

2017-2018 Community Grant Request for Applications



The Affiliate is seeking proposals that address the breast health and breast cancer screening, diagnosis, treatment, and education needs of the Komen Chicago Affiliate service area.

Application deadline is 5:00 p.m. CST, Monday, November 28, 2016

Applications will not be accepted after this date and time

ALL APPLICATIONS MUST BE SUBMITTED ONLINE AT:

<https://affiliategrants.komen.org>

Paper submissions will not be accepted.

Submissions made using e-mail or fax will not be accepted.

Inquiries can be directed to:

Taylor Becker, Mission Coordinator at 773.444.0061 ext 101 or

tbecker@komenchicago.org

-OR-

Aminah Abdullah, Senior Manager of Community Programs, at

773.444.0061 ext 110

or aabdullah@komenchicago.org

**Due to the high level of interest in this funding opportunity,
please allow 72 hours for Komen staff to respond to your inquiry.**

ABOUT US

The Chicagoland Area Affiliate of Susan G. Komen® was established in 1997 to carry out our promise – **to save lives, empower people, ensure quality care for all and to energize science to find the cures**. Komen Chicago Affiliate continually strives to meet this mission through education, grant making, advocacy and fundraising.

The Affiliate – along with those who generously support us with their talent, time and resources—is working to better the lives of those facing breast cancer in our community. We join more than 100,000 breast cancer survivors and activists around the globe as part of the world’s largest and most progressive grassroots network fighting breast cancer.

Through support of our signature events, the Komen Chicagoland Race for the Cure®, the Affiliate has awarded over \$16 million in local breast health and breast cancer awareness projects in our 5-county service area which includes Cook, DuPage, Kane, Lake and McHenry Counties. Up to seventy-five (75) percent of the net proceeds raised by the Komen Chicago Affiliate are dedicated to fighting breast cancer locally in the Chicagoland metropolitan area. The remaining income goes to the Susan G. Komen Research Program, which supports grants and scientific partnerships to find the cures.

The Affiliate’s Education Program focuses on empowering people to take charge of their breast health. The Affiliate educates on breast self-awareness, breast cancer facts, and resources available to help. The education outreach targets medically underserved individuals in our 5-county service area.

The goal of the Affiliate’s non-partisan Public Policy Program is to increase access to breast health and breast cancer care for low-income and uninsured individuals and to increase breast cancer screening and treatment options for insured individuals in Illinois. This will help expand eligibility for the Treatment Act in Illinois allowing more low-income women access lifesaving breast cancer treatment. In 2010, our legislative efforts resulted in increased access to oral chemotherapy and ensured that health insurance companies cover mammography for women 40 and over. Working collaboratively with State Representative Mike Smiddy, Susan G. Komen Chicago, the American Cancer Society and the Metropolitan Chicago Breast Cancer Task Force, successfully crafted and passed the Breast Cancer Excellence in Survival and Treatment Act (the BEST Act) in 2015, which allows women access to MRI breast screening when medically appropriate and improves access to high quality care and navigation in Medicaid.

OUR PROMISE

Nancy Goodman Brinker promised her dying sister, Susan Goodman Komen, she would do everything in her power to end breast cancer forever. In 1982, that promise became Susan G. Komen® and launched the global breast cancer movement. Today, Komen is the world’s largest grassroots network of breast cancer survivors and activists fighting to save lives, empower people, ensure quality care for all and energize science to find the cures. Thanks to events like the Komen Race for the Cure®, we have invested more than \$1.9 billion to fulfill our promise, becoming the largest source of nonprofit funds dedicated to the fight against breast cancer in the world. For more information about Susan G. Komen, breast health or breast cancer, visit www.komen.org or call 1-877 GO KOMEN.

Our Promise: to save lives by meeting the most critical needs in our communities and investing in breakthrough research to prevent and cure breast cancer.

Our Vision: A world without breast cancer.

Our Values:

- Inclusion: to embrace the uniqueness of every individual
- Stewardship: to be accountable for our performance, individually and collectively
- Honesty: to foster a community of trust and integrity
- Openness: to seek our new ideas and new ways of thinking
- Passion: to demonstrate personal commitment to our promise
- Empowerment: to entrust others and hold yourself accountable.

Our Inclusion Statement: To create a caring environment that demonstrates respect for all people through our words and actions.

GRANTMAKING GUIDE

Komen for the Cure seeks to ensure that all people, regardless of race, income, geographic location, sexual orientation, or insurance status, have access to screening, and if diagnosed, to quality, effective treatment and treatment support services. Komen Chicago Affiliate supports this by funding an array of breast health and breast cancer services that together create seamless systems of care for the medically underserved in our 5-county service area of Cook, DuPage, Kane, Lake and McHenry Counties.

STATEMENT OF NEED AND FUNDING PRIORITIES

The Affiliate establishes its funding and strategic planning priorities by periodically conducting a community needs assessment and publishing a Community Profile Report. Applicants are encouraged to review the 2015 Community Profile Report to learn more about the challenges and successes specific to their service areas. County level data on breast cancer incidence and mortality, screening rates, and insurance status are available in the Community Profile, which can be found on our website at: <http://www.komenchicago.org/grants/funding-priorities/>

The findings from the most recent Komen Chicagoland Community Profile revealed there are many areas and populations in Cook and McHenry Counties that are disproportionately affected by breast cancer. Based upon the breast cancer mortality rate, late stage diagnoses projections, the percentage of uninsured female aged 18-64, and the socioeconomic challenges experiences in these areas, Komen Chicagoland has identified the following geographic priorities:

- Cook County
- McHenry County

For the April 1, 2017 – March 31, 2018 grant cycle, Komen Chicago has identified the following funding priority areas:

Priority 1: To increase access to breast cancer screening, diagnostics and treatment by reducing financial barriers for uninsured and under-insured populations.

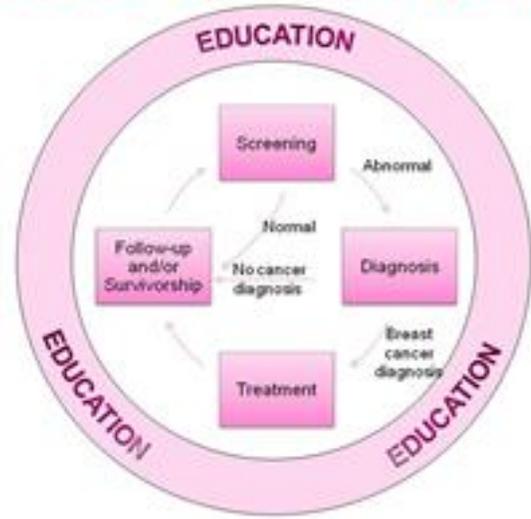
- Priority populations include (in no particular order): Hispanic/Latina; African American/Black; Low-income

Priority 2: Increase culturally relevant breast health education and awareness in uninsured and under-insured populations through the usage and/or in partnerships with community-based navigation programs.

