



West Virginia Cancer Coalition  
Collaborating to Conquer Cancer

## **Mountains of Hope Capacity Building Grant Application 2021-2022**

### **Purpose**

The Mountains of Hope Cancer Coalition is soliciting proposals for community level projects focused on reducing the burden of cancer. Mountains of Hope is West Virginia's Comprehensive Cancer Coalition and the author of the West Virginia Cancer Plan. The Coalition facilitates state-level and community level collaborations to reduce the human and economic impact of cancer in West Virginia.

### **Grant Application Guidelines**

- Applications must be submitted by **September 12, 2021 by 11:59 PM**. Incomplete or late materials will not be accepted.
- All budget items **should equal no more than \$5,000**.
- All proposed projects must relate to at least one [WV Cancer Plan](#) aim.
- Applicants must conduct all project activity in collaboration with the Mountains of Hope Cancer Coalition and the WV Comprehensive Cancer Program.
- Applicants are required to be a Mountains of Hope member and attend at least two coalition meetings. To join, please click [here](#) and complete the form.
- Applicants must demonstrate community support through collaboration with community members, local businesses, local health-related organizations, cancer patients, members of the priority population, and/or others in implementing project activities.
- Applicants are required to select two ways to report back to Mountains of Hope.
- Applicants must have their fiscal agent located within the state of West Virginia to be eligible for funding.
- Previous grant awardees must satisfactorily complete all previous grant requirements before applying for new funding.

### **Applications must demonstrate the following:**

- Exhibit strategies for [policy, systems, and environment changes](#)
- Focus on [health equity](#)
- Present a plan for [sustainability](#)

### **Priority will be given to projects that exhibit one or more of the following:**

- Applicants that address community clinic linkages
- Applicants that have previously attended two MOH meetings
- Applicants that have used the most recent [WV Cancer Burden Report](#) data to strengthen their proposed project

**Project Information**

Project Title \_\_\_\_\_

Project Date(s) \_\_\_\_\_

Project Location \_\_\_\_\_

Total Funding Amount Requested \_\_\_\_\_

Anticipated Number of People Project will Serve \_\_\_\_\_

Which county or counties does your project serve? Please select all that apply.

- All Counties
- Hampshire
- Mercer
- Randolph
- Barbour
- Hancock
- Mineral
- Ritchie
- Berkeley
- Hardy
- Mingo
- Roane
- Boone
- Harrison
- Monongalia
- Summers
- Braxton
- Jackson
- Monroe
- Taylor
- Brooke
- Jefferson
- Morgan
- Tucker
- Cabell
- Kanawha
- Nicholas
- Tyler
- Calhoun
- Lewis
- Ohio
- Upshur
- Clay
- Lincoln
- Pendleton
- Wayne
- Doddridge
- Logan
- Pleasants
- Webster
- Fayette
- McDowell
- Pocahontas
- Wetzel
- Gilmer
- Marion
- Preston
- Wirt
- Grant
- Marshall
- Putnam
- Wood
- Greenbrier
- Mason
- Raleigh
- Wyoming

**Project Lead Information**

Name \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

**Fiscal Agent Information**

Name \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

Federal Employee Identification Number \_\_\_\_\_

**W9 Form**

You are required to attach a copy of your W9 to this application. Please attach it to this application.

**Key Partners**

Identify key partners or stakeholders you plan to collaborate with on this project. Letters of support are highly encouraged and should be attached to this application. Please include what type of support the organization will be providing to your project. Examples of support can include – additional funding, volunteers, space for programs, or equipment.

Representative	Organization	Type of Support

**Letters of Support**

While not required, letters of support from any partners listed above are highly encouraged. Please attach them to this application.

**Project Plan**

Please describe the specific project or project piece this funding will be used for in 500 words or less. If your funding is to be used for an existing project, please provide specific information on the project piece.

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In 500 words or less, how did you determine a need for this project or project piece?

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In 500 words or less, how will this project effectively address the problem? Why will it work?

