

GEORGIA BREAST CANCER LICENSE TAG GRANT

About Georgia CORE

- Public-private partnership dedicated to generating collaborative resources for cancer prevention, care, research, and education.
- Board of Directors comprised of oncologists, scientists, educators and public health professionals from leading cancer centers, medical practices and all academic medical centers and NCI funded programs in Georgia.
- Supported by:
 - Georgia Department of Public Health
 - Georgia Department of Community Health
 - Georgia Society of Clinical Oncology (GASCO)
 - Georgia Research Alliance
 - Government and Foundation Grants
 - Private Contributions and Sponsorships
 - Industry Contracts

Background



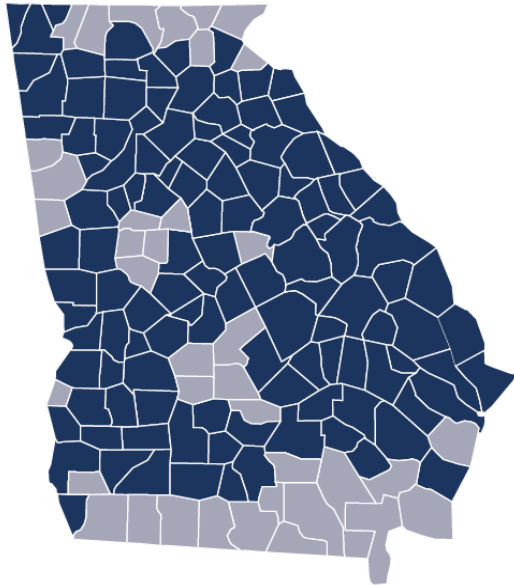
- **Georgia BCLT Grant Program Purpose**
 - To expand breast cancer screening, including education, outreach and access, as well as treatment services for the medically indigent that is consistent with clinical standards-of-care.
- Georgia CORE administers the Georgia Breast Cancer License Tag (BCLT) Grant on behalf of the Georgia State Office of Rural Health within the Department of Community Health.
- Funding for the BCLT Grant comes from the sale and renewal of Breast Cancer License Tags in Georgia.

Who We've Funded

- Athens Regional Foundation (Athens)
- Boat People SOS, Inc. (Atlanta)
- Center for Black Women's Wellness (Atlanta)
- Central Georgia Cancer Coalition (Macon)
- Center for Pan Asian Community Services (Atlanta)
- East Georgia Cancer Coalition (Athens)
- Georgia Breast Cancer Coalition Fund (Atlanta)
- Grady Health Foundation (Atlanta)
- Grady Memorial Hospital (Atlanta)
- Gwinnett Medical Center (Lawrenceville)
- Hearts & Hands Clinic (Statesboro)
- Horizons Community Solutions (Albany)
- Susan G. Komen* (Atlanta)
- Meadows Regional Medical Center* (Vidalia)
- Memorial Health (Savannah)
- Northside Hospital Cancer Institute (Atlanta)
- Northwest Georgia Regional Cancer Coalition (Rome)
- Northwest Healthcare Partnership (Dalton)
- Southwest GA Area Health Education Center (Albany)
- St. Joseph's/Candler Hospital (Savannah)
- St. Joseph's Mercy Care Services, Inc. (Atlanta)
- University Hospital System (Augusta)
- West Central Georgia Cancer Coalition (Columbus)
- Young Survival Coalition (Atlanta)
- YWCA of Greater Atlanta* (Atlanta)

