

It's the Journey Request for Proposal Application
Grant Year March 1, 2022 – February 28, 2023

SECTION 1. PROJECT PROPOSAL

Grant Proposal Cover Page (Page 1)

- At the top of the page write: It's The Journey Grant Application, March 1, 2022- February 28, 2023
- Name of Organization
- Title of Project
- Main Contact: Name, title, email address, phone number and role in the project
- Secondary Contact: Name, title, email address, phone number and role in the project
- Organization's Mailing Address
- Mailing address for grant agreement and grant checks, if different from Organization's Mailing Address
- Organization's Website
- Total Amount Requested (limit of \$30,000)
- Type of Program: (choose one)
 - Screening Mammograms Only
 - Diagnostic Services Only
 - BOTH Screening and Diagnostics Services
 - Support Services (support groups, transportation assistance, etc.)
 - Direct Assistance
 - Genetic Testing/Counseling
 - Breast Education
- Printed name, title, and signature of approving organizational representative.
- Date application was signed.

Grant Proposal Summary Page (SHORT DESCRIPTION) (Page 2): Please provide a short overview of your proposed project. Do not exceed 300 words. This summary may be published on the ITJ website or other marketing materials

PROJECT DESCRIPTION (Not to exceed 5 pages)

Organization Information.

- Organization's mission statement
- Brief history of organization
- Description of current programs or activities *relevant to this project*

Description of Problem to be Addressed.

- Describe the problem. Why is it an issue?
- How do you know it is a problem?
- What is the history of the problem?
- Who is the problem affecting?
- Why/how is your organization qualified to solve this problem?

Project Details

- Describe your project in detail
- Approximately how many people do you anticipate to serve through your project?
- What services will you be providing?
- List eligibility requirements for participation in your project
- Will you be collaborating with another agency? If so, who?
- What is the logistics of your project? How will it be implemented?
- Who are the people responsible for implementing the project and what are their names, job descriptions, credentials, and responsibilities?
- Who is your target population? Age, race, gender, ethnicity? etc.
- Which area of the state and which counties are you targeting?
- What is your organization's experience serving these populations?
- How will participants benefit from your project?
- If your grant provides screening and diagnostic services and a woman is diagnosed with breast cancer, what are the next steps in their health care?

Project Goals and Objectives

- List your SMART goal (s) for this project and objectives for each goal
- Refer to Appendix B: How to Write Goals and Measurable Objectives
- Note: You will be using your goals and measurable objectives in grant reports

Grant Timeline: (In chart form only)

- What are the key tasks or activities and timeline needed to implement the project successfully?
- At the top of the chart going horizontally across the page, write time increments i.e., 1-2 months, 3-4 months, etc.
- On the left side of the chart going down the page, list the activities
- Mark the appropriate time increment for each activity. Please see example below:

Activities	1-2 Months	3-4 Months	5-6 Months	7-8 Months	9-10 Months	11-12 Months
Sample Activity	X					X
Sample Activity	X		X		X	

Evaluation:

- Explain how your project will be evaluated, qualitatively, quantitatively, or both
- What kind of data will be collected?
- Who will be collecting, analyzing, and interpreting data?
- How often will data be collected and reviewed?
- Remember: Data collected should determine your progress toward achieving your goals and measurable objectives

Collaborations:

- Describe other organizations, if any, who are participating in your project?
- What role(s) will they play?

Sustainability:

- What are your long -term strategies for funding this project?
- List other sources of current funding for this project and include the amount (s)

Project Budget:

- What is the total cost of your project?
- What portion of this total will be paid for by
 - Your organization or other funder?
 - ITJ?
- Screening and Diagnostic grant applications are required to use Approved Reimbursement Rates outlined in Appendix A of the Grant Information packet
- Please provide detailed budget information in the Excel Workbook provided by ITJ.

Plans for Participation: In a couple of sentences, describe how your organization plans to engage with ITJ. Examples: monetary donation, recruit sponsors, host fund- raisers, volunteer at cheer stations, join our crew, etc.

SECTION 2. EXCEL WORKBOOK (provided by ITJ)

Tab 1: Project Budget

- Provide full project budget and ITJ's portion of the project budget

Tab 2: Cost Breakdown

- List services you plan to provide and include the quantity and associated cost for each. Be prepared to report on the actual number of services provided in the 6-month and 12-month report.
- Add additional lines as is necessary

Tab 3: Counties Served

- Mark the counties your project aims to serve

SECTION 3. ADDITIONAL INFORMATION

- Proof of Current Tax-Exempt Status under Section 501 (c) (3) of the Internal Revenue Code. You will need to provide your determination letter along with the status of your non-profit
Visit: <https://www.irs.gov/charities-non-profits/search-for-tax-exempt-organizations> You can either print the status from the web page or take a screen shot and include this with your application
- Copy of current FDA Certifications. For Screening and Diagnostic grant applicants only
- Curriculum vitae or resumes: For Project Director and personnel listed in budget request. No more than 2 pages per person
- Form 990 Tax Return: from prior calendar year

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