

# The Foundation Roundtable: Common Grant Application

## Cover Sheet

Foundation you are applying to: St. Francis Foundation of Santa Barbara

Legal Name of Applicant Organization: Sansum Diabetes Research Institute

Project Name (if applicable): Improving Pregnancy Outcomes in Women with Diabetes

Funds will pay for: Salary support, mileage, educational materials

Full Mailing Address: 2219 Bath Street, Santa Barbara, CA 93105

Location(s) if different from above: Santa Barbara County Health Services Clinic

Executive Director: Alison Okada Wollitzer, Ph.D.

Phone: 805-682-7638 Fax: 805-682-3332

Email: awollitzer@sansum.org Website: www.sansum.org

Contact Person & Title: MJ Bakove, Associate Administrator Phone: 805-682-7640

Tax-exempt Status: (Most foundations require 501(c)(3) status. You must check this requirement before applying.)

501(c)(3) Granted  Tax I.D. Number: 951684086 Other: \_\_\_\_\_

**Type of Request:** *Check with individual foundations to determine the types of accepted grant requests.*

General Support  Program Support  Seed Funding  Research   
 Capital  Endowment  Multi-Year  Other: \_\_\_\_\_

This Grant Request: \$ 10,000 Total Project Budget: \$ 75,000

Grant Period from: January 1, 2013 To: January 31, 2013

Total Organizational Budget for Current Year: \$ 4,270,655 Fiscal year begins: January 1

Summarize the organization's mission statement (two to three sentences):

Sansum Diabetes Research Institute (SDRI) is a community-based non-profit dedicated to the prevention, treatment, and cure of diabetes. SDRI has a special focus on pregnant women with diabetes, nutrition and diabetes education for those with diabetes, including children, and developing new technologies and treatments for diabetes.

Summarize your grant request (two to three sentences):

SDRI seeks continuing support for bilingual diabetes education for pregnant women with diabetes, the vast majority of whom live in poverty and have limited resources. Poor control of diabetes increases the chance for neonatal death and delivery complications and contributes to poor health later in life, including diabetes.

### Proposal Authorization

We certify that the information in this application is to the best of our knowledge true and accurate and is submitted with our Board of Directors'/Governing Body's full knowledge and endorsement:

Ellen M. Goodstein Pres. Bd of Trustees Ellen M. Goodstein 10-22-12

Name & Title of Authorized Board/Governing Body Representative Signature Date

Wayne Hewitt, Bd of Trustees Wayne Hewitt 10/22/12

Name & Title of Authorized Board/Governing Body Representative Signature Date

# Sansum Diabetes Research Institute

2219 Bath Street, Santa Barbara, CA 93105 (805) 682-7638 Fax: 682-3332

www.sansum.org email: info@sansum.org Federal tax ID #95-1684086



**1. Organization History and Accomplishments.** Sansum Diabetes Research Institute (SDRI) was founded in 1944 by William D. Sansum, M.D., who in 1922 became the first physician in the US to manufacture and administer life-saving insulin to people with diabetes. He established the Institute, a non-profit organization, in 1944, in order to carry out his mission to find a cure for diabetes. For almost 70 years, SDRI has been dedicated to research, nutrition and education in the care and prevention of diabetes. SDRI has earned a world-wide reputation for its research and has strong local recognition for its education and outreach programs.