- Note: Programs that only address awareness/education only programs will not be considered. Direct services must be provided and tracked.

Priority 3: Build capacity for the Breast Cancer Continuum of Care (COC) with the goal of creating continuity between education, navigation, screening, diagnostic, treatment and treatment support programs.

Breast Cancer Continuum of Care (COC)



Submitted grant application must address at least one of the priorities above and fall into one of the following funding categories:

1. Navigation programs.
2. Screening/Diagnostic services programs.
3. Treatment programs.
4. Treatment support/Survivorship programs.

Funding for awareness/education only programs will NOT be considered. Direct service must be provided AND tracked.

Komen Chicago accepts application for programs outside of the defined priority areas. While these priority areas are of interest to Komen Chicagoland, funding will be allocated to all counties in our service area so not to lose the progress made in the fight against breast cancer. However, we strongly encourage applicants to provide new or expanding projects in the identified areas of need.

Examples of successful projects funded by Komen in the past include those that:

- Increased the number of women that utilize regular breast cancer screening;
- Decreased time from referral to mammography screening;
- Reduced the number of women “lost to follow-up;”
- Reduced time from abnormal screening to diagnostic procedures;
- Reduced time from diagnostic finding to treatment;
- Increased treatment compliance; and
- Increased mammography capacity, through development of process improvements and relationship building efforts.

Applicants may request funding for \$10,000 or more for one year (combined direct and indirect costs), with exceptions as provided below, with an execution period of April 1, 2017-March 31, 2018.

- There is a \$50,000 funding limit for first time applicants and new programs (“first time applicants ” and “new programs” are defined as applicants and breast health programs that have never received Komen Chicago funding during the past two grant cycles)
- Funded programs must be designed to ensure a continuum of care for a patient, from screening through diagnosis and treatment.

FUNDING ALLOCATION AND PARTIAL FUNDING

Based on available funds and applications approved for funding, Komen Chicago seeks to distribute funds across all grant categories throughout the Affiliate’s service area to support breast cancer projects across the breast cancer continuum of care. To fulfill this objective, the Affiliate intends to allocate 20% of funding to organizations that serve clients/patients from the following geographic regions:

- City of Chicago
- McHenry County

The Affiliate may fund your application only after requesting and approving budget modifications or may fund only a portion of the application. If you feel that partial funding would be an impediment to your project, **please note this in your budget justification**. Applicants are responsible for all arithmetic in the budget submission. Incorrect submissions may not be funded or found to be noncompliant.

PATIENT PROTECTION AND AFFORDABLE CARE ACT

The Patient Protection and Affordable Care Act was passed by Congress in March 2010. This law was intended to help increase Americans access to health care through a variety of mandates that required most U.S. citizens to have health insurance by April 2014 or face a tax penalty. Under this new policy, most Americans will have coverage that will pay for breast cancer screening and treatment. Please consider emerging policy changes when planning your grant project and submitting your proposal. Grant projects may be subject to revision based on implementation of the law.

IMPORTANT DATES AND SUBMISSION REQUIREMENTS

**ALL APPLICATIONS MUST BE RECEIVED ELECTRONICALLY THROUGH GeMS BY 5:00 pm,
Monday, November 28, 2016.**

GRANT APPLICATION WORKSHOPS – RSVP REQUIRED

Komen Chicago holds grant writing workshops to help potential applicants better respond to our RFA. These workshops will occur in October 2016. EVERY applicant should view/attend the workshop.

New applicants who are not yet registered on Komen’s Web-based Grants eManagement System (GeMS) must attend a workshop before applying for a Komen Chicago grant. If you are a current Affiliate grantee, you are not required to attend the workshop; although it is strongly advised to learn about changes to the Affiliate’s funding priorities and application components from prior grant cycles.

GRANT APPLICATION WORKSHOP DATES			
Cook County Tuesday, October 11th 9:00am to 11:00am IIT (Hermann Hall), 3242 South Federal Chicago, IL 60616	McHenry County Wednesday, October 12th 9:00am to 11:00am Crystal Lake Park District One East Crystal Lake Avenue Crystal Lake, IL 60014	Virtual Afternoon Monday, October 17th 1:00pm to 3:00pm Link will be provided to people who RSVP for event	Virtual Evening Monday, October 17th Link will be provided to people who RSVP for event

Please RSVP for a workshop at <http://komenchicago.org/grants/2016komenrfaworkshop/> .

Application Deadline	Monday, November 28, 2016 by 5:00pm
Deadline to Initiate Application	Monday, November 21, 2016 by 5:00pm
Award Notification	March 2017
Award Period	April 1, 2017 – March 31, 2018
Grantee Orientation	April/May 2017

GUIDELINES AND INSTRUCTIONS FOR APPLICANTS

The purpose of this program is to address the breast health and breast cancer screening, treatment, and education needs of the Komen Chicagoland Area Affiliate service area.

ELIGIBILITY/QUALIFICATIONS

Project must be specific to breast health and/or breast cancer for medically underserved.

If a project is a combined breast and cervical cancer project, funding may only be requested for the breast cancer portion. If your organization is an Illinois Breast & Cervical Cancer Program participant the funds for the proposed project may only supplement the program.

The Komen Chicago Affiliate will only fund projects that focus on exclusively on breast health and/or breast cancer for uninsured, underinsured and low-income individuals. Please refer to Attachment A: Income Levels for information on federal poverty level guidelines.

Service area: All grant applications must be located in and/or providing services in the following counties: Cook, DuPage, Kane, Lake and McHenry.

QUALIFYING ORGANIZATIONS

- All past and current Komen-funded grants or awards applicant are up-to-date and in compliance (“In Good Standing”) with Komen requirements.
 - ✦ For definition of good standing, please see Attachment B: Definition of Good Standing.
- Applicant has tax exempt status under the Internal Revenue Service code.
- Applicant must be a non-profit organization located in or providing services to one or more of the following counties: Cook, DuPage, Kane, Lake and McHenry.
- A representative **must attend/view** a Komen Chicago Affiliate Grant Application Workshop.
- If applicant, or any of its key employees, directors, officers or agents is convicted of fraud or a crime involving any other financial or administrative impropriety, then applicant is not eligible to apply for a grant during this current cycle and will not be eligible to apply for a new grant until the later of 12 months after the conviction or until applicant can demonstrate that appropriate remedial measures have been taken to ensure that any criminal misconduct does not recur.
- Applications must be submitted in English.

FUNDING AMOUNT AND ALLOWABLE EXPENSES

The 1-Year Community Grant offers funding over \$10,000 (combined direct and indirect costs) for one year. Budgets must be reasonable and in line with industry standards.

