

**Letter of Intent Form**

**Community Grants**

**Letters Must Be Submitted by September 30, 2017**

**Grant Period for 2018-2019**

**About Susan G. Komen® Houston**

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. Komen was founded in 1982 by Nancy G. Brinker, who promised her sister, Susan G. Komen, that she would end the disease that claimed Suzy’s life. Komen Houston is working to better the lives of those facing breast cancer in the local community. Through events like the Komen Houston Race for the Cure®, Komen Houston has invested $39 million in community breast health programs in Brazoria, Chambers, Fort Bend, Galveston, Harris, Liberty and Montgomery counties and has helped contribute to the more than $920 million invested globally in research**.** For more information, call 713 783-9188 or visit komen-houston.org.

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

Komen Houston will award community grants to organizations that will provide breast cancer projects that address specific funding priorities, which were selected based on data from the 2015 Komen Houston Community Profile Report. The 2015 Community Profile Report can be found on our website at komen-houston.org.

Komen Houston will award community grants to local non-profit organizations that will provide breast health and breast cancer projects between April 1, 2018 to March 31, 2019.

Applicants may request funding from $50,000 to $200,000 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)

The funding priority areas are listed below in no particular order based on the needs identified in the Community Profile:

**Patient Navigation**

Projects that provide evidence-based patient navigation. Patient navigation must follow the individual from abnormal screening to diagnostic resolution and through treatment, if necessary or describe the continued patient navigation process after the last patient encounter with the Project. Projects will report on measures during the time intervals they navigated the patients in the Breast Health Continuum of Care.

Projects that develop 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.

Patient navigation is a process by which a trained individual- patient navigator- 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 informational, emotional, and practical support (i.e., breast cancer education, counseling, care coordination, health system navigation, and access to transportation, language services and financial resources).

**Reducing Barriers to Care**

Evidence-based projects that reduce barriers to quality breast cancer care experienced by uninsured and underinsured individuals. “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” (Patient Advocate Foundation, <http://www.patientadvocate.org/resources.php?p=781>).

The Affiliate seeks to fund projects that provide no cost or low cost screening for never or rarely screened or high risk patients, diagnostic services, treatment services, mobile mammography, diagnostic/treatment co-pay and deductible assistance, transportation, interpreter services, follow up care, survivorship plans, psychosocial support for patients in active treatment and metastatic patients and breast cancer treatment clinical trials enrollment.

Rarely screened is defined as not having been screened in at least two years.

**Breast Cancer Education**

Projects that provide evidence-based and culturally relevant breast cancer education in one-on-one and group settings. Projects must be designed to result in documented age-appropriate, breast cancer action (e.g., getting a screening mammogram, obtaining recommended follow-up after an abnormal mammogram).

Breast cancer education projects must include Komen’s breast self-awareness messages and provide evidence of linkage to local breast cancer services. Health fairs and mass media

**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, 2017 at 11:59 pm.
2. \_\_\_\_\_\_\_\_\_I understand that the grantperiod for this LOI is 2018-2019.
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.



**Letter of Intent Form**

**Form Must Be Submitted by September 30, 2017**

**Grant Period for 2018-2019**

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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 services  \_\_\_\_\_\_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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| --- | --- | --- |
| **Funding priority areas**  Please select the priority areas of the focus of the project. | **Geographic Priorities**  Please estimate the percentage of clients to be served from each geographic area. | **Race/Ethnicity Priorities**  Please estimate the percentage of clients to be served from each race/ethnicity. |
| \_\_\_\_Patient Navigation  \_\_\_\_Reducing Barriers to  Care  \_\_\_\_Breast Cancer  Education  \_\_\_\_Other:\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_Galveston County - specifically Bacliff, Dickinson, Friendswood, Gilchrist, High Island, La Marque, League City, Port Bolivar, Santa Fe, and Texas City  \_\_\_\_Chambers County  \_\_\_\_Liberty County  \_\_\_\_Selected areas of Harris County\*  \_\_\_\_Selected areas of Brazoria County\*  \_\_\_\_Selected areas of Fort Bend County\*  \_\_\_\_Selected areas of Montgomery County\*  \_\_\_\_Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \*Areas that have higher rates of late stage breast cancer diagnosis (please see the Komen Houston Community Profile Executive Summary, page 10 for county maps) | Race  \_\_\_\_ % American Indian/Alaska Native  \_\_\_\_ % Asian  \_\_\_\_ % Black, African American/African  \_\_\_\_ % Middle Eastern or North African  \_\_\_\_ % Native Hawaiian and Pacific  Islander  \_\_\_\_ % White  \_\_\_\_ % Unspecified  \_\_\_\_ % Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Ethnicity  \_\_\_\_ % Hispanic/Latino  \_\_\_\_ % Non-Hispanic/Non-Latino |
| **Population Served**  Select up to three primary populations. |
| **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  Jewish  LGBTQ  Males that received direct services  People with disabilities  Uninsured/underinsured  Other\_\_\_\_\_\_\_\_\_\_\_\_ |

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 Komen Houston’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 geographic areas and 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 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?