

**Letter of Intent Form**

**Community Grants**

**Letters Must Be Submitted by September 30, 2016**

**Grant Period for 2017-2018**

**About Susan G. Komen®**

Susan G. Komen® Houston—along with those who generously support us with their talent, time and resources—is working to better the lives of those facing breast cancer in our community. We join hundreds of thousands breast cancer survivors and activists around the globe as part of the world’s largest and most progressive grassroots network fighting breast cancer. Through events like the Komen Houston Race for the Cure®, we have invested $52 million in local breast health and breast cancer awareness programs in Brazoria, Chambers, Fort Bend, Galveston, Harris, Liberty and Montgomery Counties. Up to 75 percent of net proceeds generated by Komen® Houston stay in the seven county service area. The remaining income goes to the Susan G. Komen Research Program, which supports grants and scientific partnerships to find the cures.

Susan G. Komen® is the world’s largest breast cancer organization, funding more breast cancer research than any other nonprofit while providing real-time help to those facing the disease. Since its founding in 1982, Komen has funded more than $889 million in research and provided more than $1.9 billion in funding to screening, education, treatment and psychosocial support programs serving millions of people in more than 30 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.

**Notice of Funding Opportunity and Statement of Need**

Komen Houston will award community grants to local non-profit organizations that will provide breast health and breast cancer projects between April 1, 2017 to March 31, 2018.

Applicants may request funding up to $300,000 for one year.

While applications will be accepted for programs providing services within the Affiliate service area, priority will be given to applicants that demonstrate benefit to one or more of the following target communities/populations:

First Priority

* Galveston County - specifically Bacliff, Dickinson, Friendswood, Gilchrist, High Island, La Marque, League City, Port Bolivar, Santa Fe, and Texas City.
* African-Americans (all counties in the Komen Houston service area)
* Chambers and Liberty counties
* Selected areas of Harris County that have higher rates of late stage breast cancer diagnosis (please see the Komen Houston Community Profile Executive Summary, page 10 for county maps)

Second Priority

* Selected areas of Brazoria, Fort Bend, and Montgomery counties that have higher rates of late stage breast cancer diagnosis (please see the Komen Houston Community Profile Executive Summary, page 10 for county maps)

Komen Houston has identified the following funding priority areas, in order of importance.

1. Programs that use innovative or evidence-based collaborative approaches that result in documented linkages to local breast cancer screening, diagnostic, treatment, survivorship, follow up care, end of life services and breast cancer clinical trials enrollment.
2. Development of a patient navigation tool to assist those with ACA insurance find breast health services. The tool would be used to reduce the number of patients not getting screened or are delaying care due to financial barriers and/or confusion about where to get care using the Affordable Care Act.

**Eligibility**

Individuals are not eligible for funding. Grants will be awarded only to eligible organizations. Applicants must meet the following eligibility criteria to be considered for funding:

* Program must be specific to breast health and/or breast cancer. If a program includes other health issues along with breast cancer, such as a breast and cervical cancer program, funding may only be requested for the breast cancer portion.
* For medical services, Komen Houston will fund projects that focus on medically underserved, uninsured, underinsured and low-income individuals with household incomes below 200% of the federal poverty level living in the seven county service area. Grant applicants may use up to 10% grant funds to assist individuals that have household incomes outside of the guidelines.
* Komen Houston defines the medically underserved as people 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, we recognize that some individuals may not receive adequate care because of barriers such as language, cultural differences, economics, violence, and fear.
* Applicant must develop a policy to determine eligibility for medical services.
* A patient's primary insurance is billed first, but if it doesn't cover the patient’s expenses or the patient’s out-of-pocket expenses are cost-prohibitive, Komen Houston will allow Komen funds to be used so that the patient continues through the continuum of care.
* All past and current Komen-funded grants or awards to Applicant are up-to-date and in compliance with Komen requirements.
* Applicant has documentation of current tax exempt status under the Internal Revenue Service code.
* Applicant must be a non-profit organization located in or providing services to one or more of the following counties: Brazoria, Chambers, Fort Bend, Galveston, Harris, Liberty and Montgomery.

**LOI Preparation Guidelines**

* LOI’s must be submitted by the Project Director.
* The LOI must not exceed 2 pages (excluding the instructions, cover page and checklist). The font must be Arial and must not be smaller than 11 pt font.
* The LOI form provided must be used. Alternative versions of the form will not be accepted.
* Please submit electronically the LOI form prior to the deadline to [gkirklin@komen-houston.org](mailto:gkirklin@komen-houston.org). Please do not include any other attachments.
* Fax copies will not be accepted.
* Failure to adhere to these guidelines will result in delayed processing or refusal of the application.

*Inquiries should be addressed or directed to Ginny Kirklin at 713 783-9188 X 104 or* [*gkirklin@komen-houston.org*](mailto:gkirklin@komen-houston.org) *. Please allow adequate time before deadline for response to any inquiry.*

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| Letter of Intent – Checklist |

The following is a checklist of the LOI requirements for your request to be complete and considered for funding.

DIRECTOR: Please initial each line to certify understanding and acknowledgement of Komen LOI regulations.