Funds may be used for the following types of program expenses:

- Salaries and fringe benefits for program staff
 - ✦ *If requested, must be for personnel related to this project only and not general work of applicant, and must be in line with nonprofit salaries in the Affiliate’s service area.*
- Consultant fees
- Clinical services or patient care costs
- Meeting costs
- Supplies
- Reasonable travel costs related to the execution of the program
- Other direct program expenses
- Equipment, not to exceed \$5,000
- Indirect costs, not to exceed 10% of direct costs
 - ✦ *An Indirect cost is defined as expenses that are not direct expenses related to the program; for example, rent, telephone, or internet.*

Funds may **not** be used for the following purposes:

- Medical or scientific research
- Development of educational materials or resources
- Construction or renovation of facilities
- Political campaigns or lobbying
- Endowments
- General operating funds (except indirect cost)
- Debt reduction
- Annual fund-raising campaigns

- Event sponsorships
- Projects completed before the date of grant approval
- Building/renovation
- Individuals
- Reimbursement for specific individuals' direct services
- Capital campaigns
- Employee matching gifts
- Land acquisition
- Program-related investments/loans
- Scholarships
- Thermography

IMPORTANT GRANTING POLICIES

Please note these policies before submitting a proposal. These policies are non-negotiable.

- No expenses may be accrued against the grant until the agreement is fully executed.
- Any unspent funds over \$1.00 must be returned to Komen.
- Grantee will be required to submit a minimum of two quarterly progress reports and one final report that will include, among other things, an accounting of expenditures. Additional reports may be requested.
- Funds may not be used for medical or scientific research (cost of program evaluation are allowed). **Affiliates cannot fund research grants**; all research grants are funded through Komen Headquarters. For more information, call 1-866-921-9678.
- Applications proposing outreach activities must link clients with medical care providers to offer mammograms and clinical breast exams. This link must be clearly stated and outlined in a letter of support/collaboration. Provisions must be made for recall and follow-up case management for patients who are screened and have abnormal findings.
- Funds for mammograms and clinical breast exams will be allocated only if alternative sources are not available. All direct services must be calculated at the current Medicare rate. For a list of current Medicare rates, please see Attachment C: Medicare Rates.
- If proposed project included genetic risk assessment or testing, you must define "high risk" for patients.
- If a proposed project offers mammograms or sonograms to women younger than 40, define the criteria that will be used to determine which women will receive services.
- We do not recommend monthly breast self-exams and therefore will not fund education programs that teach monthly breast self-exams or use breast models.

EDUCATIONAL MATERIALS AND MESSAGES

Susan G. Komen[®] is a source of information about breast cancer for people all over the world. To reduce confusion and reinforce learning, we require that grantees provide educational messages and materials that are consistent with those promoted by Komen, including promoting the messages of breast self-awareness-- know your risk, get screened, know what is normal for you and make healthy lifestyle choices. The consistent and repeated use of the same messages will improve retention and the adoption of the actions we think are important.

Please visit the following webpage before completing your application and be sure that your organization can agree to promote these messages: <http://ww5.komen.org/BreastCancer/BreastSelfAwareness.html>.

Breast Self-Exam- must not be taught or endorsed!

According to studies, teaching breast self-exam (BSE) has not been shown to be effective at reducing mortality from breast cancer and therefore Komen will not fund education programs that teach or endorse the use of monthly breast self-exams or use breast models. As an evidence-based organization, engaging in activities that are not supported by scientific evidence pose a threat to Komen's credibility as a reliable source of information on the topic of breast cancer.

Susan G. Komen® grantees are eligible to receive preferred pricing for Komen educational materials. Komen materials should be used and displayed whenever possible. To view our educational materials, visit www.shopkomen.com. **Note: These prices are subject to change without notice.**

CONTRACTS AND CONTRACT PERIOD

The grant contract will be the legal mechanism for funding and all recipients will be required to sign a contract in order to receive any funding. The grant period will begin April 1, 2017 and will conclude on March 31, 2018. The effective date of the grant agreement is the date on which Komen fully executes the grant agreement and shall serve as the start date of the grant. No expenses may be accrued against the grant until the contractual agreement is fully executed. The contracting process can take up to six weeks from the date of the award notification letter.

PAYMENTS AND REPORTING

Grants will be paid in two equal installments. The first installment is generally paid within 30 days of receiving the fully executed grant contract. The second payment will be paid after timely submission of the second quarter progress report in GeMS and subsequent Affiliate approval of the report. In addition to submitting Data Outcomes and all requirements within GeMS on quarterly bases, the Affiliate also requires quarterly reporting in a web-based Data Acquisition Tool.

INSURANCE

During the contract period, grantee must agree to:

1. Maintain and provide evidence of commercial general liability insurance with combined limits of not less than \$1,000,000 per occurrence and \$2,000,000 in the aggregate for bodily injury, including death and property damage; workers' compensation insurance in the amount required by the law in the state(s) in which its workers are located and employers liability insurance with limits of not less than \$500,000.
2. Name the Chicagoland Area Affiliate of Susan G. Komen for the Cure as an additional insured under its general liability insurance policy solely with respect to funded project.
3. In some cases, provide evidence of insurance specific to the type of service you are providing, i.e., automobile insurance for those providing transportation or medical malpractice for clinical care.

SUBMISSION REQUIREMENTS

All proposals must be submitted online through the Komen Grants e-Management System (GeMS): <https://affiliategrants.komen.org>. *Access to the system will not be granted until a representative(s) from the Applicant's organization attends/views one of the Application Workshops.*

The submission is a two-step process in GeMS requiring action from both the Project Director and the Authorized Signer; see the Attachment D for a description of User Roles in the GeMS system. Applications must be submitted by the organization's Authorized Signer on or before **5:00 pm on November 28, 2016**. No late submissions will be accepted. Complete submissions include all documentation required in this RFA, in addition to all applicable fields in the GeMS system.

REVIEW PROCESS

The Affiliate's grantmaking process is competitive, whether or not an organization has received a grant in the past. Funding in subsequent years is never guaranteed. Each submitted application will be reviewed by Affiliate staff for compliance and adherence to the Request for Application. Compliant application will be reviewed and scored by at least three independent reviewers on our Community Review Panel.

The Affiliate makes every effort to have representation on the Panel from each of the counties within our service area. Each Community Review Panel member is required to sign a confidentiality agreement and is required to disclose all potential conflicts of interest. Any Community Review Panel member that reports a conflict will not be involved in reviewing, discussing, or voting on approval of the application(s) from the organization(s) with whom the conflict exists. The Community Review Panel's will use standard scoring rubrics when scoring the applications. The Community Review Panel's funding recommendations are presented to the Board of Directors. The Board then approves or rejects the entire slate of grants.

