), health fairs and material distribution. Evidence-based methods such as one on one and group sessions should be used to educate the community and providers.
- Construction or renovation of facilities/ land acquisition
- Political campaigns or lobbying
- General operating funds
- Debt reduction
- Fundraising (e.g., endowments, annual campaigns, capital campaigns, employee matching gifts, events)
- Event sponsorships
- Projects completed before the date of grant approval
- Project-related investments/loans
- Scholarships
- Thermography
- Equipment over \$5,000 total
- Projects or portions of projects not specifically addressing breast cancer
- Indirect Costs
- Reconstruction Surgery
- Patient/Client incentives to obtain breast healthcare

BUDGET GUIDELINES/EXPENSE RESTRICTIONS

- In the event your organization utilizes Komen Dallas County funds to advance purchase travel vouchers prior to distribution, any undistributed travel vouchers will be considered unspent funds and the value of those unused vouchers must be returned to Komen Dallas County. This does not apply to instances where an organization uses Komen Dallas County funds to reimburse itself for prior advance voucher purchases as vouchers are distributed through the Komen Dallas County funded transportation program.
- To the extent possible, Komen Dallas County funds should in all cases be the funding source of last resort where patients do not qualify or funding has been depleted from alternative programs, such as the Breast & Cervical Cancer Services Program & Medicaid for Breast & Cervical Cancer.
- Komen Dallas County adopts the rates set forth by the Breast and Cervical Cancer Services Program of the State of Texas. Please prepare your budget in accordance with the most current reimbursement rate and billing guidelines of the BCCS program, which can be found at: <https://hhs.texas.gov/doing-business-hhs/provider-portals/health-services-providers/womens-health-services/breast-cervical-cancer-services/bccs-policy-manual>.
- To the extent you intend to offer both 3D mammography and 2D mammography, please clearly identify how much of your budget will be allocated to each form of mammography.
- All expenses must be itemized by category and supplemented with a detailed justification of request. For example, if the project costs include printing flyers to promote the project, the budget must show the cost per flyer (e.g. 250 flyers at \$0.10 each = \$25.00).
- Salaries must only be requested for personnel directly working on the proposed project and not allocated to the general work of employees.

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- Any modifications to the budget set forth in the original application, including but not limited to transferring funds across categories (e.g. screening to diagnostics), **MUST BE APPROVED BY KOMEN DALLAS COUNTY PRIOR TO IMPLEMENTATION OF THE BUDGET CHANGE.**

BREAST CANCER EDUCATION

To reduce confusion and reinforce learning, Komen will only fund projects that use approved educational messages and materials that are consistent with Komen messages. Please be sure that your organization can agree to promote the messages listed here:

<http://ww5.komen.org/BreastCancer/BreastSelfAwareness.html>.

If an applicant wants to develop educational resources, they must discuss with Komen prior to application submission and provide evidence of need for the resource.

Komen has developed breast cancer education toolkits for Black and African-American communities and Hispanic/Latino communities. They are designed for health educators and organizations to meet the needs of their communities. The Hispanic/Latino toolkit is available in both English and Spanish. To access these toolkits, please visit <http://komentoolkits.org/>.

PROJECT OBJECTIVES

All applicants are required to develop project objective(s) to:

Reduce breast cancer mortality by addressing disparities, increasing access to quality and timely care, and/or improving outcomes through patient navigation.

All projects must have at least one **Specific Measurable Attainable Realistic Time-bound (SMART)** objective that will be accomplished with Komen funding and can be evaluated including an estimated timeline and the anticipated number of individuals to be served.

Guidance on crafting SMART objectives is located here:

<https://ww5.komen.org/WritingSMARTObjectives.html>.