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## Cancer Plan Aims

Which of the following [Cancer Plan](#) aim or aims does your overall project address? Select all that apply.

- Aim 1: Reduce the incidence and mortality rates of tobacco-related cancers.
- Aim 2: Reduce the incidence of cancers related to nutrition, physical activity, and obesity.
- Aim 3: Reduce the incidence and mortality for cancers related to ultra-violet light exposure.
- Aim 4: Reduce the incidence and mortality rates of cancers related to environmental carcinogens.
- Aim 5: Increase initiation and completion rates for vaccines that prevent cancer.
- Aim 6: Reduce the incidence and mortality rates of breast cancer through screening and early detection.
- Aim 7: Reduce the incidence and mortality rates of cervical cancer through screening and early detection.
- Aim 8: Reduce the incidence and mortality rates of colorectal cancer through screening and early detection.
- Aim 9: Reduce the incidence and mortality of lung cancer through screening and early detection.
- Aim 10: Reduce the incidence of other cancers in West Virginia through screening and early detection.
- Aim 11: Promote standards of care to increase access to and appropriate utilization of quality cancer diagnostics and state of the art treatment services for all West Virginians.
- Aim 12: Promote overall health of West Virginia cancer survivors from diagnosis to the end of life focusing on the four domains of physical, psychological, social, and spiritual well-being.
- Aim 13: Improve quality of life for survivors and their support teams through access to resources and policy, systems, and environmental change.

## Project Activities

Please provide the following information about project activities. Please only provide information about activities that will be funded by the MOH grant funding.

### How should I answer this question? Here are some examples:

**Describe the Activity:** Three 30-minute Lunch and Learns each focusing on a different topic (nutrition, physical activity, tobacco cessation). A subject matter expert will give each presentation.

**Date of Completion:** September 2021, November 2021, January 2022

**Person Responsible:** Katie Burnham from the Bureau for Public Health

**How will you know if the activity was successful?** We will know if the activity was successful by counting the number of attendees and giving a short 5 question pre and post survey to participants that will focus on the most important aspects of each Lunch and Learn.

**Describe the Activity:** Creating a workout room in our work building which will include 6 sets of free weights, 5 yoga mats, 2 stationary bikes, and a water cooler.

**Date of Completion:** Workout room will be completely installed by February 2022.

**Person Responsible:** Katie Burnham from the Bureau for Public Health

**How will you know if the activity was successful?** We will know if the activity was successful if the workout room is installed by the completion date. Additionally, we will install a sign-in sheet to count the number of times the workout room was used on a month-to-month basis.

**Describe the Activity:** Purchasing the necessary equipment to accept EBT/SNAP benefits at the local farmers market.

**Date of Completion:** Equipment will be purchased and set up by September 2021.

**Person Responsible:** Katie Burnham from the Bureau for Public Health

**How will you know if the activity is successful?** The activity will be successful if we are able to accept EBT and SNAP benefits at our farmers market in September 2021 and October 2021. We will also indicate the number of people who used their benefits at the farmers markets in September and October.

### Activity 1

Describe Activity

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Anticipated Date of Completion (Month/Year)

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Person Responsible

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How will you know if the activity was successful?

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**Activity 2**

Describe Activity

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Anticipated Date of Completion (Month/Year)

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Person Responsible

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How will you know if the activity was successful?

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**Activity 3**

Describe Activity

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Anticipated Date of Completion (Month/Year)

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Person Responsible

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How will you know if the activity was successful?

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**Activity 4**

Describe Activity

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Anticipated Date of Completion (Month/Year)

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Person Responsible

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How will you know if the activity was successful?

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**Activity 5**

Describe Activity

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Anticipated Date of Completion (Month/Year)

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Person Responsible

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How will you know if the activity was successful?

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**Activity 6**

Describe Activity

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Anticipated Date of Completion (Month/Year)

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Person Responsible

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How will you know if the activity was successful?

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## Policy, Systems, and Environment Changes (PSE Changes)

An important aspect of MOH grants is to create [policy, systems, and environment changes](#) to decrease the burden of cancer in West Virginia.

