



Susan G. Komen Michigan

2017-2018 COMMUNITY GRANTS PROGRAM
REQUEST FOR APPLICATIONS
RFA (B) – SOUTHWEST REGION

FOR BREAST HEALTH PROGRAMS
TO BE HELD BETWEEN APRIL 1, 2017 AND MARCH 31, 2018

Application submission deadline is **5:00pm EST Friday October 21, 2015** through the online Grants eManagement System (GeMS) at <http://affiliategrants.komen.org>

Applications must be initiated in GeMS no later than **5:00pm EST Friday October 14, 2015**.

Inquiries can be directed to Megan Smith Jovanovic, Mission Director, at 616.752.8262 x2016, or msmith@komenmichigan.org

Because breast cancer is everywhere, **SO ARE WE.**
At Susan G. Komen, we are committed to **ENDING** breast cancer forever by
ENERGIZING SCIENCE to find the cures and ensuring **QUALITY CARE** for all.

Susan G. Komen Michigan
www.KomenMichigan.org
616-752-8262

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Suite 107-B
Grand Rapids, MI 49505

Mid-Michigan Office
Komen Michigan C/O La-Z-Boy
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KEY DATES

Request for Applications Released	August 16, 2016
Mandatory Grant Writing Workshop	10-11AM August 31, 2016 or Watch webinar recording available at: http://komenmichigan.org/grants/how-to-apply-for-community-grants/
Application Available in GeMS	About September 12, 2016
Application Initiation Deadline	5:00 PM EST October 14, 2016
Application Submission Deadline	5:00 PM EST October 21, 2016
Conditional Cure Period	As needed, By November 1, 2016
Award Notification	February 2017
Contract Acceptance Deadline	Within 30 days of contract availability, no later than March 24, 2017
Award Period	April 1, 2017 - March 31, 2018
Mandatory Orientation	April/May 2017

ABOUT SUSAN G. KOMEN MICHIGAN

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 Michigan is working to better the lives of those facing breast cancer in the local community. Through events like the Komen Michigan Race for the Cure® series in Lansing, Kalamazoo, and Grand Rapids, Komen Michigan has invested \$8 million in community breast health programs in 20, now 24, counties and has helped contribute to the more than \$800 million invested globally in research. Up to 75 percent of net proceeds generated by Komen® Michigan stay in the local area through the Community Grants program to support education, screening, navigation, diagnostics, and survivor support services. The remaining income goes to the Susan G. Komen Research Program, which supports grants and scientific partnerships to find the cures.

NOTICE OF FUNDING OPPORTUNITY AND STATEMENT OF NEED

Komen Michigan will award community grants to local non-profit organizations that will provide breast health and breast cancer projects between April 1, 2017 and March 31, 2018 that address funding priorities, which were selected based on data from the 2015 Komen Michigan Community Profile Report.

Applicants are strongly encourage to read and utilize the 2015 Community Profile Report to guide program design and craft a strong statement of need. The 2015 Komen Michigan Community Profile can be found on our website at <http://komenmichigan.org/wp-content/uploads/2012/08/Komen-Michigan-2015-Community-Profile-Report.pdf>.

Applicants focused on serving communities not identified as target communities in the Community Profile should review the State of Michigan Community Profile, found at <http://komenmichigan.org/wp-content/uploads/2012/08/State-of-Michigan-2015-Community-Profile-Report.pdf>, to justify your request with a compelling statement of need.

The 2015 Komen Michigan Community Profile examined the cancer burden in Michigan and found that disparities exist for some populations. Grant making priorities are designed to meet the breast health needs in our community and reduce disparities in outcomes.

The Community Profile uncovered several key insights with regard to Black/African-American women's access to services. Women and providers alike saw barriers to access as being transportation, affordability (including health insurance), systems knowledge/trust, and simply not knowing what services may be available to them.

Transportation issues included navigational complexities of public transit in urban areas and lack of a reliable personal vehicle in suburbs and outskirts. Medical systems are complex and intimidating, especially when health insurance is a concern. Deeply-ingrained historical experiences of institutional racism is a barrier impacting trust in a provider. A common thread in the dialogues with key informants and focus group participants was the need for more community-based navigation. Several women cited lay health ministers or parish nurses as trustworthy resources and others cited individuals that are well-known within the community who informally serve as navigators helping to reduce fear, dispel myths, and connecting women to resources for services. While there are multiple barriers, community-based navigation provides a great opportunity and direction for improvement of systems and outreach.

Hispanic/Latina women face similar barriers to Black/African-American women, though they experience these barriers differently. One key informant pointed out that both populations are negatively impacted by the frequent changes in the American health care landscape especially with screening recommendations and insurance coverage procedures. Having insurance is a privilege that many Hispanic/Latinas do not have. According to the Pew Research Center, 20 percent of Michigan's overall Hispanic/Latino population is without health insurance with this number climbing to 45 percent for foreign-born Hispanics. In Kent County alone, 36 percent of Hispanics go without doctor visits due to lack of insurance or inability to pay. Van Buren and Ottawa Counties are home to large numbers of migrant Hispanic/Latino farmworkers who are transient and tend to not stay in one area for long, impeding progression through the continuum of care. While many of these workers are documented, some are not, adding barriers to eligibility for services. Regardless of documentation status, Hispanic/Latina women are less likely to seek health care for themselves due to culturally-ingrained fear of systems. Another culturally-specific barrier is language, a difference from the other two populations of interest. Hispanic/Latinos who speak limited or no English face difficulties when attempting to relate to doctors, especially when a language line is used in lieu of bilingual medical staff. Although translation lines help reduce language barriers, it does not eliminate them and may impede the medical professional's ability to pick up on subtle cues that could improve care.

Rural counties of Montcalm, Cass, and Livingston are areas lacking in breast health resources for women, regardless of race. The isolated nature of rural culture is a barrier in itself with many women preferring to stay within their county of residence, which usually have limited breast health services. Women who live in these more rural areas are also more likely to undergo drastic medical procedures such as mastectomy rather than breast-sparing procedures like chemotherapy due to lack of adequate transportation and rough driving conditions in the snowy

Michigan winters. This makes access to services a multi-dimensional issue that transcends obvious socioeconomic factors. Montcalm County, the northernmost county in Komen Michigan's service area, has a lower proportion of residents receiving mammograms than the state average, likely contributing to the rising death rate in this area. Transportation to and from health services is a challenge for residents of rural areas as public transit doesn't typically extend far past small city limits—if it exists at all. Systems fear is a concern for rural women, though their experience of systems differs from Black/African-American or Hispanic/Latina women. This fear is related to travel to urban areas and the navigation of complex medical campuses which often resemble small cities. One key informant indicated that rural women tend to feel “forgotten” by health systems and nonprofits because they exist so far outside of metropolitan areas. With this group, it is important to actively engage by acting as a resource to connect to care.

Black/African-American, Hispanic/Latina, and rural women all face disparities in their access to breast health services. Though many challenges and barriers are similar, needs are unique and must be addressed in a culturally-appropriate manner that is reflective of the community. Programs for these populations must move beyond one-size-fits-all approaches and emerge with fresh ideas to reach out to women in need.

It is evident through examination of the health systems analysis, quantitative and qualitative data that disparities exist based on race, ethnicity, and geographical location which contribute to social determinants of health. Utilizing the information obtained through this study, the Affiliate recognizes that the following needs are present:

- Hispanics/Latinas may experience difficulty accessing health care services due to language, cost, and/or documentation barriers;
- Black/African-American women are less likely overall to be diagnosed with breast cancer though more likely to be diagnosed with breast cancer at a late-stage and more likely to die from the disease;
- Women in rural areas are less likely to leave their area for services due to lack of reliable transportation or fear of larger cities. Furthermore, rural breast cancer survivors are more likely to die of breast cancer;
- Black/African-Americans and Hispanics/Latinas report higher levels of medical mistrust which makes them less likely to seek medical care including preventative services;
- Breast cancer survivors across the Komen Michigan service area lack access to survivor support programs that include wellness and lifestyle interventions, particularly services for rural residents and programs that are linguistically inclusive and culturally competent.

