



**Los Angeles County Affiliate**

11845 West Olympic Blvd., Suite 665W, Los Angeles, CA 90064  
(P) 310.575.3011 (F) 310.477.7042  
www.komenlacounty.org

**Los Angeles County Affiliate of Susan G. Komen for the Cure®  
2012 Community Grants  
Request For Proposal (RFP)**

*The promise of Susan G. Komen for the Cure® is to save lives and end breast cancer forever by empowering people, ensuring quality care for all, and energizing science to find the cures.*

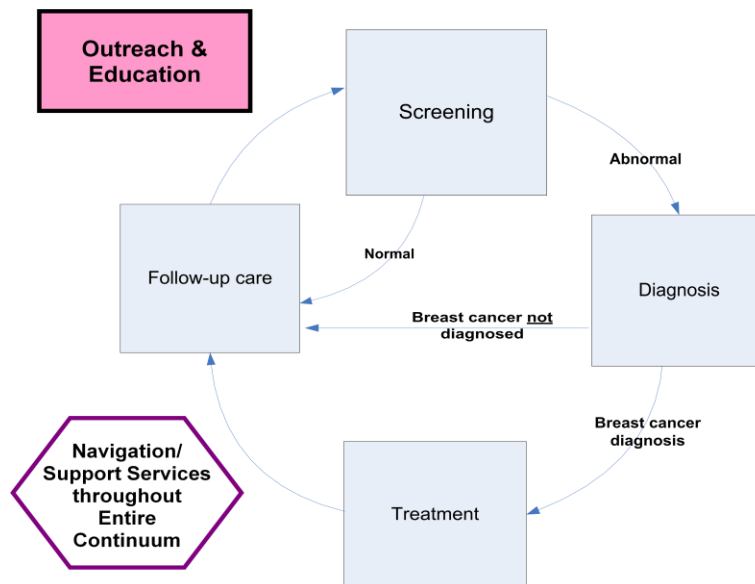
Grant applications are now being accepted for breast health and/or breast cancer outreach and education, diagnostic services, patient advocacy, navigation and resources, and psychosocial support and assistance projects

Grants are available for a twelve (12) month period from  
April 1, 2012 – March 31, 2013

The Los Angeles County Affiliate of Susan G. Komen for the Cure® is proud to release the 2012 Community Grant RFP. Based on the results of the 2011 Community Profile, the following priority programmatic categories have been identified: **diagnostic services for symptomatic women and men, patient advocacy, navigation and resources, psychosocial support and assistance projects, and outreach and education.** Funding is for non-duplicative innovative projects within the above-mentioned categories not otherwise available to the medically underserved populations of LA County. Grants are available for up to twelve months. Grants must not exceed \$40,000 for projects implemented by one organization, and must not exceed \$50,000 for collaborative projects between two or more organizations.

- Projects that focus on serving our priority populations (detailed below) will be given priority.
- Projects that focus on increasing access to breast health services and assisting patients to navigate through all steps of the continuum of care (detailed below) will also be given priority.
- We highly encourage collaborative efforts between two or more organizations [a Memorandum of Understanding (MOU) between organizations is required].

## Continuum of Care Model



In line with the findings of our 2011 Community Profile, projects should focus on at least one of the following **programmative objectives** listed in order of priority:

1. **Breast cancer diagnostic services for symptomatic women and men:** Diagnostic services should improve access to breast health care and expand breast health care coverage for all symptomatic women and men who are ineligible for public funding by underwriting the costs of diagnostic testing. These diagnostic services must be available to all LA County residents regardless of catchment area and are to be Medi-Cal approved services at Medi-Cal rates.
2. **Breast cancer patient advocacy, navigation and resources:** These projects should promote the provision of culturally and ethnically competent patient advocacy, navigation, and coordinated referral services throughout the continuum of care. The continuum of care includes breast cancer prevention and screening, diagnosis, treatment, and follow-up care. Patient navigation services should guide and track patients through the continuum of care.
3. **Breast cancer psychosocial support and assistance projects:** These projects provide psychosocial support and assistance programs for breast cancer patients, their families, and their caregivers during diagnosis and treatment. Examples include transportation services to/from treatment appointments and survivor support groups.
4. **Breast cancer outreach and education:** Outreach and education projects provide culturally appropriate education on breast cancer early detection and prevention. These programs must utilize a tailored approach, not a broad-based strategy. Tailored outreach and education activities are generally time-intensive, interpersonal educational encounters. Examples include one-on-one peer health education and small group workshops.



