



# California Dialogue on Cancer

To Protect and Improve the Health of All Californians

## **CALIFORNIA OVARIAN CANCER AWARENESS PROGRAM (COCAP) Mini-Grant Award Request for Application August 14<sup>th</sup> 2009**

### **Goal of the COCAP Mini-Grants**

The goal of the COCAP Mini-Grant Award is to collaborate with community-based organizations (CBOs) motivated to raise awareness and promote education about ovarian cancer. COCAP encourages all interested CBOs to propose innovative programs or activities aiming to educate health care providers or the general public in their communities on the symptoms of ovarian cancer.

### **Background**

California's Comprehensive Cancer Control Program (CCCP), in collaboration with the California Dialogue on Cancer, administers the California Ovarian Cancer Awareness Program (COCAP). COCAP is an ovarian cancer awareness program targeting women 50 years of age and older in California. The goals of the program aim to foster an earlier stage of diagnosis, more rapid and accurate diagnostic procedures and development of better treatment modalities for long term reductions in mortality from ovarian cancer.

### **COCAP Goals**

- Promote early symptom recognition by both healthcare providers and patients.
- Educate healthcare providers about current diagnostic recommendations for at-risk women.
- Disseminate ovarian cancer treatment recommendations and clinical trials information to foster wider participation by women diagnosed with ovarian cancer.

### **Available Funding**

Funds are administered by the Public Health Institute and the Comprehensive Cancer Control Program. These are one time awards to be dispersed among approved applicant organizations with no one organization receiving more than \$5,000.

### **Who Can Apply?**

Proposals will only be accepted from IRS recognized 501(3) not for profit organizations with services in California. Individuals are not eligible to apply.

### RFA Application Submission Requirements

Applications must contain all information and conform to the format described in the RFA. It is the applicant's responsibility to provide all necessary information to the COCAP program. A template of this application is available on the COCAP website at: <http://www.cdoh.org/ovarian> Electronic applications will be accepted and applicants are encouraged to use the electronic template to complete the application.

The application must be received by COCAP no later than **3:00 pm on September 30th, 2009**. Late and/or incomplete applications will not be considered. Please mail or e-mail applications to the appropriate address listed below.

### Contact - Application mail in/walk in address

Shauntay L. Davis, MPH  
Program Manager, California Ovarian Cancer Awareness Program  
Comprehensive Cancer Control Program  
Public Health Institute  
1825 Bell Ave, Suite 102, Sacramento, CA 95815  
Phone (916) 779-0118 - Fax (916) 779-2608  
E-mail: [shauntay.davis@cdph.ca.gov](mailto:shauntay.davis@cdph.ca.gov)

### Question & Answers

Applicants may ask questions as they relate to the RFA via e-mail. All questions will be answered and posted on the COCAP website as they are received. The last day to submit questions is September 15<sup>th</sup>, 2009. All questions and answers submitted will be posted on the COCAP website on September 18th, 2009. **Questions should be submitted to: [shauntay.davis@cdph.ca.gov](mailto:shauntay.davis@cdph.ca.gov).**

Important Dates	
RFA Released	August 14 <sup>th</sup> , 2009
Last Day to submit written questions via e-mail	September 15 <sup>th</sup> , 2009
Last Day for COCAP to post responses to written questions on COCAP website	September 18th, 2009
<b>RFA Application Deadline</b>	<b>September 30<sup>th</sup>, 2009</b>
Notice of Intent to Award Released	October 9 <sup>th</sup> , 2009
Final report due from Awardees	June 29 <sup>th</sup> , 2010

### Use of Funds/ Restrictions

It is the intent of these awards to encourage organizations to implement or support successful programs contributing to the prevention of ovarian cancer. More specifically, funds should be used to create or support educational programs aimed at health care providers or the general

public about the prevention and symptoms of ovarian cancer. When possible, projects should be supported by evidence-based strategies/interventions.

**Funds cannot be used:**

- To conduct research of any kind
- To deliver direct services to individuals
- To purchase equipment
- To supplement salaries of existing full-time staff of the contracted organization. However, consultants or sub-contractors may be hired to deliver contract services.
- For out of state travel
- Political Lobbying

**Applicant Evaluation**

All applications will be reviewed by Comprehensive Cancer Control Program staff, including COCAP staff, as well as by external reviewers.

**Applicant Instructions**

Application – The entire application must be received by 3:00 pm on September 30<sup>th</sup>, 2009. A complete application must include the following components:

- A. Application Form
- B. Project Narrative
- C. Work Plan
- D. Budget Template and Justification

**A. Completed Application**

Use the attached application to provide general contact information and demographic information about the applicant.

**B. Project Narrative (4 pages maximum)**

**Please include:**

- Brief description of your organization
- Description of organization's expertise or experience in cancer control/prevention activities
- Specific objectives and activities to be accomplished
- Provide the number and type of individuals to be reached
- Describe use of personnel
- Describe plans for measuring project accomplishments

**C. Work Plan**

Please use the attached template to describe your work plan

**D. Budget**

Please complete the attached budget template and provide a budget justification for each line item. Samples are attached for your convenience.