As community partners and grantees have noted, simply offering free mammograms is no longer bringing women in the door for services. Many of the women served in prior Komen programs are now covered through other resources like Healthy Michigan Plan and expanded services from the Breast and Cervical Cancer Control and Navigation Program. As the State Innovation Model directs, health care must be brought into the community. By focusing on creating a pipeline of support from community-based education and navigation into clinical services and follow up care, Komen Michigan will support a stronger, more connected cancer care community.

Utilizing this information as a lens, the Affiliate analyzed common themes to identify Mission priorities. First, across all communities of interest, the Affiliate recognizes a need for screening and diagnostic programs to fill the gaps in existing programs. Second, culturally competent navigation and education programs will help address the specific needs of the population to be served, including reducing fear and dispelling myths. Third, there is a need for survivor support programs that incorporate lifestyle interventions like exercise and nutrition. The Affiliate has proposed several priorities to address these needs across all communities it serves:

1. **Screening and Diagnostic Access.** Evidence-based programs that provide access and reduce barriers to breast cancer screening and/or diagnostic services. Example programs include the provision of free or low-cost screening and diagnostic services (e.g., clinical breast exams, screening mammograms, diagnostic mammograms, ultrasound, MRI, biopsies), mobile mammography, transportation assistance, expansion of clinical hours and co-pay/deductible assistance. All programs should include the following elements:

- a. Strong outreach component to serve rarely and never screened women
 - b. Plans to connect those who qualify to existing programs like Breast and Cervical Cancer Control and Navigation Program and Healthy Michigan Plan.
 - c. Education about personal and inherited risk informing a decision to get screened according to individual risk
 - d. Needs assessment to identify any barriers to moving through the continuum of care
 - e. Plans for resources and referrals to remove any barriers (may include, but not limited to transportation, childcare, physical access via mobile mammography, low cost mammography for uninsured, locating an in-network provider, or understanding insurance for insured)
 - f. Verification of completion of screening of each individual
 - g. Provide further diagnostics navigation as necessary
 - h. Verification of resolution of any follow up diagnostic testing
 - i. Navigation to treatment options
 - j. Address the target communities and counties. Highest scores will go to programs designed to serve the greatest proportion of target communities (e.g. 80% of caseload will be target population):
 - i. African Americans (Berrien, Jackson, Muskegon),
 - ii. Hispanic/Latinos (Kent, Ottawa, Van Buren),
 - iii. Rural counties (Cass, Montcalm, Livingston), and/or
 - iv. Low-income (under 350% FPL), uninsured and underinsured, men and high-risk women who do not qualify for BCCCNP.
2. **Culturally Appropriate Education and Community Navigation.** Community-based navigation programs focused on connecting women to screening services and providing referral and supportive transition to follow-up services (diagnostics and treatment) as needed. Programs should reduce barriers to care and provide evidence-based community education that dispels myths and reduces fears. The focus is bringing healthcare into the community and increasing the number of women who have not been screened in the last two years who receive screening services. Priority populations include (in no particular order): African American, Hispanic/Latino, rural. All programs should include the following elements:
- a. Education about personal and inherited risk informing a decision to get screened according to individual risk
 - b. Needs assessment to identify any barriers to screening
 - c. Plans for resources and referrals to remove any barriers (may include, but not limited to transportation, childcare, free or low cost services for uninsured, locating an in-network provider or understanding insurance for insured, out-of-pocket costs for insured, genetic testing, financial assistance, lymphedema and other treatment supplies)
 - d. Verification of completion of screening of each individual
 - e. Referral and supportive transition to further diagnostics navigation as necessary
 - f. Address the target communities and counties. Highest scores will go to programs that designed to serve the greatest proportion of target communities (e.g. 80% of caseload will be target population):
 - i. African Americans (Berrien, Jackson, Muskegon),
 - ii. Hispanic/Latinos (Kent, Ottawa, Van Buren), and/or
 - iii. Rural counties (Cass, Montcalm, Livingston).
3. **Survivorship Programs.** Increase availability of evidence-based programs serving survivors with a focus on social and emotional wellbeing, wellness programs, and lifestyle intervention strategies.
- a. Address the target communities and counties. Highest scores will go to programs designed to serve the greatest proportion of target communities (e.g. 80% of caseload will be target population):
 - i. African Americans (Berrien, Jackson, Muskegon),
 - ii. Hispanic/Latinos (Kent, Ottawa, Van Buren), and/or
 - iii. Rural counties (Cass, Montcalm, Livingston).

Examples of successful projects funded by Komen in the past include those that:

- Increased screening rate of women who have not been screened in 5 years;

- Decreased “no shows” by assessing the needs of clients and reducing barriers to care;
- Increased the number of women that utilize regular breast cancer screening;
- Decreased time from referral to mammography screening;
- Reduced the number of women “lost to follow-up;”
- Reduced time from abnormal screening to diagnostic procedures; and
- Increased mammography capacity, through development of process improvements and relationship building efforts.

Applicants may request funding from \$10,000 up to \$75,000 (combined direct and indirect costs) for one year. Applicants seeking less than \$10,000 should refer to the Komen Michigan Small Grants RFA available at <http://www.komenmichigan.org/grants/how-to-apply-for-community-grants/>

RELATED DOCUMENTS

- Writing SMART Objectives (Appendix A)
- Sample Community Grant Contract (Appendix B)
- Excel Data Outcome Sheet (Appendix C) for Screening Access and Community Navigation programs
- GeMS Applicant Manual (Available online)
- 2015 Komen Michigan Community Profile (Available online)
- Applicant Training Webinar Recording (Available online)

Grants resources are available at: <http://komenmichigan.org/grants/resources-for-grant-applicants/>

ELIGIBILITY REQUIREMENTS

Applicants must conform to the following eligibility criteria to apply. Eligibility requirements for the applicants must be met at the time of Application submission.

- Individuals are not eligible to apply. Applications will only be accepted from a non-profit 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:
 - RFA (A) Mid-Michigan: Barry, Clinton, Eaton, Hillsdale, Ingham, Ionia, Jackson, Livingston, Shiawassee and Washtenaw
 - RFA (B) Southwest Michigan: Allegan, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph and Van Buren
 - RFA (C) West Michigan: Kent, Ottawa, Mecosta, Muskegon, Montcalm, and Newaygo
- 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.
- If applicant, or any of its key employees, directors, officers or agents is convicted of fraud or a crime involving any other financial or administrative impropriety in the 12 months prior to the submission deadline for the application, then applicant is not eligible to apply for a grant until 12 months after the conviction. After such 12 month period, applicant must demonstrate in its application that appropriate remedial measures have been taken to ensure that any criminal misconduct does not recur.

ALLOWABLE EXPENSES

Funds may be used for the following types of expenses provided they are directly attributable to the project:

- Salaries and fringe benefits for project staff
- Consultant fees
- Clinical services or patient care costs
- Meeting costs
- Supplies
- Reasonable travel costs related to the execution of the program
- Other direct program expenses
- Equipment, not to exceed \$5,000 total, essential to the breast health-related project to be conducted
- Indirect costs, not to exceed 15 percent of direct costs

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

IMPORTANT GRANTING POLICIES

Please note these policies before submitting a proposal. These policies are non-negotiable.

