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# *Click* [**HERE**](https://canceriowa.org/grants/fy2021) *to access the FY21 Iowa Cancer Plan Implementation Grants Invitation for Proposals documents.*

# APPLICATION CHECKLIST: FY2021 Iowa Cancer Plan Implementation Grants

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| **Please use this checklist to ensure your application is complete:** | |
|  | [Letter of Intent](http://www.canceriowa.org/FY21IFPSampleLOI) is submitted to Lindsay Heck at [heck@canceriowa.org](mailto:heck@canceriowa.org) by 5:00 PM CST on **April 3, 2020.** |
|  | Objectives are **SMART** (specific, measurable, achievable, realistic, and time bound). |
|  | Evidence sources are **cited**: web links and/or other information is provided. |
|  | Project aligns with 2018-2022 [Iowa Cancer Plan](https://canceriowa.org/cancer-plan/) goals and actions. |
|  | Budget items are **explained** and totals are **accurate**. |
|  | [Letters of Support](http://www.canceriowa.org/FY21IFPSampleLOS) are included from **all collaborators**. |
|  | **Resumes/CVs** are included for each staff member if funding is requested for their time. |
|  | Completed grant application is a **single PDF**. |
| One of the priorities of the 2018-2022 Iowa Cancer Plan is addressing Health Equity. If you or your organization require accessibility support with this application (Example: a mailed hard copy), please do not hesitate to reach out to Lindsay Heck at [heck@canceriowa.org](mailto:heck@canceriowa.org). | Complete application is submitted as a *single PDF* to Lindsay Heck at [heck@canceriowa.org](mailto:heck@canceriowa.org) by  5:00 PM CST on **May 8, 2020.** Please reach out by if you need assistance integrating the documents into one PDF. |



[](http://www.canceriowa.org)

*Click* [**HERE**](https://canceriowa.org/grants/fy2021) *to access the FY21 Iowa Cancer Plan Implementation Grants Invitation for Proposals documents.*

**INSTRUCTIONS: FY2021 Iowa Cancer Plan Implementation Grants**

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| **PURPOSE** |
| The Iowa Cancer Consortium’s Board of Directors is soliciting project proposals that support the [**2018-2022 Iowa Cancer Plan**](https://canceriowa.org/cancer-plan/). The intent of the Invitation for Proposals (IFP) is to fund collaborative projects that address identified gaps in Iowa’s cancer control and prevention efforts. Successful grant applications will incorporate **goals**and/or **action steps** from the [**2018-2022 Iowa Cancer Plan**](https://canceriowa.org/cancer-plan/). |

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| **IOWA CANCER PLAN** |
| The 2018-2022 Iowa Cancer Plan is divided into five **priorities**. Each priority includes a set of evidence-based cancer control goals, action steps, and data targets. Priorities are major issues to be addressed in order to reduce the burden of cancer in Iowa. **Goals** are measurable aims that address one or more of the outlined priorities. **Action steps** identify work that must be done to accomplish the corresponding goal. **Data targets** are benchmarks that are used to measure and evaluate progress towards the outlined goals.   * Read the 2018-2022 Iowa Cancer Plan at [**https://canceriowa.org/cancer-plan/**](https://canceriowa.org/cancer-plan/). |

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| **APPLICATION OPPORTUNITIES**  The Iowa Cancer Consortium offers funding opportunities that support single-year and multi-year projects. Information below describes types of projects appropriate for each opportunity. | |
| **Single-Year Application**   * Infrastructure is already in place. * Partnerships among collaborators are established or currently exist. * Buy-in from target population or existing relationship with target population for the specific project.   Note: Projects in this category should realistically be able to be completed in one year. | **Multi-Year (up to 3 years) Application**   * Requires development of new or recently initiated relationship with target population and/or key stakeholders. * Requires development or establishment of infrastructure. * Can demonstrate significant progress toward goals in year one and show high likelihood to reach program objectives in years two and three. |

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| **NEW THIS YEAR!** |
| **Collaboration Points**   * This year, the Iowa Cancer Consortium is pleased to offer additional points on the grant scoring rubric based on collaboration. A minimum number of points is associated with internal collaboration, and point values are dependent on shared roles and responsibilities in the proposed program. * As seen in Goal 1 of the 2018-2022 Iowa Cancer Plan – collaboration is a crucial point to cancer control and prevention.   **Goal 1 - Increase collaboration among organizations, coalitions, businesses and individuals to maximize cancer control resources and efforts.**  **C:\Users\liheck\Desktop\PH+3.0-5part+graphic-a-2.jpgC:\Users\liheck\Desktop\download.jpg**  **\*Collaboration** – Enhancing ability to improve health and strengthen prevention efforts through identifying shared goals, engaging partners early, defining a common language, activating the community, and leveraging funding. [***(ASTHO National Prevention Strategy)***](https://www.astho.org/NPS/Toolkit/Characteristics-of-Successful-Collaboration/)Relationships in which two or more independent parties voluntarily decide to work together to address a common purpose. An important segment of this spectrum consists of collaborative arrangements among public health agencies, hospitals, and other parties (e.g., school systems and businesses) that unite to address one or more health issues and improve the culture of health in their communities. [***(Public Health Reports)***](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4937111/) |