The Community Grants Review Panel will consider each of the following selection criteria:

1. **Statement of Need** – Does the program provide services to one or more of the target communities described in the Affiliate's Community Profile? How closely does the program align with the funding priorities stated in the RFA?
2. **Program Design** – Is the program culturally competent? Is the program evidence-based? How likely is it that the objectives and activities will be achieved within the scope of the funded program? Is the program well planned? Is the budget appropriate and realistic? Does the budget justification explain in detail the reasoning and need for the costs associated with the program? If the proposed program includes collaboration with other organizations, are the roles of the partners appropriate, relevant and clearly defined?
3. **Impact** - will the project have a substantial positive impact on increasing the percentage of people who enter, stay in, or process through the continuum of care? Will the program have a substantial impact on the need described in the funding priority selected? Is the impact likely to be long-term?
4. **Organization Capacity** – Does the applicant organization, Project Director and his/her team has the expertise to effectively implement all aspects of the program? Is there evidence of success in delivering services to the target population? Is the organization fiscally capable of managing the grant program, including having appropriate financial controls in place? Does the applicant organization have the equipment, resources, tools, space, etc., to implement all aspects of the program? Does the organization or staff have appropriate licenses, certifications, accreditations, etc. to deliver the proposed services? Does the organization have a plan to obtain the resources (financial, personnel, partnerships, etc.) needed to sustain the program beyond the grant term (if awarded)? Are collaborations (if proposed) likely to be sustained beyond the grant term? Does the applicant organization have long-term support form organizational leadership?
5. **Monitoring and Evaluation** – Is there a documented plan to measure progress against the stated program goal and objectives, and the resulting outputs and outcomes? Is there sufficient monitoring

and evaluation (M&E) expertise for the program? Are there sufficient resources in place for M&E efforts?

APPLICANT SUPPORT

Questions should be directed to:

Taylor Becker
Mission Coordinator
tbecker@komenchicago.org
773-444-0061 ext. 101

-OR-

Aminah Abdullah
Senior Manager of Community Programs
AAbdullah@komenchicago.org
773-444-0061 ext. 110

Please note and plan accordingly: The Affiliate reserves the right to take up to 72 hours (three business days) to respond to questions. Please allow adequate time before deadline for a response.

Failure to adhere to these guidelines will result in refusal of the application.

APPLICATION INSTRUCTIONS

If you have not used Komen’s online application system before, please note at least two people from your organization will need to register as authorized users by clicking on the “register here” link in the middle of the page at <https://affiliategrants.komen.org>.

Access to Komen’s online system will not be granted until a representative(s) from the Applicant’s organization attends one of the Applicant Workshops (see p. 5). If you are a current Affiliate grantee, you are not required to attend the Workshop, although it is advised.

To start a new application, click on the —View Available Proposals tab. When initiating an application on GeMS, please make sure it is a **Community Grants** application, designated “CG”, and not a Small Grants (“SG”) application to apply to this RFA.

To continue or edit an application that is already in progress, click on —My CG Applications, then in the Status field, and select CG Application: Application in Progress to execute to the screen, and then click on the Application Name (e.g., CGA-2016-IL101-SKGD28-00001).

You will be prompted to provide information for all required components of the application:

- Project Profile
- Organization Summary
- Project Priorities and Abstract
- Project Narrative – see below for specific information requested
- Project Target Demographics
- Key Personnel
- Project Work Plan detailing goals and specific, measurable objectives
- Project budget detailing how Komen grant funds will be applied toward salaries, consultants, supplies, travel, patient care, sub-contracts, indirect and other expenses, as well as indication of additional non-Komen funding or in-kind donations to support the overall project.

Note: Patient-related travel expenses should be itemized in the “other” fields in the Travel form

For an application instruction manual, please visit the Affiliate’s Grants webpage, <http://www.komenchicago.org/grants/how-to-apply-for-funding/>, or contact the [Mission](#) inbox.

Note: Online application submission requires two people to take action:

- First, the Project Director for your organization must submit the application to your organization’s Authorized Signer for approval.
- Next, the Authorized Signer must sign in to the online application system and submit the application.
Your application has not been submitted until your organization’s Authorized Signer takes this action.

See Attachment D for a description of the User Roles available in the Grants eManagement System (GeMS).

PROJECT PROFILE

This section collects basic organization and project information, including the title of the project, contact information and partner organizations.

Attachments for the Project Profile page (if applicable):

- Letters of support or memoranda of understanding from proposed collaborators– To describe the nature of the collaboration and the services/expertise/personnel to be provided through the collaboration.

ORGANIZATION SUMMARY

This section collects detailed information regarding your organization’s history, mission, programs, staff/volunteers, budget, and social media.

PROJECT PRIORITIES AND ABSTRACT (limit – 1,000 characters)

This section collects important information about the priorities to be addressed and a summary of the project (abstract). This abstract should include the target communities to be served, the need to be addressed, a description of activities, the expected number of individuals served and the expected change your project will likely bring in your community. The abstract is typically used by the Affiliate in public communications about funded projects.

PROJECT NARRATIVE

This section is the core piece of the application. On the Project Narrative page of the application on GeMS, please address the requests below for each section.

Statement of Need (limit- 5,000 characters)

1. Describe the population to be served.
2. Describe evidence of the risk/need within that population, using the RFA funding priorities and the 2015 Community profile as a guide.
3. Provide population characteristics (race, ethnicity, economic status, and breast cancer statistics) specific to the target population.
4. Describe how this program aligns with Komen Chicagoland Area’s target communities and/or RFA funding priorities.

Program Design (limit- 5,000 characters)

1. Explain the program’s goal and objectives, as outlined in your Project Work Plan.
2. Explain how the program will increase the percentage of people who enter, stay in, or progress through the continuum of care.
3. Explain how the program is culturally competent.
4. Explain if and how the program is evidence-based and/or uses promising practices (please cite references).
5. Describe program collaboration and the roles and responsibilities of all organizations or entities participating in the program.
6. Explain how the collaboration strengthens the program and why partnering organizations are best suited to assist in carrying out the program and accomplishing the goal and objectives set forth in this application.

Organization Capacity (limit- 5,000 characters)

1. Explain why the applicant organization, Project director, and staff are best suited to lead the program and accomplish the goals and objectives set forth in this application. Please include appropriate organization or staff licenses, certifications and/or accreditations.
2. Describe evidence of success in delivering breast health/cancer services to the proposed population. If the breast health/cancer program is newly proposed, describe relevant success with other programs.
3. Describe the equipment, resources, tools, space, etc., that the applicant organization possesses or will utilize to implement all aspects of the program.
4. Describe fiscal capability to manage the delivery of the proposed goals and objectives and ensure adequate measures for internal control of grant dollars.
5. Describe the organization's current financial state. How has your organizational budget changed over the last three years? Please explain increase or decrease.
6. Describe the plan to secure and allocate resources (financial, personnel, partnerships, etc.) to sustain the program at the conclusion of the grant period.
7. Describe efforts you will take to communicate this program to your organizational leadership to ensure long-term support/buy-in.

Monitoring and Evaluation (limit- 5,000 characters)

Grantees will be required to report on the following outputs and outcomes in the progress and final reports: successes and accomplishments, challenges, lessons learned, best practice example, story from an individual that was served with the funding and number of individuals served for each objective (county, race and ethnicity, age and population group).

