THE PARTNERSHIP FOR NATIVE AMERICAN CANCER PREVENTION (NACP)

2015-2016

REQUEST FOR COMMUNITY PROJECT FUNDING

APPLICATION GUILDLINES

Increasing community awareness and understanding of cancer by providing competitive grant funding for community based cancer projects.

**Background**

American Indian and Alaska Native (AIAN) populations have high rates for several cancers and poor survival rates for most cancers. Cancer is now the second leading cause of mortality in American Indians and the leading cause of mortality in Alaska Native women. There is, however, significant rate variation among tribes and regions across Indian Country.

Despite clear gains in public health that have resulted from modern health care and disease prevention efforts, these benefits have not accrued evenly among all US population groups. Funding for these projects are provided by the Outreach program of the Partnership for Native American Cancer Prevention, a partnership between Northern Arizona and the University of Arizona, a grant funded by the National Cancer Institute.

**Aims**

The specific aim for the Outreach Core is to develop a small community grants program and that by providing resources directly to AIAN Tribes/communities we will increase capacity in AIAN cancer prevention and control (CAC) programs. By providing this support we can engage more communities at a variety of levels and provide technical assistance to improve their research and CPC programming to address cancer disparities.

This grant funding opportunity is intended to build community capacity while adhering to the principles of community-based participatory research (CBPR). Inclusion of key elements of CBPR will be considered as part of the review criteria for each application. It is therefore important for you to address these CBPR elements in your application:

1. Assurance of sharing of research funds between the academic and/or community agency and the community that will be served in the application if a community agency or academic institution will serve as the PI; if your application is being submitted within the tribal community as the PI, show how you will involve outside agencies and/or academic institutions as appropriate;
2. Shared decision making as evidenced by the establishment of a planning team for the work or linkage to an existing community based planning team that serves the community for whom their funding is sought;
3. Evidence of involvement of the community to be served in all aspects of the research/community programming process including identification of the need, establishment of program goals and objectives, implementation, data analysis, evaluation, dissemination and publication.

Applicant Qualifications

Tribes, tribal agencies, urban tribal programs, tribal non-profit organizations and other non-profit organizations serving AIAN people within the state of Arizona may apply. U.S. citizenship or residency for those working on the project is not required. Organizations that apply may use a fiscal agent, if needed. American Indian and Alaska Native individuals as well as other racial/ethnic minority individuals, women, and persons with disabilities are encouraged to apply.

Restrictions

Applications will only be accepted from U.S. federally tax-exempt organizations in Arizona; e.g. non-profit organizations, educational institutions, government agencies, and AI tribes in Arizona are eligible. Project activities must occur within the state of Arizona. Total budget must include direct and indirect costs.

All equipment purchased with project funds must be used exclusively on this project during the project period. Equipment costs cannot exceed 30% of the direct costs. Salaries, if requested, are restricted to project activities.

**Funds may not be used for the following purposes:**

* Clinical service, including screening exams or treatment services
* Food or beverages
* Construction or renovation of facilities
* Political campaigns or lobbying
* Endowments
* General operating funds (except indirect costs)
* Debt reduction
* Annual fund-raising campaigns
* Projects completed before the date of grant approval
* Individuals
* Reimbursement for specific individuals’ direct services
* Building/renovation
* Capital campaigns
* Employee matching gifts
* Land acquisition
* Program-related investments/loans
* Scholarships

**Application Guidelines**

All applicants must address and include the following sections. The total narrative **should not exceed three (3) typewritten pages** (not including require forms and budget justification). Please complete the attached cover page, abstract, bio-sketch, and budget forms and include them in your application. They are located in the appendices found at the back of this application.

RFP-Announcement Tuesday, October 20, 2015

Application Deadline Hard copy application must be received no later than the end of the day on Friday, December 1, 2015.

Grant Review Complete December 18, 2015

Announcement January 13, 2016

Activity January 13, 2016 to June 30, 2016

All Community Project activities must be completed by June 30, 2016.

\*The last month of the grant will be for evaluation, final reporting, and invoicing. Also not that uncompleted projects may also be considered for a no cost extension pending university administration and NCI approval.

**Cover Page**

Complete the information requested. Signature of approving institutional personnel, other than project director, is required. Tribal approval can be documented in a letter from the tribal chair or per tribal resolution. IRB approval will need to be documented before a project can begin unless exempt. Documented exemption status must be granted by the IRB and not the research team/applicant. If you have already obtained your tribal IRB approval, or have been granted an exemption, you must include a copy with the appendices.