PROJECT NARRATIVE

Statement of Need

- Describe the need for the project and explain the target population (including age, race, ethnicity, geographic location) to be served using demographic and breast cancer mortality statistics.
- **Explain how project objectives will address the stated funding priorities.**

Project Design

- Describe what will be accomplished with project funding and the strategy to reduce breast cancer mortality and increase the percentage of people who enter, stay in or progress through the continuum of care.
- Explain how the project incorporates evidence-based practices providing citations for all references.
- Explain how the requested budget and budget justification support the project objectives.
- Explain how project staff are best suited to accomplish project objectives.

- If serving the Affiliate Target Demographic, detail specific objectives, including the number of residents that will be served and/or events that will be hosted.

Partners and Sustaining the Project

- Explain how collaboration strengthens the project.
- Describe past accomplishments with breast cancer projects that address our funding priorities. If the proposed project is new, describe success with other breast cancer projects.
- Describe the resources to be used to implement the project.
- Describe past accomplishments and/or challenges working with the Affiliate Target Demographic. To the extent challenges are identified, explain how those will be overcome.
- If this is a program previously funded by Komen Dallas County and prior objectives of the program were not met, explain what steps have been taken to ensure the project will complete all objectives currently set forth in the application.

Impact and Evaluation

- Describe how the project objectives will reduce breast cancer mortality by addressing disparities, increasing access to quality and timely care, and/or improving outcomes through patient navigation.
- Describe how specific project outcomes will be evaluated.
- Describe the resources and expertise that will be used for monitoring and evaluation during the performance period
- All applications should have an evaluation plan and measurable outcomes (See Appendix D) to assist with monitoring and evaluation of the program.

REVIEW PROCESS

Each grant application will be reviewed by at least three reviewers from the community, who will consider each of the following criteria:

Statement of Need 20%:

- How well has the applicant identified the need for the project and explained the target population to be served?
- To what extent do project objectives address the stated funding priorities?

Project Design 30%:

- How successful was the applicant at describing the strategy to reduce breast cancer mortality?
- How well has the applicant described what will be accomplished with project funding?
- To what extent does the project include evidence-based practices?
- How well does the budget and budget justification support project objectives?
- To what extent does project staff have the expertise to effectively implement and provide fiscal oversight of the project?
- To what extent will the project address the needs of the Affiliate Target Demographic?

Partners and Sustaining the Project 20%:

- How well does the applicant explain the roles, responsibilities and qualifications of project partners?
- How well has the applicant demonstrated evidence of success in delivering services consistent with the stated funding priorities?
- How well has the applicant described the resources to implement the project?
- Does the applicant have the capacity to manage the project?
- Has the applicant demonstrated evidence of success in delivering services to the Affiliate Target Demographic?
- If this is a program previously funded by Komen Dallas County, are the applicant's stated objectives attainable based upon the applicant's prior delivery of the program?

Impact and Evaluation 30%:

- To what extent do project objectives reduce breast cancer mortality by addressing disparities, increasing access to quality and timely care, and/or improving outcomes through patient navigation?
- To what extent does the evaluation plan aim to collect the relevant required metrics?
- To what extent are the applicant's monitoring and evaluation resources likely to adequately evaluate project success?

REQUIRED REPORTING METRICS

If awarded project funding, grantees will be required to report on the Demographics in addition to the metrics related to approved objectives listed below. For example, if the project has screening and diagnostic services objectives, the grantee will report on the Demographics, Screening Services and Diagnostic Services metrics.

Demographics

State of residence; County of residence; Age; Gender; Race; Ethnicity; Special Populations.

Education & Training

Type of session; Number of individuals reached by topic area; Follow-up completed; Action taken; If health care provider training, total number of providers trained in each session and number by provider type.

Screening Services

First time to facility; Number of years since last screening; Screening facility accreditation; Count of screening services provided; Screening result; Referred to diagnostics; Staging of breast cancer diagnosed resulting from screening services.

Diagnostic Services

Time from screening to diagnosis; Diagnostic facility accreditation; Count of diagnostic services provided; Staging of breast cancer diagnosed resulting from diagnostic services; Referred to treatment.