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Komen LA County provides funding throughout LA County, broken down by Service Planning Areas (SPAs). For more information about SPAs, please visit <http://lapublichealth.org/spa/spamap.htm>.

SPA 1 – Antelope Valley  
SPA 2 – San Fernando Valley  
SPA 3 – San Gabriel  
SPA 4 – Metro  
SPA 5 – West  
SPA 6 – South  
SPA 7 – East  
SPA 8 – South Bay



Also in line with the findings of our 2011 Community Profile, projects must target at least one of the following **priority populations** (listed in order of priority):

- African American Women in SPAs 6 and 8
- Latina Women in SPAs 3, 4, and 7
- Asian American and Pacific Islander Women, in SPAs 3, 4 and 8
- Women with low incomes and/or who are uninsured/underinsured
- Symptomatic women under the age of 40 and symptomatic men
- Women who experience barriers to accessing care (i.e. geography, language, disability, age, etc.)

**Note:** All requests for science research funding should be directed to the Susan G. Komen for the Cure® Research Grants Program. More information on research funding is available at [www.komen.org/grants](http://www.komen.org/grants).

**Application deadline is by 2:00 PM on Friday, December 16, 2011.  
Late applications will not be accepted.**



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## Guidelines and Instructions for Applicants

### Grant Proposal Requirements:

1. All grant project activities must take place in LA County.
2. Project must be specific to breast health and/or breast cancer; e.g. if a project is a combined breast and cervical cancer project, funding may only be requested for the breast cancer portion.
3. Applicants must be a US nonprofit (federally tax-exempt) organization, e.g. nonprofit organizations, educational institutions, government agencies and Indian tribes are eligible.
4. Applicants must be able to provide a current (within 10 years) 501(c)(3) or comparable document from the Internal Revenue Service in the name of applicant or fiscal agent.
5. Applications must be submitted in English.

### Grant Proposal Restrictions:

1. Grant funds may not be used for research grants, program evaluations, endowments, general operating funds, debt reduction, fundraising campaigns, event sponsorships, projects completed before the date of grant approval, building/renovation, capital campaigns, employee matching gifts, land acquisition, program-related investments/loans, scholarships, equipment or to pay for alcohol.
2. Salaries, if requested, are only for personnel related to this project and not the general work of the employee.
3. No more than 10% of the project's budget may be allocated to indirect expenses, including administrative services, utilities, building maintenance, janitorial service, insurance costs and any expenses related to annual financial and/or compliance audit.
4. Small incentives for peer education and referral screening services may not exceed \$5 per client per fiscal year.
5. Any current grantees that have not complied with or completed their grant requirements are ineligible for funding consideration for one year.
6. More than one application per organization is discouraged.

The grant application can be downloaded at [www.komenlacounty.org](http://www.komenlacounty.org).

### Community Grants Timeline for FY 2012 – 2013

October 17, 2011	RFP Released
November 4, 2011	Informational RFP Workshop and Grant Writing Training
<b>December 16, 2011</b>	<b>Applications Due</b>
Jan – Feb 2012	Independent Review Committee Evaluation
March 2, 2012	Final Decision
March 5, 2012	Grant Award and Denial Letters Mailed
March 30, 2012	Signed Contracts Due
April 1, 2012	Contracts Begin
<b>April 8, 2012</b>	<b>Mandatory Grantee Meeting</b>
July 16, 2012	First Quarter Report Due
October 15, 2012	Mid-Year Report Due
January 15, 2013	Third Quarter Report Due
March 31, 2013	Contract Ends
April 30, 2013	Final Report Due



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## Community Grant Application Check List