**Project Abstract**

This consists of a brief summary of your project and should include: a statement of the cancer-related problem you plan to address; a short description of the project; how the awarded funds will be used; a statement about your agency; your agency’s experience with similar projects and its capacity to carry out this project successfully.

**Project Proposal: (Not to exceed 3 type written pages)**

**Statement of Need**

* Identify the cancer-related problem or health concern this project plans to address. Use this section to provide facts and evidence to support the need for the project and to demonstrate that you both understand the problem and can address it. Show data to support the extent of the problem as well as the specific need for this project. Also include:
* Description of the constituency (intended population) to be served and how they will be benefited. Clearly describe for whom the project is designed. How did you determine that this group had problems that needed to be addressed? Indicate the reasons that this particular group was chosen and why they would benefit from the project more than another group.
* Describe your plans for including your community’s participation in the design of this project.
* Description of other organizations, if any, collaborating on the project.

**Project Plan**

Include a description of project goals and measurable objectives.

*Goals* are broad statements that describe the project’s intended outcomes. An example of a goal is: *Provide tools for navigators so they can increase the number of women over 50 who are screened for breast cancer.*

An *objective* describes how the goal will be achieved. Objectives should:

* Be specific (who, what, where);
* Be measurable (how many);
* Be achievable (can be attained);
* Include a time frame (when).

An example of an objective is: *Provide art sessions to 10 cancer survivors of all ages to promote health survivorship by June 15, 2015.*

The project plan should also include a description of activities planned to accomplish these goals and objectives. Describe exactly what septs you will take to meet your project’s objectives. Examples of activities include: *survey a representative sample of the intended population to learn what the barriers are to getting a mammogram; sponsor a women’s health luncheon on Mother’s Day; develop a public service announcement on colon cancer screening*.

\*\*Also, indicate whether this is a new or ongoing activity of your organization. Include a timetable for accomplishing these goals and objectives. Indicate the month(s) in which each activity will occur; include all activities involved in planning, implementing, and evaluating as well in reporting.

**Budget**

Use attached Budget form. Do not exceed $10,000 in total costs. The award amount is inclusive of both direct and indirect costs. All applicants must provide a detailed justification for all budget items. If you have a negotiated indirect rate agreement, provide a copy of the agreement to us. If you do not have negotiated rate agreement, we highly recommend that you work on obtaining one with the appropriate oversight agency. In the meantime, please budget for your direct costs only.

Priority will be given to those projects that are able to demonstrate the following:

* Ability to utilize the funds with-in the timeline. (Again these projects can be considered for a no cost extension.)
* Community cancer plans with strong community “buy in”
* Ability to demonstrate strong leveraged partnerships and other cancer program collaborations
* Projects that are able to align and identify with specific Aims of SoE (Please refer to the last page of the grant).

The budget justification explains the rationale and provides the calculations for each line item amount you requested. For example, in the budget, you requested $200 for office supplies. In the justification, you would indicate 5 laser jet ink cartridges @ $20 apiece and 10 reams of computer paper @ $10 apiece and you would indicate how these items are necessary to carry out your project activities.

The budget justification is also used for describing the specific activities of project personnel. For example, you have requested that 50% of the project director’s time be paid for by awarded funds. You will need to specify which project activities the project director will engage in, e.g., facilitate focus group, interview key informants, develop survey instrument, etc.

Evaluation/Assessments/Measure of Success

Identify the outcome measures you will use to determine if the project achieved its goals.

* Definition of success for the program and how it will be measured.
* How will you know if the project is successful?
* How will you know if you have achieved your goals?
* What sources of data will you use e.g., surveys, screening rates, pre/post-tests, the number of people who attended a support group, etc.
* Identify what the methods are you will be using to collect information related to your goals?
* How will you collect your data?
* From whom and at what point in the project?
* Identify your plan for sharing project results with your tribal council, tribal members, other tribal nations, and/or the community at large.