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| **GRANT APPLICATION GUIDELINES** |
| * All proposed projects must relate to at least one Iowa Cancer Plan **goal** and/or **action step**.  Read the 2018-2022 Iowa Cancer Plan at [**https://canceriowa.org/cancer-plan/**](https://canceriowa.org/cancer-plan/). * Project activities must occur within Iowa and serve Iowans. * Applicants **must submit a Letter of Intent** (LOI) to Lindsay Heck at [**heck@canceriowa.org**](mailto:heck@canceriowa.org) by 5 p.m. CST on April 3, 2020. [**Click here**](http://www.canceriowa.org/FY21IFPSampleLOI) for a sample Letter of Intent. This can be a simple email that includes a couple sentences about the planned project. * A Letter of Support (LOS) from each collaborator must be included with the application. **At least one collaborator is required**. [**Click here**](http://www.canceriowa.org/FY21IFPSampleLOS) for a sample Letter of Support. * Applicants are encouraged to join the Consortium’s FY21 IFP webinar at 12:00 p.m. CST on March 25, 2020. Click [here](https://zoom.us/j/5011199101) to join the webinar! * If assistance is required combining the application documents into one PDF, please email [**Lindsay Heck**](mailto:heck@canceriowa.org). * ***Applications must be submitted by 5:00 PM CST on Friday, May 8.  Incomplete and/or late materials will not be accepted.*** * Applicants are encouraged, but not required, to join the Iowa Cancer Consortium. Membership information is available at [**https://canceriowa.org/membership/**](https://canceriowa.org/membership/) * ***IDPH funds are used to provide these grants – if you receive IDPH funds, you are strongly encouraged to contact your IDPH contractor to ensure that there is no duplication PRIOR to submitting your application.*** * All activities funded through this grant process must be completely tobacco free. |

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| **GRANT APPLICATION RESTRICTIONS** |
| * Grant funds may not be used to replace dollars currently earmarked for cancer programs/projects. * Grant funds may not be used for lobbying. * Grant funds may not be used to cover indirect costs, which may include administrative or overhead costs. * Grant funds may not be used to cover clinical care. Clinical care including the provision of medication, vaccinations, and/or treatment is not an allowable expense. Service Delivery including radon mitigation and screening test purchase will be heavily reviewed. Community organizations and collaborators are encouraged to provide financial support for service delivery components. |

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| **PROJECT PERIOD** |
| The project period is July 1, 2020 – May 28, 2021. |

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| **AVAILABLE FUNDING** |
| * Applicants may receive up to $25,000 per year in funding. * **The total number and dollar amount of awards is dependent upon funds available and the number and scope of proposals submitted**. |

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| **APPLICATION TIMELINE** | |
| March 4, 2020 | **Invitation for Proposals (IFP) released.** |
| March 25, 2020  12 – 1:00 PM CST | IFP overview webinar. This webinar is intended for potential applicants and will review the Iowa Cancer Consortium Invitation For Proposals and discuss application requirements. [Click here to participate!](https://zoom.us/j/5011199101) |
| April 2, 2020 | IFP application assistance available at the Iowa Cancer Consortium Regional Spring Meeting in Waterloo. Contact [**Consortium staff**](mailto:henry@canceriowa.org) to schedule a time to meet. |
| April 3, 2020 5:00 PM CST | **Letter of Intent (LOI) due electronically** to [**heck@canceriowa.org**](mailto:heck@canceriowa.org). The LOI must identify the applicant and which goal of the Iowa Cancer Plan (prevention, screening, treatment, quality of life, heath equity) the proposed project aligns with. This can consist of a simple email with a few sentences outlining the proposed project. \****A Letter of Intent is required in order to submit a full IFP application.*** |
| April 23, 2020 | IFP application assistance available at the Iowa Cancer Consortium Regional Spring Meeting in Corydon. Contact [**Consortium staff**](mailto:mills@canceriowa.org) to schedule a time to meet. |
| April 30, 2020 | IFP application assistance available at the Iowa Cancer Consortium Regional Spring Meeting in Storm Lake. Contact [**Consortium staff**](mailto:schramm@canceriowa.org) to schedule a time to meet. |
| **May 8, 2020  5:00 PM CST** | **Proposals due electronically to** [**heck@canceriowa.org**](mailto:heck@canceriowa.org).\* |
| June 22, 2020 | Tentative award notification. |
| June 26, 2020 | Signed acceptance letters & fiscal agreements due back to [**rollins@canceriowa.org**](mailto:rollins@canceriowa.org). |
| July 1, 2020 | Project period begins. |

*\*Applications are considered complete when all documents are sent in a single PDF to Lindsay Heck at* [***heck@canceriowa.org***](mailto:heck@canceriowa.org) *by 5:00 PM CST on Friday, May 8, 2020\**

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| **REVIEW PROCESS** |
| All applications submitted under the guidelines above will be reviewed for completeness and receive feedback. Completed applications will be evaluated by a committee comprised of three to four comprehensive cancer control experts from across the United States. A copy of the scoring rubric that will be used by the grant review committee is available [**by clicking here**](http://www.canceriowa.org/FY21IFPRubric). Scores and comments will be submitted to the Iowa Cancer Consortium Board of Directors, who will make final awards.  **Points on the scoring rubric will be given to projects that:**   * Address \***Health Equity** and/or focus on underserved populations. * Integrate thoughtful collaboration into their project. |

**\*Health Equity** – The attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities. [***(Healthy People 2020)***](https://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities)

**\*Health Disparities** – A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion. [***(Healthy People 2020)***](https://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities)

