



Chicagoland Area Affiliate of Susan G. Komen 2017-2018 COMMUNITY GRANTS PROGRAM

**FOR BREAST HEALTH PROGRAMS
TO BE HELD BETWEEN APRIL 1, 2017 AND MARCH 31, 2018**

SUSAN G. KOMEN® AFFILIATE COMMUNITY GRANTS

TO SAVE LIVES BY MEETING THE MOST CRITICAL NEEDS OF OUR COMMUNITIES AND
INVESTING IN BREAKTHROUGH RESEARCH TO PREVENT AND CURE BREAST CANCER.

Susan G. Komen Chicagoland Affiliate
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KEY DATES

Grant Writing Workshops:

- **Cook County-** Tuesday, October 11th 9:00am to 11:00am
- **McHenry County-** Wednesday, October 12th 9:00am to 11:00am
- **Virtual Afternoon-** Monday, October 17th 1:00pm to 3:00pm
- **Virtual Evening-** Monday, October 17th 7:00pm to 9:00pm

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

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

ABOUT SUSAN G. KOMEN CHICAGOLAND AREA

Susan G. Komen is the world's largest breast cancer organization, funding more breast cancer research than any other nonprofit while providing real-time help to those facing the disease. Komen was founded in 1982 by Nancy G. Brinker, who promised her sister, Susan G. Komen, that she would end the disease that claimed Suzy's life. Komen Chicago is working to better the lives of those facing breast cancer in the local community. Through events like the Komen Chicago Race for the Cure®, Komen Chicago has invested over \$16 million in community breast health programs in our 5-county service area and has helped contribute to the more than \$920 million invested globally in research. For more information, call 773-444-0061 or visit www.komenchicago.org.

NOTICE OF FUNDING OPPORTUNITY AND STATEMENT OF NEED

Komen Chicagoland Area will award community grants to organizations that will provide breast health and breast cancer projects that address funding priorities, which were selected based on data from the 2015 Komen Chicagoland Area Community Profile Report. The 2015 Community Profile Report can be found on our website at <http://www.komenchicago.org/grants/funding-priorities/>.

While applications will be accepted for programs providing services within the Affiliate service area, priority will be given to applicants that participate in the Metropolitan Chicago Breast Cancer Task Force's Quality Care Consortium and/or demonstrate benefit to African-Americans and/or Hispanics/Latinas in one or more of the following communities:

- Cook County
- McHenry County

The funding priorities for the April 1, 2017 – March 31, 2018 grant cycle are listed below in order of importance.

Priority 1: Programs that increase access to breast cancer screening, diagnostics and treatment by reducing financial barriers for low-income (at or below 250% Federal Poverty Level) individuals that are uninsured or underinsured populations. The Affiliate seeks to fund programs that provide no cost or low breast cancer services, financial assistance with diagnostic and treatment co-pays/deductibles and transportation assistance. All programs must encompass appropriate education services. Applicants must explain how their programs plans to address education.

Note: Underinsured is defined as having some insurance coverage but not enough, or when one is insured yet unable to afford the out-of-pocket responsibilities not covered by his or her insurer

Priority 2: Programs that provide culturally-relevant evidence-based breast cancer education to uninsured and underinsured individuals through the usage of and/or in partnership with community-based navigation programs. Programs that provide patient navigation for uninsured and underinsured individuals. Patient navigation is a process by which a trained individual, patient navigator, guides patients through and around barriers in the complex breast cancer care system. The primary focus of a patient navigator is on the individual patient, with responsibilities centered on coordinating and improving access to timely diagnostic and treatment services tailored to individual needs. Patient navigators offer interventions that may vary from patient to patient along the continuum of care and include a **combination** of informational, emotional, and practical support (i.e., breast cancer education, counseling, care coordination, health system navigation, and access to transportation, language services and financial resources).

Priority 3: Increase 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.

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.

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. Newly developed breast cancer programs must show a document increase in the COC, programs can be patient centered or provider centered.

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 maximum for first time applicants and new programs (“first time applicants” and “new programs” are defined as applicants and breast health programs that were not funded by Komen Chicago during the FY15 or FY16 grant cycles.)
- Funded programs must be designed to ensure an individual is able to progress through the continuum of care (e.g., screening through diagnosis and treatment), as needed.

Note: There is no funding cap for returning breast health programs that were funded during the FY15 or FY16 grant cycles. However, be realistic and provide valid reasoning for the cost of your program. There is no guarantee that your program will be offered the grant amount that you requested, but partial funding may be offered.

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:

- Cook County
- 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. Komen Chicago will award community grants to organizations that will provide breast health and breast cancer projects that address funding priorities, which were selected based on data from the 2015 Komen Chicago Community Profile Report. The 2015 Community Profile Report can be found on our website at www.komenchicago.org.

