

## Application Instructions

Complete and submit applications on GeMS, <https://affiliategrants.komen.org>. For an application instruction manual, please visit the Affiliate's Grants webpage <http://www.komenquadcities.org> or contact M. Linda Wastyn, Grants Chair at [Linda@WastynAssoc.com](mailto:Linda@WastynAssoc.com), (563) 210-1321 or Jenny Brinkmeyer, Affiliate Coordinator at, [JMBrinkmeyer@komenquadcities.org](mailto:JMBrinkmeyer@komenquadcities.org), (563) 421-1905. When initiating an application on GeMS, please make sure it is a **Community Grants** application and not a Small Grants application.

### Project Narrative

In the Project Narrative page of the application on GeMS, address the requests below for each section.

#### **Organization Capacity** (limit - 3,500 characters)

- Explain why the applicant organization is best-suited to lead the project and accomplish the goals and objectives set forth in this application.
- Describe evidence of success in delivering breast health/cancer services to the proposed population.
- Describe fiscal capability to manage the delivery of the proposed goals and objectives and ensure adequate measures for internal control of grant dollars.
- Describe the organization's current financial state. Has your organizational budget increased or decreased from last year? Please explain why.

#### **Statement of Need** (limit - 3,500 characters)

- Describe the population to be served.
- Describe evidence of the risk/need within that population.
- Provide population characteristics (race, ethnicity, economic status, and breast cancer statistics) specific to the target population. ***If you are requesting funds for screenings or other medical procedures, you **MUST DESCRIBE the need anticipated in the post-ACA era**.*** Generic or year-old need data will not suffice. This includes data describing anticipated insurance coverage rates in your service area, anticipated gaps in service coverage, and ways that you will educate and encourage uninsured individuals to enroll in an available health plan.

#### **Project Description** (limit - 3,500 characters)

- Explain how the project's goals and objectives, as outlined in your Project Work Plan, address one or more of the priorities outlined in the Affiliate's Community Profile/Statement of Need.
- Explain how the project will increase the percentage of people who enter, stay in, or progress through the continuum of care.

#### **Collaboration** (limit - 3,500 characters)

- Describe the roles and responsibilities of all organizations or entities participating in the project.
- Explain how the collaboration strengthens the project and why these organizations are best suited to carry out the project and accomplish the goals and objectives set forth in this application.

**Sustainability** (limit - 3,500 characters)

- Describe the plan to secure and allocate resources (financial, personnel, partnerships, etc.) to sustain the program at the conclusion of the grant period. What are your organization's plans to support the project director to implement, manage and oversee all aspects of the proposed project?
- What efforts will you take to communicate this project to your organizational leadership to ensure buy-in?

**Evaluation** (limit - 3,500 characters)

- Describe in detail how the organization(s) will measure progress against the stated project goals and objectives. Please include any templates, logic models, or surveys in the attachments.
- Describe how the organization(s) will assess the impact of the project on the selected priority. Please include any templates, logic models, or surveys in the attachments.
- Describe how the organization(s) will assess program delivery. Please include any templates, logic models, or surveys in the attachments.
- Describe the monitoring and evaluation (M&E) expertise that will be available for this purpose.
- Describe the resources available for M&E during the course of the project. Specify if these resources are requested as part of this grant, or if they exist within organizational resources.

**Priority** (limit - 3,500 characters)

- Describe how your project addresses one or more of the priorities outlined on page 1.

**Project Work Plan**

In the Project Work Plan component of the GeMS application, you will submit goals, objectives, timelines, intended interventions, individual(s) responsible for completing each objective, the anticipated number of individuals served, and proposed evaluation method.

**Attachments**

- 1. Information regarding Key Personnel** – Provide a resume or *curriculum vitae* for key personnel currently employed by the applicant organization. For new or vacant positions, provide job descriptions (*Two page limit per individual or position*).
- 2. Proof of Non-Profit Status** – To document your federal tax-exempt status, attach your determination letter from the Internal Revenue Service. Evidence of state or local exemption will not be accepted. Please do not attach your Federal tax return.
- 3. Letters of support or memoranda of understanding from collaborators (if applicable)** – To describe the nature of the collaboration and the services/expertise/personnel planned through the collaboration.
- 4. Evaluation forms, surveys, logic model, etc.** to demonstrate the effectiveness of your program as defined in your Project Work Plan.