

# *Patty Brisben Foundation*

## FOR WOMEN'S SEXUAL HEALTH

**Mailing Address:**  
655 Plum Street  
Cincinnati, OH 45202  
Attn: Grant Application PBF

## **2017 Grant Guidelines, Instructions, and Application**

Administered by:

### **THE PATTY BRISBEN FOUNDATION FOR WOMEN'S SEXUAL HEALTH**

[www.pattybrisbenfoundation.org](http://www.pattybrisbenfoundation.org)

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# THE PATTY BRISBEN FOUNDATION FOR WOMEN'S SEXUAL HEALTH GRANT PROGRAM

## Background

The Patty Brisben Foundation for Women's Sexual Health serves to enhance women's sexual health and well-being through research, education, and community involvement. The Patty Brisben Foundation was started in 2006 after Pure Romance Founder and CEO Patty Brisben realized the astounding lack of information available to healthcare providers and patients regarding sexual health. The Patty Brisben Foundation for Women's Sexual Health is a 501 (c) (3) non-profit organization.

The Patty Brisben Foundation for Women's Sexual Health has four areas of focus: vulvovaginal pain disorders, sexual health issues related to peri-menopause and menopause, intimacy-related issues after cancer treatments, and libido and sexual desire. The Board of Directors of the Patty Brisben Foundation for Women's Sexual Health makes determinations of appropriate recipients of the funds raised by the organization.

## PART I: QUALIFICATIONS AND REQUIREMENTS

### Eligible Applicants

Applying organizations **must have non-profit status with the IRS** in order to be eligible to receive funding from the Patty Brisben Foundation for Women's Sexual Health. Please provide IRS Determination Letter as an attachment. Applicants can only apply in the United States and Puerto Rico.

### Application Requirements

- **Applications for 2017 funding will be accepted through March 10<sup>th</sup>, 2017.**
- Educational and research projects must be consistent with the Patty Brisben Foundation's Mission and Four Areas of Focus.
- The Patty Brisben Foundation cannot accept any of the following types of applications: operating, partisan, individual churches, indigent care subsidy, travel, loans, or for individuals.
- Applications must be typed on the attached form.
- Inquiries regarding the application process should be addressed to Patty Brisben Foundation Director, Amy Kleeman at 513.697.5934 or amy@pattybrisbenfoundation.org.
- Applications will be accepted via mail, electronic mail, or express delivery to the Patty Brisben Foundation office. One hard copy with original signatures is required. Send applications to:
  - Patty Brisben Foundation for Women's Sexual Health  
Attn: Grant Application  
655 Plum Street  
Cincinnati, OH 45202
  - Electronically to **amy@pattybrisbenfoundation.org**
- **Applications acted on by the Patty Brisben Foundation's Board of Directors at the Late March or Early April 2017 meeting and applicants notified of the Board of Directors decision prior to April 2017.**

## Projects Accepted for Funding

To receive funding consideration, an application must describe a research project or education program that (a) is focused on women's sexual health, and (b) concentrates on one or more of the Patty Brisben Foundation's Four Areas of Focus:

- Intimacy-Related Sexual Dysfunction After Cancer Diagnosis/Treatments
- Libido, Desire, and Pleasure
- Sexual Health Issues Related to Peri-Menopause and Menopause
- Vulvovaginal Pain Disorders

## Ineligible Applicants and Uses of Funds

Applications will **NOT** be accepted for any of the following:

- Indirect costs related to the project in excess of 10%
- Reimbursement of expenses for activities completed prior to submission and approval of the application
- Grants directly to a for-profit entity or an individual
- Alcohol, personal expenses unrelated to a project, and any other activities or costs deemed to be unacceptable by the Executive Director or Board of Directors
- Any person who sits on the Patty Brisben Foundation for Women's Sexual Health Board of Directors.

## Application Review

Each application will be dated upon receipt and will promptly undergo staff review for the following determinations:

- Applicant Eligibility
- Project Eligibility
- Agreement with Patty Brisben Foundation for Women's Sexual Health Mission and Four Areas of Focus
- Completion of Application Materials

Applications will be submitted at the March 2017 Patty Brisben Foundation's Quarterly Board of Directors Meeting for consideration. Applicant will promptly receive notice of approval or denial of funding following the Board of Directors' vote.

## Term of Grant

After the Patty Brisben Foundation Board of Directors approves funding, a grant packet containing a letter of agreement, W-9 form, disbursement instructions, and other pertinent documents will be issued to the applicant. **The applicant will be given one year from the letter-of-agreement date to commence project activities.** All undisbursed grant funds will be automatically rescinded on the third anniversary of approval, unless an extension is granted in writing by the Patty Brisben Foundation for Women's Sexual Health.