- The project must occur between April 1, 2017 to **March 31, 2018**.
- The effective date of the grant agreement is the date on which Komen fully executes the grant agreement and shall serve as the start date of the grant. No expenses may be accrued against the grant until the contractual agreement is fully executed. *The contracting process can take up to six weeks from the date of the award notification letter.*
- Any unspent funds over \$1.00 must be returned to Komen **Michigan**.

- Grant payments will be made in installments pending compliance with terms and conditions of grant agreement and receipt of satisfactory progress reports.
- Grantee will be required to submit a minimum of one semi-annual progress report and one final report that will include, among other things, an accounting of expenditures and a description of project achievements. Additional reports may be requested.
- At the discretion of Komen Michigan, the grantee may request one no cost extension of no more than six months per grant. Requests must be made by grantee no later than 30 days prior to the end date of the project.
- Certain insurance coverage must be demonstrated through a certificate of insurance at the execution of the grant agreement, if awarded. Grantee is required at minimum to hold:
 - Commercial general liability insurance with combined limits of not less than \$1,000,000 per occurrence and \$2,000,000 in the aggregate for bodily injury, including death, and property damage;
 - Workers' compensation insurance in the amount required by the law in the state(s) in which its workers are located and employers liability insurance with limits of not less than \$1,000,000; and
 - Excess/umbrella insurance with a limit of not less than \$5,000,000.
 - In the event any transportation services are provided in connection with program, \$1,000,000 combined single limit of automobile liability coverage will be required.
 - If any medical services (other than referrals) are provided or facilitated, medical malpractice coverage with combined limits of not less than \$1,000,000 per occurrence and \$3,000,000 in the aggregate will be required.
 - Grantees are also required to provide Komen Michigan with a Certificate of Insurance with Susan G. Komen Breast Cancer Foundation, Inc., Susan G. Komen Michigan, its officers, employees and agents named as Additional Insured on the above policies solely with respect to the Project and any additional policies and riders entered into by Grantee in connection with the Project.
- **Contract Requirements:** The fully executed grant contract, including required insurance documentation, must be submitted in GeMS within 30 days of notification it is available for review in GeMS. Please alert your legal department to this requirement and forward them the Sample Contract attached to expedite the Contract Acceptance process. Please review the contract requirements before submitting an application.

EDUCATIONAL MATERIALS AND MESSAGES

Susan G. Komen is a source of information about breast health and breast cancer for people all over the world. To reduce confusion and reinforce learning, we only fund projects that use educational messages and materials that are consistent with Komen messages, including our breast self-awareness messages -- know your risk, get screened, know what is normal for you and make healthy lifestyle choices. The consistent and repeated use of the same messages can reduce confusion, improve retention and lead to the adoption of actions we believe are important for quality breast care. Please visit the following webpage before completing your application and be sure that your organization can agree to promote these messages:

<http://ww5.komen.org/BreastCancer/BreastSelfAwareness.html>.

Breast Self-Exam- must not be taught or endorsed

According to studies, teaching breast self-exam (BSE) has not been shown to be effective at reducing mortality from breast cancer and therefore **Komen will not fund education projects that teach or endorse the use of monthly breast self-exams or use breast models**. As an evidence-based organization, we do not promote activities that are not supported by scientific evidence or that pose a threat to Komen's credibility as a reliable source of information on the topic of breast cancer.

Creation and Distribution of Educational Materials and Resources

Komen Affiliate Grantees are encouraged to use Komen-developed educational resources, including messages, materials, toolkits or online content during their grant period. This is to ensure that all breast cancer messaging associated with the Komen name or brand are current, safe, accurate, consistent and based on evidence and to avoid expense associated with the duplication of existing educational resources. Komen Grantees can purchase Komen educational materials at the Affiliate preferred price. If a grantee intends to use other supplemental materials, they should be consistent with Komen messages.

Komen grantees are eligible to receive preferred pricing for Komen educational materials. Komen materials should be used and displayed whenever possible. To view our educational materials, visit www.shopkomen.com.

Use of Komen's Breast Cancer Education Toolkits for Black and African-American Communities and Hispanic/Latino Communities and Other Resources

Komen has developed Breast Cancer Education Toolkits for Black and African-American communities and Hispanic/Latino communities. They are designed for educators and organizations to use to meet the needs of these communities. The Hispanic/Latino Toolkit is available in both English and Spanish. To access the Toolkits, please visit <http://komentoolkits.org/>. Komen has additional educational resources, including on komen.org, that may be used in community outreach and education projects. Check with Komen **Michigan** for resources that may be used in programming.

Education materials are available thru Komen Michigan's Pink in the Pews and Oremos en Rosa programs, thanks to support from Blue Cross Blue Shield of Michigan. For more information, contact Megan Smith Jovanovic, msmith@komenmichigan.org

REVIEW PROCESS

Each grant application will be reviewed by at least three independent reviewers. They will consider each of the following selection criteria:

Impact [15%]: Will the project have a substantial positive impact on increasing the percentage of people who enter, stay in, or progress through the continuum of care? Will the project have a substantial impact on the need described in the funding priority selected? Is the impact likely to be long-term?

Statement of Need [20%]: Does the project address at least one of the funding priorities stated in the RFA and the Affiliate's 2015 Community Profile? Does the project provide services to one or more of the target communities described in the Affiliate's 2015 Community Profile?

Project Design [20%]: Do the goal and objectives described in the Project Work Plan align with the project description and activities? Is it clear what, specifically, is being done through this project? Is the project designed to meet the needs of specific communities including the cultural and societal beliefs, values, and priorities of each community? Is the project evidence-based? Is the budget appropriate and realistic? Does the budget justification explain in detail the reasoning and need for the costs associated with the project? If the proposed project includes collaboration with other organizations, are the roles of the partners appropriate, relevant and clearly defined? How likely is it that the objectives and activities will be achieved within the scope of the funded project?

Organization Capacity [15%]: Does the applicant organization, Project Director and his/her team have the expertise to effectively implement all aspects of the project? Is there evidence of success in delivering services to the target population? Is the organization fiscally capable of managing the grant project, including having appropriate financial controls in place? Does the applicant organization have the equipment, resources, tools, space, etc., to implement all aspects of the project? Does the organization or staff have appropriate licenses, certifications, accreditations, etc. to deliver the proposed services? Does the organization have a plan to obtain the resources (financial, personnel, partnerships, etc.) needed to sustain the project beyond the grant term (if awarded)? Are collaborations (if proposed) likely to be sustained beyond the grant term?

Monitoring and Evaluation [10%]: Is there a documented plan to measure progress against the stated project goal and objectives, and the resulting outputs and outcomes? Is there sufficient monitoring and evaluation (M&E) expertise for the project? Are there sufficient resources in place for M&E efforts?

Continuum of Care [20%]: Did the applicant organization address how its program or partnerships connect a patient to all elements in the Continuum of Care (CoC) (education, screening, diagnostics, treatment, support)? If the applicant organization is requesting funds for screening or diagnostic services, did it have a high percentage of clients get a definitive diagnosis within 60 days of an abnormal result? Did the organization describe a strong relationship with the Michigan Breast and Cervical Cancer Control and Navigation Program and Healthy Michigan Plan? Did the organization identify supportive stakeholders, non-traditional partners, and collaborators throughout the Continuum of Care?

The grant application process is competitive, regardless of whether or not an organization has received a grant in the past. Funding in subsequent years is never guaranteed.