**\*Collaboration** – Enhancing ability to improve health and strengthen prevention efforts through identifying shared goals, engaging partners early, defining a common language, activating the community, and leveraging funding. [***(ASTHO National Prevention Strategy)***](https://www.astho.org/NPS/Toolkit/Characteristics-of-Successful-Collaboration/)Relationships in which two or more independent parties voluntarily decide to work together to address a common purpose. An important segment of this spectrum consists of collaborative arrangements among public health agencies, hospitals, and other parties (e.g., school systems and businesses) that unite to address one or more health issues and improve the culture of health in their communities. [***(Public Health Reports)***](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4937111/)

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| **APPLICATION ASSISTANCE** |
| Applicants have the opportunity to meet with a Consortium staff member, either by phone or in person, to discuss their project following submission of the LOI. **These meetings are optional.** Please email [**Consortium Staff**](mailto:staff@canceriowa.org) to schedule a time to meet with a staff member. Additionally, in-person evaluation planning and application writing assistance is available at the Consortium Spring Meetings. April 2nd in Waterloo, April 23rd in Corydon, and April 30th in Storm Lake. Consortium staff members are also available to answer questions and/or assist with applications.  **Iowa Cancer Consortium staff:**   * Tessa Allred, Program Coordinator, [**allred@canceriowa.org**](mailto:allred@canceriowa.org) * Sloane Henry, Community Health Educator, [**henry@canceriowa.org**](mailto:henry@canceriowa.org) * Kelly Rollins, Administrative & Financial Coordinator, [**rollins@canceriowa.org**](mailto:rollins@canceriowa.org) * Rachel Schramm, Communications & Outreach Coordinator, [schramm@canceriowa.org](mailto:schramm@canceriowa.org) * Kelly Wells Sittig, Executive Director, [**sittig@canceriowa.org**](mailto:sittig@canceriowa.org) |

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| **AWARD AND REPORTING REQUIREMENTS** |
| 1. Awardees must complete and submit quarterly reports, use all funds and submit a final report by May 28, 2021.  **Carryover of funds is not allowed.** 2. Awardees may be required to present or provide a brief written update for fall and spring Consortium meetings. 3. At least three photos documenting the project must be submitted with the final report. The Iowa Cancer Consortium reserves the right to use these pictures in publications and marketing materials. Awardees must obtain appropriate consent for all pictures for use by both the grantee organization and the Iowa Cancer Consortium. Please email [**staff@canceriowa.org**](mailto:staff@canceriowa.org) if a consent form is needed. All pictures are to be submitted electronically in JPEG format with people and places identified. |

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| **REPORTING TIMELINE** | |
| July 1, 2020 | Project period begins. |
| September 11, 2020 | First-quarter progress reports due to [**staff@canceriowa.org**](mailto:staff@canceriowa.org). |
| December 11, 2020 | Mid-year progress reports due to [**staff@canceriowa.org**](mailto:staff@canceriowa.org). |
| March 12, 2021 | Third-quarter progress reports due to [**staff@canceriowa.org**](mailto:staff@canceriowa.org). |
| May 28, 2021 | Project completed and all funds expended. |
| May 28, 2021 | Final report and budget due to [**staff@canceriowa.org**](mailto:staff@canceriowa.org). |

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| **USE OF FUNDS** |
| * All materials must contain the following statement: This program is made possible by the Iowa Cancer Consortium and the Iowa Department of Public Health. * When appropriate and space permits, the Iowa Cancer Consortium logo and website ([**www.canceriowa.org**](http://www.canceriowa.org)) will be included in project materials. * All materials created using Iowa Cancer Consortium funds must go through the following review process**:** A draft of project materials (CD, DVD, printed materials, agendas, save-the-date, fliers, etc.) must be submitted to [**heck@canceriowa.org**](mailto:heck@canceriowa.org) at least five working days before they are produced. Grantees will receive approval for producing materials via e-mail from Consortium staff. * Project promotion is available through the Consortium’s email newsletter, social media, and workgroup meetings as requested. |

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| **MULTI-YEAR FUNDING REQUESTS** |
| Applicants may request up to three years of funding (not to exceed $25,000 per year and $75,000 for a three-year period). Multi-year applications should identify objectives, action plan steps and a budget for each year of funding requested. **Funding for multi-year projects will be subject to competitive renewal. Applicants must demonstrate significant progress towards objectives in the first year.** [**Click here for the multi-year IFP application.**](http://www.canceriowa.org/FY21IFPMultiYear) |