## Project Extensions

Requests to change the project completion date will only be considered on a case by case basis. Such requests must be submitted to the Patty Brisben Foundation for Women's Sexual Health **at least 30 days prior** to the project completion date, only 2 extensions are permissible. Requests to extend the use of grant funds beyond the third anniversary of approval must be approved by the Patty Brisben Foundation Board of Directors in writing. **Any requests submitted less than 30 days prior to project completion will be automatically rejected.**

## Grant Administration

### Acknowledgement of Support

An acknowledgement of the Patty Brisben Foundation for Women's Sexual Health must appear in any publication or any significant event based on this project, including presentations, publications, videos, power points, etc... Terms should include "This project is supported by a grant from the Patty Brisben Foundation for Women's Sexual Health." Including a presentation slide prepared by the Patty Brisben Foundation.

### Payment of Grant Funds

Funds will be disbursed in two payments unless otherwise requested by the applying agency: 50% in May 2017 and 50% in December 2017.

### Reporting Requirements

The Letter of Agreement contains certain reporting and recordkeeping requirements that will be turned into the Board of Directors on a quarterly basis, **including:**

- A summary of total project costs and total amounts expended to date
- Details on how the funds from the Patty Brisben Foundation were used
- Objectives accomplished during the year, based on original application for funds
- Status of the project and estimated time and cost for completion
- Any accruals that have developed as well as an explanation of deviations
- **Quarterly updates for 2016 are: June, August, and November.**

### Withholding Payments

**Failure to implement a project as proposed, to use funds as approved by the Patty Brisben Foundation for Women's Sexual Health, or to fulfill reporting requirements may be cause for withholding funding, withdrawal of funding or possible rejection of future proposals.** The Patty Brisben Foundation reserves the right, upon written notice, to withhold future payments after a specified date if the recipient fails to comply with the conditions of the grant, including approved use(s) of funds and reporting requirements.

### Site Visits

The Letter of Agreement will provide that the Patty Brisben Foundation for Women's Sexual Health, through their authorized representatives, have the right at all reasonable times to make site visits to review project accomplishments and management control systems.

## Safeguarding Funds

In no case, will Patty Brisben Foundation funds be commingled with the personal funds of, or be used for personal purposes by, any officer, employee, or agent of the recipient; nor will any of these funds be deposited in personal bank accounts for disbursement by personal check.

## Changes in Project Leader or Partners

If any leader leaves the recipient organization or otherwise relinquishes control of the project, the office of the Executive Director must be notified immediately. Transfer of the award to other organizations must be reviewed and approved by the Patty Brisben Foundation for Women's Sexual Health.

## Part II: INSTRUCTIONS FOR COMPLETING APPLICATION

Each proposal should include the following documents. Complete **all** information requested. Proposals that are incomplete and do not satisfy all the requirements are at risk of being disqualified and returned to the proposing organization without review. Each proposal must be in the following format with numbered pages:

- A. Title Page
- B. Abstract
- C. Proposed Budget
- D. Authorization
- E. Attachments
  - 1. Up to three pages of additional Project Description
  - 2. Project-relevant graphics
  - 3. Biographical sketches of Project Personnel
  - 4. Letters of support

### A. Title Page

The Project Title should be concise and descriptive of the proposal.

The Requested Amount and Total Project Cost must agree with the Total line of the Budget page. Indicate the anticipated Start and End Dates for the project. Clearly state the project timetable on the Title and Proposed Budget pages, and describe in the Budget Narrative. **In no case should a request for funds exceed three years or exceed \$100,000 dollars.**

Signatures of the Project Leader and Chief Executive/Official of the applicant organization are required on the original copy of the application.

### B. Abstract

In the space provided (one page), describe the proposed project in layman's terms, suitable for distribution to the general public. The summary should provide a brief, clear description of the proposed project, and should **clearly indicate the uses/purposes for which Patty Brisben Foundation funds will be used.**

Up to three additional pages describing the project may be included in the Attachments, but do not repeat information provided on the Abstract page.

## **C. Proposed Budget**

Each applicant must provide a detailed budget based on the information requested in the Application, as applicable to each request. Budget subheadings have been provided and budget is divided into “direct costs” and “indirect costs” associated with each project. **Requests for funding for which more than 10% of funds are allocated to indirect costs may not be considered for approval.**

Indicate the anticipated Start and End dates for the project that correspond to the dates indicated on the Title page.

## **D. Authorization**

The person signing on behalf of the applying entity must be authorized to execute all grant-related documents and is accepting responsibility for the accuracy of the application and for the appropriate use of funds, should they be granted.

## **E. Attachments**

- 1. IRS Determination Letter**
- 2. Additional Project Description**

In addition to information provided in the Abstract, additional project description of no more than three pages may include the following. Do not repeat information provided in the Abstract.