Applicant Support: Questions should be directed to:

Megan E. Smith Jovanovic
Mission Director
msmith@komenmichigan.org
616.752.8262 x2016

SUBMISSION REQUIREMENTS

All proposals must be submitted online through the Komen Grants e-Management System (GeMS):
<https://affiliategrants.komen.org>.

Applications must be received on or before October 21, 2016 at 5:00 PM EST and Applications must be initiated in GeMS before October 14, 2016 at 5:00 PM EST. Applications that are determined to need revision or clarification will be provided a 48-hour cure period to remedy and issues, to be completed no later than November 1, 2017. No late submissions will be accepted.

APPLICATION INSTRUCTIONS

The application will be completed and submitted via the Komen Grants e-Management System (GeMS), <https://affiliategrants.komen.org>. Applications must be initiated by Friday October 14, 2016. Applications must be submitted by Friday October 21, 2016.

NOTE: All applicants must create a log in under the Komen Michigan GeMS profile. If you previously applied in Southwest or Mid Michigan, you will need to create a new log in.

The required sections/pages in GeMS are listed in ALL CAPS and described below. For an application instruction manual, please visit the Affiliate's Grants webpage, <http://komenmichigan.org/grants/resources-for-grant-applicants/>.

When initiating an application on GeMS, please make sure it is a **Community Grants** application, designated "CG", and not a Small Grants ("SG") application to apply to this RFA.

Please pay attention to which RFA you are responding to and select the appropriate Application in GeMS that responds to your regional service area.

- RFA (A) is Mid-Michigan;
- RFA (B) is Southwest Michigan;
- RFA (C) is West Michigan.

If your program covers more than one service area, submit an application for each service area.

PROJECT PROFILE

This section collects basic organization and project information, including the title of the project, contact information and partner organizations.

Attachments for the Project Profile page (if applicable):

- **Letters of support or memoranda of understanding from proposed collaborators**– To describe the nature of the collaboration and the services/expertise/personnel to be provided through the collaboration.

ORGANIZATION SUMMARY

This section collects detailed information regarding your organization's history, mission, programs, staff/volunteers, budget, and social media.

PROJECT PRIORITIES AND ABSTRACT (limit – 1,000 characters)

This section collects important information about the priorities to be addressed and a summary of the project (abstract). This abstract should include the target communities to be served, the need to be addressed, a description of activities, the expected number of individuals served and the expected change your project will likely bring in your community. The abstract is typically used by the Affiliate in public communications about funded projects.

PROJECT NARRATIVE

This section is the core piece of the application. On the Project Narrative page of the application on GeMS, please address the requests below for each section.

Statement of Need (limit- 5,000 characters)

- Describe evidence of the risk/need within the identified population, using the RFA funding priorities and the 2015 Community Profile as a guide.

- Describe the characteristics (race, ethnicity, economic status, and breast cancer statistics) specific to the target population to be served with Komen funding.
- Describe how this project aligns with Komen **Michigan** target communities and/or RFA funding priorities.

Project Design (limit- 5,000 characters)

- Explain the proposed project's overall goal and objectives, as outlined in your Project Work Plan, and what specifically will be accomplished using Komen funding.
- Explain how the proposed project's goal and objectives align with the stated priorities in the Affiliate's 2015 Community Profile.
- Describe in detail what will be done and how the project will increase the percentage of people who enter, stay in, or progress through the continuum of care.
- Explain how the project is designed to meet the needs of specific communities including the cultural and societal beliefs, values, and priorities of each community.
- Explain if and how the project is evidence-based and/or uses promising practices (please cite references). References can be uploaded separately. Evidence based interventions are strongly encouraged.
- Describe project collaboration and the roles and responsibilities of all organizations or entities participating in the project, and explain how the collaboration strengthens the project and why partnering organizations are best suited to assist in carrying out the project and accomplishing the goal and objectives set forth in this application.

Organization Capacity (limit- 5,000 characters)

- Explain why the applicant organization, Project Director and staff are best-suited to lead the project and accomplish the goal and objectives set forth in this application. Please include appropriate organization or staff licenses, certifications and/or accreditations.
- Describe evidence of success in delivering breast health/cancer services to the proposed population. If the breast health/cancer program is newly proposed, describe relevant success with other programs.
- Describe the equipment, resources, tools, space, etc., that the applicant organization possesses or will utilize to implement all aspects of the project.
- Describe fiscal capability to manage the delivery of the proposed goal and objectives and ensure adequate measures for internal control of grant dollars.
- Describe the organization's current financial state. How has your organizational budget changed over the last three years? Please explain increase or decrease.
- Describe the plan to secure and allocate resources (financial, personnel, partnerships, etc.) to sustain the project at the conclusion of the grant period.

Monitoring and Evaluation (limit- 5,000 characters)

Grantees will be required to report on the following outputs and outcomes in the progress and final reports: successes and accomplishments, challenges, lessons learned, promising practice example, a compelling story from an individual that was served with Komen funding and number of individuals served through Komen funding for each objective (county, race and ethnicity, age and population group). Additional reporting and engagement requirements are listed in the Sample Contract (attached) and additional outcome requirements are listed in the Excel Data Outcome Sheet (Attached) for Screening Access and Community Navigation programs.

Applicants should include any templates, logic models or surveys to support the Monitoring and Evaluation narrative by adding attachments to the Project Work Plan page.

The Monitoring and Evaluation narrative must address the following items:

- Describe in detail how the organization(s) will measure progress against the stated project goal and objectives.
- Describe how the organization(s) will assess how the project had an effect on the selected priority.
- Describe how the organization(s) will assess project delivery. 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 are existing organizational resources.

Continuum of Care (limit 5,000 characters)

- Describe how your program or partnerships connect a client to all elements in the Continuum of Care (CoC) (education, screening, diagnostics, treatment, support)?
- If your organization is requesting funds for screening or diagnostic services, what percentage of clients get a definitive diagnosis within 60 days of an abnormal result?
- Describe the organization's present relationship with other sources for breast health services including the Michigan Breast and Cervical Cancer Control and Navigation Program and the Healthy Michigan Plan.
- Please describe how your program design will connect those who qualify with those programs.
- Identify stakeholders, non-traditional partners, and collaborators that connect clients with or otherwise support the program (i.e. a breast focused coalition that strengthens partnerships, beauty salons that provide educational materials to clients to encourage screening, migrant organizations that refer clients for services, partnerships with transportation or child care providers to reduce barriers to accessing care, etc.). If possible, attach letters of support to the Project Profile page.

PROJECT TARGET DEMOGRAPHICS

This section collects information regarding the various groups you intend to target with your project. This does not include every demographic group your project will serve but should be based on the groups on which you plan to focus your project's attention.

PROJECT WORK PLAN

In the Project Work Plan component of the application on GeMS, you will be required to submit a single goal and corresponding objectives:

- **The Goal** should be a high level statement that provides overall context for what the project is trying to achieve.
- **Objectives** are specific statements that describe how the project will meet the goal. An objective should be evaluated at the end of the project to establish if it was met or not met.

The project goal must have at least one objective; there is no limit to the number of objectives. Please ensure that all objectives are SMART objectives:

Specific
Measurable
Attainable
Realistic
Time-bound

A guide to crafting SMART objectives can be located in Appendix A or at the following:

<http://ww5.komen.org/WritingSMARTObjectives.html>.

You will also be required to submit the timeline, the anticipated number of individuals to be served, and the evaluation method you will utilize for each objective.

Write your Project Work Plan with the understanding that each item must be accounted for during progress reporting.

The Project Work Plan should include a single goal that will be accomplished with funds requested from Komen Michigan. Objectives that will be funded by other means should **not** be reported here, but instead, can be included in your overall program description.

