



REQUEST FOR PROPOSALS

Addressing Cancer Disparities in Central and Eastern Europe
(Czech Republic, Hungary, Poland, Romania, and Russia)

FOCUS ON CANCER NURSING IN THE COMMUNITY: TRAINING AND COMMUNITY PARTNERSHIPS TO REACH THE UNDERSERVED

Closing Date: June 8, 2010

I. PURPOSE

The Bristol-Myers Squibb Foundation is a U.S.-based independent charity that is committed to helping to reduce health disparities around the world. It does so by focusing on improving community based health care and supportive services and on engaging patients and communities in the fight against serious diseases.

Since 2007, the Foundation has directed grant making and partnership development to cancer disparities in Central and Eastern Europe (CEE) with projects focused on a variety of needs, including psychosocial support, disease information, palliative care, care coordination, and assessment of cancer services. Through these programs, the Foundation and its partners seek to develop, pilot and evaluate innovations and sustainable improvements in the care provided to populations disproportionately affected by cancer, including the poor, ethnic minorities, and people living in rural communities with limited access to cancer services. In some instances, the innovation is a new aspect of care; in other instances, the innovation is a new means of scaling up care or getting to hard to reach populations. To date, the Foundation has made grants for projects in Romania, Hungary, Poland, the Czech Republic and Russia.

The 2010 Request for Proposals invites applications for projects that will be implemented in the Czech Republic, Hungary, Poland, Romania and Russia. The Foundation will award **five two-year grants of up to \$150,000 USD** to support innovative and sustainable projects that improve, expand and/or develop:

- cancer nursing skills and capacity for oncology, general practice and public health nurses: and/or

- community partnerships that bring together nurses with patient groups, health departments, community groups, civic organizations, professional associations, and faith-based organizations providing cancer services.

Projects should target underserved populations and may address any aspect of cancer awareness, prevention and care.

2. BACKGROUND

Cancer is the second most common cause of death in Europe and remains a significant public health problem (EUROSTAT 2006). There are currently 3 million new cancer cases and 1.7 million deaths from cancer in the region each year.¹ Central and Eastern European countries, however, have worse cancer incidence and mortality rates than the EU 15.² Cancer illiteracy among the general population, lack of prevention and screening efforts, and limited health care resources are all seen as key contributing factors to this gap.

Nurses, whether working in a dedicated cancer center, a community hospital or clinic, or public health agency, play critical roles in cancer control, treatment and care. Appropriate training and education is crucial so that all nurses, whether specialists or non-specialists, can feel confident in educating patients and delivering quality cancer care services along the cancer control and care continuum. At the same time, a myriad of community-based entities from primary care clinics to patient groups to public health departments, can join forces with nurses and leverage their expertise to enhance the quality and impact of the medical, supportive and educational cancer services that they each provide in the community.

¹ Coleman, M.P. Responding to the challenge of cancer in Europe (2008).

² Zatanksi, W. Closing the gap: cancer in Central and Eastern Europe in *European Cancer Journal* 44 (2008).



Bristol-Myers Squibb

Together we can prevail.

3. FOCUS ON COMMUNITY LEVEL CARE AND INNOVATION

3.1 Projects should focus on one or several of the following approaches:

- Operational research/improvement of the quality and timing of cancer screening, diagnosis, and navigation of cancer services;
- Development and/or support of innovative community education and outreach models for underserved communities with poor access to cancer services and poor outcomes;
- Education and training of professional, lay, non-specialist and community-based health care providers regarding detection, care and management of persons diagnosed with cancer.

3.2 Target beneficiaries should include but not be limited to:

- Community-based professional and lay health workers
- Populations disproportionately affected by cancer

All grantees will be expected to document outcomes and significant milestones at the end of each year and to provide a publishable report at the conclusion of the grant period. This report should become an important addition to the growing body of knowledge in the field of cancer prevention, care and support. The communication and dissemination of these reports should be part of the plan although there are instances where it can be planned in conjunction with the Foundation.