## **2. Current Programs, Activities and Constituency**

SDRI has four major areas of activity:

- **Diabetes and Pregnancy** – Our protocols focus on maintaining near normal blood sugar control in women throughout pregnancy, leading to uncomplicated term deliveries of healthy, normal weight babies. Through our programs, women with type 1, type 2, and gestational diabetes can fulfill their dreams of having a family. The current application seeks funding for this important work.
- **Artificial Pancreas Project** – The goal of the Artificial Pancreas research is to eliminate extremes in blood sugar, keeping it within a safe range by automatically and wirelessly sending instructions to an insulin pump. This program area includes research on glucose sensors, new insulins, and new mechanisms of insulin delivery.
- **Diabetes Education and Outreach for the Underserved** – Our programs target low-income, low-literacy, largely monolingual Spanish speaking clients with or at risk for type 2 diabetes. We emphasize dietary information for optimal blood sugar control, understanding common medications, common signs and symptoms, important health exams, and low/no-cost methods to deal with stress in everyday life.
- **Youth Programs Designed to Prevent Diabetes** – We provide an intensive multifaceted program that educates and inspires high school students to adopt and maintain good eating habits and engage in exercise. Our program increases diabetes awareness and knowledge about what is a healthy weight, how media distorts healthy body image, and how they can become pro-active in improving their health.

SDRI's constituency is the 24,300 people with diabetes in Santa Barbara County, as well as those at risk for diabetes due to family history and being overweight and unfit. Beyond this local population, our pregnancy protocols and medical technology research have vastly improved the health of 18 million Americans with diabetes. This disease is growing in epidemic proportions and now affects nearly 10% of the U.S. and millions more around the world.

## **3. Relationships**

SDRI has long-term collaborations with the Santa Barbara County Public Health Department to provide care to low income pregnant women with diabetes, and with the Santa Barbara Neighborhood Clinics to jointly provide diabetes care, education and prevention programs to the underserved at four locations in Santa Barbara.. We also collaborate with scientists at UCSB in our work to develop an artificial pancreas for treating people with type 1 diabetes. We have positive informal relationships with Cottage Health System, Sansum Clinic, CenCal Health, and the Food Bank of SB County.

## **FUNDING REQUEST**

### **1. What need or problem does your project work to address?**

With type 2 diabetes becoming increasingly common in women of child-bearing age, it is imperative to intervene to ensure the health of their unborn children. Poor control of diabetes prior to and in early pregnancy drastically increases the chances for birth defects and other developmental problems for the unborn child. Poor control later in pregnancy leads to excessively large babies born fighting for their lives, leading to birth complications and fetal death. Some women develop “gestational diabetes” in their second trimester. While past the risk for birth defects, these women face the special challenge of needing to quickly learn to manage their disease while pregnant in order to avoid poor birth outcomes. Babies of women with any type of diabetes are often born with a metabolism that increases their chances of becoming obese and developing diabetes later in life. Maintaining good control of a mother’s diabetes during the pregnancy, on the other hand, can prevent these devastating outcomes in the children, and break the cycle of diabetes.

Although pregnant women with diabetes are eligible for “emergency MediCal” for medical care regardless of immigration status, there is a critical and continuing unmet need for diabetes education to complement medical care. This application seeks support to continue our work to provide an educator to explain how to control diabetes through glucose measurements, improved nutrition, exercise, and stress management.

### **2. In a short paragraph, tell us your project’s goals and the specific outcomes you project for the grant period.**

Our program addresses the critical need for bilingual diabetes and nutrition education among the medically-underserved, low-income, Spanish-speaking pregnant diabetic women in Santa Barbara. These women, many of whom speak little-to-no English and who have low literacy levels even in their native language are especially vulnerable; yet with culturally appropriate supportive education we can help them take responsibility for their diabetes and deliver beautiful, healthy babies.

The program goal is to save babies by working with pregnant women with diabetes to control their diabetes throughout their pregnancy. The specific outcomes we seek are normal, healthy babies born without complications.

### **3. Describe your project or the capital items requested including:**

- **Whether the project is new, ongoing or an expansion.** This is a request to continue Improving Pregnancy Outcomes in Women with Diabetes, an ongoing program. The program is conducted in collaboration with the Santa Barbara County Health Services Clinic for Pregnancy and Diabetes, a specialty clinic that treats women from throughout the county. SDRI sends a diabetes educator to the clinic to provide the critical diabetes education component of the women’s visits, but the cost of the educator requires continuous support from the philanthropic community. We receive no funding from the State or any other government entity for this program.