### What is a Policy Change?

Changing or implementing laws, regulations, rules, ordinances, or resolutions. Policy changes can be classified as Big Policy Changes such as changing policies at the national, state, or local governmental level or within healthcare settings, schools, communities or Little Policy Changes like internal changes to organizations or groups.

**Example:** We will implement a new policy in our workplace that allows for workers to take a 30-minute exercise break per day by the end of the grant cycle.

### What is a Systems Change?

Changing processes or practices of an organization, institution, or system to address the healthy change you are trying to make. Examples of organizations, institutions, or systems include communities, workplaces, schools, or health care systems.

**Example:** We will create a referral system for chronic disease self-management programs for our patients.

### What is an Environmental Change?

Physical, observable changes to the built, economic, or social environment. These changes can take place in stores, schools, workplaces, parks, rail trails, health clinics, offices, and communities.

**Example:** We will install ADA accessible playground equipment in a local park.

As a grant applicant, how will your project address a policy, system, or environment change? Please select **at least one policy, system, or environment change** and describe how you plan to address what you select. If you are planning to complete additional policy, systems, or environment changes, please include a description in the appropriate box below.

### Policy Change

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### Systems Change

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### Environment Change

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## Health Equity

[Health equity](#) is achieved when everyone has the opportunity to live the healthiest life possible, regardless of their social position or other socially determined circumstance. In order to promote health equity, we must reduce existing health disparities by identifying and addressing specific gaps in health among historically underserved populations.

The following questions ask about specific populations experiencing health disparities in West Virginia, and how your project was able to reach and serve these populations.

### **Which of the following populations will your project reach? Select all that apply.**

- Low-income
- Uninsured or Underinsured
- Racial or Ethnic Minorities
- Elderly
- People with Disabilities
- LGBTQ+
- Immigrants or Migrants
- Veterans
- People Experiencing or Recovering from Drug Addiction
- People Experiencing Homelessness
- Women
- Children
- People with Lower Levels of Education
- People who are Geographically Isolated
- Other (Please Specify) \_\_\_\_\_

Which of the following strategies will you use to engage the populations listed above in your project or intervention? Select all that apply.

- Focused recruitment of specific populations listed above (Example: Sent recruitment fliers or emails to organizations that work with underserved populations; posted fliers in diverse businesses and locations, used translated fliers or emails)
- Assessed the need of the populations listed above in your area (Example: Looked at previously collected data or talked to people from underserved populations about their needs)
- Provided financial assistance (Example: for program registration, specialized exercise equipment, appropriate clothing or shoes)
- Project location was easily accessible to one or more of the populations listed above (Examples: by foot or public transportation, program took place at a retirement home, a homeless shelter, or a recovery house, etc.)
- Participants were provided with transportation to participate in the program
- Project staff were trained to work with the populations listed above (Example: Cultural sensitivity training or health equity training was provided)
- Safety considerations for participants were taken into account (Example: well-lit spaces, well-marked paths and trails, recommending a buddy system, personal protective equipment for COVID-19)
- Other (Please Specify) \_\_\_\_\_

## Sustainability

[Sustainability](#) is achieved when a program can continue after the initial grant has ended. This includes having the human, informational, technical, organizational, or financial resources available to continue the intervention or program.

**Which of the following strategies will you use to ensure the sustainability of your project? Select all that apply.**

- Create long-term policy change(s) (example: creating a policy that states that food served to participants is healthy, creating a tobacco policy in a workplace, adapted already existing policies to reflect current needs)
- Implement long-term environmental change(s) (example: a workout area was provided to employees, an enhancement to a trail was made, a playground was installed)
- Existing staff or group(s) will continue activities
- Create new staff position(s) or group(s) to continue activities
- Integrate changes into organizational practices or strategic plan
- Secure additional funding to continue activities after the grant cycle
- Create reusable educational materials (examples: training videos, recordings of classes, toolkits, etc.)
- Fundraising (example: participants pay a fee to participate, holding fundraisers)
- Identify partners or collaborators to complete certain aspects of project (example: identified partner organization to help maintain trails and signage in the future)
- Other (Please Specify) \_\_\_\_\_

## Dissemination

As a requirement, **all grantees will need to submit a success story** by the end of the grant year. Success stories should not exceed 500 words and can include up to 5 pictures. In your success story, you should provide the name of your project, overview of the project, description of challenges overcome, and overall success of your project. Quotes from participants or program staff are encouraged.

