

**2016 CCC Implementation Grants to Increase Access to Quality Cancer Care**

**Request for Proposals**

**Applications due April 1, 2016**

**I. Introduction/ Background**

**Purpose**

The Wisconsin Comprehensive Cancer Control Program (WI CCC Program) is soliciting “2016 CCC Implementation Grants to Increase Access to Quality Cancer Care” (2016 CCC Implementation Grants) proposals that support the implementation of strategies within Priority 9 – *Increase Access to Quality Cancer Care* - and at least one cross-cutting issue in the Wisconsin Comprehensive Cancer Control Plan 2015-2020 (WI CCC Plan 2015-2020). The projects will be implemented from July 1, 2016 – December 1, 2017.

**Eligible Applicants**

Community based organizations, healthcare systems, health departments and other health related agencies and nonprofit organizations that are based in Wisconsin, serve Wisconsinites and work on cancer related issues are eligible to apply. An organization can only submit one project proposal.

**Grant Application Requirements**

* All proposed projects must relate to at least one of the strategies listed under Priority 9 “*Increase access to quality cancer care and services*“ in the WI CCC Plan 2015-2020. (See Appendix B for strategies and view sample action steps online at <https://wicancer.org/plan/priority-9/>)
* All projects must also address **at least** one cross-cutting issue (See Appendix B for cross-cutting issues)
* Limited to one application per organization
* Projects must occur within Wisconsin and serve Wisconsinites
* All activities funded through this grant process must be completely tobacco-free
* A letter of support is required from any partners mentioned in the application

**Number of grants to be awarded and level of funding**

The total number of awards and the final amount awarded is dependent upon the number and scope of projects submitted and funds available. We expect to award applications that request funds of $20,000-$25,000 for the entire grant period.

**Funding Restrictions**

* Grant funds may not be used to replace dollars currently earmarked for cancer programs/projects.
* Grant funds for administrative fees (indirect costs) may not exceed 10% of the total budget request.
* Grant funds may not be used for clinical or direct patient services of any kind, research, lobbying, purchasing equipment, general office supplies, computers and software, phone bills, rent, utilities, alcohol, cash prizes or gift certificates.

**II. Application Guidelines**

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| **Application Deadlines and Overall Project Timeline** |
| Request for Proposal Released | Monday, February 1, 2016 |
| Letter of Intent to Apply (strongly recommended) due electronically to mlmoreau@uwcarbone.wisc.edu | Friday, February 19, 2016 at 5:00 p.m.  |
| **PDF of the complete application and its forms DUE via email to mlmoreau@uwcarbone.wisc.edu.**  | **Friday, April 1, 2016 at 5:00 p.m.** |
| Award notifications sent via e-mail | Wednesday, June 1, 2016 |
| Completed contract paperwork due back via e-mail to jmcgregor@wisc.edu.  | Thursday, June 30, 2016 |
| Project period begins | Friday, July 1, 2016 |
| Project period ends | December 1, 2017 |

**Submission Assistance:** Address all administrative and fiscal questions regarding the Request for Proposal to Julie McGregor by e-mail at jmcgregor@wisc.edu or by phone at (608) 263-2429. For any content related questions regarding the Request for Proposal, contact Jeanne Strickland by e-mail at jsstrickland@uwcarbone.wisc.edu or by phone at (608) 263-2214.

**A webinar to review the RFP, answer questions and provide tips for grant writing will be held on Tuesday, February 9 at 10:00am.** Call-in information can be found online at <https://wicancer.org/2016cccimplementationgrants/> .

**Submission Instructions:**

* A Letterof Intent to Apply is strongly recommended and should be emailed to mlmoreau@uwcarbone.wisc.edu by **5:00 p.m. on Friday, February 19, 2016**. The email needs to include the applicant organization’s name and applicant’s key contact name, email and phone number.
* Complete applications must be received by **5:00 p.m. on Friday, April 1, 2016**. Submit one PDF of the complete application and its forms via email to mlmoreau@uwcarbone.wisc.edu. Incomplete applications will not be reviewed.