ELIGIBILITY REQUIREMENTS

Applicants must conform to the following eligibility criteria to apply. Eligibility requirements for the applicants must be met at the time of Application submission.

- Individuals are not eligible to apply. Applications will only be accepted from a non-profit organization with 501(c)3 status (such as an educational institution, hospital or other medical facility, or a community organization) or a local/state government located in or providing services to one or more of the following locations:
 - Cook County
 - Lake County
 - McHenry County
 - Kane County
 - DuPage County
- Proposed projects must be specific to breast health and/or breast cancer and address the priorities identified in the Affiliate's 2015 Community Profile. If a project includes other health issues along with breast cancer, such as a breast and cervical cancer project, funding may only be requested for the breast cancer portion.
- All past and current Komen-funded grants or awards to applicant are up-to-date and in compliance with Komen requirements.
- Applicant has documentation of current tax exempt status under the Internal Revenue Service code.
- 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 in the 12 months prior to the submission deadline for the application, then applicant is not eligible to apply for a grant until 12 months after the conviction. After such 12 month period, applicant must demonstrate in its application that appropriate remedial measures have been taken to ensure that any criminal misconduct does not recur.
- A representative **should attend/view** a Komen Chicago Affiliate Grant Application Workshop.

ALLOWABLE EXPENSES

Funds may be used for the following types of expenses provided they are directly attributable to the project:

- Salaries and fringe benefits for project 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 total, essential to the breast health-related project to be conducted
- Indirect costs, not to exceed 10 percent 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:

- Research, defined as any project or program with the primary goal of gathering and analyzing data or information.
 - Specific examples include, but are not limited to, projects or programs designed to:
 - Understand the biology and/or causes of breast cancer
 - Improve existing or develop new screening or diagnostic methods
 - Identify approaches to breast cancer prevention or risk reduction
 - Improve existing or develop new treatments for breast cancer or to overcome treatment resistance, or to understand post-treatment effects
 - Investigate or validate methods
- Education regarding breast self-exams/use of breast models
- Development of educational materials or resources
- Education via mass media (e.g. television, radio, newspapers, billboards), health fairs and material distribution. These methods may be used to promote projects, but evidence-based methods such as 1-1 and group sessions should be used to educate the community and providers.
- Construction or renovation of facilities
- Political campaigns or lobbying
- General operating funds (in excess of allowable indirect costs)
- Debt reduction
- Fundraising (e.g. endowments, annual campaigns, capital campaigns, employee matching gifts, events)
- Event sponsorships
- Projects completed before the date of grant approval
- Payments/reimbursement made directly to individuals
- Land acquisition
- Project-related investments/loans
- Scholarships
- Thermography
- Equipment over \$5,000 total
- Projects or portions of projects not specifically addressing breast cancer

IMPORTANT GRANTING POLICIES

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

- A. The project must occur between April 1, 2017 to March 31, 2018.
 - B. 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.*
 - C. Any unspent funds over \$1.00 must be returned to Komen [Chicago].
 - D. Grant payments will be made in installments pending compliance with terms and conditions of grant agreement and receipt of satisfactory progress reports.
 - E. Grantee will be required to submit a minimum of one semi-annual progress report and one final report that will include, among other things, an accounting of expenditures and a description of project achievements. Additional reports may be requested.
 - F. At the discretion of Komen Chicago, the grantee may request one no cost extension of no more than six months per grant. Requests must be made by grantee no later than 30 days prior to the end date of the project.
- Certain insurance coverage must be demonstrated through a certificate of insurance at the execution of the grant agreement, if awarded. Grantee is required at minimum to hold:
 - 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 \$1,000,000; and
 - Excess/umbrella insurance with a limit of not less than \$5,000,000.
 - In the event any transportation services are provided in connection with program, \$1,000,000 combined single limit of automobile liability coverage will be required.
 - If any medical services (other than referrals) are provided or facilitated, medical malpractice coverage with combined limits of not less than \$1,000,000 per occurrence and \$3,000,000 in the aggregate will be required.
 - Grantees are also required to provide Komen Chicago with a Certificate of Insurance with Susan G. Komen Breast Cancer Foundation, Inc., Susan G. Komen Chicago, its officers, employees and agents named as Additional Insured on the above policies solely with respect to the Project and any additional policies and riders entered into by Grantee in connection with the Project.
 - 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 Appendix D: 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.
 - 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

EDUCATIONAL MATERIALS AND MESSAGES

Susan G. Komen is a source of information about breast health and breast cancer for people all over the world. To reduce confusion and reinforce learning, we only fund projects that use educational messages and materials that are consistent with Komen messages, including our breast self-awareness messages -- 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 can reduce confusion, improve retention and lead to the adoption of actions we believe are important for quality breast care. 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 projects that teach or endorse the use of monthly breast self-exams or use breast models.** As an evidence-based organization, we do not promote activities that are not supported by scientific evidence or that pose a threat to Komen's credibility as a reliable source of information on the topic of breast cancer.

