# Application

## FY21 Iowa Cancer Plan Implementation Grant Cycle

**Welcome!**

Thank you for your interest in applying for funds to support cancer control work in Iowa! Before you begin, please take a moment to visit our grants webpage, at <https://canceriowa.org/grants/FY2021>.

**Support through the Application Process**

Support and technical assistance for this grant opportunity will be provided by the Iowa Cancer Consortium staff. Applicants are strongly encouraged to connect with staff to discuss or review their application. Making contact is not a requirement and your proposals won’t be helped or hurt in the scoring process. Please feel free to reach-out to any of our program staff:

* Kelly Wells Sittig, executive director ([sittig@canceriowa.org](mailto:sittig@canceriowa.org))
* Kelly Rollins, administrative and financial coordinator ([rollins@canceriowa.org](mailto:rollins@canceriowa.org))
* Rachel Schramm, communications and outreach coordinator ([schramm@canceriowa.org](mailto:schramm@canceriowa.org))
* Tessa Mills, outreach coordinator ([mills@canceriowa.org](mailto:mills@canceriowa.org))
* Sloane Henry, community health educator ([henry@canceriowa.org](mailto:henry@canceriowa.org))

## How to Apply

Applications will be considered complete when all components have been submitted to Rachel Schramm ([schramm@canceriowa.org](mailto:schramm@canceriowa.org)) by 11:59 p.m. on August 16, 2020. All documents must be combined into a single PDF. Late applications will not be accepted.

**Checklist:**

* Letter of Intent is submitted to Rachel Schramm ([schramm@canceriowa.org](mailto:schramm@canceriowa.org)) on July 29, 2020.
* All projects must support the [Iowa Cancer Plan](http://www.canceriowa.org/cancer-plan).
* Budget items are explained and totals are accurate.
* Letters of Support are included from all collaborators listed on the application.
* Resumes/CVs are included for each staff member if funding is requested for their time.
* Complete grant application is a single PDF.
* Complete application is submitted to Rachel Schramm ([schramm@canceriowa.org](mailto:schramm@canceriowa.org)) by 11:59 p.m. on August 16, 2020.

**Applicant Information:**

Name of Project Chair: Click or tap here to enter text.

Organization: Click or tap here to enter text.

Street Address: Click or tap here to enter text.

City: Click or tap here to enter text.

Zip Code: Click or tap here to enter text.

**Project Details (Summary):**

|  |  |
| --- | --- |
| Project Title:  Click or tap here to enter text. | Total Amount of Funds Requested:  Click or tap here to enter text. |
| Provide a short description of your intended project. *Suggestion: 1,000 words or less.*  Click or tap here to enter text. | |
| Funding priority will be given to projects that meet the following criteria. Please review the list of priority areas below and identify the ways in which your project addresses one or more of topic areas. *Suggestion: 1,000 words or less.*  Projects which:   * provide support for communities who bear the burden of both cancer and novel coronavirus; * identify creative methods to deliver cancer programs and services within the new landscape created by the pandemic; * address issues of systemic racism and the inequities across the cancer continuum; * *and* Iowa Cancer Consortium projects funded in FY20 who willingly relinquished funds during the rise of the pandemic, allowing the Consortium to provide transportation and lodging support to cancer patients undergoing treatment.   Click or tap here to enter text. | |

**Project Details:**

Please indicate which type of funding you are applying for:

Single Year (applying for year one of one funding)

Multi-Year: Year 1 (applying for the first year of two- or three-year funding)

Multi-Year: Year 2 (applying for the second year of two- or three-year funding)\*

Multi-Year: Year 3 (applying for the third year of three-year funding)\*

*\*If you are applying for continued funding (funded last year), please describe your success and challenges in previous years of funding. Suggestion: 250 words or less.*

Click or tap here to enter text.

How did you determine a need for this project? Please describe. *Suggestion: 250 words or less.*

Click or tap here to enter text.

How will your project support/help to implement the [2018-2022 Iowa Cancer Plan](https://canceriowa.org/cancer-plan/)? *Suggestion: 100 words or less.*

Click or tap here to enter text.

Describe the populations/communities your project will work with, including your experience working with them. *Suggestion: 250 words or less.*

Click or tap here to enter text.

Please estimate the number of Iowans to be reached through the project:

Click or tap here to enter text.

**Project Objectives:**

Objective #1:

* Specific, measurable objective: Click or tap here to enter text.
* Objective timeframe *(examples: month or quarter):* Click or tap here to enter text.
* How do you know this objective is realistic and achievable? Click or tap here to enter text.

Objective #2:

* Specific, measurable objective: Click or tap here to enter text.
* Objective timeframe *(examples: month or quarter)*: Click or tap here to enter text.
* How do you know this objective is realistic and achievable? Click or tap here to enter text.

