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**Letter of Intent – Community Breast Health Grants Program**

**LOI Submission Deadline is Friday, September 18, 2016 at 5 p.m. EST**

**NOTICE OF FUNDING OPPORTUNITY**

Komen Greater Atlanta will award community grants to nonprofit organizations that will provide breast health and breast cancer projects within our 13-county service area between May 1, 2017 and March 31, 2018. Partnerships and collaborative projects that provide opportunities for greater leveraging of philanthropic investments and that demonstrate the potential to create measurable impact are encouraged.

A formal letter of intent is a **mandatory requirement** in order to be considered for Komen Atlanta Grant Funding. The purpose of the LOI is to provide Komen Atlanta staff with a brief overview of the proposed project prior to submission of the full application.

**ABOUT SUSAN G. KOMEN GREATER ATLANTA**

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. 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 Greater Atlanta is working to better the lives of those facing breast cancer in the local community. Through events like the Komen Greater Atlanta Race for the Cure®, Komen Greater Atlanta has invested $29 million in community breast health programs in 13 counties and has helped contribute to the more than $800 million invested globally in research.

**STATEMENT OF NEED**

Komen Atlanta has identified the following funding priority areas. Funding priorities were selected based on data from the 2015 Komen Greater Atlanta Community Profile Report. The 2015 Community Profile Report can be found on our website at [www.komenatlanta.org](http://www.komenatlanta.org).

* Priority funding will be provided to evidence-based programs that provide free or affordable breast screening and diagnostic services in Cherokee, Clayton, DeKalb, Fulton and Henry counties. Individuals should be living below 250 percent of the federal poverty level.
  + Projects must indicate transportation and translation services in their plans.
  + Projects requiring patients have a medical home should address how they will meet this requirement.
* Priority funding will be provided to evidence-based programs that provide free or affordable breast screening and diagnostic services to African-American or Latina women, recent immigrants and LGBTQ individuals. These individuals should be living below 250 percent of the federal poverty level.
  + Projects must indicate transportation and translation services in their plans.
  + Projects requiring patients have a medical home should address how they will meet this requirement.
* Programs that incorporate evidence-based strategies for breast health care, including screening, diagnosis, treatment support, patient navigation, survivorship and education (with an education program being funded only if it is in conjunction with one or more of the other service categories - *e.g*., a targeted education program for a priority population that is coupled with the provision of a screening voucher).

Returning applicants may request funding up to $150,000 (combined direct and indirect costs) for one year. First-time Applicants are limited to $75,000 (“First-time Applicants” is defined as applicants that have never received Komen Atlanta funding or have not received Komen Atlanta funding during the past 2 grant cycles (2015/2016 or 2016/2017)).

There is a $50,000 funding limit for proposals in the following categories: Education, Treatment Support, and Survivorship. \*\*Education grants will not exceed 20% of the total grant budget for FY 2017-18\*\*

There is a $75,000 funding limit for proposals in the Patient Navigation category

For grants addressing Screening and/or Diagnostics, at least 80% of costs must be allocated to direct care.

**QUALIFICATIONS AND ELIGIBILITY**

Individuals are not eligible to apply. Applications will only be accepted from a nonprofit organization with 501(c)3 status (such as an educational institution, hospital or other medical facility, or a community organization) or a local/state government located in or providing services to one or more of the following locations:

* Cherokee County
* Clayton County
* Cobb County
* Coweta County
* DeKalb County
* Douglas County
* Fayette County
* Forsyth County
* Fulton County
* Gwinnett County
* Henry County
* Newton County
* Rockdale County
* Proposed projects must be specific to breast health and/or breast cancer and address the priorities identified in the Affiliate’s 2015 Community Profile. 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 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.

**FUNDS MAY NOT BE USED FOR THE FOLLOWING PURPOSES:**

* Research, defined as any project or program 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
* Education regarding breast self-exams/use of breast models
* Development of educational materials or resources
* Education via mass media (e.g. television, radio, newspapers, billboards), health fairs and material distribution. These methods may be used to promote projects, but evidence-based methods such as 1-1 and group sessions should be used to educate the community and providers.
* Construction or renovation of facilities
* Political campaigns or lobbying
* General operating funds (in excess of allowable indirect costs)
* Debt reduction
* Fundraising (e.g. endowments, annual campaigns, capital campaigns, employee matching gifts, events)
* Event sponsorships
* Projects completed before the date of grant approval
* Payments/reimbursement made directly to individuals
* Land acquisition
* Project-related investments/loans
* Scholarships
* Thermography
* Equipment over $5,000 total
* Projects or portions of projects not specifically addressing breast cancer
* Travel outside of the Komen Atlanta service area
* Conferences or certifications
* Computer/other technological equipment (e.g. iPads)

**LETTER OF INTENT SUBMISSION REQUIREMENTS**

If your program meets our eligibility requirements, please review the instructions carefully and prepare a letter of intent (LOI). LOIs must be submitted electronically by the Project Director by 5 p.m. EST on September 18, 2016. Submissions after the deadline will not be considered.