- **Target audience.** The program targets low-income, mostly Latina pregnant women with diabetes served by the Santa Barbara County Health Services Clinics. The substantial majority of these individuals are monolingual Spanish speaking, and many have minimal education. These women typically have no health insurance except that their pregnancies are covered by emergency Medi-Cal insurance until six weeks after the baby is born. Medi-Cal only pays for the physician visit. Thus without a program in place supported by private funding, the only nutritional education or diabetes management skills taught are by the physician who may have only a few minutes to devote to education due to heavy caseloads. Using a trained diabetes educator is far more efficient and effective.
- **Activities/strategies that will be used to meet your stated outcome.** The activities and strategies we use include:
  - All women who seek care at this clinic receive instruction from our bilingual educator on self blood glucose monitoring, along with tools to perform the required 4 to 6 blood sugar tests a day.
  - They are taught what foods they should eat and what to avoid. The educator sees them at each prenatal visit to reinforce the nutritional therapy and encourage them to maintain their care plan.
  - Monitoring of success includes weekly review of the glucose diary, weight and weight gain, nutritional recall from the patient diaries, A1C and confirmatory clinic glucose measurements.
  - For the substantial majority of mothers who are otherwise uninsured, the six-week post-partum appointment is the last appointment following pregnancy and birth covered by Medi-Cal. Our diabetes educator uses the opportunity to reinforce with the mother the importance of maintaining good blood sugar control, achieving a healthy postpartum weight, and ensuring proper nutrition for herself and her baby.
- **General Timeline:** We are asking for support for the weekly program in 2013.

**4. If this is a request for General Support, what are your organizations most pressing needs?** N/A.

**5. How we plan to evaluate the effectiveness or impact of the project.**

There are direct, measurable benefits from this program in terms of healthy pregnancy outcomes, improved A1C values (a measure of blood sugar control measured through a simple finger-stick test), improved knowledge, and healthier lifestyle behaviors. Due to the low literacy and other handicaps of the target population, it is not useful to administer evaluation tools that involve complex responses but we have developed simple measures of knowledge and behaviors that can be administered without written language

We evaluate changes in knowledge and behaviors through intake and periodic interviews (e.g., “What are some things we can do to lower our blood sugar?” “What did you eat yesterday?” “What would you do if you feel very stressed at work or at home?,” “How can you tell whether a food is good for you?”). We have found that the low literacy level of our target population precludes many members from responding to a written questionnaire, so we rely on verbally administered evaluations. We use pictures (e.g., very sad to very happy face) to measure satisfaction or agreement with statements. We monitor changes in weight for those in our class

series and also request and record available medical data (A1C, pregnancy outcome) for all participants.

**6. Summarize the skills and experience of key staff/volunteers essential to the project's success. If other organizations are collaborating on this project, note which ones and in what ways.**

The health educator for this project is Mary Conneely, a bilingual/ bicultural diabetes educator with extensive experience in working with the Spanish-speaking underserved, including pregnant women at Santa Barbara County Health Services Clinic for Diabetes and Pregnancy. She is a certified Capacitar trainer, a program that teaches people simple methods of stress-reduction that can be practiced at home. Ms. Conneely has a special gift in engaging patients and helping them develop the knowledge and skills they need to maintain good glucose control. Due to her vast experience in her native Bolivia, not only in the Peace Corps but as founder of the NGO "CEMUR" (Center for Rural Women), she can identify with and address the struggles and needs of health education that the Latino population faces to manage and improve their diabetes.

We collaborate with agencies that provide other services to our target clientele and that see a need for a health education program such as we provide. Specifically, we work with the Santa Barbara County Health Services Clinic for Diabetes and Pregnancy.. We offer this special program to their clientele and they refer interested participants to us.