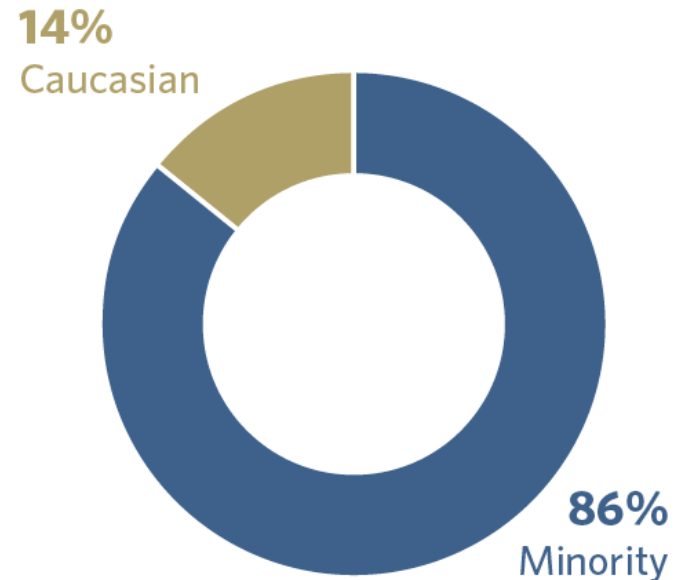
Impact: At a Glance

COUNTIES SERVED BY GRANTEE ORGANIZATIONS, FY 2013-2018



SERVICES: Thousands of Georgians have received screenings and mammograms in the past five years. Supported programs have reached nearly all regions of the state. Hundreds have benefited from treatment — all thanks to proceeds from the tag and the BCLT grant program.

GEORGIANS RECEIVING SERVICES, 2013-2018



REACH: Georgians in 3 out of every 4 counties have benefited in some way through screening, education and treatment services.

Eligibility Criteria

- Applicants must be a 501(c)3 nonprofit; public or private health services entity; Federally Qualified Health Center (FQHC); Rural Health Clinic; Volunteer Clinic; Rural Hospital; or Critical Access Hospital.
- Applicants must request either a **Treatment Service Project** or an **Education, Prevention and Screening Service Project** award. Entities are not eligible to apply for both Service Projects.
- Applicants are expected to provide matching funds or in-kind support that equals or exceeds the amount of the grant request (>1:1). The match can be in the forms of salaries and administrative support.
- Entities with outstanding funding or incomplete progress reports from the previous grant period are not eligible to apply for an additional grant during this funding cycle.
- Grantees that have previously performed poorly (i.e. misused or inadequately used funding) are not eligible for funding.

Treatment Service Projects - Priority Area

- Up to \$50,000
- Provides a process to identify, pre-qualify, and provide treatment services (surgery, chemotherapy, radiation treatment, medications, etc.) to individuals with breast cancer or who have been diagnosed positively with any type of breast pathology. For the purposes of this RFP, biopsies may be considered treatment.
- **Each Treatment Service Project applicant must propose to:** Carry out projects that facilitate the improvement of health outcomes for breast cancer through treatment for indigent, minority women and other underserved populations in Georgia.
- **Required Partnerships for Treatment Service Projects:** The primary organization *must* already have or must enter into partnership agreements with at minimum, a primary care provider and secondary or tertiary care providers within the targeted region for services.

Educational, Prevention and Screening Service Projects - Priority Area

- Up to \$50,000
- Includes a targeted communication strategy to educate indigent communities, promote early education, and provide limited mammography screening services and related clinical examinations.
- **Required Commitments for Educational, Prevention and Screening Service Projects:** Development of a targeted strategy to ensure the dissemination of information and that screening services reach indigent woman. Educational, Prevention and Screening projects may partner with Treatment Centers, if the organization elects to do so, but it is not required.

Program Narrative

- The program narrative in the application should include information about the following:
 - Organization's Background
 - Goal(s) and 'SMART' Objectives
 - S – Specific
 - M – Measurable
 - A – Attainable
 - R – Realistic
 - T – Time-Based
 - Evidence-based Strategies/Promising Practices
 - Evaluation Plan
 - Organizational Capacity
 - Sustainability
 - Program Management

Project Timeline/Work Plan

NAME OF ORGANIZATION Georgia BCLT 2019 Work Plan Template			
Goal 1:			
Objective(s)	Activities	Time Frame	Outcome
1.	1.	1.	1.
2.	2.	2.	2.
3.	3.	3.	3.
Goal 2:			
Objective(s)	Activities	Time Frame	Outcome
1.2.	1.	1.	1.
3.	2.	2.	2.
	3.	3.	3.
Goal 3:			
Objective(s)	Activities	Time Frame	Outcome
1.	1.	1.	1.
2.	2.	2.	2.
3.	3.	3.	3.

- Applicants should use the timeline/work plan template provided.

Budget

- Applicants should use the budget template provided.
- The budget narrative should explain how costs were estimated, justify the need for the cost, and highlight current or pending sources of funding.
- Indirect costs *cannot exceed 9.27%* of direct costs.