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| **BUDGET INSTRUCTIONS** |
| Allowable categories have been identified. If funding is requested for a category, a brief explanation or funding justification must be included. Be sure to identify the source of funds and any in-kind or cash contributions from collaborators, etc.  **Equipment** Identify equipment needed for project implementation. Equipment costs must be justified and an explanation provided for equipment use after the grant period ends. Items that cost $5,000 or more are not routinely funded but will be considered on a case by case basis. **Webinar and teleconference services are available to funded projects at no cost to the grantee.**  **Printing and Copying**Estimate the total number of document pages that will be copied or printed. Use $0.06/page for calculating costs. Example: 500 pages X $.06/page =$30.00  **Supplies**Estimate the unit cost for each item to be purchased and the total number of items needed.  Example: 200 brochures X $1.25/brochure = $250.00  **Staff Support** The Iowa Cancer Consortium exists due to contributions of time and resources from partner organizations. In most cases, Consortium projects are carried out by existing grantee organization staff through in-kind donation of staff time. In certain cases, a project may require an extraordinary amount of staff time—over and above what is normally requested of partners. If this is the case, grant collaborators may request funds for key personnel. Funds may not be requested to supplant existing job responsibilities. ***If funding is requested for staff support, staff resume(s), number of funded hours, and a list of staff project-related responsibilities must be included in the budget request.***  **Conference Calls and Webinar Services**Funded projects may use the Consortium’s Zoom conferencing webinar and teleconference platform as needed for the funded project throughout the budget year at no cost. Please do not include these webinar or conference line expenses in the Iowa Cancer Consortium funds requested part of your budget. As a note, the Iowa Cancer Consortium’s Zoom Conferencing package does not include HIPAA compliance.  Please indicate in your application if you plan to request this support.  **Travel** Travel essential to the proposed project may be funded under this proposal. Travel reimbursement is allowed at the following rates: $0.39/mile, $12.00/breakfast, $15.00/lunch, and $29.00/dinner. Maximum lodging reimbursement is $98 plus taxes per night. *(Please note that these reimbursement rates may be subject to change)*  **Incentives**  Incentives are an allowable expense only if proven to be effective as part of an evidence-based intervention. The evidence base must be explained and a statement of need is required to explain the need for funding for incentives.  **Clinical Care/Service Delivery**  Clinical care including the provision of medication, vaccinations and/or treatment is not an allowable expense. Service delivery including radon mitigation and screening test purchase will be heavily reviewed. Community organizations and collaborators are encouraged to provide financial support for service delivery components. |

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| ***SAMPLE* PROJECT BUDGET**  Items below are for example only and do not necessarily reflect current and/or past funded projects’ budgets. | | | |
| Budget Items and Explanation  (Please divide into categories – which may include: staff support, travel, supplies, equipment, etc.)  \*If service delivery or incentives are included in the budget please include a statement of need with each budget item. | Consortium Funds  (Funds being requested from the Consortium) | Other Funding  (In-kind support, collaborator financial support, & other financial support.) | Total Funds for Project  (Consortium Funds + Other Funding) |
| Category: Staff Support  SAMPLE |  |  |  |
| Senior Program Manager ($36.00/hr. x 8 hrs. x 52 weeks) |  | $14,976.00 | $14,976.00 |
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|  |  |  |  |
| Category: Travel |  |  |  |
| 2 Round trips each from Des Moines to proposed centers in Sioux City, Cedar Rapids, Davenport, Ames, & Ft. Dodge.  Total of 1234 miles x .39/mile x 2 trips = 962.52 | $962.52 |  | $962.52 |
|  |  |  |  |
| Per Diem lunches – 10 trips x 2 people @ $15/lunch | $300.00 |  | $300.00 |
|  |  |  |  |
| Category: Printing |  |  |  |
| Program brochures for staff and patients – 600 brochures x 5 practices @ .39 per brochure | $1,170.00 |  | $1,170.00 |
|  |  |  |  |
| Category: Supplies |  |  |  |
| Folders for cancer center meetings – 200 @ .38 per folder | $76.00 |  | $76.00 |
|  |  |  |  |
|  |  |  |  |
| Category: Shipping |  |  |  |
| UPS shipping of units to cancer centers – 250 units @ $13.00 | $3250.00 |  | $3250.00 |
|  |  |  |  |
|  |  |  |  |
| Category: Other |  |  |  |
|  |  |  |  |
|  |  |  |  |
| TOTALS | $5,758.52 | $14,976.00 | $20,734.52 |

NOTE: The Iowa Cancer Consortium has potential capacity to assist with collaborative infrastructure.   
This includes but is not limited to networking, registration services, webinar hosting, and Zoom conferences.   
Please reach out to [**Consortium Staff**](mailto:staff@canceriowa.org) for more information.

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# SCORING RUBRIC: FY2021 Iowa Cancer Plan Implementation Grants

# Project Title:

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| **APPLICATION COMPLETION AND TIMELINESS (5 POINTS)** | | |
| Project is submitted on time but is not complete. | Project is submitted on time and is complete, including all required documents:  All documents are complete.   Résumés are included if staff financial support is requested.  Application is combined into one PDF.  Budget is accurately recorded and calculated.  A Letter of Support is included from each collaborator. | |
| (0) | (3) | |
| Comments: | | Score: |