Treatment Services

Time from diagnosis to beginning treatment; Treatment facility accreditation; Count of treatment services provided; Count of patients enrolled in a clinical trial.

Treatment Support

Count of treatment support services provided: system management, individual or group psychosocial support, complementary and integrative therapies, palliative care, durable medical equipment.

Barrier Reduction

Count of barrier reduction assistance services provided: transportation, interpretation/translation services, co-pay/deductible assistance, daily living expenses, childcare.

Patient Navigation, Care Coordination & Case Management

Time from referral to screening; Accreditation of screening facility navigated to; Time from abnormal screening to diagnostic resolution; Accreditation of diagnostic facility navigated to; Staging of breast cancer diagnosed resulting from community or patient navigation; Time from diagnostic resolution to beginning treatment; Accreditation of treatment facility navigated to; Patient enrolled in a clinical trial; Individual completed physician recommended treatment; Survivorship care plan provided.

SUBMISSION REQUIREMENTS

All applications must be submitted online through the Komen Grants Portal at komen.smartsimple.com before the application deadline to be considered.

Extensions to the submission deadline will not be granted, with the rare exception made for severe extenuating circumstances at the sole discretion of Komen.

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

CHECKLIST FOR APPLICATION COMPLETION

- **Eligibility Requirements** – Applicant meets all eligibility requirements as stated in the Komen Grants Portal and in this Request for Applications.
- **Allowable Costs** – All proposed costs are directly attributable to the project, provide an estimated cost calculation and include a brief justification explaining why the costs are necessary to achieve project objectives.
- **Non-Allowable Costs** – non-allowable costs are not included in the application.
- **Breast Cancer Education** – Applicant can agree to promote Komen’s education messages listed here: <http://ww5.komen.org/BreastCancer/BreastSelfAwareness.html>
- **Project Narrative** – Applicant has addressed each question in the Statement of Need, Project Design, Partners and Sustaining the Project, and Impact and Evaluation sections.

- **Project Objectives** – Proposed objectives are SMART, will be accomplished with Komen funding, and aim to reduce breast cancer mortality by addressing disparities, increasing access to quality and timely care, and/or improving outcomes through patient navigation.
- **Proof of Tax-Exempt Status** – To document the applicant’s **federal tax-exempt status**, provide a letter of determination from the Internal Revenue Service. Evidence of state or local exemption will not be accepted. Please do not provide a Federal tax return.
- **Resume/Job Description** – For key personnel that are currently employed by the applicant organization, provide a resume or *curriculum vitae* that includes education level achieved and licenses/certifications obtained. For new or vacant positions, provide a job description (*Two-page limit per individual*).
- **Letters of Support / Memoranda of Understanding** – From project partners identified in the Project Narrative / Partners and Sustaining the Project section.
- **Assurances** – Applicant assures compliance with the following policies if awarded project funding:
 - Recipients of services must reside in the Affiliate Service Area.
 - The effective date of the grant agreement is the date on which Komen fully executes the grant agreement and shall serve as the start date of the project. No expenses may be accrued against the project until the grant agreement is fully executed. The contracting process can take up to six weeks from the date of the award notification letter.
 - Any unspent funds over \$1.00 must be returned to Komen.
 - Grant payments will be made in installments pending acceptance of and compliance with terms and conditions of a fully executed grant agreement.
 - Grantee will be required to submit a minimum of one semi-annual progress report and one final report that will include, among other things, an accounting of expenditures and a description of project achievements. Additional reports may be requested.
 - At the discretion of Komen, the grantee may request one no-cost extension of no more than six months per project. Requests must be made by grantee no later than 30 days prior to the end date of the project.
 - Certain insurance coverage must be demonstrated through a certificate of insurance at the execution of the grant agreement, if awarded. Grantee is required at minimum to hold:
 - 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, property damage and advertising injury;
 - Workers’ compensation insurance in the amount required by the law in the state(s) in which its workers are located and employers’ liability insurance with limits of not less than \$1,000,000; and
 - Excess/umbrella insurance with a limit of not less than \$5,000,000.
 - To the extent any transportation services are provided, \$1,000,000 combined single limit of automobile liability coverage will be required.