Budget Form*				
Budget Category	Project Budget	1:1 Match	6-Month Progress Report	Year-End Report
Personnel				
Salaries and Wages	\$0.00	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00
Direct Operating				
Supplies	\$0.00	\$0.00	\$0.00	\$0.00
Communication	\$0.00	\$0.00	\$0.00	\$0.00
Printing & Copying	\$0.00	\$0.00	\$0.00	\$0.00
Telephone & Fax	\$0.00	\$0.00	\$0.00	\$0.00
Postage & Delivery	\$0.00	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00	\$0.00
Travel to Atlanta for 1 Luncheon (Up to two people) – Date TBD (required)	\$0.00	\$0.00	\$0.00	\$0.00
Staff & Board Development	\$0.00	\$0.00	\$0.00	\$0.00
Screening Mammogram and Diagnostics Services Costs	\$0.00	\$0.00	\$0.00	\$0.00
Treatment Costs	\$0.00	\$0.00	\$0.00	\$0.00
Local Evaluation	\$0.00	\$0.00	\$0.00	\$0.00
Program Costs	\$0.00	\$0.00	\$0.00	\$0.00
Other Expenses	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00
Indirect Costs (Administrative overhead or indirect costs up to a maximum of 9.27% of direct costs.)				
Rent & Utilities	\$0.00	\$0.00	\$0.00	\$0.00
Project Expenses	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00
Other Costs				
Equipment	\$0.00	\$0.00	\$0.00	\$0.00
Consultants	\$0.00	\$0.00	\$0.00	\$0.00
Professional Fees	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00
Total Expenses				
	\$0.00	\$0.00	\$0.00	\$0.00

*Please note that this budget is specific to your proposal, not for your entire hospital or clinic.

Additional Required Documentation

- Board of Directors Form* – template provided
- Independent audit and IRS Form 990*
 - Does your organization conduct an annual audit?
 - If yes, when was the last audit completed?
 - If no, please note that you must partner with another organization that does do an audit. An audit is a state requirement and must be provided.
- Project Timeline/Work Plan – template provided
- Letter(s) of Support – at least 1; 3 maximum
- CV or Resume of Program Director

* Georgia CORE **will not** share your organization's Audit, 990, or Board of Director's form and 501c3 designation letter with reviewers.

Review Process

- Applications are pre-screened for completeness.
- An independent group of reviewers is selected by Georgia CORE and approved by the Department of Community Health.
- A list of organizations to fund is based on:
 - Overall score of the application.
 - Statewide distribution of the funds.
 - Available funding for the current grant cycle.
- If your organization is selected to receive a grant, you will be required to comply with the Grant Contract and Management Policies of Georgia CORE and the Department of Community Health.
- Organizations providing education and/or treatment services in Chatham, Clayton, Dougherty, Douglas, Henry, Muscogee, Newton, Richmond and/or Spalding counties will receive greater consideration for funding as these counties have the highest incidence of late stage breast cancer in Georgia (based on sum of cases and rate in comparison to the State of Georgia).

Key Questions to Ask When Reviewing Your Application...

1. Do you clearly articulate what your project entails?
2. Do you clearly identify what your project aims to accomplish?
3. Do you highlight the methods you will employ to achieve your goals?
4. Do you clearly articulate the need for proposed funds, equipment, supplies, etc.?
5. Do you provide justification for the project budget?
6. Have you identified the means to provide a 1:1 funding match?
7. Do you provide a timeline/work plan for the project?
8. Is this project sustainable beyond the funding period?
9. Is your application free of grammatical/spelling errors?
10. Have you checked to see if you have included **all** requested attachments?

Answers to Frequently Asked Questions

- Non-profit organizations must have 501(c)(3) status, a recent audit, and a Form 990.
 - Hospital systems can use their foundation's 990 and/or audit.
 - Only Georgia CORE will have access to these documents; however, we must have them on file for audit purposes.
- Letters of Support are *required*; 1 minimum, 3 maximum.
- Funding must be used for Georgia residents living *legally* in the state.
- Biopsies can be included in either the Educational and Prevention Service projects or Treatment Service projects.
- If you do not have your own audit, you *must* partner with an organization that does.
- Organizations are expected to provide matching funds or in-kind support that equals or exceeds the amount of the grant request (>1:1). The match can be in the forms of salaries and administrative support.