Applications should include and be ordered as follows:

- A. **Cover Page** (page 7)
- B. **Abstract Page:** *In 200 words or less, describe the project and sign the *Permission to Publish* clause (page 8)*
- C. **Project Demographics Page** (page 9)
- D. **Project Narrative:** *(This section should not exceed five typewritten pages. Font size should be no smaller than an eleven-point (11pt) typeface)*
  - **Agency Description:** Briefly describe the history and expertise of your agency. Include what your agency does, the composition of your staff and board, and who you have traditionally served or targeted (geographic area or neighborhood, ethnicity or other factors that identify your service area) (suggested length of 1/2 page).
  - **Community Need:** What are the specific community needs or problems that you are trying to solve/address through the proposed project? Provide agency and/or local statistics or data that help illustrate these concerns, and describe your proposed clients (e.g. gender, age, geography, and ethnicity) (suggested length of 1 page).
  - **Objectives and Activities:** What do you hope to achieve through your proposed project? How will it fulfill the needs or solve the problems you described above? Please describe in detail your SMART objectives. Describe all project activities and steps you will take to carry out your project. If other organizations will be involved, please describe your relationship and their role (suggested length of 2 pages).
  - **Evaluation Plan:** How will you evaluate the progress and success of your project? Your evaluation plan should clarify how you will measure achievement toward the objectives outlined above. Describe the strategies and tools that you will use for evaluation purposes and share any plans for dissemination (suggested length of 1 page).
  - **Sustainability:** How do you plan to continue to fund this project beyond the granting period? Describe the types of efforts you will undertake to raise future funds, as well as your agency's history of maintaining programs (suggested length of 1/2 page).
- E. **Scope of Work Form:** Include each SMART objective, their corresponding activities, individuals responsible and the timeline (see page 10 for template with examples).
- F. **Budget Form:** (see page 11 for template).
- G. **Budget Justification:** Not to exceed 2 typewritten pages (see page 12 for examples).
- H. **Evaluation Form** (see page 14 for template with examples).
- I. **Other Attachments:**
  - If you are partnering with other organizations please include memorandums of understanding (MOUs).
  - Current list of Board members and their affiliations, if applicable.
  - Proof of non-profit status for applicant institution:
  - Recent (within 10 years) IRS letter of determination establishing 501(c)(3) status.



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**Instructions for Application Submission:**

- Grant applications must adhere to the page limits, as stated above. Excess pages will be removed prior to review.
- Applications should be bound by staples and binder clips only. Please do not submit spiral bound materials.
- Fax copies will not be accepted.
- **Submit an electronic copy** to the Grants Committee of Komen LA County at [grants@komenlacounty.org](mailto:grants@komenlacounty.org) by 2:00 p.m. Friday, December 16, 2011.
- **Submit one (1) original AND three (3) copies by mail or in-person** to be received at the Komen LA County office by 2:00 p.m. Friday, December 16, 2011 to:

Mission Programs

Los Angeles County Affiliate of Susan G. Komen for the Cure

11845 West Olympic Boulevard, Suite 665W

Los Angeles, CA 90064

**Applications that fail to adhere to these guidelines will not be reviewed.**

**Applications must be received by 2:00 PM  
on Friday, December 16, 2011**



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**2012 Komen LA County Community Grant Application**

**Project Director** \_\_\_\_\_

**Project Director's Title** \_\_\_\_\_

**Organization** \_\_\_\_\_

**Organization Tax ID Number** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Fax** \_\_\_\_\_

**E-mail** \_\_\_\_\_

**Project Title** \_\_\_\_\_

**Total Amount Requested** \_\_\_\_\_

**Name of Fiscal Sponsor** \_\_\_\_\_

**Grant Period** 4/1/12 – 3/31/13

<b>APPROVING INSTITUTIONAL PERSONNEL</b>	
<b>Name and Title (Typed)</b>	_____
<b>Signature</b>	_____
<b>Date</b>	_____

**Applications must be received by 2:00 PM, Friday, December 16, 2011**



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**ABSTRACT**

<b>Project Director</b>	
<b>Organization/Institution</b>	

**ABSTRACT**

In the space below, please provide a complete but concise description of the proposed project, not to exceed 200 words, written in lay terms for release to the general public should this application be chosen for funding. The abstract shall include the following information: 1) the motivation behind the project; 2) the problem or need to be met; 3) the priority population(s) and geographic focus; 4) the objectives to be achieved through this funding; and 5) a brief description of activities to be conducted to accomplish these objectives.