# California Dialogue on Cancer

To Protect and Improve the Health of All Californians

## CALIFORNIA OVARIAN CANCER AWARENESS PROGRAM (COCAP) Mini-Grant Award APPLICATION

### Program Information

Name of Organization
Geographic location that your organization serves:
Federal Employer Identification Number (FEIN)
Physical Address
Phone Number/Fax Number
E-mail Address

### Contact Information

Program Director : Name and Title
Phone Number/Fax Number
E-mail Address
Mailing Address (If different from above)

**Narrative**

**Please provide a brief narrative on the proposed project including:**

- Brief description of your organization
- Description of organization's expertise or experience in cancer control/prevention activities
- Specific objectives and activities to be accomplished
- Provide the number and type of individuals to be reached
- Describe use of personnel
- Describe plans for measuring project accomplishments

## Project Work Plan

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**Organization:** \_\_\_\_\_

**Project Title:** \_\_\_\_\_ **Program Period:** \_\_\_\_\_

<b>Objectives</b>	<b>Activities</b>	<b>Start Date</b>	<b>End Date</b>	<b>Evaluation/Measurement of Accomplishments</b>

***Sample Work Plan***

**Project Work Plan**

**Organization:** Teal Ovarian Cancer Organization

**Project Title:** Teal Ovarian Cancer Education Program **Program Period:** October 5<sup>th</sup>, 2009 – June 29<sup>th</sup>, 2010

<b>Objectives</b>	<b>Activities</b>	<b>Start Date</b>	<b>End Date</b>	<b>Evaluation/Measurement of Accomplishments</b>
Develop CME program for healthcare providers and the local community using COCAP's CME DVD.	<ul style="list-style-type: none"> <li>• Work with COCAP and other ovarian cancer organizations to develop program</li> <li>• Work with local hospitals, clinics, and professional organizations to recruit physicians to participate in CME program.</li> <li>• Secure location and food for CME screening</li> </ul>	October 5 <sup>th</sup> , 2009	April 2010	Administer pre and post surveys at CME screening

**Budget Template**

**Consultant/Subcontractor Expenses**

<b>Budget Item</b>	<b>Purpose/Activity</b>	<b>Estimated Cost</b>
<b>Subtotal:</b>		<b>\$</b>

**Expenses**

<b>Budget Item</b>	<b>Purpose/Activity</b>	<b>Estimated Cost</b>
<b>Subtotal:</b>		<b>\$</b>

**Administrative Costs**

<b>Budget Item</b>	<b>Purpose/Activity</b>	<b>Estimated Cost</b>
<b>Subtotal:</b>		<b>\$</b>

**Budget Total**

	<b>\$</b>
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**Sample Budget Template**

**Budget Template**

**Consultant/Subcontractor expenses**

<b>Budget Item</b>	<b>Purpose/Activity</b>	<b>Estimated Cost</b>
Translator	Spanish Translation of Brochure	\$500
Graphic Designer	Design skills for brochure	\$525
	<b>Subtotal:</b>	<b>\$500.00</b>

**Expenses**

<b>Budget Item</b>	<b>Purpose/Activity</b>	<b>Estimated Cost</b>
Facility Rental/Food	Facility and food costs for the CME Program	\$2,200
Printing/Reproduction	Production of cancer educational piece, signage, other printing	\$550.00
Telecommunications	Phone calls & postage to recruit audience for CME program	\$150.00
Travel	Local mileage costs	\$150.70
	<b>Subtotal:</b>	<b>\$4,350.70</b>

**Administrative Costs**

<b>Budget Item</b>	<b>Purpose/Activity</b>	<b>Estimated Cost</b>
General Expenses/Supplies	General office supplies, materials for CME program and administrative overhead	\$500.00
	<b>Subtotal:</b>	<b>\$500.00</b>

**Budget Total**

	<b>\$ 4,575.70</b>
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## Sample Budget Justification

### **Budget Justification**

#### Consultant/Subcontractor Expenses:

1. Translator for brochures @ \$25 hour X 20 hours = \$500
2. Graphic Designer for brochures @ 35 hour X 15 hours = \$500

#### Expenses:

1. Facility Rental/Food: Facility fee including audiovisual rental @ \$500, Lunch for 70 persons @ \$2,200
2. Printing/Reproduction: Printing and reproduction of CME materials including binders, fliers, signage and reports @ \$4 a CME packet X70 = \$280, \$270 for signage copying of materials, save the date fliers and invitations = \$550.
3. Telecommunications: Telephone communication @ 20 a month X 4 months = \$80, Postage @ \$70
4. Travel: local mileage @ .55 cents/mile X 274 miles = \$150.70

#### Administrative Costs:

1. Miscellaneous office supplies and administrative overhead @ 10% = \$500