1. Describe in detail how the organization will measure progress against the stated program goal and objectives. Please include any templates, logic models, or surveys as attachments in the Project Work Plan – Objectives page.
2. Describe how the organization will assess how the program had an effect on the selected priority. Please include any templates, logic models, or surveys as attachments in the project Work Plan – Objectives page.
3. Describe how the organization will assess program delivery. Please include any templates, logic models, or surveys as attachments in the Project Work Plan – Objectives page.
4. Describe monitoring and evaluation (M&E) expertise that will be available for this purpose.
5. Describe the resources available for M&E during the course of the program. Specify if these resources are requested as part of this grant, or if they are existing organizational resources.

Affordable Care Act Strategies (limit – 3,500 characters)

1. How has your organization been affected by the newly insured patient population through (a) the Health Insurance Marketplace, the state's new health insurance exchange; (b) Medicaid expansion; or (c) Medicare expansion? What is your organization doing to meet this increased/decreased patient demand?
2. Describe how your organization educates patients about their health insurance options, assist them with the enrollment process, and ensure that qualifying patients access those health-care payment options first before using Komen grant funds.
3. If your organization does not offer this support internally, explain linkage strategies for guiding patients to external partners prepared to serve in this role.

PROJECT WORK PLAN

In the Project Work Plan component of the application on GeMS, you will be required to submit a single goal and corresponding objectives:

- **The Goal** should be a high level statement that provides overall context for what the project is trying to achieve.
- **Objectives** are specific statements that describe how the project will meet the goal. An objective should be evaluated at the end of the project to establish if it was met or not met.

The project goal must have at least one objective; there is no limit to the number of objectives. Please ensure that all objectives are **SMART** objectives:

Specific

Measurable

Attainable

Realistic

Time-bound

A guide to crafting SMART objectives can be located in Appendix A or at the following:

<http://ww5.komen.org/WritingSMARTObjectives.html>.

You will also be required to submit the timeline, the anticipated number of individuals to be served, and the evaluation method you will utilize for each objective.

Write your Project Work Plan with the understanding that each item must be accounted for during progress reporting. **The Project Work Plan should include a single goal that will be accomplished with funds requested from Komen Chicago.** Objectives that will be funded by other means should not be reported here, but instead, can be included in your overall program description.

EXAMPLE WORK PLAN

GOAL: Provide patient navigation to women with screening abnormalities in order to reduce delays in and barriers to diagnostic care.

OBJECTIVE 1: By February 12, 2018, the patient navigator will have contacted 100 percent of all women with an abnormal screening result within three business days to schedule a follow-up appointment.

OBJECTIVE 2: By March 31, 2018, the project will provide 30 uninsured/underinsured women free/reduced cost diagnostic procedures within 30 days of an abnormal screening.

Attachments to support the Project Work Plan page may include, but are not limited to:

- Forms, surveys, and logic models that will be used to assess the progress and/or the effectiveness of these objectives

BUDGET SECTION

For each line item in the budget, **provide a calculation and a brief justification** explaining how the funds will be used and why they are necessary to achieve proposed objectives. A description of each budget category follows:

****IMPORTANT** - See Appendix C for acceptable reimbursement rates for screening and diagnostic services. **If the budget reflects a price higher than the rate provided in Appendix C, the cost has to be justified.**

KEY PERSONNEL/SALARIES

This section collects information regarding the personnel that will be needed to complete the project. Any individual playing a key role in the project should be included in this section. This section should also include information for any employee's salary for which your project is requesting funds, if applicable.

Attachments Needed for Key Personnel/Salaries Section:

- Resume/Job Description – For key personnel that are currently employed by the applicant organization, provide a resume or curriculum vitae that includes education level achieved and licenses/certifications obtained. For new or vacant positions, provide a job.

CONSULTANTS/ SUB-CONTRACTS

This section should be completed if your project requires a third party to help with a piece of the project. Consultants are persons or organizations that offer specific expertise not provided by staff and are usually paid by the hour or day. Subcontractors have substantive involvement with a specific portion of the project, often providing services not provided by your organization. Direct Patient Care services, even in subcontracted, should not be included in this section; those funds should be included in the Patient Care budget section.

SUPPLIES

This section should include office supplies, education supplies, and any other type of supplies your organization will need to complete the project.

Note: Komen grant funds may not be used for the development of educational materials or resources. If awarded project funds, grantees must use/distribute only Komen-developed or Komen-approved educational resources. Komen grantees are eligible to receive preferred pricing for Komen educational materials. Komen materials should be used and displayed whenever possible. To view our educational materials, visit www.shopkomen.com.

TRAVEL

This section should be completed if you are requesting funds for any type of travel including mileage reimbursement by organization staff or volunteers related to project activity. (This section is NOT for transportation assistance for patients/clients – this expense should be recorded on the “Patient Care” page.)

PATIENT CARE

This section should include all funds requested for providing a direct service for a patient. This should be the cost you will need to provide the services mentioned in the goal and objectives of the application. Navigation or referral programs should not include the program costs in this section.

OTHER

This section should include any allowable expenses that do not fit the other budget categories. This section should only be used if the item cannot be included on any of the other various budget sections.

INDIRECT

This section collects the allowable indirect cost which is requested as a percentage of direct costs.

PROJECT BUDGET SUMMARY

This section includes a summary of the total project budget. Other sources of funding must also be entered on this page.

Attachments Needed for the Project Budget Summary Section:

- Proof of Tax Exempt Status – To document your federal tax-exempt status, attach your determination letter from the Internal Revenue Service. Evidence of state or local exemption will not be accepted. Please do not attach your Federal tax return.

ATTACHMENTS YOU MUST SUBMIT

Required Attachment	Where to Attach in GeMS
Information regarding Key Personnel – For key personnel that are currently employed by the applicant, provide résumés or curricula vitae. For new or vacant positions, provide job descriptions (Two page limit per individual)	Key Personnel
Proof of Non-Profit Status – To document your federal tax-exempt status, attach your determination letter from the Internal Revenue Service. Evidence of state or local exemption will not be accepted. Please do not attach your entire federal tax return.	My Organization > Organization Details> Organization Details
Signed Form 990 from most recent federal tax return.	Project Budget Summary under –"Upload Required Financial/Insurance Documentation as outlined in the RFA"
Completed W9.	Project Budget Summary under –"Upload Required Financial/Insurance Documentation as outlined in the RFA"
Audited fiscal year-end financial statement from 2014 or 2015.	Project Budget Summary under –"Upload Required Financial/Insurance Documentation as outlined in the RFA"
Proof of all required insurance (see page 8).	Project Budget Summary under –"Upload Required Financial/Insurance Documentation as outlined in the RFA"
Board of Directors list, including occupations and/or community affiliations.	Project Budget Summary under –"Upload Required Financial/Insurance Documentation as outlined in the RFA"
Letters of support, collaboration, MOUs, etc. demonstrating your partnership Attachment D is a sample MOU that can be used as a guide.	Project Profile > Partners
Evaluation forms, surveys, logic model, etc. – to demonstrate the effectiveness of your program as defined in your Project Work Plan.	Project Work Plan – Objectives
For organizations using a fiscal sponsor, you must include a copy of the memorandum of agreement	Project Budget Summary under –"Upload Required Financial/Insurance

<p>(MOU) or (sub) contract between your organizations and the fiscal sponsor, along with a statement about the nature of the relationship with the fiscal sponsor.</p> <p>Reminder: Organizations using a fiscal sponsor must be approved to submit an application in advance (such decisions are made on a case-by-case basis).</p>	<p>Documentation as outlined in the RFA”</p>
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CONFIRMATION OF RECEIPT OF APPLICATION: An e-mail confirmation of receipt of application will be sent out via GeMS following review for compliance to guidelines. Please feel free to contact the Affiliate of Komen regarding the status of the application during the review period.