The following items are required

1. Letters of support indicating tribal and community support. These letters must clearly indicate that both the Tribe, tribal agency or community support this project.
2. Letters of collaboration (if applicable) from agencies contributing significant resources to the project. *An example would be including a letter from the local American Cancer Society (ACS) office in a project in which ACS has agreed to train the CHRs to implement the Circle of Life program.*
3. Bio-sketch(s): Please use Bio-sketch form for project director and key personnel identified in the budget. This includes personnel who are supported by project funds and/or who are involved with the project but are being supported from other funding sources.  See above comment.
4. Proof of non-profit status. This should be on-file at the applicant institution.
5. Please include promotional flyers, save the date, etc. materials but do not include other supporting materials (i.e. videotapes, article reprints, complete resumes, etc.)

CHECK LIST

Make sure the following are included in your project application in this order:

☐ Cover Page

☐ Project Category Checklist

☐ Project Abstract/Narrative/Permission to publish

☐ Budget (Include unlike circumstance form if it applies)

☐ Budget Justification

☐ Bio-sketch Form(s)

☐ Letters of Support

☐ IRB, TRB, or Evidence of IRB Exemption

☐ Letters of Collaboration

☐ Proof of Non-Profit Status

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| **Date of Request:** |  | | | |
| Applicant Organization: |  | | | |
| Mailing address: |  | | | |
| Community(s) where project will occur: |  | | | |
| Project Director: |  | | | |
| Title: |  | | | |
| Telephone: | | Fax: | | |
| Email: |  | | | |
| Title of Project: |  | | | |
| Total amount requested (not to exceed $10,000). | | |  | |
| Funding period: | From: January 18, 2016 | | | To: June 30, 2016 |
| Signature:  (Approving fiscal agent). | | | | |

**Project Categories**

Competitive funding is available for tribal or other community-based projects that address one of the following areas: Please check all categories your project application falls under. Include this checklist as page 2 of your application.

**Cancer Education**

Examples: delivering one-on-one or large group education on cancer education, screening and treatment; men’s night out; girl’s night out; scholarships to attend; speaker fees.

**Cancer Awareness**

Examples: brochure development; advertisements;

**Cancer Outreach/travel scholarships**

Examples: recruiting women into a breast cancer screening program for their first mammogram; scheduling colon cancer screening exams and providing transportation to the appointments.

**Cancer Support Networks**

Examples: identifying and providing educational resources for cancer survivors; developing a cancer support group for men.

**Cancer Training**

Examples: training health care providers to counsel terminally ill cancer patients; training CHRs to start cancer support groups.

**Building Infrastructure to Support Cancer Programs**

Examples: developing a database for tracking Pap smear results; identifying and expanding resources for community members with cancer.

**Developing a tribal cancer plan or cancer policy**

Examples: identifying community actions, which will significantly reduce cancer rates and mortality over the next 5-10 years.

**Conducting a cancer research project**

Example: implementing or determining the effectiveness of a community tobacco prevention or intervention project. *Research:* means a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalized knowledge. Activities which meet this definition constitute research for purposes of this policy, whether or not they are conducted or supported under a program which is considered research for other purposes. For example, some demonstration and service programs may include research activities. *(Please review the general principles of CBPR at the beginning of this application, as well as obtaining tribal and IRB approval for research guidelines, and current guidelines for research at the University of Arizona, Northern Arizona University, and your community.*

University of Arizona Office for the Responsible Conduct of Research - https://orcr.arizona.edu/

Northern Arizona University Research Compliance - http://nau.edu/Research/Compliance/Human-Subjects/

**Abstract Page**

In the space below, provide a project abstract, no less than 150 words but not to exceed 300 words, for release to the general public should this application be chosen for funding.

**Title of Project:**

**Permission to publish:** Please describe how you plan to print this abstract for reporting purposes (timeline, contributors to the project) as well as provide examples and resources to assist you in your report.

Permission is hereby granted to the Partnership for Native American Cancer Prevention to publish the above abstract should this application be chosen for funding. All materials developed with this funding will remain in the public domain.

Signature of Project Director Date

Name of Project Director:

Organization:

Phone: Email Address:

**Project Proposal**

In the space below: Type double spaced with no less than 11 point font and not to exceed three (3) typed written pages. You may submit these three pages separate from the application but cannot exceed three pages total.

**Budget**

Total Requested:

(NOT TO EXCEED $10,000 INCLUDING ANY INDIRECT COSTS).

All Personnel (specific to the project) please include any in-kind efforts as well.