**Permission to publish:**

*Permission is hereby granted to Susan G. Komen for the Cure to publish the above abstract should this application be selected for funding.*

**Signature** \_\_\_\_\_

**Name (typed)** \_\_\_\_\_

**Date** \_\_\_\_\_



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**PROJECT DEMOGRAPHICS**

1. Please indicate which **programmatic objectives** will be addressed in this project? *(Check all that apply in order of precedence, with 1= the greatest priority for your project and 4= the least priority)*
- Improve access to breast health care and expand breast health care coverage for all symptomatic women and men who are ineligible for public funding by underwriting the costs of diagnostic testing.
  - Promote the provision of culturally and ethnically competent patient advocacy, navigation, and coordinated referral services throughout LA County.
  - Provide psychosocial support and general relief programs for breast cancer patients, their families and caregivers during diagnosis and treatment
  - Provide education on breast cancer screening and early detection, including eligibility to low and no-cost screening services.

2. Please indicate what **priority populations** are **PRIMARILY** targeted to receive services from this proposed project? *(If choosing more than one, please rank in order of populations to be served with 1 = the greatest number to be served)*

- African American Women in SPAs 6 and 8
- Latina Women in SPAs 3,4, and
- Asian American and Pacific Islander Women in SPAs 3, 4 and 8
- Women with low incomes and/or who are uninsured/underinsured
- Symptomatic women under the age of 40 and symptomatic men
- Women who experience barriers to accessing care (i.e. geography, language, disability, age, etc.)

3. Priority Population(s) to be served:

- **Gender:**  Female  Male  Both
- **Age:**  Under 40  40 and above
- **Race/Ethnicity :** Please indicate the target population that your project expects to reach based on your objective(s): *(If choosing more than one, please rank in order of populations to be served with 1 = the greatest number to be served)*
  - African American  Hispanic/Latino  Asian American (please specify: \_\_\_\_\_)
  - American Indian  White/Caucasian  Pacific Islander (please specify: \_\_\_\_\_)
  - Other (please specify: \_\_\_\_\_)

4. Geographic Areas to be served: *(Please rank these in order of geographic areas to be served, 1 = the greatest number to be served)*

- SPA 1 – Antelope Valley  SPA 3 – San Gabriel  SPA 5 – West  SPA 7 – East
- SPA 2 – San Fernando Valley  SPA 4 – Metro  SPA 6 – South  SPA 8 – South Bay

For Healthcare Providers:

- Is your organization a California Detection Program: Every Woman Counts (CDP: EWC) Provider?  
 Yes  No
- Is your organization a recipient of the Family PACT program?  Yes  No
- Does your organization have an on-site women’s health clinic with full-time primary care clinicians performing clinical breast examinations?  Yes  No
- Does your organization provide on-site screening and diagnostic mammography services?  
 Yes  No



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**SCOPE OF WORK**

For each objective, please use this form to supply the SMART objective and corresponding activities, person responsible, start date and completion date. **Remember to use an additional page for each objective.** Feel free to use the guide on page 13 as a reference for writing SMART objectives.