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| OVERALL PROJECT (20 POINTS) | | | |
| Project poorly constructed. Little evidence of potential and/or community support. | Project somewhat described but without enough detail to gauge impact or goals. | Project described well. Goals and objectives could be improved. Good community collaboration. | Project has clear goals, objectives, and evaluation plan. Need for the project is well described. Collaborators’ roles are clear and appropriate. High potential for success. |
| (0-3) | (4-7) | (8-11) | (12-15) |
| Comments: | | | Score: |
| PROJECT COLLABORATION (15 POINTS) | | | |
| Appropriate collaborators are not involved or no partners are identified. Letter of Support missing. No shared roles and responsibilities. | Some appropriate collaborators appear to be missing. Letters of support are incomplete or unrelated to project. Roles and responsibilities are unequally spread across collaborators. | The collaborators identified are adequate and their roles are clearly stated. Roles and responsibilities demonstrate mutual engagement, but at different levels. | The collaborators identified are fitting and will strengthen the project. A letter of support is provided that clearly indicates the partners’ role. Roles and responsibilities demonstrate shared engagement. |
| (0) | (1-2) | (3-4) | (5) |
| Comments: | | | Score: |
| CLARITY OF PROJECT OBJECTIVES (10 POINTS) | | | |
| Project objectives are unclear or inappropriate. Objectives not offered or not SMART. | Project objectives are clear. Questionable objectives are offered that are weak or lack specificity or measures. | Project objectives are well framed and adequate. Objectives are adequate to the task but could be strengthened. | Project objectives are well crafted and clear. Objectives are SMART and written in alignment with successfully accomplishing goals. |
| (0) | (1-2) | (3-4) | (5) |
| Comments: | | | Score: |
| PROJECT PLAN (10 POINTS) | | | |
| The project plan is incomplete. | Proposed steps are not clear. Person(s) responsible for completing tasks may not be appropriate, or time for completing steps is unreasonable. Project will likely not accomplish goal. | Proposed steps are appropriate but could be improved. Person(s) responsible for completing steps may be appropriate. Time for completing steps seen as adequate. Project may accomplish goals. | Proposed steps are clear and well thought out. Person(s) responsible for completing steps are well suited for the effort. Project is very likely to accomplish goals. |
| (0) | (1-2) | (3-4) | (5) |
| Comments: | | | Score: |
| PROJECT EVALUATION (10 POINTS) | | | |
| Evaluation measures and methods are missing or not relevant to success of project. Evaluation plan incomplete. | Evaluation measures and methods are offered but could be enhanced or improved. Data source or methods are unclear. Evaluation plan not well defined. | Evaluation measures and methods are adequate as offered. Data sources and collection methods may show success of project. | Evaluation measures and methods are clear. Success of the project would be clear. Data sources are appropriate and collection methods are strong. |
| (0-2) | (3-5) | (6-8) | (9-10) |
| Comments: | | | Score: |
| PROJECT IMPACT (10 POINTS) | | | |
| Project not likely to reach the target population and does not work toward a policy, systems or environmental change. | Project will make little impact in targeted community and/or policy, systems, and environmental change plans are not included/likely. | Project will likely reach target population. Policy, systems and environmental change are well defined and possible. | Project will reach target population and create policy, systems and environmental change during implementation or based on outcomes. |
| (0-2) | (3-5) | (6-8) | (9-10) |
| Comments: | | | Score: |
| PROJECT SUSTAINABILITY AND DISSEMINATION (5 POINTS) | | | |
| No plans for sustainability or dissemination. | Plans for sustainability and dissemination poorly constructed and not feasible. | Plans for sustainability and dissemination are appropriate to the plan and timeline. | Plans for sustainability and dissemination are well crafted. Project is likely to continue following funding period. |
| (0) | (1-2) | (3-4) | (5) |
| Comments: | | | Score: |
| LINK TO IOWA CANCER PLAN: PROJECT OBJECTIVES (5 POINTS) [**Iowa Cancer Plan**](https://canceriowa.org/cancer-plan/) | | | |
| Project objectives are not related to the priorities, goals, or actions of the Cancer Plan. | Project objectives are related to the priorities of the Cancer Plan, but there is not a clear connection to goals or actions. | Project objectives are clearly related to the priorities and goals of the Cancer Plan. | Project objectives align with the priorities and goals of the Cancer Plan and a specific action(s) is addressed within the project application. |
| (0) | (1-2) | (3-4) | (5) |
| Comments: | | | Score: |
| PROJECT BUDGET (5 POINTS) | | | |
| Budget is very poorly constructed and disconnected from project. | Budget marginally constructed and appropriately connected to the project with some exceptions. Some expenses are questionable. | Budget aligns with scope of work. Expenses are appropriate to support project. | Budget is well crafted and appropriate for project completion with in-kind or financial support from collaborators. |
| (0) | (1-2) | (3-4) | (5) |
| Comments: | | | Score: |
| \*ADDRESSING HEALTH EQUITY (5 POINTS) | | | |
| Project does not work toward health equity. | Plans to impact health equity are not included/likely. | Plans to impact health equity are well defined and possible. | Project will impact health equity during implementation or based on outcomes. |
| (0) | (1-2) | (3-4) | (5) |
| Comments: | | | Score: |
| OVERALL COMMENTS/RECOMMENDATIONS | | | |
|  | | | **Total Score:**  **\_\_\_\_\_\_\_ /100** |



**\*Health Equity** – The attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities. [***(Healthy People 2020)***](https://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities)

**\*Health Disparities** – A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion. [***(Healthy People 2020)***](https://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities)

**\*Collaboration** – Enhancing ability to improve health and strengthen prevention efforts through identifying shared goals, engaging partners early, defining a common language, activating the community, and leveraging funding. [(ASTHO National Prevention Strategy)](https://www.astho.org/NPS/Toolkit/Characteristics-of-Successful-Collaboration/) Relationships in which two or more independent parties voluntarily decide to work together to address a common purpose. An important segment of this spectrum consists of collaborative arrangements among public health agencies, hospitals, and other parties (e.g., school systems and businesses) that unite to address one or more health issues and improve the culture of health in their communities. [***(Public Health Reports)***](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4937111/)

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# SAMPLE LETTER OF INTENT: FY2021 Iowa Cancer Plan Implementation Grants

Iowa Cancer Consortium Board of Directors  
2501 Crosspark Road  
A164 MTF   
Coralville, IA 52241

<Project Contact>  
<Organization>  
<Contact Information>

Dear Iowa Cancer Consortium,

<Organization/Project Contact> intends to apply in response to the FY2021 Iowa Cancer Plan Implementation Grant Invitation for Proposals.

