# Iowa Cancer Plan Implementation Grants

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 are available. Applicants are strongly encouraged to contact Iowa Cancer Consortium staff to discuss or review their application. However, this is not a requirement and will have no effect on proposal scoring. Contact: Liz Orton, Outreach Coordinator at [orton@canceriowa.org](mailto:orton@canceriowa.org).

**A Note Regarding Audience**

The grant application should be written with an external audience in mind. That is, don’t assume that the reader/reviewer is familiar with your organization, current project(s), or previous work. Please include concise background information throughout the application that will help an external audience fully understand your project.

**A Note Regarding Collaboration**

Collaboration is central to the mission of the Iowa Cancer Consortium, and these grants are a reflection of that core value. Each project must include at least one collaborator, accompanied by a letter of support from every collaborator listed. While not an absolute rule, collaborators are generally expected to come from outside your organization or community to highlight the expanse of your planned partnerships. If your project serves a specific community, you must be able to show interest in collaboration from that community through a letter of support.

**How to Apply**

* Email a Letter of Intent (LOI) to [orton@canceriowa.org](mailto:orton@canceriowa.org) by 11:59 p.m. (CDT) on April 30, 2025. Late letters of intent will not be accepted. **You must submit an LOI if you wish to apply for the grant. Anyone who submits an LOI is allowed to submit an application.**
* Carefully complete the following application. Double-check budget totals to ensure accuracy and that you’ve budgeted for an 11-month funding period, not a full year.
* Include Letters of Support from all collaborators listed on the application.
* Include resumes/CVs for each staff member if funding is requested for their time.
* If possible, compile all application documents into a single PDF (preferred, not required).
* Submit the complete application, Letters of Support, resumes/CVs, and any other optional supporting documentation via email to [orton@canceriowa.org](mailto:orton@canceriowa.org) by 11:59 p.m. (CDT) on May 14, 2025. Late applications will not be accepted.

# Application

## FY26 Iowa Cancer Plan Implementation Grant Cycle

**Applicant Information:**

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

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

**Project Lead 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:**

**Project Title:** Click or tap here to enter text.

**Total Amount of Funds Requested for FY26 (up to $25,000):** Click or tap here to enter text.

**Provide a brief description of your intended project and any relevant background information about your organization.** *(Suggested: 1,000 words or less.)*

Click or tap here to enter text.

**How many individuals in Iowa do you expect to reach through your project?**

Click or tap here to enter text.

**In which Iowa counties do you expect to reach people through your project?**

Click or tap here to enter text.

**Please describe how your project addresses one or more of these priority areas:** *(Suggested: 1,000 words or less.)*

* Addressing cancer disparities across the cancer continuum.
* Addressing cancer prevention and/or early detection.
* Expanding successful local projects statewide in Iowa.
* Formalizing lasting and broad change in cancer control through policy and systems change within organizations, systems, and communities. (Funds may not be used for lobbying.)

Click or tap here to enter text.

**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 FY27, if awarded)

**Multi-Year: Year 2** (FY25 Year 1 awardees only) \*

**Multi-Year: Year 3** (FY25 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.*** *(Suggested: 250 words or less.*)

Click or tap here to enter text.

**Which goal(s) and strategy(ies) from the** [**Iowa Cancer Plan**](https://canceriowa.org/iowa-cancer-plan) **will your project support/help to implement?** (*Suggested: 100 words or less.)*

Click or tap here to enter text.

**Project Objectives:**

These objectives will serve as the grant deliverables for your project, if awarded. The Iowa Cancer Consortium Board of Directors may request to change, add, or remove objectives with your agreement prior to funding. Where applicable, please include baseline (current) data. Please add additional objectives, if desired.

*\*Objectives should be SMARTIE goals:* ***S****pecific,* ***M****easurable,* ***A****ttainable,* ***R****elevant,* ***T****ime-Based,* ***I****nclusive, and* ***E****quitable. The CDC’s National Breast and Cervical Cancer Early Detection Program put together a* [*helpful resource for SMARTIE objectives*](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:** Click or tap here to enter text.

