# Application

## FY25 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/ifp>.

**Support through the Application Process**

Support and technical assistance for this grant opportunity is available. Applicants are strongly encouraged to connect with staff to discuss or review their application. Making contact is not a requirement and your proposals will not be helped or hurt in the scoring process. Contact: Liz Orton, Outreach & Communications Specialist at [orton@canceriowa.org](mailto:orton@canceriowa.org).

## How to Apply

Applications will be considered complete when all components have been submitted to Liz Orton ([orton@canceriowa.org](mailto:orton@canceriowa.org)) by 11:59 p.m. on May 24, 2024. Late applications will not be accepted.

**Checklist:**

* Letter of Intent is submitted to Liz Orton ([orton@canceriowa.org](mailto:orton@canceriowa.org)) by 11:59 p.m. on April 26, 2024.
* Projects address priorities, goals, and/or action steps within the [Iowa Cancer Plan](http://www.canceriowa.org/iowa-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.
* If possible, all application documents are compiled into a single PDF (preferred, not required).
* Complete application is submitted to Liz Orton ([orton@canceriowa.org](mailto:orton@canceriowa.org)) by 11:59 p.m. on May 24, 2024.

**Applicant Information:**

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

Project Chair Email Address: Click or tap here to enter text.

Project Chair Phone Number: 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 brief 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 how your project addresses one or more of the topic areas. *Suggestion: 1,000 words or less.***  Projects which:   * Address issues of health equity across the cancer continuum, especially pertaining to systemic racism, rurality, socioeconomic status, gender identity, sexual orientation, disability, and other social determinants of health. * Enhance mental health support for cancer survivors and caregivers. * Address cancer types/sites that are especially high and/or rising in Iowa (when ranked across all 50 U.S. states), such as oral cavity/pharynx (2nd), leukemia (3rd), non-Hodgkin lymphoma (4th), esophageal (4th), melanoma (5th), kidney (7th), colorectal cancer (8th), breast (9th), uterine (11th), bladder (12th), lung (14th), prostate (15th), brain (12th), pancreatic (17th), and thyroid (18th). * Expand successful local projects statewide in Iowa. * Formalize lasting and broad change in cancer control through policy and systems change.   Click or tap here to enter text. | |

**Project Details:**

**Please indicate which type of funding you are applying for (choose one):**

**Single Year** (applying for one year of funding only)

**Multi-Year: Year 1** (applying for the first year of a two- or three-year project with the intention of applying for Year 2 in FY26, if awarded)

**Multi-Year: Year 2** (FY24 Year 1 awardees only) \*

**Multi-Year: Year 3** (FY24 Year 2 awardees only) \*

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

Click or tap here to enter text.

**How will your project support/help to implement the** [**2023-2027 Iowa Cancer Plan**](https://canceriowa.org/iowa-cancer-plan/)**? *Suggestion: 100 words or less.***

Click or tap here to enter text.

**Health Equity & Reach:**

**To us, health equity means that everyone** **has the opportunity to be as healthy as possible. We know that simply offering a program or making resources available to “everyone” does not necessarily mean the needs of a community are met. How will this project increase opportunities for all to live the healthiest life possible, no matter who they are, where they live, or how much money they make?1 How will you modify your project to meet the unique needs of certain populations? *Suggestion: 250 words or less.***

Click or tap here to enter text.

**What steps do you or your organization plan to take during the grant period to strengthen your commitment to diversity, equity, and inclusion? Please reference or describe any documentation, policies, and/or procedures that demonstrate this commitment.2 *Suggestion: 250 words or less.***

Click or tap here to enter text.

**Change does not happen in a vacuum, and some of the most successful projects are the ones that involve others. What other organizations or entities, specifically in the communities you are serving, need to be involved in the proposed project to ensure its success? How will you engage them to collaborate?2 *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.

1Question adapted from the Robert Wood Johnson Foundation (RWJF)

2Question adapted from the Connecticut Health Foundation

**Project Objectives:**

Objectives should be SMARTIE goals: Specific, Measurable, Attainable, Relevant, Time-Based, Inclusive, and Equitable. The CDC’s National Breast and Cervical Cancer Early Detection Program put together a helpful resource for SMARTIE objectives that you can access at <https://www.cdc.gov/cancer/nbccedp/pdf/smartie-objectives-508.pdf>. *(This and additional resources can be accessed at* [*https://canceriowa.org/grants/ifp*](https://canceriowa.org/grants/ifp)*)*

**Objective #1:**

* Specific, measurable objective: Click or tap here to enter text.
* How do you know this objective is attainable and relevant? Click or tap here to enter text.
* Objective timeframe *(examples: month or quarter):* Click or tap here to enter text.
* How will you ensure this objective is inclusive and equitable? Click or tap here to enter text.

**Objective #2:**

* Specific, measurable objective: Click or tap here to enter text.
* How do you know this objective is attainable and relevant? Click or tap here to enter text.
* Objective timeframe *(examples: month or quarter):* Click or tap here to enter text.
* How will you ensure this objective is inclusive and equitable? Click or tap here to enter text.

**Objective #3:**

* Specific, measurable objective: Click or tap here to enter text.
* How do you know this objective is attainable and relevant? Click or tap here to enter text.
* Objective timeframe *(examples: month or quarter):* Click or tap here to enter text.
* How will you ensure this objective is inclusive and equitable? Click or tap here to enter text.

*Please add additional objectives, if desired.*

**Project Partners:**

The Iowa Cancer Consortium seeks to fund collaborative proposals. **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. View the blog here: <https://canceriowa.org/a-public-health-professionals-guide-to-evidence-based-cancer-control-interventions-ebis/>. *(This and additional resources can be accessed at* [*https://canceriowa.org/grants/ifp*](https://canceriowa.org/grants/ifp)*)*

**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 have been successful? *Suggested: 250 words or less.***

Click or tap here to enter text.

Resilience & Sustainability:

**After your funding period is complete, how do you anticipate the project will continue or be sustained? *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 justification is 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/CV, estimate of project hours, and list of staff project-related responsibilities must be included 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: $0.50/mile, $12.00/breakfast, $15.00/lunch, and $29.00/dinner. Maximum lodging reimbursement is $120 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

Indirect/Administrative Costs

* Applicants for whom the Iowa Cancer Consortium is not serving as a fiscal agent may charge an indirect rate limited to 8% of the direct costs proposed in the budget.
* The total budget, including indirect or administrative costs, may not exceed the total available funds.
* Administrative costs are those incurred for common or joint objectives and cannot be identified readily and specifically with a sponsored program but are still necessary to the organization's operations.
* For example, the costs of operating and maintaining facilities, depreciation and administrative salaries are generally treated as indirect/administrative costs.
* If there is a need for indirect funding beyond 8% of direct program costs, requests should be written into the applicant's budget and justified heavily.
* The applicant shall maintain documentation to support the administrative cost allocation. The Consortium reserves the right to request the documentation at any time.

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 but 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. *Note: Not to be used for clinical care, the Zoom account used will not meet HIPAA (Health Insurance Portability and Accountability) compliance standards.*
  + 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 individually.
  + 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** |
| *If possible, please divide them 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 600 healthcare 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).

Mailing Address:

Iowa Cancer Consortium

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North Liberty, IA 52317-0859

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