Example Work Plan (For additional examples and a SMART objective checklist, please refer to Appendix A.)

GOAL: Provide patient navigation to women with screening abnormalities in order to reduce delays in and barriers to diagnostic care.

OBJECTIVE 1: By February 12, 2018, the patient navigator will have contacted 100 percent of all women with an abnormal screening result within three business days to schedule a follow-up appointment.

OBJECTIVE 2: By March 31, 2018, the project will provide 30 uninsured/underinsured women free/reduced cost diagnostic procedures within 30 days of an abnormal screening.

Attachments to support the Project Work Plan page may include, but are not limited to:

- **Forms, surveys, and logic models** that will be used to assess the progress and/or the effectiveness of these objectives.

BUDGET SECTION

For each line item in the budget, **provide a calculation and a brief justification** explaining how the funds will be used and why they are necessary to achieve proposed objectives. A description of each budget category follows:

KEY PERSONNEL/SALARIES

This section collects information regarding the personnel that will be needed to complete the project. Any individual playing a key role in the project should be included in this section. This section should also include information for any employee's salary for which your project is requesting funds, if applicable. Provide strong justification for salary requests outlining the elements of the project the key personnel will handle.

Attachments Needed for Key Personnel/Salaries Section:

- **Resume/Job Description** – For key personnel that are currently employed by the applicant organization, provide a resume or *curriculum vitae* that includes education level achieved and licenses/certifications obtained. For new or vacant positions, provide a job description (*Two page limit per individual*).

CONSULTANTS/ SUB-CONTRACTS

This section should be completed if your project requires a third party to help with a piece of the project. Consultants are persons or organizations that offer specific expertise not provided by staff and are usually paid by the hour or day. Subcontractors have substantive involvement with a specific portion of the project, often providing services not provided by your organization. Direct Patient Care services, even in subcontracted, should not be included in this section; those funds should be included in the Patient Care budget section.

SUPPLIES

This section should include office supplies, education supplies, and any other type of supplies your organization will need to complete the project.

Note: Komen grant funds may not be used for the development of educational materials or resources. If awarded project funds, grantees must use/distribute only Komen-developed or Komen-approved educational resources. Komen grantees are eligible to receive preferred pricing for Komen educational materials. Komen materials should be used and displayed whenever possible. To view our educational materials, visit www.shopkomen.com.

TRAVEL

This section should be completed if you are requesting funds for any type of travel including conference travel, registration fees and mileage reimbursement by organization staff or volunteers related to project activity. (This section is NOT for transportation assistance for patients/clients – this expense should be recorded on the “Patient Care” page.)

PATIENT CARE

This section should include all funds requested for providing a direct service for a patient. This should be the cost you will need to provide the services mentioned in the goal and objectives of the application. Navigation or referral programs should not include the program costs in this section.

OTHER

This section should include any allowable expenses that do not fit the other budget categories. This section should only be used if the item cannot be included on any of the other various budget sections.

INDIRECT

This section collects the allowable indirect cost which is requested as a percentage of direct costs. Maximum indirect expenses allowed is 15%.

PROJECT BUDGET SUMMARY

This section includes a summary of the total project budget. Other sources of funding must also be entered on this page.

Attachments Needed for the Project Budget Summary Section:

- **Proof of Tax Exempt 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. To request verification of your organization's tax-determination status, visit the following page on the IRS Web site:

<http://www.irs.gov/Charities-&-Non-Profits/EO-Operational-Requirements:-Obtaining-Copies-of-Exemption-Determination-Letter-from-IRS>

APPENDIX A: WRITING SMART OBJECTIVES

Project planning includes developing project goals and objectives. **Goals** are high level statements that provide overall context for what the project is trying to achieve. **Objectives** are specific statements that describe what the project is trying to achieve and how they will be achieved. Objectives are more immediate than goals and represent milestones that your project needs to achieve in order to accomplish its goal by a specific time period. Objectives are the basis for monitoring implementation of strategies and/or activities and progress toward achieving the project goal. Objectives also help set targets for accountability and are a source for project evaluation questions.

Writing SMART Objectives

To use an objective to monitor progress towards a project goal, the objective must be **SMART**.

A **SMART** objective is:

1. **Specific:**
 - Objectives should provide the “who” and “what” of project activities.
 - Use only one action verb since objectives with more than one verb imply that more than one activity or behavior is being measured.
 - Avoid verbs that may have vague meanings to describe intended output/outcomes (e.g., “understand” or “know”) since it may prove difficult to measure them. Instead, use verbs that document action (e.g., identify 3 of the 4 Komen breast self –awareness messages).
 - The greater the specificity, the greater the measurability.
2. **Measurable:**
 - The focus is on “how much” change is expected. Objectives should quantify the amount of change expected.
 - The objective provides a reference point from which a change in the target population can clearly be measured.
3. **Attainable:**
 - Objectives should be achievable within a given time frame and with available project resources.
4. **Realistic:**
 - Objectives are most useful when they accurately address the scope of the problem and projectmatic steps that can be implemented within a specific time frame.
 - Objectives that do not directly relate to the project goal will not help achieve the goal.
5. **Time-bound:**
 - Objectives should provide a time frame indicating when the objective will be measured or time by which the objective will be met.
 - Including a time frame in the objectives helps in planning and evaluating the project.

SMART Objective Examples

Non-SMART objective 1: Women in Green County will be provided educational sessions.

This objective is not SMART because it is not specific, measurable, or time-bound. It can be made SMART by specifically indicating who is responsible for providing the educational sessions, how many people will be reached, how many sessions will be conducted, what type of educational sessions conducted, who the women are and by when the educational sessions will be conducted.

SMART objective 1: By September 2017, Pink Organization will conduct 10 group breast cancer education sessions reaching at least 200 Black/African American women in Green County.

Non-SMART objective 2: By March 30, 2018, reduce the time between abnormal screening mammogram and diagnostic end-result for women in the counties of Jackson, Morse and Smith in North Dakota.

This objective is not SMART because it is not specific or measurable. It can be made SMART by specifically indicating who will do the activity and by how much the time will be reduced.

SMART objective 2: By March 30, 2018, Northern Region Hospital breast cancer patient navigators will reduce the average time from abnormal screening mammogram to diagnostic conclusion from 65 days to 30 days for women in the counties of Jackson, Morse and Smith in North Dakota.

SMART Objective Checklist

Criteria to assess objectives	Yes	No
1. Is the objective SMART?		
<ul style="list-style-type: none"> • Specific: Who? (target population and persons doing the activity) and What? (action/activity) 		
<ul style="list-style-type: none"> • Measurable: How much change is expected? 		
<ul style="list-style-type: none"> • Achievable: Can be realistically accomplished given current resources and constraints 		
<ul style="list-style-type: none"> • Realistic: Addresses the scope of the project and proposes reasonable projectmatic steps 		
<ul style="list-style-type: none"> • Time-bound: Provides a time frame indicating when the objective will be met 		
2. Does it relate to a single result?		
3. Is it clearly written?		

Source: Department of Health and Human Services- Centers for Disease Control and Prevention. January 2009. Evaluation Briefs: Writing SMART Objectives. <http://www.cdc.gov/healthyyouth/evaluation/pdf/brief3b.pdf>

APPENDIX B: SAMPLE GRANT CONTRACT

Grand Rapids Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. d/b/a Susan G. Komen Michigan

GRANT AGREEMENT COMMUNITY GRANTS PROGRAM 2017-2018

GRANTEE ORGANIZATION: [COUNTERPARTY NAME]

GRANTEE ADDRESS: [COUNTERPARTY ADDRESS]

PROJECT DIRECTOR: [FIRST AND LAST NAME]

EFFECTIVE DATE: [EFFECTIVE DATE] **TERMINATION DATE:** [TERMINATION DATE]

PROJECT TITLE AND PURPOSE: [PROGRAM NAME]

Unless otherwise stated in this Agreement, the Grant Funds will be used specifically as described in Grantee's grant application and proposed budget (together, the "Application"), which can be located in the Komen Grants e-Management System ("GeMS") and are made a part hereof for all purposes. To the extent that the terms of this Agreement conflict with the terms of the Application, the terms of this Agreement will prevail.