**Review Process**: Completed applications meeting submission guidelines will be reviewed in a variety of ways, including scoring by external reviewers, an internal staff review and a final review by the grant committee. All reviewers will use the application scoring criteria in Appendix A. General feedback will be provided to all applicants but we are unable to provide feedback on individual applications.

**Award Reporting Requirements:**

1. Awardees must attend an initial consultation conference call with the WI CCC Program Evaluator to discuss and refine evaluation plans for the project. A final evaluation plan is due August 1, 2016.
2. Awardees must complete and submit two interim progress reports, utilize all funds and submit a final report by December 30, 2017. Carry over funds will not be allowed.
3. Awardees must meet with WI CCC Program staff in person or by conference call at least three times during the project period to discuss project progress, successes and challenges.
4. Awardees may be asked to present and/or provide a brief project summary for WI CCC Partners.
5. At least three photos must be submitted documenting the project with the final report. The WI CCC Program reserves the right to use these pictures in publications and marketing materials. Awardees must obtain appropriate consent for all pictures for use by both the grantee organization and the WI Cancer Control Program. All pictures are to be sent electronically in JPEG format with people and places identified to Michelle Moreau at mlmoreau@uwcarbone.wisc.edu.

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| **Required Award Activities Timeline** | **Due date** |
| Project activities begin | July 1, 2016 |
| Meeting with WI CCC Program Evaluator to discuss evaluation plan  | July 2016 |
| Final evaluation plans due electronically to mlmoreau@uwcarbone.wisc.edu | Monday, August 1, 2016 |
| Check-in #1 with WI CCC Program staff | October 2016 |
| First progress report due electronically to mlmoreau@uwcarbone.wisc.edu | December 30, 2016 |
| Check-in #2 with WI CCC Program staff | February 2017 |
| Twelve month progress report due electronically to mlmoreau@uwcarbone.wisc.edu | June 30, 2017 |
| Check-in #3 with WI CCC Program staff | September 2017 |
| Completion of all project activities and spending  | December 1, 2017  |
| Final project and budget report due electronically to mlmoreau@uwcarbone.wisc.edu | December 30, 2017 |
| **Invoices/Contracts** | **Due date** |
| Completed contract due electronically to jmcgregor@wisc.edu | June 30, 2016 |
| Invoice for project period #1 (July 1, 2016 – December 31, 2016) | No later than December 15, 2016 |
| Invoice for project period #2 (January 1, 2017 – December 1, 2017) | No later than December 15, 2017 |

**III. Application Instructions**

All “2016 CCC Implementation Grants to Increase Access to Quality Cancer Care” applications must include the following sections. There are detailed application instructions for each checklist item below. Applications should have a font size no smaller than 11 point with 1” margins, single spaced. Applicant organization name and page numbers should be added to every page of the application and forms. The application and forms must be turned into one complete PDF for electronic submission. Complete applications must be received via email at mlmoreau@uwcarbone.wisc.edu by **5:00 p.m. on Friday, April 1, 2016**. Incomplete applications will not be reviewed.