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- To the extent medical services are provided, medical malpractice coverage with combined limits of not less than \$1,000,000 per occurrence and \$3,000,000 in the aggregate will be required.
 - Grantees are also required to provide Komen with a certificate of insurance with Susan G. Komen Breast Cancer Foundation, Inc., Susan G. Komen Dallas County, its officers, employees and agents named as Additional Insured on the above policies solely with respect to the project and any additional policies and riders entered into by grantee in connection with the project.
 - **Current Certificate of Insurance (COI)**-You must provide evidence that your organization meets the aforementioned Komen requirements or a letter stating that your organization has the ability to purchase the level of coverage required within 30 days of grant award. If you do not currently have the appropriate insurance coverage, a letter from your organization's Authorized Signer (content described above) should be submitted in place of a COI.
 - Programs requesting funds for more than five (5) mobile mammography events must host at least 40% of mobile mammography events in the Affiliate target zip codes. Any program that conducts less than five (5) mobile mammography events must host at least one (1) event in the Affiliate target zip codes (see Appendix B).
 - Consistent failure to untimely comply with reporting deadlines (see Appendix A for deadlines) will result in a change in an Organization's status to "Not in Good Standing," which will disqualify an Organization from pursuit of funding in the next grant cycle. (See also Exhibit D).
 - By accepting funding, Organization agrees it will make available to Komen Dallas County any information within its possession requested by Komen Dallas County to substantiate how grant funds have been spent.
 - Organizations with less than 5 (five) employees will be subject to a criminal background check.
 - All Organizations awarded funding must acknowledge Susan G. Komen ® Dallas County as the funding source on **all** publications related to the program supported by the grant in a clear, unambiguous and readily identifiable fashion, such as "supported by funding from Susan G. Komen ® Dallas County." All published materials containing the Komen Dallas County name and/or logo must be submitted to Komen Dallas County for approval before printing and/or distribution.

APPENDIX A: KEY DATES

| Action | Date | Time |
|---|--|--------------------------|
| Required Grant Writing Workshop | September 10, 2019 or September 11, 2019 | 12:00PM-2:00PM CST |
| Grant application deadline | November 14, 2019 | 10:59PM CST |
| Grant applications reviewed by grant review panel | January 2020 | |
| Grant slate approved by Affiliate Board of Directors | February 2020 | |
| Applicants notified of award status | March 2020 | |
| Contract Acceptance Deadline (*Affiliate reserves the right at its discretion to rescind funding if contract acceptance deadline not met) | 30 Days After Receipt of Award Notification | |
| Award Period | April 1, 2020 - March 31, 2021 | |
| First check issued upon execution of contract | After April 1, 2020 (*Dependent upon contract negotiations, if any) | |
| New grantee site visits | June 2020 | |
| Grantee Orientation | May 7 th , 2020 | 10:00 AM-12:00 PM CST |
| Six-month progress report due | October 15, 2020 | 10:59PM CST |
| Second check issued upon completion of Progress Report Site Visit, subject to program performance | November 2020 | |
| Mid-cycle site visits | November/December 2020 | |
| Deadline to request a No-Cost Contract Extension | March 1, 2021 | 10:59PM CST |
| Final report and return of any unspent funds due | May 18, 2021 | 10:59PM CST |

**APPENDIX B: TARGET DEMOGRAPHIC
AFRICAN AMERICAN WOMEN RESIDING IN THE FOLLOWING AREAS AND ZIP
CODES**



| Target Area Zip Codes | |
|-----------------------|--------------|
| Cedar Hill | South Dallas |
| 75104 | 75203 |
| 75137 | 75210 |
| 75249 | 75215 |
| DeSoto Lancaster | 75216 |
| 75115 | 75226 |
| 75134 | 75232 |
| 75146 | 75237 |
| | 75241 |

