

Komen Grants Portal

Applicant User Guide

Version 1

Welcome to the Komen Grants Portal!

Thank you for your interest in applying for a Susan G. Komen grant!

Susan G. Komen is the world's largest breast cancer organization, funding more breast cancer research than any other nonprofit outside of the U.S. government while providing real-time help to those facing the disease.

Our mission is to save lives by meeting the most critical needs in our communities and investing in breakthrough research to prevent and cure breast cancer.

This training covers the registration and eligibility process and provides an application overview.

Registration Process

1. To begin, click the Register Here button if you are a new user. If you are a returning user, please login using your email and password.

| Login Email | Komen Grants Portal Welcome to the Susan G. Komen® grants portal. Please login if you are a returning user. If you are new to the system, please select "Register Here" to get started. Susan G. Komen is the world's largest breast cancer organization, funding more breast cancer research than any other nonprofit outside of the U.S. government |
|--|---|
| A Password | while providing real-time help to those facing the disease. Susan G. Komen's mission is to save lives by meeting the most critical needs in |
| Forgot Password? | our communities and investing in breakthrough research to prevent and cure breast cancer. |
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Eligibility Process

2. Before it's possible complete the registration process and apply for funding, please answer the following eligibility questions when prompted and click the *Submit* button.

Is the applicant a governmental, tribal or a nonprofit organization? Will the project address breast health and/or breast cancer? Will the applicant propose funding for any non-allowable costs?

- 3. If the applicant is a governmental or tribal organization, complete the Organization Information page and click the *Submit* button to create a profile in the system.
- 4. If the applicant is a non-profit organization, complete the Organization Search page to find the applicant organization in the Internal Revenue Service (IRS) database and click the Search button.

| Enter one of the following criteria below to search for your organization in the IRS Database. EIN - Do not include spaces or dashes, example: "123456789" | |
|--|---|
| Name - Keyword search is sufficient, example: "Waco" instead of "The Waco Foundation" | |
| State - Use the two letter abbreviation, example: "NY" instead of "New York" | |
| | |
| | |
| EIN | 0 |
| | |
| | |
| Name | 8 |
| | |
| Address | |
| | |
| | |
| City | |
| | |
| State | 0 |
| | |
| Search Search | |

- 5. Once the application organization is located, click the organization name displayed to show the Organization Information page. Complete the Organization Information page and click the Submit button to create a profile in the system.
- 6. Once the registration process is complete, the message below will be displayed. After your password is set, you can login to begin an application for funding.



With the Komen Grants Portal, applicants can use one login to access funding opportunities and manage awarded projects across different Affiliates.

The first Affiliate that an applicant registers with is considered their base Affiliate. If an applicant is eligible to apply for an active funding opportunity at another Affiliate, it is necessary for the other Affiliates that the applicant wants to apply to, invite the applicant to apply from the Komen Grants Portal.

Applicants may need to contact the local Affiliate to request an invitation.

Once the applicant receives an invitation to apply, it is necessary for the applicant to accept or decline the invitation as shown below.



| Susan G. Komen®'s Grant Invitation You have been invited to apply for the following Susan G. Komen®'s grant: | | | |
|--|--|--------------------------|--|
| You have been invited to apply for the following Susan G. Komen®'s grant: | Susan G. Komen®'s Grar | nt Invitation | |
| | You have been invited to apply for the following | Susan G. Komen®'s grant: | |

Application Process

7. Click *Funding Opportunities* to view available applicant opportunities.

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|----------|-----------------------------------|-----------------------------|----------------------------|------|------|---|----------|---|
| | W Please look at y | (elcome Test Applica | ant nsure it is current | | | | | |
| | 1 Funding Opportunities | My Profile | Organization Profile | | | | | |
| | 0 In Progress | 0 Submitted | 0 Approved/Declined | | | | | |

8. Select *Apply Now* to initiate an application.

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| | | | | Funding Opportunities | | | | | | | × | - α | | |
| | Program | \$ Opportunity | 4 | Guidelines | ¢ | Initiation Deadline | 4.10 | Application Deadline | 4 | ÷ | | 1 | | |
| | Community Grant Program | Community Grants Program Test | | Komen_Grants_Portal_Community_Grants_RFA_Template_v2.pdf | | 11/01/2019 | | 11/01/2019 | | 4 | pply N | low | | |

9. Complete all required fields on each tab of the application page, beginning with Organization Information and ending with Approval Form. Until Save Draft is clicked, the application is not yet linked to the organization and information from the organization profile completed during the registration process will not populate into the Organization Information tab.