- evidence of the need for the project; additional description of the project, its goals, and its impact
- additional summary of the project’s objectives, hypothesis, design, future directions, and a timetable for meeting stated objectives
- anticipated challenges to the research plan and proposed response
- outline a plan to document progress and results, evaluation, and criteria for success
- statistical analysis, if relevant

### **3. Project- Relevant Graphics**

Relevant graphics are also welcomed, but should be letter size (8 ½” by 11”) and easily reproducible.

### **4. Biographical Sketches**

Provide brief biographical sketches (one-page limit) of each person who will have responsibilities on the project. Information should clarify each person’s project responsibilities and highlight their qualifications to complete the task(s). (A NIH Biosketch can be submitted in lieu of a brief biographical sketch.)

### **5. Letters of Support**

Attach letters providing evidence of support for the project. These letters may come from the Head of Division, Department Chair, Center Director, etc.... Please do not exceed three letters.

## A. Application Title Page

PBF Use Only		
<b>Staff Determination:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Declined <b>Date:</b> _____	<b>Board of Directors Determination:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Declined <b>Date:</b> _____	<b>REQUEST NUMBER</b>

<b>Project Title</b>		
<b>Name of Organization</b>	<b>Address of Organization</b>	
<b>Employer Identification Number</b>		

<b>Type of Non-Profit Organization</b>  (Please Attach Proof of Non-Profit Status, Such as IRS Determination Letter)
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PROPOSAL INFORMATION	
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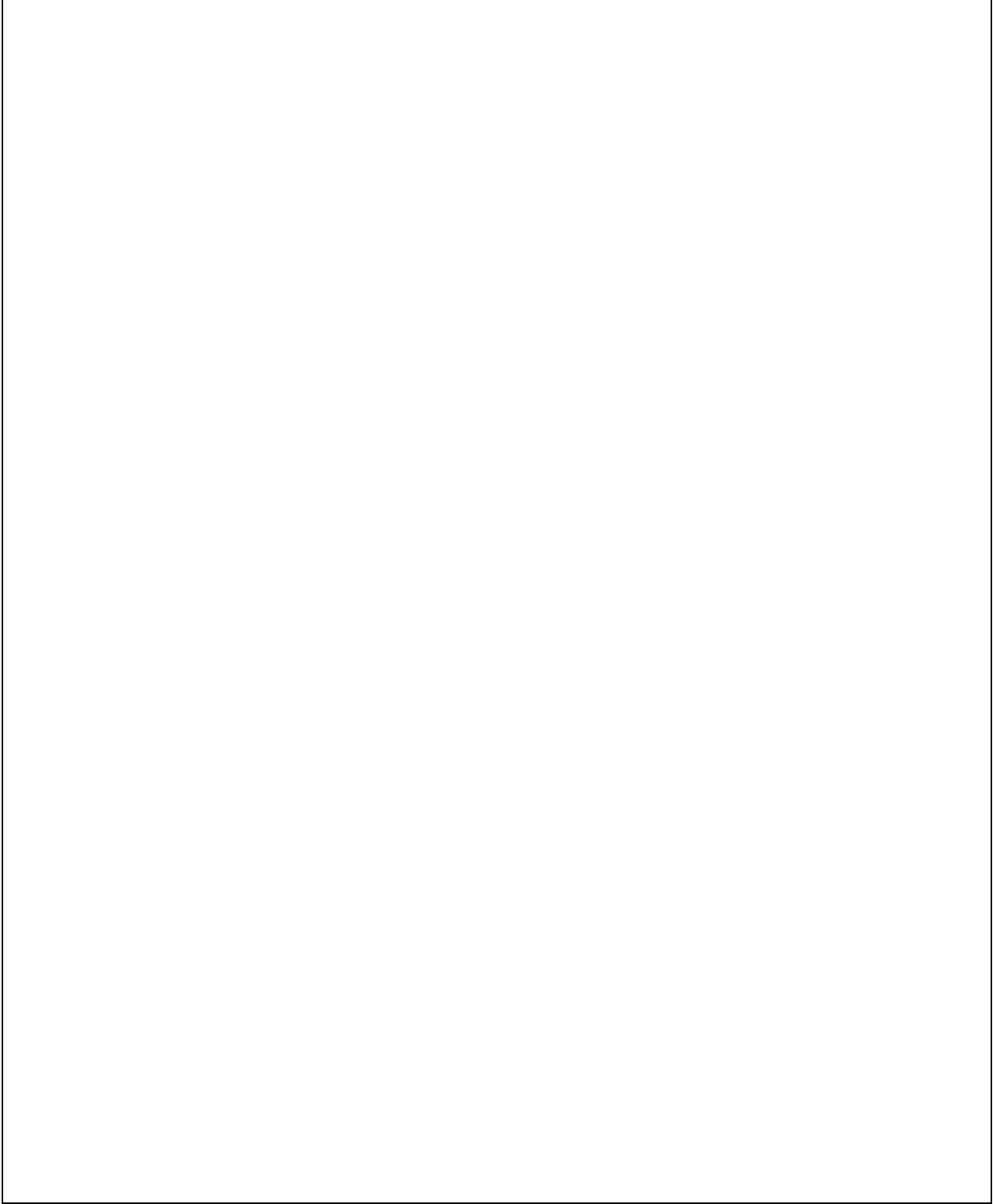
<b>Requested Start Date:</b>	<b>Anticipated Project End Date:</b>
<b>Requested Amount:</b>	<b>Total Project Cost:</b>