APPENDIX C: DEFINITION OF GOOD STANDING

Compliance Check-“In good standing”

For an application to proceed to grant panel consideration, an organization must be “in “good standing, as more specifically defined below. To be “in good standing,” grantee is compliant with all terms of the signed grant contract, and adheres to **all** administrative, programmatic, and fiscal contractual requirements.

| Category | Definition | In Good Standing | Not In Good Standing |
|---|---|--|---|
| Reporting <ul style="list-style-type: none"> • Timely reporting • Meets Goals and Objectives | <p>The last required progress and final reports were approved, as well as any additional reports required by the Affiliate. Reports are generally approved when grantee:</p> <ul style="list-style-type: none"> • Submits them at due date or receives an approved extension prior to due date (including financial documentation as required) • Meets Goals and Objectives outlined in their application unless adequately justified (e.g. 6-month report goals below 40%); might include excessive grant amendment requests that alter the spirit of the original application, unless adequately justified • Uses approved funds appropriately as outlined in the grant application (might include excessive returned funds) • All unspent funds over \$1.00 are returned to the Affiliate by the due date, along with the final report • All terms and conditions of the grant contract were followed | <ul style="list-style-type: none"> • Last progress and final reports (as well as any other reports required by Affiliate) were submitted on time and approved • Financial documentation (e.g. itemized receipts) were submitted with reports as required by Affiliate • All unspent funds are returned to the Affiliate by the due date | <ul style="list-style-type: none"> • Last progress and final reports (as well as any other reports required by Affiliate) were not submitted by deadline and/or not approved • Reports are consistently late and/or not complete with information required by Affiliate • Itemized receipts and other financial documentation were not submitted with reports, as required • Unspent funds were not returned to the Affiliate and/or were not returned by the required deadline in grant contract |

| | | | |
|--|---|--|--|
| Rescinded funding/Termination of Contract | <ul style="list-style-type: none"> • Grant programs that have been identified by the Affiliate, as no longer viable, for which the grant contract is terminated early and grant funds may or may not be requested for return • Grantee may choose to terminate the grant contract early, in which grant funds may or may not be requested for return | <ul style="list-style-type: none"> • No history of rescinded funds due to poor performance or mismanagement of grant funds • Grantee returned all unspent funds (as applicable) to the Affiliate within the timeframe outlined in grant contract | <ul style="list-style-type: none"> • Funds were rescinded from the last grant cycle because the program was no longer viable and contract was terminated • Organization has not satisfactorily documents how they will improve the viability of the program. • Grantee did not follow all terms and conditions of the grant contract • Grantee did not return grant funds (as applicable) within the timeframe outlined in grant contract |
| Returning to “In Good Standing” status after a contract has been rescinded/terminated | <ul style="list-style-type: none"> • An organization must provide written documentation describing what changes occurred in management, and internal processes that rectified the flaws in its rescinded grant contract (e.g. if funded again, how will the organization ensure the project is successful) • The organization will be eligible to submit a new grant application during the next Request for Applications grant cycle, contingent upon the written approval of the Affiliate | <ul style="list-style-type: none"> • Organization is approved to submit a grant application in the next Request for Applications grant cycle | <ul style="list-style-type: none"> • Organization is not approved to submit a grant application, until “Good Standing” is approved by the Affiliate in writing |
| Corrective action* | <ul style="list-style-type: none"> • An action taken to address grant performance and insufficiencies that are negatively affecting grantee’s ability to meet the obligations of their grant agreement | <ul style="list-style-type: none"> • Applicant is not currently under a written warning and is in compliance with all terms of the grant contract | <ul style="list-style-type: none"> • Applicant is currently under a form of written warning and/or not in compliance with all terms of the grant contract |

* Unless circumstances require otherwise, Corrective Action includes the following:

1. Verbal Warning
2. Written Warning- signed and acknowledged by Grantee and Affiliate, corrective action plan put in place
3. Written Warning- formal letter from local legal counsel seeking to cure breach
4. Termination of contract

APPENDIX D: DEFINITIONS

This section expands on terminology and concepts mentioned in this Request for Applications (RFA). Having a clear understanding of these terms is vital to completing a well-written response to this RFA.