ANNOUNCEMENT: Announcement of grants awarded will be made during the last week of March in 2017. Project directors will be notified of the outcome of the review in writing and via email confirmation from GeMS. First installment payment of one-half of grant funds will be made pending receipt of signed grant contract in GeMS.

NUMBER OF GRANTS TO BE AWARDED: The actual number of awards will depend on the amount of funding granted per project. *Full or partial funding of projects is contingent on funds available.*

ATTACHMENT A: FEDERAL POVERTY GUIDELINES/INCOME LEVELS

2016 Poverty Guidelines
All States (except Alaska and Hawaii)

Persons in Family (Household)*	Federal Poverty Guidelines 100%		Federal Poverty Guidelines 250%	
	Monthly	Annual	Monthly	Annual
Size***				
1	\$ 990.00	\$ 11,880.00	\$ 2,475.00	\$ 29,700.00
2	\$ 1,335.00	\$ 16,020.00	\$ 3,337.50	\$ 40,050.00
3	\$ 1,680.00	\$ 20,160.00	\$ 4,200.00	\$ 50,400.00
4	\$ 2,025.00	\$ 24,300.00	\$ 5,062.50	\$ 60,750.00
5	\$ 2,370.00	\$ 28,440.00	\$ 5,925.00	\$ 71,100.00
6	\$ 2,715.00	\$ 32,580.00	\$ 6,787.50	\$ 81,450.00
7	\$ 3,060.83	\$ 36,730.00	\$ 7,652.08	\$ 91,825.00
8	\$ 3,407.50	\$ 40,890.00	\$ 8,518.75	\$ 102,225.00

For families with more than 8 persons, add \$4,160 for each additional person annually or \$346.60 monthly for 100% FPL.

* As defined by the Bureau of the Census for statistical purposes, a household consists of all the persons who occupy a housing unit (house or apartment), whether they are related to each other or not. If a family and an unrelated individual, or two unrelated individuals, are living in the same housing unit, they would constitute two family units, but only one household.

Source:

<https://aspe.hhs.gov/poverty-guidelines>

ATTACHMENT B: DEFINITION OF GOOD STANDING

The following information applies to any organization that has been a Komen Chicago Grantee in the past.

During the application compliance check, the Chicago Affiliate may determine whether the organization submitting an application is in good standing. In good standing for this purpose is defined below. If an organization is not in good standing with the Affiliate, the organization cannot apply for funding until it receives prior approval from the Affiliate and has corrected any outstanding issues. **Grantees whose funds have been rescinded or whose contract has been terminated due to a breach in contract cannot apply for a Komen Chicago grant in the subsequent grant year.**

Category	Definition	In Good Standing	Not In Good Standing
Reporting <ul style="list-style-type: none"> • Timely Reporting • Complete Reporting • Meets Goals and Objectives 	As a grantee their last required progress and final reports were approved. Reports are generally approved when grantee: <ul style="list-style-type: none"> • Submits them at due date or receives an approved extension • Submits all documents required for the progress or final report • Meets Goals and Objectives outlined in their application unless • Adequately justified • Uses approved funds appropriately (might include excessive returned funds) 	Last progress and final reports were approved	Last progress and final reports were not approved
Rescinded funding and/or Termination of Contract	Grant programs that have been identified as no longer viable for which the grant contract is terminated early and grant funds may or may not be requested for return. Audit findings which demonstrate misappropriation of funds.	No history of rescinded funds due to poor performance.	Funds were rescinded from the last grant cycle because the program was no longer viable and contract was terminated- organization has not satisfactorily documented how they will improve the viability of the program. Audit findings which demonstrate misappropriation of funds.
Corrective action*	An action taken to address grant performance and insufficiencies that are negatively affecting grantee’s ability to meet the obligations of their grant agreement.	Applicant is not currently under a written warning.	Applicant is currently under a form of written warning or has outstanding progress reports that have not been approved.

ATTACHMENT C: MEDICARE RATES & CPT CODES

**Allowable CPT Codes for the Illinois Breast and Cervical Cancer Program –
Updated January 2015
Provided by the Illinois Breast and Cervical Cancer Program**

Listed below are allowable procedures and the corresponding CPT codes for use in reimbursement for Komen Grantees:

- Screening services may include CBE and a mammogram.
- Reimbursement for treatment services should also be at Medicare rates. More information is available at <http://www.cms.gov/home/medicare.asp>
- Anesthesia codes should not be charged unless an anesthesiologist or nurse anesthetist is in attendance.

These rates are based on information found on the Illinois Department of Public Health’s website, <http://www.idph.gov/>

CPT Code	Description	Fees			
		Tech (TC)	Prof (26)	Total	
Office Visits					
99201	Office Visit, New Patient – Breast Exam Only			\$46.65	
99203	Office Visit, New Patient – Breast and Pelvic Exam			\$117.29	
99212	Office Visit, Established Patient – Breast or Pelvic Exam Repeat CBE (Considered a Dx Procedure) – 10 mins			\$46.65	
99213	Office Visit, Established Patient – Breast and Pelvic Exam			\$77.02	
Consultation Visits					
99202	Office Consultation Visit (Considered a Dx Procedure); 20 minutes.			\$79.62	
99203	Office Consultation Visit (Considered a Dx Procedure); 30 minutes.			\$117.29	
99204	Office Consultation Visit (Considered a Dx Procedure); 45 minutes.			\$177.94	
BREAST – Mammography/MRI/Ductogram					
Radiology	77055	Diagnostic Mammography, Unilateral	\$56.71	\$37.96	\$94.67
	77056	Diagnostic Mammography, Bilateral	\$74.51	\$47.08	\$121.58
	77057	Screening Mammogram, Bilateral	\$48.92	\$37.96	\$86.88
	G0202	Screening Mammogram, Digital, Bilateral	\$103.43	\$37.59	\$141.01
	G0204	Diagnostic Mammogram, Digital, Bilateral	\$124.56	\$47.08	\$171.64
	G0206	Diagnostic Mammogram, Digital, Unilateral	\$97.87	\$37.59	\$135.45
	77053	Mammary Ductogram, or galactogram, single duct, radiological supervision and interpretation	\$41.88	\$19.34	\$61.22
	77058	Magnetic Resonance Imaging, breast , with and/or without contrast, unilateral**	\$477.15	\$88.68	\$565.83
	77059	Magnetic Resonance Imaging, breast , with and/or without contrast, bilateral**	\$471.22	\$88.68	\$559.90
**Use of these codes are restricted. They are reimbursed in special circumstances with prior approval only.					
BREAST – Diagnostic					