1. \_\_\_\_\_\_\_\_\_Letter is submitted by September 30, 2016.
2. \_\_\_\_\_\_\_\_\_I understand that the grantperiod for this LOI is 2017-2018.
3. \_\_\_\_\_\_\_\_\_Project is specific to breast health and/or breast cancer.
4. \_\_\_\_\_\_\_\_\_Applicant is a US nonprofit (federally tax-exempt) organization, e.g. nonprofit organizations, educational institutions, government agencies and Indian tribes.
5. \_\_\_\_\_\_\_\_\_Services are provided in the Komen Houston Service Area to residents in Brazoria, Chambers, Fort Bend, Galveston, Harris, Liberty and Montgomery counties.
6. \_\_\_\_\_\_\_\_\_If you have received a grant from Komen Houston in the past, are you current on your final reports? Are all past and current Komen-funded grants or awards up-to-date and in compliance with Komen requirements?

Please note: The LOI is the first step in the application process. **Receipt of your LOI will be acknowledged.** If the Komen Houston finds the request appropriate and within the scope of our funding priorities, an invitation to submit an application will follow.



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**Grant Period for 2017-2018**

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| Project Title | |  | | | |
| Project Director | |  | | | |
| Organization Name | |  | | | |
| Mailing Address | | Address | | | |
| City | State | | Zip |
| Phone | |  | | | |
| Email address | |  | | | |
| Total amount requested | | $ | | | |
| Signature of project director | |  | | | |
| Please indicate how the grant funds will be used by percentage  \_\_\_\_ % Education \_\_\_\_% Screening \_\_\_\_% Diagnosis \_\_\_\_%Treatment \_\_\_\_%Treatment Support \_\_\_\_ % Survivorship \_\_\_\_ % Health Care Delivery/Systems Change | | | | | |
| Number of individuals who will be served  \_\_\_\_\_\_Education presentations and workshops; and/or one-on-one education  \_\_\_\_\_\_Screening services  \_\_\_\_\_\_Diagnostic services  \_\_\_\_\_\_Treatment  \_\_\_\_\_\_Support services  \_\_\_\_\_\_Case management/patient navigation  \_\_\_\_\_\_Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Has your organization ever applied for a Komen Houston Grant?  \_\_\_\_No  \_\_\_\_Yes (If so, when and indicate funding amount.) | | | | | |
| Partners (list partnering organizations and the services they will provide) | | | | | |
| **Organization** | **Services Provided** | | | **Number of Years as Partner** | |
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| **Geographic Area**  Please estimate the percentage of clients to be served from each county. Percentages must add up to 100%. | **Population Served**  Select up to six primary populations): | **Race/Ethnicity**  Please estimate the percentage of clients to be served from each race/ethnicity. |
| \_\_\_\_% Brazoria County  \_\_\_\_% Chambers County  \_\_\_\_% Fort Bend County  \_\_\_\_% Galveston County  \_\_\_\_% Harris County  \_\_\_\_% Liberty County  \_\_\_\_% Montgomery County | General Population  Unspecified  39 years and under  Adults 40-49  Adults 50-74  Adults 75+  **Named Groups**  Amish, Mennonite  Appalachian, Frontier, Rural  Armed Forces, Military  Breast cancer survivors living with metastatic disease  Co-survivors  Healthcare Providers  Homeless, Residing in Temporary Housing (i.e. shelter  Immigrants, Newcomers, Refugees, Migrants  Inmates, Ex-Offenders  Healthcare providers  Jewish  LGBTQ  People with disabilities  Other\_\_\_\_\_\_\_\_\_\_\_\_  Other\_\_\_\_\_\_\_\_\_\_\_\_ | Race  \_\_\_\_ % Unspecified  \_\_\_\_ % Black, African American/African  Descent  \_\_\_\_ % American Indian/Alaska Native  \_\_\_\_ % Asian  \_\_\_\_ % Native Hawaiian and Pacific  Islander  \_\_\_\_ % White  \_\_\_\_ % Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Ethnicity  \_\_\_\_ % Hispanic, Latino/Latina  \_\_\_\_ % Non-Hispanic, Non-Latino/Latina |
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A LOI must demonstrate understanding of the requirements of the grant program for which you wish to apply. To complete a LOI, be sure you are familiar with the guidelines of the grant program. Please make certain that your request addresses the Komen Houston Affiliate’s identified needs and/or funding priorities. Provide required information in the spaces provided below (not to exceed the 2 page maximum).

1. Please provide a brief description of your organization and why you are positioned to submit this LOI.
2. Briefly describe the project. This should include an overview of what your organization proposes to do, how it will use evidence-based strategies or promising practices, how much you are requesting, how the proposed project relates to the Affiliate’s identified priorities and the timeline for completing the project.
3. Briefly describe the need this project will be addressing, how your organization identified the need and how this project will contribute to eliminating the need. Be sure to include any pertinent statistics or research.
4. Briefly describe your project evaluation plans. Be sure to include your goal and objectives and how you will know you have accomplished them. Projected outcomes should be clear and measureable.
5. If this project has been funded in the past please summarize the successes the program has shown. Has the program been capable of finding opportunities for improvement in this project and modifying the project?