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

1. **Cover Page with Abstract**
2. **Project Narrative**
3. **Project Proposal**
4. **Budgets (2)**
5. **Budget Justifications**
6. **Biographical Sketches**
7. **Letters of Support (required if partner is mentioned in application)**
8. **Cover Page with Project Abstract:** Use the ***Cover Page Template*** to create your application’s cover page with project abstract. Signature of approving institutional personnel is required on the cover page.For the project abstract, provide a brief summary of your project including the strategy/strategies from Priority 9 - *Increase access to quality cancer care and services* and cross cutting issue(s) that you plan to address and a short description of the project, including the target audience and how the awarded funds will be used. It is not required that the applicant organization be a member of the WI Cancer Council but if awarded and not already a member, the organization will need to join the WI Cancer Council.
9. **Project Narrative**: On the second page of the ***Cover Page Template*,** write the Project Narrative.In no more than 3 pages, describe your project including the following elements:
* **Statement of Need** - Clearly identify the cancer-related problem you plan to address. Provide evidence to support the need for the project and to demonstrate that your project will address that need.
* **Target Population** – Describe who you are trying to reach with your project activities. Provide evidence to support the target population for the project.
* **Project’s Connection to the WI CCC Plan 2015-2020** – Priority 9: *Increase access to quality cancer care and services.* How will your project move this priority forward? See Appendix B.
* **Project’s Connection to at least one cross cutting issue –** see Appendix B
* **Overall Project Description** – Describe what you will be doing over the next 17 months to address priority 9 and the appropriate cross-cutting issue(s).
* **Organizational Capacity** - Describe your organization and its capacity to carry out the project proposal.
1. **Project Proposal:** Use the ***Project Proposal Template*** to create your project proposal. The completed Project Proposal needs to be submitted as part of your application.

*I. Project’s Connection to the WI CCC Plan 2015-2020:* Each proposal needs to link to one or more of the strategies within Priority 9 and one or more cross-cutting issue(s). You can find Priority 9 and the cross-cutting issues in Appendix B.

*II. Objectives:* The project can have 1-3 SMART objectives, with no more than three objectives. The objectives will tell what you are going to do to address Priority 9 of the WI CCC Plan 2015-2020. See Appendix C for more information on SMART Objectives.

 *Measurement:* For each objective, include a short description of what you plan to measure and how you plan to measure it.

*Action Steps:*  For each objective, you can include up to four action steps. You should use 1-2 sentences to describe each activity. These are the steps over the project period that you will take to accomplish the objective. You should briefly describe each activity and include the Lead Personnel, any Key Partners, and the Timeline for beginning and ending that activity.

*III. Sustainability:* Please include 1-2 brief paragraphs (no more than 300 words) detailing how the project might be sustained after the grant period ends.

1. **Budgets:** Use the ***Budget Form Template*** to create **two separate budgets** for the 2 project periods (July 1, 2016 – December 31, 2016 and January 1, 2017 – December 1, 2017). Note: there are two tabs on the budget form – one for each budget period. Insert additional lines in the form, if needed. The **two** completed Budget Forms need to be submitted as part of your application.

Budget requests should range from $20,000-$25,000 for the entire grant period. The award amount is inclusive of both direct and indirect costs. Indirect costs are allowed for only those organizations with an established indirect rate. Maximum indirect rate is 10%.

Funds are to be used for project activities only. Allowable expenses can include funds for project specific: supplies, meeting expenses including refreshments, printing and copying, staff support, conference calls, travel, postage, and educational materials.Grant funds may **not** be used for lobbying, purchasing equipment, general office supplies, computers and software, clinical or direct patient services of any kind, phone bills, rent, utilities, alcohol, cash prizes, or gift certificates.

 Applicants must provide a strong justification for their budget request: only request the budget amount that is necessary to meet the goals of your project. Budgets will be carefully reviewed as part of the review process and may be modified as needed. If in-kind funds will be used as well for the project, please include the information on the Budget Form.

 Instructions for filling out the ***Budget Form Template:***

*I. Personnel:* Starting with the key personnel, list the names of all applicant organization employees who are involved in the project during the budget period and provide all of the information requested regarding role, effort and funds needed.

*II. Supplies:*Itemize supplies in separate categories and identify the amount of funds requested for each category.

*III. Travel:* Travel essential to the proposed project may be funded under this proposal. Provide the total amount for the proposed travel categories in the budget but provide detailed information about the cost, purpose, etc. in the budget justification.

*IV. Meetings and Event Expenses:* Itemize any of the expenses by category and identify the amount of funds requested for each category.

*V. Other Expenses:*Itemize any other expenses by category and unit cost that will be needed to complete the project. These might include items such as postage and mailing supplies, and program materials such as material development, printing, etc.