- **Affiliate:** Susan G. Komen® Dallas County
- **Applicant:** Agency, foundation or organization responding to this RFA. All applicants must provide proof of non-profit status.
- **Breast Self-Awareness:** Susan G. Komen®'s core concepts to increase public awareness to promote improvements in breast cancer outcomes:
 - Know your risk
 - Get screened
 - Know what is normal for you
 - Make healthy lifestyle choices
- **Community Health Worker (CHW):** A frontline public health worker who is a trusted member of and/or has an usually close understanding of the community served. The trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy.
- **Continuum of Care:** The continuum of care refers to the range of services available within the health care sector, and to some extent, outside of it, that address services and access to breast health, breast screening, diagnostics, breast cancer treatment and survivorship services. The continuum of care is a theoretical model rather than an actual system of care delivery.
- **Evaluation Plan:** A detailed plan of how you will measure achieving the program objectives and how the impact of the program will be assessed. It includes who will conduct data collection, when data will be collected and what methods will be used, such as surveys, intake forms, etc.
 - A strong evaluation plan measures the quantity (i.e. numbers served) and quality (i.e. satisfaction of the implementation and effectiveness of the outcomes). Staff members responsible for evaluation need the ability to:
 - Assess program outcomes
 - Monitor program processes and performance of program
 - Analyze evaluation data and results
 - Present evaluation findings
- **Evidence-Based Practices:** Strategies have been tested, evaluated, and found to be effective in improving access, promoting behavioral change and/or empowering individuals to make healthy breast health decisions. Evidence-based strategies are peer reviewed, and usually published in a public health or medical journal.
- **Grant Review Panel:** The Grant Review Panel is an independent group comprised of health care professionals, educators, advocates, community members, representatives from other nonprofits, breast cancer survivors, and other types of professionals

(including accountants, attorneys, financial professionals, etc.), who are invited by the Affiliate to review all incoming grant applications and make funding recommendations to the Affiliate's Board of Directors.

- **Medically Underserved:** A term that refers to individuals who either: do not have health insurance, who have health insurance that does not include coverage for breast health services, or who have insurance that requires prohibitively expensive out-of-pocket payments to access care. Additionally, some individuals may not receive adequate care because of barriers such as language, cultural differences, economics, violence and fear.
- **Measurable Outcomes:** Program proposals must include a detailed evaluation plan that outlines proposed outcome measures that are relevant to program services and include the number of services provided as well as individuals served, as well as more qualitative measures like changes in a patient's ability to better engage in everyday life or satisfaction with services provided. These projections may be derived from previous, comparable project outcomes, from data from programs providing similar services or from information provided by a community needs assessment. Funded applicants must report how many actual services were provided during the granting cycle, as compared to the estimates made in this application. You must also be able to report all information applicable to your application category listed in the Exhibit D-Demographic Tracking Report, and provide an engaging patient success story using Exhibit E, which can be found at <http://komen-dallas.org/grants/how-to-apply-for-community-grants/>.
- **Patient Navigator:** Patient navigators provide one-on-one guidance and assistance to individuals as they move through the health care continuum from prevention to end of life care. The principle function of the navigator is to eliminate any and all barriers to timely screening, diagnosis, treatment and supportive care for each individual. Navigators act as the support hub for all aspects of patients' movement through the health care system. The navigator's role is to promote smooth and timely continuity of care to the point of resolution.
- **RFA:** Request for Applications