<Project Description (4-5 sentences)>

This project aligns with the Iowa Cancer Plan goal(s) for <Prevention, Screening, Treatment, Quality of Life, Health Equity>.

The full proposal will be submitted by May 8, 2020.

Sincerely,

<Signature>



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# SAMPLE LETTER OF SUPPORT: FY2021 Iowa Cancer Plan Implementation Grants

Iowa Cancer Consortium Board of Directors  
2501 Crosspark Road  
A164 MTF   
Coralville, IA 52241

< Contact>  
<Organization>  
<Contact Information>

Dear Iowa Cancer Consortium Board of Directors,

I write on behalf of <organization> in support of <project name> proposed to the Iowa Cancer Consortium as part of the FY2021 Iowa Cancer Plan Implementation Grant Invitation for Proposals.

<Organization> will fulfill the following roles in this partnership:

* <Role>
* <Role>
* <Role>

Sincerely,

<Signature>



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***Application Documents Begin on Page 13.***

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# *MULTI-YEAR* PROJECT APPLICATION: FY2020 Iowa Cancer Plan Implementation Grants

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| PROJECT INFORMATION **RESOURCE:**[Writing a Grant Application for Funding](http://ctb.ku.edu/en/writing-grant-application) | |
| Project Title: | |
| Total funding amount requested: | |
| Brief project description, including collaborators and summary of timeline, activities and goals.  (Suggested length 300-500 words): | |
| How did you determine a need for this project (i.e. data, surveys, needs assessment, etc.)? | |
| Please explain how your project has demonstrated progress throughout Year 1: | |
| ALIGNMENT WITH THE IOWA CANCER PLAN **2018-2022 Iowa Cancer Plan:** <https://canceriowa.org/cancer-plan/> | |
| Below, please indicate which 2018-2022 Iowa Cancer Plan **priority(ies)** this project aligns with: | |
|  | 1. (PREVENTION) Prevent cancer from occurring whenever possible. |
|  | 2. (SCREENING) Detect cancer at its earliest stages. |
|  | 3. (TREATMENT) Improve the accessibility, availability, and quality of cancer treatment services and programs. |
|  | 4. (QUALITY OF LIFE) Ensure the highest possible quality of life for all Iowans affected by cancer. |
|  | 5. (HEALTH EQUITY) Identify and eliminate cancer health disparities. |
| This project aligns with the following 2018-2022 Iowa Cancer Plan **goal:** | |
| This project aligns with the following 2018-2022 Iowa Cancer Plan **action step:** | |
| (Optional) This project aligns with the following additional 2018-2022 Iowa Cancer plan **goal(s) and action step(s):** | |

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| PROJECT CHAIR |
| Name: |
| Organization: |
| Organization description: |
| Address: |
| City, State, Zip: |
| Phone: |
| Email: |
| Project responsibilities: |

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| PROJECT COLLABORATORS ***At least one collaborator is required.*  A Letter of Support is required from each collaborator.**  [Click here for a sample Letter of Support.](http://www.canceriowa.org/FY20IFPSampleLOS) |

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| PROJECT COLLABORATOR 1 *(REQUIRED)* **A** [Letter of Support](http://www.canceriowa.org/FY20IFPSampleLOS) **is required from each collaborator.** |
| Name: |
| Organization: |
| Organization description: |
| Email: |
| Project responsibilities: |

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| PROJECT COLLABORATOR 2 **A** [Letter of Support](http://www.canceriowa.org/FY20IFPSampleLOS) **is required from each collaborator.** |
| Name: |
| Organization: |
| Organization description: |
| Email: |
| Project responsibilities: |

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| PROJECT COLLABORATOR 3 **A** [Letter of Support](http://www.canceriowa.org/FY20IFPSampleLOS) **is required from each collaborator.** |
| Name: |
| Organization: |
| Organization description: |
| Email: |
| Project responsibilities: |

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| PREVIOUS ACTIVITIES **As a part of the review process, consideration will be given to projects that have demonstrated success and are proposing a more significant impact or increase in geographic reach. The original project does not need to have been implemented by the applicant or applicant’s organization.** |
| Has the project been implemented previously? |
| If yes, how was the previous implementation funded? (If known) |
| Please describe how the funds you are requesting will be used in a new and different way or to expand reach or impact: |

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| TARGET POPULATION |
| Target population(s): (Geography, race, age, gender, etc.) |
| What is your experience working with this/these population(s)? |
| Estimated number of Iowans to be reached by the project: |

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| ADDRESSING HEALTH EQUITY AND DISPARITIES **The Iowa Cancer Consortium IFP Grant Rubric assigns points to applications that address health equity and disparities.  More information on health equity and disparities in cancer can be found at the following links:**   |  |  | | --- | --- | | * [CDC Health Disparities in Cancer](https://www.cdc.gov/cancer/healthdisparities/basic_info/index.htm) | **C:\Users\liheck\Downloads\Health Equity Image.jpg** [Source](https://healthequity.globalpolicysolutions.org/about-health-equity/) | | * [NCI About Cancer Health Disparities](https://www.cancer.gov/about-nci/organization/crchd/about-health-disparities) |   **Health Equity** – The attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities. [*(Healthy People 2020)*](https://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities)  **Health Disparities** – A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion. [*(Healthy People 2020)*](https://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities) |
| How will your proposed project work towards health equity and address health disparities? |
| Please describe the communities you plan to work with related to health disparities (geography, race, age, gender identity, sexual orientation, insurance status, ability status, etc.) |
| How do you plan to reach the communities described above? |
| What culturally specific strategies will you utilize within the proposed project? Please provide a brief rationale for the strategies you selected. |