\_\_\_\_\_ ORGANIZATION NAME

**Objective 1:**

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Activity	Person Responsible	Start Date	Completion Date



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**BUDGET FORM**

<b>Budget for Entire Grant Period 4/1/2012 - 3/31/2013</b>					
<b>Proposal Expenses</b>	<b>Annual Salary (\$)</b>	<b>% Effort</b>	<b>Total Amount (\$)</b>	<b>In-Kind Funding (\$)</b>	<b>Amount Requested (\$)</b>
<b>Personnel Expenses (specific to project)</b>					
<b>Subtotal</b>					
<b>Benefits</b>					
<b>Total Personnel</b>					
<b>Operational Expenses</b>					
<b>Supplies (itemize by category)</b>	-	-	-	-	
<b>Travel (up to \$0.555/mile)</b>	-	-	-	-	
<b>Patient Care Costs at Medi-Cal Rates</b>	-	-	-	-	
<b>Other Expenses (itemized by category)</b>	-	-	-	-	
<b>Total Operational</b>	-	-	-	-	
<b>Subtotal Direct Costs (Total Personnel + Total Operational)</b>	-	-	-	-	
<b>Indirect Costs (not to exceed 10% of Subtotal Direct Costs)</b>	-	-	-	-	
<b>Total Funding Request</b>	-	-	-	-	



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## Sample Budget Justification

### Personnel

**[Include the name(s) and title of position(s) you are requesting funding for, responsibilities and hourly rate per hour, number of hours per week, as well as, number of weeks working on the project.]**

Jane Doe, Health Educator:

Responsibilities: Develop and conduct 3 workshops on breast health and healthy lifestyle.  
Rate: \$13/hour for 10 hours/week for 20 weeks totaling \$2,600; \$1,500 is requested from Komen.

### Operating

Office Supplies include items such as envelopes, letterhead, file folders, business cards, nametags, and other general and consumable office supplies to be used for the project. This expense is estimated at \$100; \$50 is requested from Komen LA County.

Travel mileage reimbursement is estimated at \$444.00, \$250 is requested from Komen LA County (800 miles X 0.555/mi = \$444.00).

Patient Care Costs at Medi-Cal Rates: Examples available from Komen LA County upon request.

Communication expenses include telephone usage, facsimile communication and voice mail used for project activities. This expense is estimated at \$100; \$50 is requested from Komen LA County.

Postage for communicating with community organizations, program participants, etc., is estimated at \$150; No funds are requested from Komen LA County for this expense.

Duplicating includes the costs of replicating breast health and mammogram awareness materials. This expense is estimated at \$200 (4000 copies X \$.05); \$100 is requested from Komen LA County.

Printing of material for use in meetings and workshops is estimated at \$300; \$150 is requested from Komen LA County.

Promotional Items (key rings, nail files, calendars, etc.) to be used as incentives for targeted participant. Promotional items are estimated at \$500; \$400 is requested from Komen LA County.

Publicity and Media expenses are directly related to publicity for the proposed program and are estimated at \$500, \$300 is requested from Komen LA County. This expense covers costs for placing PSA and ads in local newspapers.

### Indirect

Up to 10% of the Grant personnel and operating expenses (**not** total budget) can be allocated to indirect expenses (i.e., administrative expenses, utilities, building maintenance, insurance costs and any expense related to annual financial and compliance audit.) Indirect cost is estimated at \$280 for utilities and maintenance, \$280 is requested from Komen.



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## How to Write a 'SMART' Objective

Outcome objectives can be described as **SMART**, they are **S**pecific, **M**easurable, **A**chievable, **R**ealistic and **T**ime-bound. A SMART objective should include the following components:

- ✓ When the objective is to be achieved;
- ✓ Where the objective occurs;
- ✓ Who or what is targeted;
- ✓ What is to change as a result of the intervention; and,
- ✓ How much change is to occur (or sets a minimum standard).

Overall, the objectives should be well-organized and detailed "road maps" of the project, realistic in terms of their appropriateness for the population, and achievable in the time period, yet not overly simple. Other considerations should be that the project objective(s) should be culturally and linguistically appropriate in terms of strategies used to achieve each objective.

### Samples of SMART objectives are as follows:

**OBJECTIVE:** By March 31, 2012, ABC Hospital will provide comprehensive diagnostic testing and follow-up services to 200 symptomatic women under 40 and symptomatic men residing in LA County.

**OBJECTIVE:** By March 31, 2013, collaborate with 10 community-based organizations to provide breast health patient navigation services throughout the continuum of care to at least 250 underserved women over the age of 40.