GRANT AMOUNT ("Grant Funds"): \$ [TOTAL PAYMENT AMOUNT]

PAYMENT TERMS:

Grant Funds will be payable in two (2) equal installments of [DOLLAR AMOUNT] each. The first payment will be made to Grantee within 30 days after Grantee executes this Agreement in GeMS, and the final payment will be made to Grantee within 30 days after Komen's receipt and approval of timely reports due on October 31, 2017 as required below.

Komen may require Grantee to deplete the current installment of Grant Funds prior to receiving payment of the next installment of Grant Funds. In addition, Komen may withhold the next installment of Grant Funds if the report does not contain all the required information or Grantee has not demonstrated sufficient progress on Project objectives, as determined by Komen in its sole discretion. Within 60 days after the expiration or early termination of this Agreement, Grantee will remit to Komen all unspent funds along with a Final Report.

Notwithstanding any provisions in the Application, Grant Funds may not be used for indirect costs in excess of 15% of the direct costs for the Project. See additional restrictions on use of Grant Funds in Section 1 of the attached Terms and Conditions.

REPORTING REQUIREMENTS (Written reports to be uploaded in the forms located in GeMS) (Select as applicable):

- Progress Report(s), to include progress and financial reporting, due (Select one reporting cycle):
 - Mid-year (6 month) report due October 31, 2017
 - Quarterly reports due DATES FOR Q1, Q2, Q3
- Final Report due June 1, 2018

Additional reports required by the Affiliate, but not required to be uploaded in GeMS.

- Monthly Status Updates via teleconference on the 1st business day of every month during the term of this Agreement
- Weekly Status Updates via teleconference every DAY during the term of this Agreement
- Written Monthly Status Updates via email due on the 1st business day of every month during the term of this Agreement. Updates shall be submitted via email and shall include a summary of progress toward goals, challenges and successes, upcoming events, progress on success story video for the fall site visit, and any questions or concerns.
- Written Weekly Status Updates due every DAY during the term of this Agreement
- Quarterly reports in Excel due via email due August 1, 2017 and January 1, 2018
- Additional data reporting in Excel due with the Progress Report on October 31, 2017, and the Final Report on June 1, 2018.

Komen reserves the right to modify the information required in the above reports from time to time and in such event will provide updated reporting forms to Grantee. The above reports will not be treated as confidential and may be reviewed and evaluated by

third parties. Komen will not be responsible for any damages resulting from the disclosure of the reports to third parties. Further, Komen may share Grant information, including the reports, with donors or with members of the general public.

ACKNOWLEDGMENTS (Select as applicable.): Grantee will acknowledge and will cause any subgrantees and contractors involved in the Project (“Collaborating Organizations”) to acknowledge Komen’s funding in the following ways, using the Komen name and signature logo when possible:

- in a conspicuous location on all printed and electronic materials created in connection with the Project (“Materials”)
- in all training sessions, workshops and presentations conducted in connection with the Project
- on Grantee’s website
- in Grantee’s annual report and other donor listings
- other
- on Project press materials
- on Grantee’s social media accounts
- to individuals that have received services as part of the Project using a card provided by Komen. The card should be given when services are rendered, however, if that is not possible as part of your program design, it should be included in your follow-up or evaluation survey.
- Additionally, grantee will publicly acknowledge Komen’s support in a press release announcing the program funding.

See additional requirements for acknowledgments in Section 3(A) of the attached terms and conditions.

BENEFITS (Select as applicable.): Grantee will provide the following to Komen:

- copies of all Materials, at no charge, including without limitation all surveys and tools, methodologies, studies, evaluations, presentations, training and educational materials, photographs, reports, press releases, articles and other publications created in connection with the Project
- unlimited access to any raw digital data, excluding individually identifiable health information protected by applicable privacy laws, collected during the Project (“Data”)
- a summary report of any evaluations received in connection with the Project
- any and all surveys or other items submitted by Komen to Grantee for completion regarding this Project
- the opportunity for a Komen representative to make site visits (see additional information under Special Terms)
- a 11x17” poster presenting your project, with program highlights and contact info, suitable for display at Komen events
- the opportunity to video record an interview with a person who received services as part of your program (see additional information under Special Terms)
- two anonymous stories and two stories with a full release (see additional information under Special Terms)
- for any event related to the Breast Health Project, exhibit space at the event and two complimentary registrations for Komen representatives and volunteers to attend the event
- A high-resolution image of grantee’s logo and photo that represents your program

Grantee grants (and shall cause any Collaborating Organizations to grant) to Komen, the Susan G. Komen Breast Cancer Foundation, Inc. (“Komen National”) and its affiliates a limited, royalty-free, non-exclusive, non-transferable, worldwide, irrevocable license to use the Materials, or any part thereof and Data (if any provided) for their own non-commercial purposes.

NOTIFICATIONS: Grantee will notify Komen through GeMS at least 30 days in advance of and must receive prior written approval for any proposed changes to the personnel, design, budget, Collaborating Organizations, if any, content or specific aims of the Project. Komen will be provided a minimum of 14 days to review and accept or reject any proposed changes. Notwithstanding the above, Grantee may modify the budget without prior approval of Komen, so long as the modification does not (i) change any budget expense subcategory by more than 5%; (ii) increase the amount of any cost above the maximum allowable for a subcategory item (such as indirect or equipment costs); or (iii) result in an expenditure outside of the Grant purpose. In addition to the above notifications, Grantee will promptly notify Komen of (w) any potential or threatened litigation, claim, assessment or audit related to the Project; (x) any challenge that may prevent Grantee from fulfilling the objectives described in the Application, including any issues with Collaborating Organizations; (y) any actual inability to fulfill the objectives in the Application; or (z) the occurrence of any event listed in Section 7(B) of the attached Terms and Conditions.

SPECIAL TERMS/OTHER:

Grantee Orientation. Grantee must attend Grantee Orientation tentatively scheduled for April or May 2017.

Race for the Cure. Grantee shall be present at their local service area's Race for the Cure and/or Ride for the Cure events either during the term of their project or, if the project occurs after the Race or Ride, in the year following completion of their project. Grantee shall participate in Race for the Cure Race Day by providing educational and service related materials at a booth, which will be provided, at least two hours before the event start time and two hours after the event start time. If there is a Ride for the Cure or other signature event in grantee's service area, grantee shall attend or send suitable representatives to the event.

Race Participation Promotion. Grantee shall publicize their involvement at Race for the Cure Day via social media and/or newsletters at least once in advance of the event and at least once after the event. Komen Affiliate will share Grantee's program information via its social media and/or newsletters at least once during the grant period.

Komen Info for Participants. If Grant Funds are likely to be used to provide services or education for an individual, Komen Affiliate requests that the individual be notified that Grant Funds provided by Susan G. Komen were used, and that the individual be provided with information on the Komen Affiliate and/or the Race for the Cure event, which Komen will provide free of cost to Grantee.

Komen You Are The Cure. Grantee will attend a local Komen You Are The Cure event at Komen's invitation. Grantees are encouraged to invite additional community members to learn more about Komen's work in the community. At Komen's request, grantee will make a short presentation about their program and the importance of Komen's funding.