Objective #3:

* Specific, measurable objective: Click or tap here to enter text.
* Objective timeframe *(examples: month or quarter)*: Click or tap here to enter text.
* How do you know this objective is realistic and achievable? Click or tap here to enter text.

**Project Partners:**

The Iowa Cancer Consortium seeks to fund proposals which are collaborative in nature. At least one collaborator is required per project. A letter of support is required for each listed collaborator.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Collaborator #1:**  *(required)* | **Collaborator #2:**  *(optional)* | **Collaborator #3:**  *(optional)* |
| Name: | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Organization: | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Street Address: | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| City: | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| State: | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Zip Code: | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Phone: | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Please describe the collaborator’s proposed responsibilities/role in the project. (<100 words) | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**Evidence & Evaluation**

The Iowa Cancer Consortium has put together a blog, *“A Public Health Professionals Guide to Evidence-Based Cancer Control Interventions (EBIs)”* which contains state and national resources for public health professionals to visit when selecting interventions. [Click here](https://canceriowa.org/a-public-health-professionals-guide-to-evidence-based-cancer-control-interventions-ebis/).

What scientific evidence is there that your project will be effective? *Suggested: 500 words or less.*

Click or tap here to enter text.

How will you evaluate your project? How will you know if you’ve been successful? *Suggested: 250 words or less.*

Click or tap here to enter text.

Resilience & Sustainability:

Describe the ways your project will be able to adapt to the ongoing COVID-19 pandemic response. For example, if there was a surge in cases, what would your project look like? *Suggestion: 500 words or less.*

Click or tap here to enter text.

After your project is complete, how will the project continue or be sustained? *Suggested: 100 words or less.*

Click or tap here to enter text.

Describe how you hope to disseminate your findings or lessons learned from your project with Iowa Cancer Consortium members and partners. *Suggested: 100 words or less.*

Click or tap here to enter text.

Will this project lead to long-term change (including policies and/or systems change? If so, please explain: *Suggested: 250 words or less.*

Click or tap here to enter text.

**Budget:**

Allowable budget categories have been identified below. If funding is requested within a specific category, a brief explanation or funding justifications required.

Staff Support

* Applicants may request funds for key personnel. Funds may not be requested to supplant existing job responsibilities.
* For any staff support requests through this grant mechanism, a copy of staff resume(s), estimate of project hours, and list of staff project-related responsibilities must be included within and along with the budget request. Resumes may be included as an attachment.

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.

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

Other:

* Equipment:
  + Describe 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, and will be considered on an individual basis.
* Virtual Meeting & Webinar Services
  + Funded projects may use the Consortium’s Zoom virtual conference and webinar platform as needed for the funded project throughout the budget year at no-cost. Iowa Cancer Consortium’s Zoom Conferencing package does not include HIPAA compliance.
  + Please indicate in your application if you plan to request this support.
* Incentives
  + Incentives are an allowable expense only if proven to be effective as part of an evidence-based intervention. The research or evidence case must be outlined.
* 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 cancer screening test purchases will be reviewed on an individual basis.
  + Community organizations and collaborators are encouraged to provide financial support for service delivery components.

Please describe how funds would be used for this project, if awarded: (<100 words)

Click or tap here to enter text.

Use the table below to complete your proposed budget:

|  |  |  |  |
| --- | --- | --- | --- |
| **Budget Items and Explanation** | **Grant Funds Requested** | **Other Funding** | **Total Funds for Project** |
| *When possible, please divide into categories. Examples include: staff support, travel, supplies, equipment, etc. If service delivery or incentives are included within the budget, please include a statement of need along with each budget item.* | *Funds being requested from the Iowa Cancer Consortium.* | *Include in-kind support, volunteer hours, collaborator financial support, and other types of financial support.* | *Include requested Iowa Cancer Consortium funds + items outlined in the Other Funding category.* |
| **Staff Support** |  |  |  |
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| **Travel** |  |  |  |
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| **Printing** |  |  |  |
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| **Supplies** |  |  |  |
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| **Shipping** |  |  |  |
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| **Other** |  |  |  |
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|  |  |  |  |
| **Totals:** | $Click or tap here to enter text. | $Click or tap here to enter text. | $Click or tap here to enter text. |

Note: The Iowa Cancer Consortium may be able to assist with networking, registration services, webinar hosting and/or Zoom conference use for grantees. Please reach out to Kelly Rollins ([rollins@canceriowa.org](mailto:rollins@canceriowa.org)) for additional information.

## **About the Iowa Cancer Consortium**

The Iowa Cancer Consortium is a partnership of more than 400 health care providers, public health professionals, caregivers, researchers, cancer survivors, volunteers and other Iowans who work together to reduce the burden of cancer in our state. Through collaboration, the Consortium enhances partners’ abilities to address cancer prevention, early detection, treatment and quality of life in Iowa.

Sign up to receive email alerts at [www.canceriowa.org/newsletters](http://www.canceriowa.org/newsletters).

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Coralville, Iowa 52241

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