**Along with one success story, grantees will need to choose at least one of the following options as a form of [dissemination](#) about program success. Which of the following will you complete along with your success story if you are funded?**

- Create a social media post or video in conjunction with MOH to be released on social media
- Provide a presentation on project success to MOH at an MOH meeting

## Budget

Allowable categories are identified below. If funding is requested, a brief explanation or funding justification must be included for that category. Be sure to identify the source of funds and any in-kind or cash contributions from collaborators, etc. **Request for funds cannot exceed \$5,000.** Please see the example below for how to answer each category.

### Funds cannot be used:

- For computers and software, clinical or patient services of any kind, salaries, phone bills, rent, utilities, alcohol, cash prizes, gift certificates.
- To support any legislative lobbying efforts of the grantee related to specific legislation.
- To replace dollars currently earmarked for cancer programs or projects. Applicants must clearly describe how this project expands or improves upon current practices or services.

### Funds can be used for the following:

- Administrative Fees (cannot exceed 10% of the total project budget): Explain the specific need for administrative fees. Identify project responsibilities of each identified person included in the budget. Provide the amount per hour and estimated hours per week. (e.g., 30 hours at \$10/hour=\$300).
- Program/Service Costs: Explain the cost of intervention materials per anticipated participant (if applicable)
- Equipment: Explain the need for equipment needed and how it relates to the overall project (if applicable).
- Contractors, Vendors, etc.: Explain the need for contractors or vendors and how this cost relates to the overall project (if applicable)
- Supplies (educational materials, meeting supplies, etc.): Briefly describe the need for specific supplies and an explanation of how the cost has been estimated. (e.g., flipcharts needed for planning meetings - 2 @ \$15/chart = \$30).
- Any incentives must be clearly justified and strongly supported by evidence.
- Printing/Copying/Postage: Briefly describe quantity, rate, and purpose
- Meeting Costs: Briefly describe the purpose of the meeting and costs associated (if applicable).
- Travel Expenses: Explain the need for all travel and anticipated expenses. Travel must be directly related to proposed activities.
- Other (please explain)

**How should I answer this question? See the Example below:**

**Budget Item:** 1 Heavy Duty ADA Swing Set

**Explanation:** This swing set includes a swing for wheelchair users as well as an ADA compliant JennSwing seat. Total Cost: \$2,989.68

**Funding Requested:** \$2,489.68

**In-Kind Donations:** \$500



Budget Item	Explanation	Total Requested	In-Kind Donation

What is the total funding requested?

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## **Affirmation of Validity of Application and Grantee Compliance**

All applications submitted under the guidelines above will be reviewed for completeness. Completed applications will be evaluated by the MOH Grant Review Committee and scored based on scientific integrity and potential impact. You will be provided with a copy of the scoring rubric that will be used by the grant review committee.

Mountains of Hope Cancer Coalition reserves the right to reject any or all proposals and to waive informalities and minor irregularities in proposals received and to accept any portion of a proposal or all items proposed.

The applicant shall comply with all applicable state and federal laws, rules, and regulations involving non-discrimination on the basis of race, color, religion, national origin, age, or sex.

### **I understand that the following is required for grant funding:**

- I must be a current member of MOH
- I must attend two or more MOH meetings within the grant period
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### **The following is attached to this application:**

- Letters of support from key partners, if applicable
- A copy of your W9

I, the undersigned, do hereby attest that the information contained within this application is true to the best of my knowledge and my organization will abide by the guidelines set forth throughout the Mountains of Hope Grant Application.

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**Signature**

**Date**