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| COLLABORATION **The Iowa Cancer Consortium IFP Grant Rubric assigns points to applications that exhibit collaboration that will increase the reach and sustainability of the proposed program.**  **More information on collaboration in public health can be found at the following links:**   |  |  | | --- | --- | | * [Association of State & Territorial Health Officials](https://www.astho.org/NPS/Toolkit/Characteristics-of-Successful-Collaboration/) * [CDC – Public Health 3.0](https://www.cdc.gov/pcd/issues/2017/17_0017.htm) * [JPHMP – Infrastructure for Cross-Sector Collaboration](https://journals.lww.com/jphmp/Fulltext/2019/07000/Infrastructure_for_Cross_Sector_Collaboration__The.15.aspx) * [RWJF – Fostering Cross-Sector Collaboration to Improve Well-Being](https://www.rwjf.org/en/cultureofhealth/taking-action/fostering-cross-sector-collaboration.html) | **C:\Users\liheck\Desktop\PH+3.0-5part+graphic-a-2.jpgC:\Users\liheck\Desktop\download.jpg** | |  |
| **\*Collaboration** – Enhancing ability to improve health and strengthen prevention efforts through identifying shared goals, engaging partners early, defining a common language, activating the community, and leveraging funding. [*(ASTHO National Prevention Strategy)*](https://www.astho.org/NPS/Toolkit/Characteristics-of-Successful-Collaboration/) Relationships in which two or more independent parties voluntarily decide to work together to address a common purpose. An important segment of this spectrum consists of collaborative arrangements among public health agencies, hospitals, and other parties (e.g., school systems and businesses) that unite to address one or more health issues and improve the culture of health in their communities. [***(Public Health Reports)***](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4937111/) |  |
| How will your proposed project work with collaborators internal and external to your organization? |  |
| How does your proposed project work across sectors to improve community health? |  |
| Describe your working relationship with the named collaborators – do you have demonstrated success? |  |

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| EVIDENCE BASE **Proposed projects/interventions must be evidence based. This means there is scientific evidence to support that the program will be effective if implemented appropriately.**  [Click here](https://www.youtube.com/watch?v=Ory3dT4WA6w) to view a webinar that explains how to find and use evidence-based programs.  [Email Consortium staff](mailto:heck@canceriowa.org) with questions.  **Examples of evidence-based sources:**   * **The Community Guide:** <http://www.thecommunityguide.org> * **Research-tested Intervention Programs (RTIPs):** <http://rtips.cancer.gov/rtips> * **Cancer Control P.L.A.N.E.T.:** <http://cancercontrolplanet.cancer.gov> * **Scholarly journal articles**   **Health Equity & Disparities evidence-based resources:**   * Prevention Research Center (PRC) webinar: Using Evidence-Based Practices: A Webinar for Public Health Practitioners & Community Partners (provides information on tailoring EBI’s). [Click here to view.](https://www.youtube.com/watch?v=Ory3dT4WA6w) * National Cancer Institute (NCI): Research-tested Intervention Programs (search topic, age, setting, race and ethnicity, materials, origination and gender). [Click here to view.](https://rtips.cancer.gov/rtips/programSearch.do) * CDC pdf: ‘A Practitioner’s Guide for Advancing Health Equity.’ [Click here to view.](https://www.cdc.gov/nccdphp/dnpao/state-local-programs/health-equity-guide/index.htm) * CDC website: ‘Health Disparities in Cancer.’ [Click here to view.](https://www.cdc.gov/cancer/healthdisparities/) |
| Please explain which evidence-based intervention(s) you have selected during the development of your project. Please discuss why you chose this intervention(s): |
| Requests for funding to support incentives must be clearly justified and strongly supported by evidence: |