	PROJECT LEADER	CHIEF EXECUTIVE
<b>Full Name</b>		
<b>Title</b>		
<b>Organization</b>		
<b>Telephone Number</b>		
<b>Fax Number</b>		
<b>E-Mail Address</b>		
<b>Mailing Address</b>		
<b>Web Site Address</b>		
<b>Signature</b>		
<b>Date</b>		

## **B. Abstract**

Describe on this page the project for which you are requesting funds from the Patty Brisben Foundation for Women's Sexual Health; **clearly describe how funds will be used**, and what (if any) matching funds are being sought. Up to three additional pages of description may be included as an Attachment.





### C. Proposed Budget

Use this page to show the amount of each project activity that will be accomplished using Patty Brisben Foundation funds.

\_\_\_\_\_  
Beginning Date of Project  
Period

\_\_\_\_\_  
Ending Date of Project Period

DIRECT COSTS	DESCRIPTION	Total Patty Brisben Foundation Funds Requested
<b>Personnel</b> (Salaries, wages, and benefits specific to project)	Name: Role on Project: % Effort on Project: Base Salary: \$	\$
	Name: Role on Project: % Effort on Project: Base Salary: \$	\$
	Name: Role on Project: % Effort on Project: Base Salary: \$	\$
<b>Supplies</b> (Itemize by category)		\$
<b>Equipment</b> (Not to exceed 30% of direct cost)		\$
<b>Contractual Services</b> (Legal, telecom, printing, media, training)		\$
<b>Supplies &amp; Materials</b>		\$
<b>Patient Care Costs</b>		\$
<b>Travel</b>		\$
<b>Other</b> (Itemize by Category)		\$
<b>SUBTOTAL: DIRECT COSTS</b>		\$

<b>INDIRECT COSTS</b> (Not to exceed 10%)	<b>DESCRIPTION</b> (Examples include: building depreciation, maintenance costs, office rent, utilities, payroll/accounting and human resource expense, and computer services)  <b>PLEASE SPECIFY NEED TO BE CONSIDERED FOR FUNDING.</b>	<b>Total Patty Brisben Foundation Funds Requested</b>
		\$
		\$
		\$
<b>SUBTOTAL: INDIRECT COSTS</b>		\$
<b>TOTAL AMOUNT REQUESTED</b>	<b>(DIRECT + INDIRECT COSTS)</b>	\$

**Budget Narrative:** Provide additional budget detail, and explain how the estimated expenditures were determined and any unusual budget items. Include any additional explanation of how and by whom funds will be managed.

**Budget Narrative (continued)**

**D. Authorization**

By signing this Application, the Authorizing Agent is guaranteeing that the information contained in this Application is correct and verifiable. The Authorizing Agent is also affirming that the funds requested herein will be used for the specific purpose outlined in this Application and for no other purpose.

Name of Requesting Entity: \_\_\_\_\_  
Name of Authorizing Agent: \_\_\_\_\_  
Title of Authorizing Agent: \_\_\_\_\_  
Address of Authorizing Agent: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Signature of Authorizing Agent: \_\_\_\_\_  
Date: \_\_\_\_\_

**E. Attachments**

1. IRS Determination Letter
2. Additional Project Description
3. Project-Relevant Graphics
4. Biographical Sketches
5. Letters of Support providing evidence of support for the project

**2017 Quarterly Grant Questionnaire (to be filled out to those awarded only)**

- **To be Turned in by: June, August, and November (specific dates to follow).**
- **Please include a separate sheet of a broken down budget**

**Project Name:** \_\_\_\_\_ **Project End Date:** \_\_\_\_\_

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

**Projected Budget:** \_\_\_\_\_ **Budget YTD:** \_\_\_\_\_

**How have the funds been used?**

**Objectives that have been accomplished:**

**Status of project based off original time line:**

**Any accruals that have developed as well as explanation of deviations:**

**Additional Comments or Concerns:**