

# TREATMENT GRANT ANNOUNCEMENT & GUIDELINES



Request for Proposals

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## Grant applications now being accepted for Breast Cancer Treatment Programs

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The Southern Arizona Affiliate of Susan G. Komen for the Cure is proud to announce that we are once again seeking proposals from organizations to specifically manage breast cancer treatment funds for low-income, uninsured or under-insured individuals who have been diagnosed from affiliate service area screening sites. Grants funds awarded in the Treatment Block must be expended in a one year grants cycle. Requested amounts are capped at \$175,000 for any one organization. Applicants are strongly encouraged to collaborate with other agencies/entities for effective utilization of existing resources.

**STATEMENT OF NEED:** The Southern Arizona Affiliate has conducted a Community Needs Assessment of the Southern Arizona Region and has determined that there is a significant need to provide treatment assistance for low income, uninsured and underinsured women and men living in the Affiliate's service area who have been diagnosed with breast cancer. Treatment Block Grants should be used to treat men and women who are in need of no-cost services and do not qualify for other public assistance programs. An additional gap has been identified for treatment to those that do not qualify for Well Woman Health Check due to diagnosis outside of the program, gender and those above the 250% poverty level without health insurance. These grants can service only those individuals within our service area which includes the following counties: Pima, Santa Cruz, Cochise, Graham, Greenlee and Yuma.

*Applications are due September 14, 2007 and will cover the grant period of **December 1, 2007 - November 30, 2008**. All grant awards are for one year only. All Treatment Block Awards are subject to a 6-month progress review.*

**APPLICATIONS MUST BE POSTMARKED OR RECEIVED BY SEPTEMBER 14<sup>TH</sup>, 2007**

## GUIDELINES AND INSTRUCTIONS FOR APPLICANTS

**Qualifications:** Applicants must be a US nonprofit, federally tax-exempt organization (nonprofit organizations, nonprofit hospitals and hospital systems, educational institutions, government agencies, and Indian tribes are eligible to apply). Applications must be submitted in English. Applicant organizations must be located in the Affiliate's service area. The Affiliate's service area includes the following counties: Pima, Santa Cruz, Cochise, Graham, Greenlee and Yuma. All prior funded applicants are required to participate in a **grant training workshop to be held August 14<sup>th</sup>, 2007 from 10 a.m. – 2 p.m.** at the Saguaro Girl Scouts Council, 4300 E. Broadway. This is a mandatory workshop for previously funded organizations, and new applicants are strongly encouraged to attend. A light lunch will be served. **Please RSVP to [grants@komensaz.org](mailto:grants@komensaz.org).**

### RESTRICTIONS:

- Projects must be specific to conventional (allopathic) breast cancer treatment for low-income, uninsured and underinsured women and men in need of no-cost services who do not qualify for other public assistance programs.
- This project will reimburse up to \$40,000 per patient.
- Patients may not be billed for any additional costs associated with the components of treatment that may be above the \$40,000 limit (providers must accept the Medicaid rates as payment in full).
- Services must be provided by the requesting agency and provided in the Southern Arizona Affiliate's service area (patients must reside in the affiliate service area, but need not be US citizens).
- All funding requested must be spent on **direct patient care**. No professional (physician) fees will be funded and no equipment costs or salaries will be funded.

Failure to adhere to these guidelines will result in the rejection of your application.

**REVIEW:** Applications received complete, and in compliance with these guidelines, will be submitted for grant review by a panel established by the local affiliate Grants Committee. The panel members make recommendations to the Affiliate Board of Directors. Approval of grant applications is made by the Southern Arizona Affiliate Board of Directors.

**CONTRACTS & GRANT PERIOD:** A grant contract will be the legal mechanism for funding. The grant contract will stipulate all of the conditions listed in this document. The grant period begins December 1, 2007 and will conclude November 30, 2008.

**FORMER & CURRENT GRANTEES:** For organizations that have received funding from the Southern Arizona Affiliate in the past, the organization's most recent final report must be included with the application. Additionally, for current grantees, the six-month progress report must be included with the application.

**PAYMENTS & REPORTING:** The full payment will be made no later than thirty days after the receipt of the fully executed contract. The initial progress report is due at the end of the first quarter of the grant period, March 31, and quarterly thereafter (June 30, September 30). A final summary report is due within ninety days of the completion of the grant period. The reports will need to include specific information within HIPPA compliance guidelines.