*VI. Indirect Costs:* Maximum indirect rate is 10% for the application. The total of the direct costs plus the indirect costs must equal the amount requested for each budget period

1. **Budget Justifications:** Use the ***Budget Justification*** ***Template*** to provide detailed information for each budget category listed and any other information you wish to submit to support the budget request. The budget justification explains why the item is needed and provides the cost calculations for each line item amount you request**. You must provide Budget Justifications for each budget/project period.**

Instructions for filling out the ***Budget Justification Template:***

*I. Personnel:* For each person listed in the budget, identify their role and describe the specific project activities the person will be engaged in for the project. Include the percent of time they will be devoting to the project over the grant period.

*II. Supplies:*Describe the supplies that will be purchased, the cost and how they will be used for the project.

*III. Travel:* Itemize travel categories such as mileage, hotels, meals, etc. and provide the projected costs, purpose and destination of each trip and the number of individuals for whom funds are requested.

*IV. Meetings and Event Expenses:* Describe the purpose of the meetings and/or event, the items that will be purchased for the meetings/event and the proposed cost of each.

*V. Other Expenses:*For each category listed, describe that items that will be purchased, the cost and how they will be used for the project.

*VI. Indirect Costs:* Confirm that your organization has an established indirect rate.

1. **Biographical Sketch(es):** Use the ***Biographical Sketch Form Template*** to completea biographical sketch for the project lead/director and key personnel identified in the project proposal and budget.
2. **Letters of Support:** Letters of Support are required if partner(s) are identified in the project narrative or project proposal.

**APPENDIX A**

**CCC Implementation Grants 2016**

**APPLICATION SCORING CRITERIA**

Points are awarded based on how closely the application meets the criteria for each category.

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| **Project Narrative (17 points)** |
| Statement of Need and Target Population:  |
| Project does not clearly define the problem or provide evidence to support the need. Project does not address identified need or does not identify the target population.  | Project somewhat describes the problem; evidence inadequate to support the need. Project somewhat addresses the need and may or may not identify target population. | Project defines the problem and provides adequate evidence to support the need. Project addresses the identified need and identifies the target population.  | Project clearly defines the problem and provides compelling evidence to support the need. Project will definitely address and make an impact on identified need and clearly identifies the target population.  |
| 0-1 | 2-3 | 4-5 | 6-7 |
| **Comments:** | **Score: \_\_\_\_/7** |
| Overall project description (connection to Priority 9, cross-cutting issue(s), organizational capacity): |
| * Project poorly constructed; little potential impact
* Cross-cutting issue not identified
* Lacks description of organizational capacity
 | * Project somewhat described but without enough detail to gauge level of impact
* Cross-cutting issue may or may not be identified
* May or may not have organizational capacity
 | * Project well described with a complete picture and enough details to show impact
* Cross-cutting issue identified
* Organization well-suited for project
 | * Cleverly developed project with a high potential for success; a novel proposal
* Cross-cutting issue clearly integrated into the project
* Strong organizational capacity
 |
| 0-2 | 3-5 | 6-8 | 9-10 |
| **Comments:**  | **Score: \_\_\_\_/10** |
| **OVERALL COMMENTS:**  | **TOTAL SCORE:****\_\_\_\_ / 17** |