Site Visits. Grantee shall allow Komen Affiliate reasonable access to visit the site(s) where Grant Funds are used, up to two (2) times per grant cycle. Komen Affiliate shall set up the visit(s) in advance and may bring employees, board members, donors, community partners and/or volunteers.

Materials. Grantee shall make Komen Affiliate materials available in a public place, including educational materials and Race for the Cure information. Any flyers or materials developed for the project should include the Komen Michigan logo and must be submitted to the Affiliate for branding approval at least 48 hours in advance.

Grantee Recognition Event. Grantee shall attend the Komen Affiliate's Grantee Recognition Event. The event is tentatively scheduled for winter 2017.

Success Stories. Grantee shall provide success stories from individuals served by their program. Grantee shall submit two anonymous success stories. Each story should be approximately one half of a page long. Additionally, Grantee shall submit two stories about individuals impacted by the Breast Cancer Project. Each submission shall include an appropriate HIPAA release, the name and contact information of the individual, and the right to contact the individual directly. Each story should be approximately one page long and should also include photos. All stories shall be submitted via email when the Final Report is due.

Grantee Video. Grantee shall coordinate an opportunity for Komen to video record an interview with an individual impacted by the Breast Cancer Project. Recording is tentatively scheduled to align with the grantee's site visit in the fall 2017. Additionally, grantee will coordinate program staff to appear in the video to speak to the program design and the impact it makes in the local community.

This Agreement will be null and void if not executed by both parties within 30 days after the Agreement becomes available for execution through GeMS. By executing this Agreement, Grantee agrees to be bound by the Terms and Conditions attached to this Agreement and incorporated herein. The signers below warrant that they have full power and authority to sign for and bind their respective organizations.

[Signatures]

1. **Restrictions on Use of Grant Funds.** (A) Except as specifically provided in the Agreement, Grantee will use the Grant Funds exclusively as provided in the budget in GeMS. (B) The Grant Funds awarded hereunder may not be obligated or expended prior to the Effective Date or subsequent to the Termination Date of this Agreement. (C) Any travel costs covered by Grant Funds must be reasonable and customary, covering only the following as applicable: coach air and train travel, ground travel to the Project, moderate hotel (room and taxes only), and meals (alcoholic beverages excluded).

2. **Collaborating Organizations.** Grantee is responsible for ensuring that all Collaborating Organizations comply with the terms of this Agreement, including but not limited to the restrictions on the use of Grant Funds.

3. **Acknowledgments; Komen Intellectual Property; Permission to Use Grantee Name and Logo.**

(A) Grantee is authorized to and will acknowledge Komen's funding of the Project in the Materials as set forth in "Acknowledgments" section of this Agreement. In addition, Grantee agrees that it will acknowledge Komen separately from any pharmaceutical support and will not in any way indicate, suggest or imply that Komen is the recipient of such support. The specific language to be used in such acknowledgments, including how Komen's name and signature logo will be used, will be agreed to in advance between the parties.

(B) Komen is and will remain the sole and exclusive owner of all rights, title and interest in and to any and all materials that Komen or its employees, agents or contractors permit Grantee to use in connection with the Project, including but not limited to all works of authorship, copyrights, trade names, trademarks, service marks, domain names and other indicia of source (whether registered or not), data and data bases, lists, educational materials and other information and all translations, adaptations, editions, excerpts or derivative works thereof (collectively, "Komen Intellectual Property"). Komen Intellectual Property must not be amended or modified in any manner without Komen's prior written consent. Grantee will include the appropriate attributions for any Komen Intellectual Property used in connection with the Project, which must be approved by Komen in advance of publication.

(C) For the sole purpose of releasing information regarding this Grant and the Project to the general public and news media, Komen is authorized to use the Grantee's name and logo in a fair and accurate manner (and Grantee will cause any and all Collaborating Organizations to grant Komen authorization to use their respective names and logos for the same purposes). Nothing in this Agreement grants any further rights to the Grantee name and logo.

4. **Representations, Warranties and Covenants.** Grantee represents, warrants, and covenants that:

(A) it is a governmental organization described in Section 170(c)(1) or a nonprofit organization under Section 501(c)(3) of the Internal Revenue Code and will continue to qualify as such throughout the term of this Agreement;

(B) it is a duly incorporated and is validly existing as a corporation in good standing under the laws of the state of

its incorporation and in all other jurisdictions in which it conducts its business and has all requisite power and authority to carry on its business as now conducted;

(C) it has the authority to grant the license to the Materials set forth in the "Acknowledgments" section and that no Materials delivered to Komen (nor any element thereof) violate or will violate the right of privacy or publicity, or defame or violate any copyright, trademark, or service mark or any common law or other right of any third party;

(D) none of the Grant Funds will be used (i) for lobbying as defined under the Internal Revenue Code, (ii) to directly or indirectly participate in or intervene in any political campaign on behalf of any candidate for public office; or (iii) for any other purpose that is inconsistent with Section 501(c)(3) of the Code; and

(E) none of the execution and delivery of this Agreement by Grantee, the consummation of the transactions contemplated hereby or compliance by Grantee with any of the provisions hereof conflict with, or result in any violation of or default under (with or without notice, the lapse of time or both) or give rise to a right of termination or cancellation under any provision of (i) the formation and governing documents of Grantee; (ii) any contract or permit to which Grantee is a party; or (iii) any applicable law or any order of any governmental body.

5. **Compliance with Laws.** Grantee will comply with all applicable laws and regulations applicable to any of its activities associated with this Grant, including but not limited to the Health Insurance Portability & Accountability Act of 1996, and all applicable anti-terrorist financing and asset control laws, statutes and executive orders. Grantee will cooperate with Komen in supplying additional information to Komen, or in complying with any procedures which might be required by any governmental agency, in order for Komen to establish that it has observed all requirements of law with respect to this Grant.

6. **Right to Audit.** Grantee agrees to (and will cause any and all Collaborating Organizations to) maintain accurate and complete records of the expenditure of Grant Funds for a period of five (5) years from the earlier of the termination or expiration of this Agreement and agrees that Komen may conduct an audit of such records at any time during usual business hours as reasonably requested in advance by Komen. Grantee will ensure that Komen will have the same audit rights for records of any Collaborating Organization that receives Grant Funds.

7. **Default and Early Termination.**

(A) If either party should fail to perform or be in breach of any of the terms, conditions, agreements, covenants, representations or warranties contained in this Agreement, or anticipatorily breach this Agreement, and such default is not curable, or if such default is curable but remains uncured for a period of 30 days after written notice thereof has been given to the defaulting party, the other party, at its sole election, may immediately terminate this Agreement by written notice thereof to the defaulting party.

(B) Notwithstanding the provisions of Section 7(A), Komen may terminate this Agreement immediately due to the occurrence of any one or more of the following events: (i) Grantee implements Project changes without Komen's prior

approval, as required under the "Notifications" Section of the Agreement; (ii) Grantee does not maintain its status as a governmental organization described in Section 170(c)(1) or a nonprofit organization described in Section 501(c)(3) non-profit, tax-exempt status with the Internal Revenue Service; (iii) the Project is not conducted in conformance with applicable laws or, if applicable, any approvals, licenses or certifications required to conduct the Project are not obtained or are suspended or revoked; (iv) Grantee commits a willful breach of this Agreement or Grantee or any Collaborating Organization commits an act of gross negligence or willful misconduct in connection with the Project; (v) Komen has a reasonable good faith basis to believe that Grantee or any of its or its Collaborating Organization's key employees, directors, officers or agents has committed fraud or any other financial or administrative impropriety; or (vi) Grantee or any Collaborating Organization is debarred from the receipt of federal or state funding.