**LETTERS OF SUPPORT & ADDITIONAL MATERIALS:** Please do NOT send any additional materials with your grant application, as they will not be reviewed.

**CONFIRMATION OF RECEIPT OF APPLICATION:** The Affiliate will send written notification to the project director after reviewing applications for compliance with these guidelines. If immediate confirmation of receipt is requested, please include a self-addressed, stamped postcard that will be returned to you immediately upon receipt of the application. Please do not contact the Affiliate regarding the status of the application after the submission deadline.

**ANNOUNCEMENT OF GRANT AWARDS:** The Affiliate will announce its grant awards by November 20, 2007. Project directors will be notified of the outcome of this review in writing.

APPLICATIONS SHOULD INCLUDE AND BE ORDERED AS FOLLOWS:

- A.** Cover Page – MUST USE APPLICATION FORM AVAILABLE AT [www.KomenSAZ.org](http://www.KomenSAZ.org)  
Note: Signature of approving institutional personnel, other than project director, is required
- B.** Abstract Page— MUST USE APPLICATION FORM AVAILABLE AT [www.KomenSAZ.org](http://www.KomenSAZ.org)
- C.** Organizational Qualifications and Program Specifics - This section should not exceed five typewritten pages (single spaced). Font size should be no smaller than ten-point font, with margins no smaller than one inch. Please include page numbers.
  1. Organization Experience: Describe the background of your organization, past participation with other treatment programs, and qualifications to manage the Komen Treatment Block Grant. Include outcome data from previous Komen or non-Komen grants to demonstrate programmatic efficacy and success.
  2. Statement of Need: Describe the need for treatment funds for low income, uninsured and underinsured women in your service area.

3. Quality Assurance Measures: Describe the quality assurance measures that will be taken for the execution of the program (verification of patient's eligibility for the program, ensuring prompt payment to providers, continuity of care for patients, managing funds, etc.).
  4. List other organizations/entities that will participate in the project and the process by which these organizations will refer patients for evaluation and treatment.
- D. Financial Information :** This section should not exceed four typewritten pages, including the Budget Form.
1. Budget Form detailing funding request – MUST USE APPLICATION FORM AVAILABLE AT [www.KomenSAZ.org](http://www.KomenSAZ.org)
  2. Budget Justification – in narrative or bulleted form (narrative preferred)
  3. Information on overall organization budget
- E. Biosketch Form** for project director and key project staff – MUST USE APPLICATION FORM AVAILABLE AT [www.KomenSAZ.org](http://www.KomenSAZ.org)
- F. Proof of nonprofit status** for applicant institution
- G. For current grantees**, a copy of the six-month progress report must be included. For all past grantees, a copy of your most recent final report must be included, as well.

Applications can be obtained at [www.KomenSAZ.org](http://www.KomenSAZ.org) or by calling the local affiliate office at (520) 319-0155.

**6 copies** of the application must be submitted by the director of the project. Please keep grant requests to the page limits as stated above. Please submit **one original and five copies** of the complete application. Applications should be bound by rubber bands, paper clips, or binder clips only. Please, **no stapled or bound materials**.

**APPLICATIONS MUST BE POSTMARKED OR RECEIVED BY SEPTEMBER 14<sup>TH</sup>, 2007**

**AND SENT TO THE FOLLOWING ADDRESS**

Southern Arizona Affiliate  
Attn: Ann Stevens, Grants Chair  
P.O Box 14677  
Tucson, Arizona 85732-4677

**NO FAX OR E-MAIL COPIES WILL BE ACCEPTED!**

**PLEASE REVIEW PROPOSAL FOR COMPLIANCE INCLUDING RESPONSIVENESS TO FORMAT, BUDGET CAP AND TARGET FUNDING AREAS. FAILURE TO DO SO WILL LEAD TO NON-COMPLIANCE AND RETURN OF APPLICATION UNREVIEWED.**

Inquiries should be addressed as above by e-mailing [grants@komensaz.org](mailto:grants@komensaz.org) or calling at (520) 668-3947. Or call the local affiliate office at (520) 319-0155. (Please allow adequate time before deadline for response to any inquiry)