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| **Project Proposal (28 points)** |
| Clarity of project objectives |
| Project objectives are not offered, unclear (not SMART), and/or do not address Priority 9. | Project objectives are weak or lack specificity and may or may not address Priority 9. | Project objectives are well framed and adequate and will address Priority 9. | Project objectives are exceptionally well crafted, are SMART and will clearly address Priority 9. |
| 0-1 | 2-3 | 4-5 | 6-7 |
| **Comments:**  | **Score:**  |
| Measurement |
| Objective measures and methods are lacking or not clear; unclear of what success would look like.  | Objective measures and methods are offered but could be enhanced or improved; elements of success are not well defined.  | Objective measures and methods are adequate; elements of success are identified.  | Objective measures and methods are thoughtful; the applicant team has concise knowledge of how they envision success.  |
| 0-1 | 2-3 | 4-5 | 6-7 |
| **Comments:**  | **Score:**  |
| Action Steps |
| Proposed action steps are not offered or are not appropriate; lead personnel are not stated or unclear; time for completing steps not well established or may not be feasible. | Proposed steps could be significantly improved; lead personnel are somewhat appropriate but could be improved; time for completing steps is offered but could be improved. | Proposed steps are adequate; lead personnel are adequate for the proposed effort; time for completing steps seem achievable.  | Proposed steps are polished and well thought out; lead personnel are well suited for the effort; time for completing the tasks seems well-assessed.  |
| 0-1 | 2-3 | 4-5 | 6-7 |
| **Comments:**  | **Score:**  |
| Project Sustainability |
| No plans for sustainability. | Plans for sustainability are poorly constructed and not feasible. | Plans for sustainability are appropriate to the plan and timeline.  | Plans for sustainability are well-crafted and in synergy with the project plan.  |
| 0-1 | 2-3 | 4-5 | 6-7 |
| **Comments:**  | **Score:**  |
| **OVERALL COMMENTS** | **Total Score: \_\_\_/28** |

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| **Project Budget (7 points)** |
| Project Budget |
| Budget is very poorly constructed and disconnected from the project.  | Budget marginally constructed and connected to the project with some exceptions.  | Budget matches well with the scope of work as offered and is appropriate to the project. | Budget is well-crafted and maximizes resources to enhance the project.  |
| 0-1 | 2-3 | 4-5 | 6-7 |
| **Comments:** | **Score: \_\_\_\_/7** |

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| **Overall Comments and Recommendation** |
| Would you recommend this project for funding? Why or why not? | **Total Score:** **\_\_\_\_\_ out of 52**  |

**APPENDIX B**

**WISCONSIN COMPREHENSIVE CANCER CONTROL PLAN**

**2015 – 2020 FRAMEWORK**

**Vision:** A healthier Wisconsin by reducing the impact of cancer

**Mission:** To engage diverse public, private and community partners to develop, implement and promote a statewide comprehensive approach to cancer control.

**Goals:**  1: Reduce the risk of developing cancer.

 2: Increase early detection through appropriate screening for cancer.

3: Reduce death and suffering from cancer.

4: Improve the quality of life for cancer survivors.

5: Improve the quality and use of cancer-related data.

**Cross Cutting Issues:**

These encompass the whole continuum of cancer control, threaded throughout the priorities, strategies and action steps:

* ***Health Disparities:*** Differences in the incidence, prevalence, mortality, and burden of diseases and other adverse conditions that exist among specific population groups.
* ***Access to Health Care:*** Equal access to services throughout the continuum of cancer for all Wisconsin residents.
* ***Policy, Systems and Environmental Change:*** Population-based and system changes made to the economic, social or physical environment.
* ***Workforce Development:*** Address labor needs to better serve Wisconsin residents across the continuum of cancer.

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| Priority 9: | **Increase access to quality cancer care and services** |
| Strategies | a. | Increase conversations between cancer patients, their families and providers about treatment options and goals of care |
| b. | Increase providers' use of standards of care for cancer treatment and symptom management |
| c.  | Increase access to palliative care for all cancer patients |
| d. | Increase implementation of best practices for transition from active treatment to post-treatment care |
| e. | Increase patient and caregiver access to non-clinical support services |
| f. | Increase access to quality end of life care |

*Sample* ***Action Steps*** *can be found online at* [*https://wicancer.org/plan/priority-9/*](https://wicancer.org/plan/priority-9/)*.*

**APPENDIX C**

**SMART OBJECTIVES**

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**Source: CDC - Writing SMART Objectives:** [**http://www.cdc.gov/healthyyouth/evaluation/pdf/brief3b.pdf**](http://www.cdc.gov/healthyyouth/evaluation/pdf/brief3b.pdf)