4. ELIGIBILITY

Established nonprofit and non-governmental organizations and academic institutions working at the regional, national and local levels are eligible to apply for support under this RFP. Partnerships that add value to proposed interventions are particularly encouraged, e.g. professional nursing societies collaborating with non-governmental organizations. Applicants may already be receiving partial funding for the proposed project. Proposals for multi-country projects are also welcome. Institutions selected, especially the lead organization, must have a proven track record for implementing successful community-based and/or health-related programs, and must have demonstrated the capacity to make innovative recommendations that can inform health policy and improve support and care for those impacted by cancer. The grant selection process is highly competitive, therefore applicants must present a compelling, well-documented case for support.

In general, the quality and potential impact of the proposed intervention will be the principal factors used in assessing each proposal.

5. GUIDELINES AND NEEDED CONTENT FOR PROPOSALS

5.1 Proposals must be submitted in English (maximum of 12 pages) and should cover:

- Statement of need
- Project goals and summary
- Target population, geographic area
- Project activities and timeline
- Collaborating partners, if relevant, and specific roles and responsibilities for each partner
- Expected project outcomes
- Monitoring and evaluation plan, tools and indicators for project activities, effectiveness and impact. All successful applicant organizations will be expected to submit 6-month reports as well as a final reports.
- Sustainability plan e.g. how services will be sustained, replication, publication, advocacy efforts, mobilization of new capacity and partnerships
- Communication plan for lessons learned and project outcomes.

All successful applicant organizations will be expected to produce a publishable report at the end of the project.

5.2 Budget

5.2.1 The budget must:

- be linked to activities
- be in local currency but must provide an annual equivalent in US dollars
- be broken down into annual itemized budget
- include any matching funds.

5.2.2 Use of Grant Funds

Grant funds may be used for:

- Project salaries
- Data analysis
- Communications and publications
- Project-related travel
- Direct project costs
- Indirect costs (up to 10% of project salaries)
- For each grant, 75% of each grant monies must go to applying organizations in the target countries, e.g. a regional organization based in Brussels can only receive 25% of funding and their target country partner would receive 75% of funding.



5.2.3 Grant funds may not be used for:

- Capital support for construction, renovation or purchase of buildings
- Major equipment purchases
- Clinical or supply purchases not crucial to implementation of the project
- Debt reduction
- Fundraising projects
- Fellowships and academic chairs
- Biomedical research

5.3 Your organization's profile and capability statement (maximum of 3 pages)

Provide an overview of your organization and its collaborating partners highlighting:

- Legal status/governance structure
- Documentation of non-profit status
- Experience and expertise in projects similar to the one proposed

6. SELECTION CRITERIA

Proposals will be judged and scored according to each of the following criteria:

1. The overall quality of the proposal and the degree to which it demonstrates a thorough understanding of related comprehensive cancer prevention and care initiatives and builds upon their strengths.
2. A clear project design
3. The significance of the expected outcomes and near-term impact of the project, the feasibility of achieving the goals and objectives specified in the proposal and the ability to assess and measure them at the end of the grant.

4. The institution's commitment, prior accomplishments and evidence of its unique role in addressing issues related to cancer and/or priority most-at-risk groups.

5. Demonstrated leadership and commitment from the head of the institution and other departments within the institution involved in the projects and its sustainability.

6. The quality, experience and appropriateness of the project staff and the reasonableness of the proposed budget.

7. HOW TO SUBMIT YOUR PROPOSAL

The closing date for submission of proposals is June 8, 2010. Proposals received after this date will not be eligible for review.

Submit proposals in English via email to bridgingcancercare@bms.com

Include the organization and name of the project in the subject line.

Inquiries should be directed to:
bridgingcancercare@bms.com

For more information on Foundation grants and programs visit our website at:
www.bms.com/foundation

8. TIMETABLE

April 15, 2010	Open Request for Proposals
June 8, 2010	Deadline for submitting proposals
August 2010	Response to applicants
September 2010	Awarding of grants