(C) In the event of an early termination due to breach by Grantee under Section 7(A) or an occurrence under Section 7(B), Komen will have no further obligation to provide funding hereunder, and Grantee immediately will (i) provide Komen with the Final Report due hereunder, which will include all required information available as of the termination date; (ii) reimburse Komen for the full amount of Grant Funds (including any accrued interest) that have been expended in connection with and subsequent to the breach or any of the above occurrences, and (iii) immediately refund all unspent Grant Funds (including any accrued interest) as of the termination date.

(D) Notwithstanding the provisions of Sections 7(A), 7(B) and 7(C), Komen may terminate the Agreement immediately and receive full reimbursement of the latest disbursement of Grant Funds plus any additional unspent Grant Funds (including any accrued interest) in the event Komen does not receive a Reporting Requirement when due and/or such Reporting Requirement does not contain all the required information and/or sufficient progress has not been made with respect to the Project as determined by Komen in its sole discretion.

(E) The provisions of this Section 7 will not preclude Komen from seeking any other remedies that may be available under this Agreement and applicable law.

8. INDEMNITY, AS BETWEEN THE PARTIES, GRANTEE ACKNOWLEDGES THAT IT IS SOLELY RESPONSIBLE FOR ANY LIABILITIES THAT MAY ARISE IN CONNECTION WITH THE PROJECT. TO THE EXTENT NOT PROHIBITED UNDER THE APPLICABLE LAWS THAT GOVERN GRANTEE, GRANTEE AGREES TO INDEMNIFY, DEFEND AND HOLD KOMEN AND KOMEN NATIONAL HARMLESS FROM AND AGAINST ANY AND ALL COSTS, LOSSES OR EXPENSES, INCLUDING REASONABLE ATTORNEYS' FEES, THAT KOMEN MAY INCUR BY REASON OF GRANTEE'S OR ANY COLLABORATING ORGANIZATION'S NEGLIGENCE OR MISCONDUCT, OMISSION OR BREACH OF ANY OF THE PROVISIONS OF THIS AGREEMENT, OR BY REASON OF ANY THIRD-PARTY CLAIM OR SUIT ARISING OUT OF OR IN CONNECTION WITH GRANTEE'S PERFORMANCE

OR FAILURE TO PERFORM PURSUANT TO THIS AGREEMENT.

9. **Insurance.** Grantee agrees to maintain and will cause any Collaborating Organizations to maintain the following insurance during the term of this Agreement:

(A) commercial general liability insurance with combined limits of not less than \$1,000,000.00 per occurrence and \$2,000,000.00 in the aggregate, which covers liability for bodily injury, property damage, death and advertising injury (including reasonable attorneys' fees);

(B) workers' compensation insurance in the amount required by law of the state(s) in which workers are located and employers liability insurance with limits of not less than \$1,000,000.00;

(C) to the extent medical services are provided, medical malpractice coverage with combined limits of not less than \$1,000,000.00 per occurrence and \$3,000,000.00 in the aggregate;

(D) to the extent any transportation services are provided, \$1,000,000.00 combined single limit of automobile liability; and

(E) excess/umbrella insurance, in excess of the coverage in (A) above, with a limit of not less than \$5,000,000.00. Grantee will name Komen and Komen National as Additional Insureds on its commercial general liability policy solely with respect to the Project and any additional policies and riders entered into by Grantee in connection with the Project. Upon execution of this Agreement, Grantee will provide Komen with a certificate of insurance evidencing this coverage by uploading such certificate in GeMS All insurance required of Grantee will be primary and non-contributory to any insurance Komen may carry.

10. **Dispute Resolution.** In the event of any dispute arising out of this Agreement, the parties shall use good faith efforts to resolve their differences amicably. In the event they are unsuccessful, the parties agree not to commence litigation until attempting to resolve their dispute through mediation. Either party may initiate the mediation process with 30 days' prior written notice to the other party. The dispute will be submitted to mediation in Grand Rapids, Michigan. Costs of mediation will be borne equally by the parties. Mediation of the dispute must be completed within 15 days of commencement, unless the parties extend the time by mutual agreement or unless the mediator declares the parties to be at an impasse. Notwithstanding the above, in the event that either party believes that immediate injunctive relief is required to protect its intellectual property or there is a violation of law, such party may invoke the immediate powers of the appropriate court of law without the requirement to first mediate the dispute.

11. **Non-endorsement.** It is expressly agreed and understood by the parties that the Grant does not constitute an endorsement by Komen of any entity, organization, company or individual, nor the products, actions, behavior, or conduct of any entity, organization, company or individual, and any negligent or intentional misrepresentation by Grantee or any Collaborating Organization to the contrary, in any context and in any forum, will constitute a material breach of this Agreement, and the same will be grounds for immediate termination of

this Agreement by Komen. In the event of any such misrepresentation, Komen may require Grantee or any pertinent Collaborating Organization to publicly acknowledge the misrepresentation in a like forum in which the misrepresentation was made. It is agreed that in the event of a breach of this provision, damages may not be an adequate remedy, and Komen will be entitled to whatever other remedies are available under applicable law.

12. **Relationship of Parties; No Guarantee of Additional Support.** The nature of this Agreement is a funding agreement, and no employment, partnership, joint venture or agency relationship is created, implied or deemed to be created pursuant to this Agreement. Grantee accepts the Grant Funds with the understanding that Komen is not obligated to provide Grantee or any Collaborating Organization any additional financial support, or other support, in connection with the Grant, the Agreement or the Project or for any other reason.

13. **Entire Agreement; Amendment; Severability; No Waiver.** This Agreement supersedes any prior oral or written understandings or communications between the parties and constitutes the entire agreement between the parties with respect to the Grant. This Agreement may not be modified, altered, amended or revoked except in writing, duly executed by each of the parties. The provisions of this Agreement are severable so that if any provision is found to be invalid or illegal, that finding will not affect the validity or enforceability of the remaining provisions. Failure of either party to enforce its rights under this Agreement will not constitute a waiver of such rights.

14. **Governing Law and Venue.** This Agreement will be governed by and construed in accordance with the laws of Michigan, without regard to any conflicts of law principles. Any dispute arising out of or in connection with this Agreement that is not resolved under Section 10 will be filed and heard in state or federal courts of Grand Rapids,

Michigan, and the parties consent to the exclusive jurisdiction of such courts.

15. **Assignment.** This Agreement is entered into by Komen in reliance upon the qualifications of Grantee. Grantee may not assign or transfer this Agreement, directly or indirectly, by operation of law, change of control or otherwise, without Komen's prior written consent. This Agreement may be assigned by Komen to Komen National or to any other affiliate of Komen National without approval of Grantee, provided that all obligations hereunder are assumed by the assignee.

16. **Notices.** Any notice will be in writing and personally delivered, delivered by facsimile or sent via reputable overnight courier (such as Federal Express) or certified mail, postage prepaid and return receipt requested, addressed to the other party at the address specified below (unless otherwise notified in writing by a party):

If to Komen: **Jennifer Jurgens**
Executive Director
Komen Michigan
2922 Fuller Ave. NE
Suite 107-B
Grand Rapids, MI 49505

If to Grantee: At the address on Page 1 of this Agreement.

17. **Survival.** The provisions of the "Acknowledgments and Benefits" Section of the Agreement and Sections 3, 4, 6, 7, 8, 10, 13, 14, 16 and 17 will forever survive termination of this Agreement.

18. **Counterparts.** This Agreement may be executed in any number of counterparts, each of which will be deemed an original and all of which together will constitute one and the same agreement.