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| ← ▼ New ▼ | | | | | | | | | | |
| ORGANIZATION INFORMATION | PROJECT INFORMATION | NARRATI | E DEMOGRAPHICS | BUDGET AP | PROVAL FORM | | | | | |
| Organization Name | | | | | | | | | | |
| Accreditations your organization has | s earned | | | | | | | | | |
| | | | | | | | | | | |
| How is the organization involved with | h National Breast and Cervical C | ancer Early I | Detection Program? | | | | | | | |
| Organization Total Annual Budget | | | | | | | | | | |
| Mailing Address | | | | | | | | | | |
| Maining Address | | | | | | | | | | |
| , Primary Contact | | | | | | | | | NEXT > | |
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10. On the Project Information tab, complete all required fields and then list applicable project partners by clicking *Edit Project Partners* and then upload supporting documentation by attaching it as shown below. Click *Save Draft* when complete.

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| Main | ORGANIZATION INFORMATION | PROJECT INFORMATION | NARRATIVE | DEMOGRAPHICS | BUDGET | APPROVAL I | ORM | | | |
| Notes | Project Partners | | | | | | | | | |
| | List relevant project partners below must be current, signed and submit Edit Project Partners Attach project partner documentation technic select the funding priorities below | necessary to achieve proposed ted on organzation letterhead. | d project: | pporting documentatio | n (letters of su | ipport, letter of c | ollaborat | ion, MOU | l, etc.) | |
| | Projects that provide evidence-based patient navigation for [insert target populations from Community Profile here] that reside in [insert target communities/ locations from Community Profile here]. | | | | | | | | | |
| | Evidence-based projects that reduce barriers to quality breast cancer care experienced by uninsured and underinsured individuals residing in [insert target communities/locations from Community Profile here]. | | | | | | | | | |
| | Projects that provide evidence-bit | ased and culturally relevant brea | ist cancer educati | on in one-on-one and g | roup settings | | | | | |
| | K BACK imit 750 characters) | | | | | | | N | EXT > | |
| | | Save | Draft 🛛 🖌 Sub | omit Cancel | | | | | | |

11. On the *Narrative* tab, click on RFA Guidelines to open the RFA and read it in its entirety. Then, refer to the Project Narrative section headers and questions listed in the RFA to begin adding responses to the Statement of Need, Project Design, Partners and Sustaining the Project and Impact and Evaluation fields. Click *Save Draft* when complete.

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|---|--|--|---|--|-------------------------------------|---------------------------------------|---------------------|--------------------|--------|-----|
| Q Main | * Deadline: 1 | 11/01/2019 | | | | | | | | * |
| Notes | Project Title: | | | | | | | | | - 1 |
| Applic | cation Fiscal Year: | 2020 | | | | | | | | - 1 |
| | RFA Guidelines: | Komen_Grants_Portal_Community_ | Grants_RFA_Templ | late_v2.pdf | | | | | | - 1 |
| C Applic | cation Summary | | | | | | | | | . 1 |
| ORGANIZA | ATION INFORMATIO | N PROJECT INFORMATION | NARRATIVE | DEMOGRAPHICS | BUDGET | APPROVAL FO | DRM | | | |
| This is the understan refer to th * Statemen | e core piece of the ap nd what will be accorr ne RFA for the informa nt of Need | pplication divided into the subsection plished with Komen funding, the a ation to be included in the narrative | ons below. The pro pplicant's qualifica e sections below. | ject narrative should be ations to complete the p | e written so rev project, and ho | view panel memb w the project will | ers can be evalu | easily Jated. F | Please | |
| < BACK | | | | | | | | | NEXT | _ |
| DACK | 1 | Sav | e Draft 🛛 🗸 Sub | omit Cancel | | | | | acki z | |

12. On the *Narrative* tab, click the *Edit Project Objectives* button so measurable objectives that will be funded by Komen can be created.

| ✓ New ✓ | View Options - |
|-----------------------------|--|
| Main | ORGANIZATION INFORMATION PROJECT INFORMATION NARRATIVE DEMOGRAPHICS BUDGET APPROVAL FORM |
| Notes | |
| Assigned Cont 💈 | This is the core piece of the application divided into the subsections below. The project narrative should be written so review panel members can easily understand what will be accomplished with Komen funding, the applicant's qualifications to complete the project, and how the project will be evaluated. Ple |
| Invitations | refer to the RFA for the information to be included in the narrative sections below. |
| Activities | * Statement of Need |
| | * Project Objectives Project Goal Reduce breast cancer mortality by addressing disparities, increasing access to quality and timely care, and/or improving outcomes through patient navigation |

13. Then, click the + sign to add <u>Specific Measurable Attainable Realistic Time-bound</u> (SMART) objectives and choose the relevant Service Type. The service type selected here will determine the data reports available on progress and final reports if the application is selected for funding. Click *Save Draft* when complete.

| Project Objectives | | | | | |
|--------------------|-----------------------------|------|---------------------------|--------------|-----|
| Project Objectives | | | | | |
| SMART Objective | Anticipated Completion Date | | Anticipated Number Served | Service Type | |
| | | 1 | | Select One | × × |
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| | | Save | Close | | |