* Deadline *(funding period is July 1, 2025-May 31, 2026):* Click or tap here to enter text.
* Baseline data: Click or tap here to enter text.
* Target by deadline: Click or tap here to enter text.

**\*Objective #2:** Click or tap here to enter text.

* Deadline *(funding period is July 1, 2025-May 31, 2026):* Click or tap here to enter text.
* Baseline data: Click or tap here to enter text.
* Target by deadline: Click or tap here to enter text.

**\*Objective #3:** Click or tap here to enter text.

* Deadline *(funding period is July 1, 2025-May 31, 2026):* Click or tap here to enter text.
* Baseline data: Click or tap here to enter text.
* Target by deadline: Click or tap here to enter text.

**Project Collaborators:**

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)

**Name:** Click or tap here to enter text.

**Organization:** Click or tap here to enter text.

**Mailing Address:** Click or tap here to enter text.

**Phone:** Click or tap here to enter text.

**Email:** Click or tap here to enter text.

**Please describe the collaborator’s proposed responsibilities/role in the project.** *(Suggested: 100 words or less)*

Click or tap here to enter text.

**Collaborator #2** (optional)

**Name:** Click or tap here to enter text.

**Organization:** Click or tap here to enter text.

**Mailing Address:** Click or tap here to enter text.

**Phone:** Click or tap here to enter text.

**Email:** Click or tap here to enter text.

**Please describe the collaborator’s proposed responsibilities/role in the project.** *(Suggested: 100 words or less)*

Click or tap here to enter text.

**Collaborator #3** (optional)

**Name:** Click or tap here to enter text.

**Organization:** Click or tap here to enter text.

**Mailing Address:** Click or tap here to enter text.

**Phone:** Click or tap here to enter text.

**Email:** Click or tap here to enter text.

**Please describe the collaborator’s proposed responsibilities/role in the project.** *(Suggested: 100 words or less)*

Click or tap here to enter text.

**Evidence & Evaluation:**

*Resources for Evidence-Based Interventions and Evaluation: (This and additional resources can be accessed at* [*https://canceriowa.org/grants/ifp*](https://canceriowa.org/grants/ifp)*)*

* *The Iowa Cancer Consortium has put together a blog post,* [*A Public Health Professionals Guide to Evidence-Based Cancer Control Interventions (EBIs)*](https://canceriowa.org/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.*
* [*CDC's Program Evaluation Framework*](https://www.cdc.gov/evaluation/php/evaluation-framework/index.html) *guides public health professionals in conducting program evaluation. It is a practical, nonprescriptive tool, designed to summarize and organize essential elements of program evaluation.*

**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.

**How will you modify your project to meet the unique needs of certain populations?** *(Suggested: 500 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 should 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; in-state travel reimbursements follow [Iowa Department of Administrative Services (DAS) guidelines](https://das.iowa.gov/media/1437/download?inline), which is $37/day for meals ($27.75/day for first and last day of travel); out-of-state travel reimbursements follow [Iowa DAS guidelines](https://das.iowa.gov/media/1110/download?inline), which varies by destination. Maximum lodging reimbursement for in-state hotels is $80 plus taxes per night (see the[Iowa DAS travel webpage](https://das.iowa.gov/state-employees/state-accounting/travel-relocation) for more information and resources).

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 requested funds (maximum of $25,000).
* 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.
* 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 explain your budget in words:** *(Suggested: 100 words or less)*

Click or tap here to enter text.

**Use the table below to complete your proposed budget:**

**Reminder:** Funding period is July 1, 2025, to May 31, 2026. This is an 11-month period, not a full year.

|  |  |  |  |
| --- | --- | --- | --- |
| **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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| **Totals:** | $Click or tap here to enter text. | $Click or tap here to enter text. | $Click or tap here to enter text. |

Submit your completed application, along with letters of support from all collaborators and resumes/CVs for anyone whose salary will be supported by requested funds, to [orton@canceriowa.org](mailto:orton@canceriowa.org) by 11:59pm (CDT) on May 14, 2025.

**A Note Regarding Funding Sources**Iowa Cancer Plan Implementation Grants will be funded by state comprehensive cancer control dollars through a contract with the Iowa Department of Health and Human Services and Iowa Cancer Consortium general funds.

## **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

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