**7. If full funding is not available, what is the contingency plan for securing additional support and/or how can you modify your proposal.**

Should full funding not be available, we will breakdown the project into manageable segments while we continue to seek full funding.

**8. Any other pertinent information that you should know.**

In Santa Barbara County, in the United States, and around the world, we are experiencing an explosion of diabetes. The rate of diabetes has doubled in twenty years. Obesity, even in young women in their child-bearing years, has increased the rate of type 2 diabetes and gestational diabetes. It is imperative to care for the pregnant women living with this disease in order to ensure healthy outcomes and also to break the generational cycle of obesity, lack of fitness and diabetes.



# The Foundation Roundtable: Common Grant Application

## Project Budget

**Note:** Check with each foundation to see if this form is required.

Organization Name: \_\_\_\_\_

Name of Project (if different): \_\_\_\_\_

Budget dates for grant period: \_\_\_\_\_

### **INCOME**

*Possible categories: Government grants, foundation grants, individuals, business support, events, fees for service, etc.*

Source	Total Project (\$)	Pending (\$)	Secured (\$)	Notes
<b>TOTAL INCOME</b>				

List the In-Kind (non-cash) contributions: \_\_\_\_\_

### **EXPENSES**

*Possible categories: Salaries, professional fees, rent and utilities, travel, publicity/outreach, events, capital items, etc.*

Item	Total Project (\$)	This Request (\$)	Notes
<b>TOTAL EXPENSES</b>			

# The Foundation Roundtable: Common Grant Application

## Organization Financial Summary

**Note:** Check with each foundation to see if this form is required.

Organization Name: \_\_\_\_\_ Fiscal Year Dates: \_\_\_\_\_

### **INCOME**

*Possible categories: Government grants, foundation grants, individuals, business support, events, fees for service, etc.*

Source	Prior Year's Actual	Projected Annual Budget (\$)	YTD Actual (\$) as of [ / / ]
<b>TOTAL INCOME</b>			

List the In-Kind (non-cash) contributions: \_\_\_\_\_

### **EXPENSES**

*Possible categories: Salaries, professional fees, rent and utilities, travel, publicity/outreach, events, etc.*

Item	Prior Year's Actual	Annual Budget (\$)	YTD Actual (\$) as of [ / / ]
TOTAL EXPENSE			
<b>NET PROFIT OR LOSS</b>			

Total Capital Expenses			
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*i.e., computers, vehicles, building improvements, etc.:*

**Notes:**

**Internal Revenue Service**

**Date:** March 3, 2004

Sansum Diabetes Research Institute  
2219 Bath Street  
Santa Barbara, CA 93105

Department of the Treasury  
P. O. Box 2508  
Cincinnati, OH 45201

**Person to Contact:**  
Carol Kraft - #31-08206  
Customer Service Specialist  
**Toll Free Telephone Number:**  
8:00 a.m. to 6:30 p.m. EST  
877-829-5500  
**Fax Number:**  
513-263-3756  
**Federal Identification Number:**  
95-1684086

Dear Madam:

This is in response to the amendment to your Articles of Incorporation filed with the state on June 23, 2003. We have updated our records to reflect the name change from Sansum Medical Research Institute.

In January 1947 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in Sections 170(b)(1)(A)(iii).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Sansum Diabetes Research Institute  
95-1684086

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

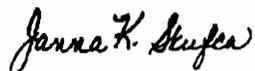
Section 6104 of the Internal Revenue Code requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. The law also requires organizations that received recognition of exemption on July 15, 1987, or later, to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. Organizations that received recognition of exemption before July 15, 1987, and had a copy of their exemption application on July 15, 1987, are also required to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. For additional information on disclosure requirements, please refer to Internal Revenue Bulletin 1999 - 17.

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

This letter affirms your organization's exempt status.

Sincerely,



Janna K. Skufca, Acting Director, TE/GE  
Customer Account Services