14. On the *Demographics* tab, select the targeted demographics and locations from the displayed list to be addressed as part of proposed project objectives. Click *Save Draft* when complete.

| ORGANIZATION INFORMATION | PROJECT INFORMATION | NARRATIVE | DEMOGRAPHICS | BUDGET | APPROVAL FORM | | | |
|-------------------------------------|----------------------------------|---------------------|-------------------------|--------|---------------|--|--|--|
| | | | | | | | | |
| Select the targeted demographics | and locations below to be addres | ssed as part of pro | posed project objective | es. | | | | |
| Race | | | | | | | | |
| 🗆 American Indian and Alaska Nat | ive | | | | | | | |
| 🗆 Asian | | | | | | | | |
| 🗆 Black, African American or Africa | an Descent | | | | | | | |
| Middle Eastern or North African | Middle Eastern or North African | | | | | | | |
| Native Hawaiian and Other Pacif | îc Islander | | | | | | | |
| □ White | | | | | | | | |
| Other race | | | | | | | | |
| | | | | | | | | |
| Ethnicity | | | | | | | | |
| 🗆 Hispanic, Latino/Spanish | | | | | | | | |
| Generation Spanic/Latino/Spanish | Origin | | | | | | | |
| | | | Save Draft Cance | el | | | | |

15. On the *Budget* tab, complete all required fields after reading the Allowable Costs section of the RFA. This will include clicking *Edit Key Personnel/ Salaries* to add Komen-funded staff that directly contribute to the achievement of proposed project objectives. At minimum, the Project Director must be listed with a copy of their resume whether they are Komen-funded or not.

| ORGANIZATION INFORMATION | PROJECT INFORMATION | NARRATIVE | DEMOGRAPHICS | BUDGET | APPROVAL FORM |
|--|--|---|---|--|---|
| | | | | | |
| Key Personnel/Salaries | 6 | | | | |
| * KEY PERSONNEL/SALARIES | | | | | |
| List staff below that directly contrib funds are requested from Komen fo of their resume not to exceed 2 pag | ute to the achievement of propo or an individual's salary, enter 0 i es. Attach a job description ON | osed project objec n the "% of Salary LY if a position wi | ctives. Include the portio on Project" field. At leas Il be added for the propo | on of their salar st the Project D osed project or | ry to be requested from Komen. If no irrector must be listed below with a copy is currently vacant. |
| 嶜 Edit Key Personnel/Salaries | | | | | |
| * Resumes | | | | | |
| | | | | | |

The *Edit Patient Care Budget* is used to add specifics about Komen-funded Screening, Diagnostics, and Treatment project activity and should include the Type and Number of Services to Be Provided and Cost per Service.

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| 0 | Main | | ORGANIZATION INFORMATION PROJECT INFORMATION NARRATIVE DEMOGRAPHICS BUDGET APPROVAL FORM | |
| | Notes | | Patient Care Budget | |
| | Assigned Cont | ভ | | |
| • | Invitations | | A Edit Datient Care Burdget | |
| | Activities | | | |
| | | | Screening | |
| | | | Diagnostics | |
| | | | Treatment | |
| | | | Total | |
| | | | Project Budget Summary | |
| | | | < BACK | NEXT > |
| | | | Save Draft | |

All Patient Care clinical services should be included in the Patient Care Budget section, even if they are subcontracted. If an applicant proposes transportation costs, they should also be included here instead of the Travel budget category. Patient Navigation or referral project costs should not be included in the Patient Care Budget section but can be included in Key Personnel/ Salaries or Consultants/ Sub-Contracts sections, as appropriate.

The % of *Project Activity* button is used to assign a percentage of project activity between Education, Screening, Diagnosis/Treatment to proposed Komen-funded project activity.

| * Please assign the percen | ease assign the percentage of project activity between Education, Screening, Diagnosis/Treatment. The total must equal 100%. | | | | | | |
|----------------------------|--|--|--|--|--|--|--|
| % of Project Activity | | | | | | | |

16. On the Approval Form tab, download the Authorized Signature Form and after it is signed by the Primary Contact and Authorized Signer, it is added to the application by uploading it in the Upload Authorized Signature Form. Additionally, at any time during the application completion process, the applicant can generate a PDF of the application by clicking Application Summary. Click *Submit* when the entire application is complete.

| Application Summary | | | | | |
|--|--|-------------------|-------------------------|---------------|-------------------------------------|
| ORGANIZATION INFORMATION | PROJECT INFORMATION | NARRATIVE | DEMOGRAPHICS | BUDGET | APPROVAL FORM |
| Download the Authorized Signature Download Authorized Signature Upload Authorized Signature Form | Form, collect signatures from the Form | ne Primary Contac | ct and Authorized Signe | er and upload | below to complete your application. |
| ▲ | | | | | |
| | Save D | raft 🗸 🖌 Subr | nit Cancel | | |

17. After the application is successfully submitted, a confirmation email will be sent to the applicant with a PDF summary of the application.