Radiology	76098	Radiological examination, surgical specimen	\$8.88	\$8.76	\$17.64
	76645	Ultrasound, breast(s), unilateral or bilateral	\$74.88	\$40.14	\$115.02
	76942	Ultrasound guidance for needle placement (e.g., biopsy aspiration or localization device); imaging supervision and interpretation.	\$28.53	\$35.75	\$64.28
Surgery	10021	Fine Needle Aspiration (FNA) without imaging guidance			\$162.20
	10022	Fine Needle Aspiration (FNA) with imaging guidance			\$153.37
	19000	Puncture aspiration of breast cyst			\$122.25
	19001	Puncture aspiration of breast cysts, <u>each additional cyst</u>			\$29.99
	19100	Breast biopsy, percutaneous needle core, not using imaging guidance			\$169.38
	19101	Breast biopsy, <u>open incisional</u>			\$382.86
	19120	Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion, <u>open</u> ; one or more lesions			\$564.97
	19125	Excision of breast lesion identified by preoperative placement of radiological marker, single; open; lesion			\$630.33
	19126	Excision of breast lesion identified by preoperative placement of radiological marker, open; <u>each additional lesion separately identified by a preoperative radiological marker</u>			\$195.90
	19081	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion			\$708.40
	19082	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; each additional lesion			\$577.60
	19083	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; first lesion			\$699.27
	19084	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; each additional lesion			\$555.82
	19085	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; first lesion			\$1105.41
	19086	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; each additional lesion			\$869.13
	19281	Placement of breast localization device, percutaneous; mammographic guidance; first lesion			\$257.30

	19282	Placement of breast localization device, percutaneous; mammographic guidance; each additional lesion			\$179.95
	19283	Placement of breast localization device, percutaneous; stereotactic guidance; first lesion			\$292.52
	19284	Placement of breast localization device, percutaneous; stereotactic guidance; each additional lesion			\$215.92
	19285	Placement of breast localization device, percutaneous; ultrasound guidance; first lesion			\$473.00
	19286	Placement of breast localization device, percutaneous; ultrasound guidance; each additional lesion			\$401.09
	19287	Placement of breast localization device, percutaneous; magnetic resonance guidance; first lesion			\$929.35
	19288	Placement of breast localization device, percutaneous; magnetic resonance guidance; each additional lesion			\$740.28
Pathology	88172	Evaluation of FNA of Breast(s) to determine specimen adequacy	\$20.74	\$38.39	\$59.13
	88173	Interpretation and report of FNA of Breast(s)	\$83.01	\$74.20	\$157.22
	88305	Surgical pathology, breast (does not evaluate surgical margins) or cervical biopsy specimens	\$35.57	\$40.20	\$75.78
	88307	Surgical pathology, breast (evaluates surgical margins) or cervical specimens	\$229.11	\$88.49	\$317.60
	88331	Frozen section, first tissue block, single specimen (breast or cervical)	\$40.77	\$66.20	\$106.96
	88332	Frozen section, each additional specimen (Limit 2) (breast or cervical)	\$14.44	\$32.91	\$47.35
	G0461	Immunohistochemistry or immunocytochemistry, per specimen; 1 st stain**	\$60.54	\$32.43	\$93.00
	G0462	Immunohistochemistry or immunocytochemistry, per specimen; each additional stain**	\$58.70	\$13.27	\$71.97
**Use of these codes are restricted. They are reimbursed in special circumstances with prior approval only.					
Additional Procedure Fees					
99144	Conscious Sedation				\$200.00
00400	General Anesthesia				\$300.00
99070	Supplies and materials (except spectacles), provided by the physician over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided).				\$500.00
	Pre-operative testing; CBC, urinalysis, pregnancy test, etc. These procedures should be medically necessary for the planned surgical procedure.				
Procedures Specifically Not Allowed					

Any	Computer Aided Detection (CAD) in breast cancer screening or diagnostics
Procedures Allowed With Restrictions	
<p>The Chicago Affiliate will allow for screening MRIs as a medically necessary adjunct to mammography for screening of women considered to be at high genetic risk of breast cancer because of any of the following. Medicare rates must be adhered to:</p> <ol style="list-style-type: none"> 1. Carry or have a first-degree relative who carries a genetic mutation in the TP53 or PTEN genes (Li-Fraumeni syndrome and Cowden and Bannayan-Riley-Ruvalcaba syndromes); or 2. Confirmed presence of BRCA1 or BRCA2 mutation; or 3. First degree blood relative with BRCA1 or BRCA2 mutation and are untested; or 4. Have a lifetime risk of breast cancer of 20 to 25 % or more using standard risk assessment models (BRCAPRO, Claus model, Gail model, or Tyrer-Cuzick); or 5. Received radiation treatment to the chest between ages 10 and 30 years, such as for Hodgkin disease 	

ATTACHMENT D: GRANTS EMANAGEMENT SYSTEM (GEMS) USER ROLES

Project Director:

The role of Project Director should be assigned to an individual at an applicant organization that will serve as the project's lead contact. This individual is responsible for validating all new users when they register for the system under their organization.

This is the highest level applicant user and they will have all of the applicant administrative functions available.

One per organization.

Authorized Signer:

The role of Authorized Signer should be assigned to the individual at an applicant organization that has the authority to sign legal documents on behalf of the organization. This individual is responsible for electronically signing the application before submission and the grant contract if the organization is awarded funds.

One per organization.

Viewer:

The role of viewer should be assigned to any individual at the applicant organization that needs access to view the organization's information but does not need the functionality to save, add, edit, or change anything within the organization's information.

Unlimited number per organization.

Writer:

The role of writer should be assigned to any individual that needs access to an organization's application process to help complete the application but does not have the authority to complete the submission process. This individual cannot change the status of an application and will not have administrative function availability.

Unlimited number per organization.

ATTACHMENT E: SAMPLE MEMORANDUM OF UNDERSTANDING

[INSERT Grantee Name]

And

[INSERT Screening/Treatment Partner]

Purpose: Throughout the Chicagoland Affiliate of Susan G. Komen for the Cure® 5 county service area, medically underserved communities face barriers to breast cancer screening services which can provide early detection of the disease when it is more treatable and less likely to have spread to other regions. Culturally and linguistically appropriate educational services are a crucial component of informing women of the importance of annual screening and in turn providing them a referral to a screening facility that can offer them appropriate services.