Please email the LOI as a PDF attachment and send it to: Trista McGlamery, Mission Manager, at [tmcglamery@komenatlanta.org](mailto:tmcglamery@komenatlanta.org). Please do not include any other attachments. The LOI must not exceed 3 pages (excluding the form and checklist). 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 to Trista McGlamery at 404-814-0052 or [tmcglamery@komenatlanta.org](mailto:tmcglamery@komenatlanta.org). Please allow adequate time before the deadline for responses to any inquiry.

**LETTER OF INTENT CHECKLIST**

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

Project Director: Please initial each line to certify understanding and acknowledgment of Komen LOI regulations.

1. \_\_\_\_\_\_\_\_\_\_\_ Letter is submitted by 5 p.m. EST on September 18, 2016.
2. \_\_\_\_\_\_\_\_\_\_\_ I understand that the grant period for this LOI is May 1, 2017 – March 31, 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 Native American tribes.
5. \_\_\_\_\_\_\_\_\_\_\_ Services are provided in the Komen Atlanta service area to residents in: Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton, and Rockdale counties.
6. \_\_\_\_\_\_\_\_\_\_\_ If you have received a grant from Komen Atlanta 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 Komen Atlanta 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 18, 2016**

**Grant Period for 2017-2018**

Project Title:

Project Director:

Organization Name:

Mailing Address:

Phone:

Email address:

Signature of authorized signer:

Print Name and Title of Approving Personnel:

Please indicate how the grant funds will be used by percentage

\_\_\_\_ % Education \_\_\_\_% Screening \_\_\_\_% Diagnosis \_\_\_\_%Treatment Support \_\_\_\_ % Survivorship

Number of individuals who will be served

\_\_\_\_\_\_Education presentations and workshops; and/or one-on-one education

\_\_\_\_\_\_Screening services

\_\_\_\_\_\_Diagnostic services

\_\_\_\_\_\_Treatment

\_\_\_\_\_\_Support services

\_\_\_\_\_\_Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your organization ever applied for a Komen Atlanta Grant?

\_\_\_\_No

\_\_\_\_Yes (If so, when and indicate funding amount.)

Partners (list partnering organizations and the services they will provide):

**Financial Evaluation:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Financial Snapshot *(figures should come from audit/review)***  **Total Revenue**  **Total Expenses**  **Surplus/(Deficit)**  **Net Assets/Fund Balance** | **Last Completed**  **Fiscal Year End**  $  $  $  $ | **Two-Year-Prior**  **Fiscal Year End**  $  $  $  $ | **Three-Year-Prior**  **Fiscal Year End**  $  $  $  $ |
| **How did organization report year end financials?** | Choose an item. | Choose an item. | Choose an item. |
| **Fiscal year end date** |  |  |  |
| **Current FY operating budget as approved by board of directors:** $ | | | |

|  |  |  |
| --- | --- | --- |
| **Amount**  **Requested** | **Actual Program Expenses,**  **Last Completed FY** | **Request as**  **% of Expenses** |
| $ | $ | % |

**Governance and Strategic Plan:**

|  |  |  |
| --- | --- | --- |
| ***Organization is required to have a current, written strategic plan. Fill in key plan dates to the right.*** | **Date plan first effective:** | **Date plan expires:** |
| **Date of last written assessment by staff and board:** | **Duration of plan in months:** |
| **What are board and staff doing to develop a new strategic plan if the organization’s current plan expires within the next 12 months?** *(500 characters)* | | |
|  | | |

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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 Atlanta’s identified needs and/or funding priorities. Provide required information in the spaces provided below.

1. Briefly describe the project. This should include an overview of what your organization proposes to do, the need it will address, how it will use evidence-based strategies or promising practices, and how the proposed project relates to Komen Atlanta’s identified priorities. (1,000 characters)
2. Briefly describe the populations this project will serve. Be sure to indicate where these populations fit within Komen Atlanta’s service area and priority populations. (500 characters)
3. 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. (750 characters)
4. If awarded the full amount requested, what percent of your organization’s breast health services would be funded by Komen Atlanta? If awarded partial funding, how will your organization secure additional resources to ensure patients are not denied care and what processes will be used to manage patient volume that exceeds the award amount? (750 characters)