**OBJECTIVE:** By March 31, 2013, 50 monolingual Spanish speaking breast cancer patients (currently undergoing treatment) will have completed an 8-week cancer support group project.

**OBJECTIVE:** By March 31, 2013, 250 Japanese-American women will have received tailored breast health education and made a commitment to have a CBE and/or mammogram within 6 months (as noted in "Promise to Self Cards").



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## EVALUATION FORM

The evaluation plan is meant to describe, in detail, how you will measure your program's effectiveness and its impact on program participants.

SMART Objective	Qualitative or Quantitative Data?	Methods Used	Process or Outcome Evaluation?	Desired Outcome
<b>Diagnostic Services for Symptomatic Women and Men Outcomes</b>				
<i>Ex. Provide a complete diagnostic work-up for at least 100 underserved, symptomatic men and women under 40 by March 31, 2013.</i>	<i>Quantitative</i>	<i>Recorded # of diagnostic tests provided</i>	<i>Outcome</i>	<i>Patients ≥ 100</i>
<b>Patient Advocacy, Navigation, and Resources Outcomes</b>				
<i>Ex. Provide culturally appropriate one-on-one comprehensive patient navigation for at least 50 African American women by March 31, 2013, providing services to decrease barriers to care.</i>	<i>Qualitative and Quantitative</i>	<i>Follow-up phone interviews in three months and Documented patient contacts</i>	<i>Outcome</i>	<i>AA Women ≥ 50 Self-reported decrease in barriers due to patient navigation</i>
<b>Psychosocial Support and Assistance Projects Outcomes</b>				
<i>Ex. Provide transportation to 40 Latina breast cancer patients by March 31, 2013 to and from treatment appointments to increase their adherence to their recommended treatment regimen.</i>	<i>Qualitative and Quantitative</i>	<i>Focus Group and Documented patient rides</i>	<i>Outcome</i>	<i>Latina patients ≥ 40 Self-reported increases in adherence to treatment</i>
<b>Outreach and Education Outcomes</b>				
<i>Ex. Conduct 10 breast health culturally tailored breast health educational programs, reaching at least 250 Asian American/Pacific Islander women by March 31, 2013; obtain a 25% increase in knowledge about breast health.</i>	<i>Quantitative</i>	<i>Pre-Test/Post-Test Survey</i>	<i>Process and Outcome</i>	<i>Programs ≥ 10 AA/PI Participants ≥ 250 % Knowledge increase ≥ 0.25</i>



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### Evaluation Guide

Evaluation Type	Major Questions	Data Sources
Process Evaluation	<p>What staff/volunteers were hired/trained for the program?</p> <p>What materials were assembled or developed?</p> <p>What activities were conducted?</p> <p>Was the program acceptable to the community?</p> <p>What components of the program were acceptable to the intended audience?</p> <p>Were the educational materials acceptable to the intended audience?</p>	<p>Program records, training materials, manuals, etc.</p> <p>Program Records.</p> <p>Program record logs, staff surveys, etc.</p> <p>Discussions, observations, focus groups, completed evaluation forms, etc.</p> <p>Exit interview, observations, focus groups, attendance logs, etc.</p> <p>Interviews, focus groups, distribution logs, surveys, etc.</p>
Outcome Evaluation	<p>What was the program's impact on morbidity/mortality?</p> <p>Did the program achieve long-term behavioral objectives?</p> <p>Did the program achieve the educational and behavioral change objectives?</p> <p>Did the community accept the program?</p>	<p>Hospital records, cancer registry data, death records, etc.</p> <p>Surveys, health service delivery records, etc.</p> <p>Interview, focus groups, surveys, service delivery logs, etc.</p> <p>Interviews, institutional and organizational surveys, observations, etc.</p>



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## Grant Review Criteria

Initially, Komen LA County staff and grants committee will review grant applications for completeness. An independent review committee comprised of community representatives will review and make recommendations to the Komen LA County Board of Directors. Grant applications will be evaluated, scored and selected based on the following criteria:

- Relevance:** How closely does the program coincide with Komen LA County’s mission?  
(8 POSSIBLE POINTS)
- Priority Populations:** How many and to what extent does this project reach the priority populations?  
(20 POSSIBLE POINTS)
- Programmatic Objectives:** How well does this project address at least one of the programmatic objectives?  
(20 POSSIBLE POINTS)
- Goals & Objectives:** How clearly are the proposed program’s goals stated? Are they measurable “SMART” objectives? (10 POSSIBLE POINTS)
- Scope of Work:** How clear is the scope of work? How detailed are the outlined activities? How appropriate and reasonable is the proposed timeline? (10 POSSIBLE POINTS)
- Evaluation:** Is there a plan to measure the program outcome(s)? How well does the program allow for adequate documentation and follow-up? How appropriate is the plan to disseminate the project’s results? (10 POSSIBLE POINTS)
- Budget:** How appropriate is the budget? How reasonable are the expense justifications? What proportion, if any, of the project’s budget is covered by in-kind contributions? (10 POSSIBLE POINTS)
- Capacity:** How well does the applicant prove the organization’s capacity to accomplish stated goals and meet the reporting requirements within the timeline?  
(5 POSSIBLE POINTS)
- Sustainability:** How well developed is the program’s plan for lasting impact and/or continuation beyond the funding cycle? (5 POSSIBLE POINTS)
- Collaboration:** Does the program involve collaboration between community organizations? How substantial is the collaboration? (1 POSSIBLE POINT)
- Innovation:** How innovative are the program’s approaches to addressing barriers to breast health and/or improving the community’s access and knowledge regarding the importance of early detection? (1 POSSIBLE POINT)

The maximum number of points that an application can receive is 100.



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## Requirements for Funded Grantees

- **Grant period:** Grants begin April 1, 2012, and will conclude March 31, 2013.
- **Contracts:** A grant contract will be the legal mechanism for funding.
- **Confirmation of receipt of application and report:** Confirmation of receipt of application will be **e-mailed** to the applicant within two weeks of receipt. Confirmation of receipt of Quarterly Reports will be **e-mailed** to grantees within two weeks of receipt. 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 Komen LA County regarding the status of the application during the review period.**
- **Payment:** The first payment of 50% of the accepted budget will be issued after receipt of the fully executed contract. The second payment will be issued after receipt and acceptance of the completed Mid-Year Report for the second half of the year.
- **Reporting:** There will be a quarterly reporting system with a report due every 3 months, July 16, 2012, October 15, 2012, January 15, 2013 and April 30, 2013. All reports must be sent electronically to the Director of Mission Programs at Komen LA County at [grants@komenlacounty.org](mailto:grants@komenlacounty.org) and the hard copy mailed to the Director of Mission Programs, Komen LA County, 11845 West Olympic Boulevard, Suite 665W, Los Angeles, CA 90064.
- **Education Materials:** A variety of education materials are available from Susan G. Komen for the Cure at [www.komen.org](http://www.komen.org). Susan G. Komen for the Cure materials should be used at all grant functions, events and seminars. Some items are targeted to diverse populations in different languages. Before requesting funds to purchase items from other sources or create new materials, please contact Komen LA County to see if the materials already exist. In the event a grantee produces program materials, grantees must seek approval from the Director of Mission Programs at Komen LA County during development and prior to publication. Grantees must acknowledge Komen LA County as a funding source on all publications related to their grant in clear, unambiguous terms.
- **LA County's Susan G. Komen Race for the Cure® Participation:** Grantees must complete an Agreement to Participate in LA County's Susan G. Komen Race for the Cure®, which is included in the contractual agreement. Grantees will also be **required** to: 1) Have a Race team of 5 or more people; 2) Post Race flyers and Race brochures in their facility and at community events and 3) Display information about the grantee's funded project in the grantee area of the Health Expo.
- **Speaker Participation:** Grantees of Komen LA County may be asked to present their funded program to the Board of Directors, or at other community events. Grantees may also be asked to fulfill speaking engagement requests in their service area throughout the year.
- **Community Profile:** Grantees are expected to provide data (both qualitative and quantitative) for Komen LA County's Community Profile.