Background: [INSERT Grantee Name] and [INSERT Screening/Treatment Partner] agree to collaborate to ensure that medically underserved women in [INSERT the region(s) covered by applicant] are provided the education and knowledge about the importance of early detection of breast cancer and, following this, the appropriate medical screening services and, if needed, diagnostic services. It is imperative that women who are provided this education are linked with a screening provider that is able to provide appropriate services and provide follow up to [INSERT Grantee Name] on the number of women screened and those that require follow up care or services. Specific objectives of the collaboration are (EXAMPLES):

Objective 1: Establish a tracking mechanism for [INSERT Grantee Name] to provide to [INSERT Screening/Treatment Partner] with pertinent information on patients that were referred for screening through education and outreach activities

Objective 2: Follow up with all patients referred for screening to ensure they schedule a screening appointment

Objective 3: Provide appropriate screening services to women referred and follow up services to those with abnormal findings

Objective 4: Create a reporting structure where [INSERT Screening/Treatment Partner] will inform [INSERT Grantee Name] of the number of referred woman who were provided screening services and those that require follow up care

Objective 5: Provide appropriate screening or diagnostic services to a Women’s Wellness Connection provider [INSERT Screening/Treatment Partner] if a woman is eligible to receive services under this program.

Specific Responsibilities:

- Both parties will respect patient privacy according to HIPAA regulations in their reporting mechanisms.
- Both parties will provide culturally and linguistically appropriate services to patients served.

[INSERT Grantee Name]:

- Provide XXX patients with a referral to screening services at [INSERT Screening/Treatment Partner]
- Create a [weekly] report for [INSERT Screening/Treatment Partner] with the appropriate contact information on the women who were referred for screening
- Follow up via phone, email, or mail with patients referred for screening to ensure they schedule and attend their screening session
- Receive weekly report from [INSERT Screening/Treatment Partner] regarding, the outcome of screening, and whether any patients require follow up services

[INSERT Screening/Treatment Partner]:

- Receive [weekly] report from [INSERT Grantee Name] with the appropriate contact information on women who were referred for screening
- Provide appropriate screening services to referred patients including Clinical Breast Exams, Mammograms, and diagnostic procedures
- Create a weekly report for [INSERT Grantee Name] with appropriate contact information on patients that received screening, including the outcome, and any follow up services recommended
- Work with [INSERT Grantee Name] to follow up with patients in need of additional services and schedule appropriate appointments

Terms of Understanding:

- Key Personnel:** Each organization shall identify one key contact to represent their organization in this collaboration
- Period of Effectiveness:** This MOU shall expire March, 31 2017.
- Provisions for Review and Change:** This Memorandum of Understanding may be revised by approval of all parties and may be terminated by a 60-day advance notification from any party.

 NAME
 TITLE
 Grantee Name

 NAME
 TITLE
 Screening/Treatment Partner

Grantmaking Category Definitions and Corresponding Interventions

Education

- Development of communication tools and methods to include e-communications and social networking
- Education of patients, health care providers, at-risk populations, and the general population about breast cancer
- Communication to patients regarding therapeutic options
- Educational interventions to promote self-care and symptom management
- Communicating breast cancer risk to underserved populations, at-risk populations, and the general public
- Communication of lifestyle models that reduce breast cancer risk, such as communication of nutritional interventions
- Special approaches and considerations for underserved and at-risk populations
- Education, information, and prevention/screening/assessment systems for the general public, primary care professionals, or policy makers

Interventions

Public education (e.g. radio, television, newspaper, e-communications, social networking) Group education (e.g. lectures, workshops, seminars, webinars)

One-on-one education

Material development and dissemination (multi-cultural, and in accessible and alternative formats)

Events (e.g. health fairs) in accessible venues

Health care professional training and provider education

Screening

- Interventions to change attitudes and beliefs that affect behavior related to breast cancer control and breast cancer outcomes
- Influences of attitudes and beliefs on compliance to treatment and prevention protocols

Interventions

Reminder systems directed at patients (e.g. letters, phone calls)

Reminder systems directed at health care providers (e.g. chart reminders) Outreach programs (that result in new appointments, new patients, etc.)

In-reach programs (result in getting existing patients to get a mammogram) Reduce costs to patient for mammography (e.g. free or low-cost mammography) Expand hours for breast health services to evenings and weekends.

Provide free or low-cost screenings (clinical breast exams and/or screening mammograms) Reduce other barriers to mammography (e.g. transportation, childcare)

Provide translation/interpretation services to include sign language interpreters Genetic testing

Patient navigation

Accessible facilities for screening (education, awareness)

Diagnosis

- Interventions to change attitudes and beliefs that affect behavior related to breast cancer control and breast cancer outcomes
- Influences of attitudes and beliefs on compliance to treatment and prevention protocols
- Psychological or educational interventions to promote behaviors that lessen treatment- related morbidity and promote psychological adjustment to the diagnosis of breast cancer and to treatment effects

Interventions

Provide translation/interpretation services

Reduce costs to patient for diagnostic services (e.g. ultrasound, biopsies) Patient navigation

Reduce other barriers to diagnostic services (e.g. transportation, childcare)

Treatment

- Interventions to change attitudes and beliefs that affect behavior related to breast cancer control and breast cancer outcomes
- Influences of attitudes and beliefs on compliance to treatment and prevention protocols
- Psychological or educational interventions to promote behaviors that lessen treatment- related morbidity and promote psychological adjustment to the diagnosis of breast cancer and to treatment effects
- Clinical trial groups

Interventions

Reduce out-of-pocket costs for treatment (e.g. co-pay or prescription drug assistance) Reduce costs for treatment services (e.g. free chemotherapy, radiation, surgery) Clinical trials

Patient navigation

Treatment Support

- Pain management
- Psychological impacts of breast cancer survivorship
- Rehabilitation
- Reproductive issues
- Symptom management
- End-of-life care issues, including palliative care, psychological interventions with families at end of life, hospice care, and pain management for terminally ill patients
- Influences of attitudes and beliefs on compliance to treatment and prevention protocols

Interventions

Provide financial assistance for day-to-day costs during treatment (e.g. housing, utilities) Reduce other barriers to treatment (e.g. transportation, childcare)

Support groups

Individual counseling/psychotherapy

Side-effect management (e.g. prosthesis, wigs, lymphedema therapy)

Nutrition services (e.g. meal delivery)

Complementary therapies (e.g. meditation, yoga, acupuncture, art therapy) End of life care (e.g. hospice/palliative care)

Legal services

Caregiver support (e.g. respite programs, training for caregivers)

Survivorship

- Quality of life
- Pain management
- Psychological impacts of breast cancer survivorship
- Rehabilitation
- Reproductive issues
- Long term morbidity
- Clinical trial groups related to breast cancer control, survivorship, and outcomes research

Interventions

Support groups

Individual counseling/psychotherapy Exercise/Nutrition programs

Complementary therapies (e.g. meditation, yoga, acupuncture, art therapy) Side-effect management (e.g. prosthesis, wigs, lymphedema therapy)

Health Care Delivery/Systems Change

- Centers, consortia, and/or networks
- Analysis of health service provision, including the interaction of primary and secondary care
- Impact of organizational, social, and cultural factors on access and quality of care

Interventions

Interventions to increase the quality of health care delivery Process improvement strategies