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| PROJECT OBJECTIVES **Objectives must be SMART: Specific, Measurable, Achievable, Realistic, and Time-Bound.**  **Writing SMART Objectives:** <http://www.cdc.gov/healthyyouth/evaluation/pdf/brief3b.pdf>  What to include in your SMART Project Objectives:   * **Specific**: Who? (Target population and persons doing the activity) and What? (action/activity) * **Measurable:** How much change is expected? (baseline data and goal data; change in rates) * **Achievable:** Can be realistically accomplished given current resources and constraints. * **Realistic:** Provides reasonable steps to address the problem. * **Time-Bound:** Provides a timeline indicating when the objective will be met (specific date/month).   **EXAMPLE:** The Iowa Cancer Consortium will increase the number of IFP Grant Applications received from XX (FY2020) to YY (FY2021) by May 8, 2020   * **SPECIFIC:** Iowa Cancer Consortium Staff & Board will announce IFP Application to members and contacts. * **MEASURABLE:** Increase in applications received from XX to YY, an increase of ZZ%. * **ACHIEVABLE:** Consortium Staff, Board, and Grant Reviewers have capacity to review YY applications, which occurred most recently in FY2019. * **REALISTIC:** The Consortium received YY applications in FY2018. In order to return to YY total applications, Consortium Staff have reached out to ## new contacts and have offered diversified outreach across the state through Spring Meetings, the Iowa Cancer Summit, and Capacity Building Webinars.  TIME-BOUND: Deadline of May 8, 2020. |
| OBJECTIVE 1 |
| Please identify a specific, measurable, achievable, realistic, and time-bound project objective: |
| Please pull out each detail from your SMART objective here:   * **Specific**: * **Measurable:** * **Achievable:** * **Realistic:** * **Time-Bound:** |
| Activities: |
| How will it be measured? (How will you know if you accomplish the objective?) |
| How often will you be evaluating your progress? |
| Target Completion Date: |
| Individual/Organization Responsible: |
| OBJECTIVE 2 |
| Please identify a specific, measurable, achievable, realistic, and time-bound project objective: |
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| EVALUATION PLAN **Evaluating the Initiative:** <http://ctb.ku.edu/en/evaluating-initiative>  Example methods for collecting evaluation data:   * Surveys about satisfaction and importance of the initiative. * Behavioral surveys (pre/post). * Interviews with key participants. * Available data sources (Community Health Needs Assessment, BRFSS, Iowa Cancer Registry, census data, etc.). * Observations of behavior and environmental conditions. * Self-reporting, logs, or diaries. * Documentation system and analysis of contribution of the initiative. * Community-level indicators of impact (e.g., cancer rates). * Documentation of policy or systems changes. |
| What are your evaluation questions? (Examples: How has behavior changed as a result of participation in the program? Are participants satisfied with the experience? How much and what kind of a difference has the program or initiative made on the community as a whole?) |
| How will you know your project is successful? Consider both immediate and long-term success. |
| What baseline data will you use and how will you collect it? |
| What data will you collect during the project period and how will it show progress? |
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| Who will complete the evaluation component of the project? (Include name, email, and phone number.) |

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| YEAR-TWO PROJECT OBJECTIVES **Objectives must be SMART: Specific, Measurable, Achievable, Realistic, and Time-Bound.**  **Writing SMART Objectives:** <http://www.cdc.gov/healthyyouth/evaluation/pdf/brief3b.pdf>  SMART Project Objectives are:   * **Specific**: Who? (Target population and persons doing the activity) and What? (action/activity) * **Measurable:** How much change is expected? (baseline data and goal data; change in rates) * **Achievable:** Can be realistically accomplished given current resources and constraints. * **Realistic:** Provides reasonable steps to address the problem. * **Time-Bound:** Provides a timeline indicating when the objective will be met (specific date/month).   **EXAMPLE:** The Iowa Cancer Consortium will increase the number of IFP Grant Applications received from XX (FY2020) to YY (FY2021) by May 8, 2020   * **SPECIFIC:** Iowa Cancer Consortium Staff & Board will announce IFP Application to members and contacts. * **MEASURABLE:** Increase in applications received from XX to YY, an increase of ZZ%. * **ACHIEVABLE:** Consortium Staff, Board, and Grant Reviewers have capacity to review YY applications, which occurred most recently in FY2019. * **REALISTIC:** The Consortium received YY applications in FY2018. In order to return to YY total applications, Consortium Staff have reached out to ## new contacts and have offered diversified outreach across the state through Spring Meetings, the Iowa Cancer Summit, and Capacity Building Webinars. * **TIME-BOUND:** Deadline of May 8, 2020. |
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| SUSTAINABILITY AND DISSEMINATION **Sustaining the Work or Initiative:** <http://ctb.ku.edu/en/sustaining-work-or-initiative> | |
| In what ways will your project continue after the funding cycle? | |
| Below, please indicate how you will share your work with other groups across the state: | |
|  | Provide updates at Iowa Cancer Consortium meetings. |
|  | Write an Iowa Cancer Consortium newsletter article about project efforts. |
|  | Present posters or presentations at statewide meeting, conferences, webinars, etc. |
|  | Share project progress on social media. |
|  | Work with mass media to share information about the project. |
|  | Other: |
|  | Other: |
| How will this project lead to long-term change (include changes in policies and systems)? | |

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| YEAR ONE PROPOSED PROJECT BUDGET | | | |
| Budget Items and Explanation  **(Please divide into categories – which may include: staff support, travel, supplies, equipment, etc.)**  \*If service delivery or incentives are included in the budget please include a statement of need with each budget item. | Consortium Funds  (Funds being requested from the Consortium) | Other Funding  (In-kind support, collaborator financial support, & other financial support.) | Total Funds for Project  (Consortium Funds + Other Funding) |
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| TOTALS |  |  |  |

**\*If salary funding is requested, a resume or CV must be included for each identified staff member\***NOTE: The Iowa Cancer Consortium has potential capacity to assist with collaborative infrastructure.   
This includes but is not limited to networking, registration services, webinar hosting, and Zoom conferences.   
Please reach out to [Consortium Staff](mailto:heck@canceriowa.org) for more information.

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| YEAR TWO PROPOSED PROJECT BUDGET | | | |
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**\*If salary funding is requested, a resume or CV must be included for each identified staff member\***

NOTE: The Iowa Cancer Consortium has potential capacity to assist with collaborative infrastructure.   
This includes but is not limited to networking, registration services, webinar hosting, and Zoom conferences.   
Please reach out to [Consortium Staff](mailto:heck@canceriowa.org) for more information.



*If you have any questions or concerns, please don’t hesitate to reach out to Lindsay Heck at* [*heck@canceriowa.org*](mailto:heck@canceriowa.org?subject=FY2019%20IFP%20Application)*.*