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| **Name** | | **Project Role** | **% Effort** | **Salary Requested** |
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| Total Salaries Requested | | |  | |
| Other: | | |  | |
| Supplies:  Please see attached from regarding supplies. (Unlike circumstances form). | | |  | |
| Travel: | | |  | |
| Total: | | |  | |
| Please list other project expenses and their sources of funding | | | | |
| Other Expenses | Source(s) of funding | | Amount | |
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**Budget Form Continued**

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| **Other** | **Source of Funding** | **Amount** |
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| **Budget Justification** | | |
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**Bio-sketch Form**

Biographical information should be submitted for the project director and key personnel included in the budget request. Please use a separate bio-sketch form for each person

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| Name: | | | Title: | |
| **Education:** Begin with baccalaureate or initial professional degree. Also include training that is directly relevant to the project and that demonstrates your capacity to carry out your project role. | | | | |
| **Institution** | **Degree** | **Year** | | **Field of Study** |
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| **Professional Experience:** Please list, in chronological order, previous employment, experience, and honors. Please include any publications you have authored that are pertinent to this project. | | | | |
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**Review Process**

*General Criteria*

* Strong fiscal management capability and organizational capacity to carry out proposed activities
* Experience in program implementation with the proposed intended audience.
* Clear articulation of community needs and how proposed activities will address those needs.
* Realistic and justifiable goals, objectives, and activities.
* Innovation and cost-effectiveness in program design.
* Reasonable budget projections to accomplish proposed activities.
* Potential for long-term impact and post-award sustainability.
* Compliance with application guidelines and eligibility criteria.

All applications that are complete and meet the project guidelines will be reviewed. The reviewers are members of the NACP Executive Committee and Internal Advisory Committee, who are knowledgeable about AIAN communities and a wide range of cancer issues. Applications will be evaluated according to the following criteria:

Statement of Need (Maximum of 20 points)

* Evidence to support the need for the project
* Intended audience described
* Evidence of target group’s participation in project design

Project Plan (Maximum of 45 points)

1. Goals identifying specific outcomes
2. Measurable objectives – who, what, how many, where, and when
3. Activities that describe how each objective will be accomplished
4. Timetable for accomplishing activities

Budget (Maximum of 15 points)

1. Budget for requested funds using Budget Form
2. Budget justification

Evaluation (Maximum of 20 points)

1. Outcome measures
2. Methods of data collection
3. Dissemination of findings – Please describe how you plan to publish the results (timeline, authors responsible for it, or other specifics) as well as provide qualifications and resources to assist you in publication (such as track record of publications, or someone who can assist with the publication).

**Announcement of Project Awards – Announcement of awards will be made January 2016**

Number of projects to be awarded – The amount of funding for various projects is limited so funding will depend on need and availability of funds the program has allocated in that specific category.

Sub award agreement – All funded projects will need to sign a sub award agreement with the University of Arizona or Northern Arizona University (*please see the standard sub award agreement). \*Note: for reference only*

Payment and reporting – Projects are required to submit an invoice along with a progress report that specifically details the project costs. Payment will be made by invoice only. Activity and payment cannot begin until an agreement is received. A final report is due within one month of the completion of the project period. Final payment will require a completed 1-3 page report-summary be included.

**Please send your completed application to:**

**Northern Arizona University**

**Partnership for Native American Cancer Prevention**

**Attn: Carol Goldtooth**

P.O. Box 5659

Peterson Hall (Bldg. 22), Room #306

Flagstaff, AZ 86011

Carol.Goldtooth@nau.edu

928-523-4292

**Submission**

Hard copies of the application must be submitted no later than 5:00 pm, December 1, 2016, by the Project Director.

No exceptions will be made. Please keep to the page limits stated. Use staples, paper clips, or binder clips to bind applications.

The original signed copy of the application, including the appendices (copies of brochures, promotional materials, etc.) should be mailed to Carol Goldtooth at the address above.

**Questions?**

Please address your questions to Carol Goldtooth at the email and or phone above.

**For additional information please refer to the following links:**

* Native American Cancer Research (NACR) <http://natamcancer.org/index.html>
* Cancer Supplement at <http://onlinelibrary.wiley.com/doi/10.1002/cncr.v117.10/issuetoc>
* Cancer 101 at <http://www.npaihb.org/programs/project/ntccp_cancer_101>
* Office for Human Research Protections (OHRP) <http://www.hhs.gov/ohrp/>
* Code of Federal Regulations (CFR) <http://www.gpoaccess.gov/cfr/>