Creation and Distribution of Educational Materials and Resources

Komen Affiliate Grantees are encouraged to use Komen-developed educational resources, including messages, materials, toolkits or online content during their grant period. This is to ensure that all breast cancer messaging associated with the Komen name or brand are current, safe, accurate, consistent and based on evidence and to avoid expense associated with the duplication of existing educational resources. Komen Grantees can purchase Komen educational materials at the Affiliate preferred price. If a grantee intends to use other supplemental materials, they should be consistent with Komen messages.

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.

Use of Komen's Breast Cancer Education Toolkits for Black and African-American Communities and Hispanic/Latino Communities and Other Resources

Komen has developed Breast Cancer Education Toolkits for Black and African-American communities and Hispanic/Latino communities. They are designed for educators and organizations to use to meet the needs of these communities. The Hispanic/Latino Toolkit is available in both English and Spanish. To access the Toolkits, please visit <http://komentoolkits.org/>. Komen has additional educational resources, including on komen.org, that may be used in community outreach and education projects. Check with Komen Chicago for resources that may be used in programming.

REVIEW PROCESS

Each grant application will be reviewed by at least three independent reviewers. They will consider each of the following selection criteria:

Impact 30%: Will the project have a substantial positive impact on increasing the percentage of people who enter, stay in, or progress through the continuum of care? Will the project have a substantial impact on the need described in the funding priority selected? Is the impact likely to be long-term?

Statement of Need 15%: Does the project address at least one of the funding priorities stated in the RFA and the Affiliate's 2015 Community Profile? Does the project provide services to one or more of the target communities described in the Affiliate's 2015 Community Profile?

Project Design 15%: Do the goal and objectives described in the Project Work Plan align with the project description and activities? Is it clear what, specifically, is being done through this project? Is the project designed to meet the needs of specific communities including the cultural and societal beliefs, values, and priorities of each community? Is the project evidence-based? Is the budget appropriate and realistic? Does the budget justification explain in detail the reasoning and need for the costs associated with the project? If the proposed project includes collaboration with other organizations, are the roles of the partners appropriate, relevant and clearly defined? How likely is it that the objectives and activities will be achieved within the scope of the funded project?

Organization Capacity 10%: Does the applicant organization, Project Director and his/her team have the expertise to effectively implement all aspects of the project? Is there evidence of success in delivering services to the target population? Is the organization fiscally capable of managing the grant project, including having appropriate financial controls in place? Does the applicant organization have the equipment, resources, tools, space, etc., to implement all aspects of the project? 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 project beyond the grant term (if awarded)? Are collaborations (if proposed) likely to be sustained beyond the grant term?

Monitoring and Evaluation 10%: Is there a documented plan to measure progress against the stated project goal and objectives, and the resulting outputs and outcomes? Is there sufficient monitoring and evaluation (M&E) expertise for the project? Are there sufficient resources in place for M&E efforts?

Addressing Affiliate Priority Areas 20%: Is the program being administered in Cook County or McHenry County?

The grant application process is competitive, regardless of whether or not an organization has received a grant in the past. Funding in subsequent years is never guaranteed.

Applicant Support: Questions should be directed to:

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

SUBMISSION REQUIREMENTS

All proposals must be submitted online through the Komen Grants e-Management System (GeMS): <https://affiliategrants.komen.org>.

Applications must be received on or before Monday, November 28, 2016, 5:00pm. No late submissions will be accepted.

APPLICATION INSTRUCTIONS

The application will be completed and submitted via the Komen Grants e-Management System (GeMS), <https://affiliategrants.komen.org>. The required sections/pages in GeMS are listed in ALL CAPS and described below. For an application instruction manual, please visit the Affiliate's Grants webpage, <http://komenchicago.org/grants/how-to-apply-for-community-grants/>, or contact Taylor Becker, 774-444-0061 ext. 101 and/or tbecker@komenchicago.org.

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):

1. **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)

- Describe evidence of the risk/need within the identified population, using the RFA funding priorities and the 2015 Community Profile as a guide.
- Describe the characteristics (race, ethnicity, economic status, and breast cancer statistics) specific to the target population to be served with Komen funding.

- Describe how this project aligns with Komen Chicago target communities and/or RFA funding priorities.

Project Design (limit- 5,000 characters)

- Explain the proposed project's overall goal and objectives, as outlined in your Project Work Plan, and what specifically will be accomplished using Komen funding.
- Explain how the proposed project's goal and objectives align with the stated priorities in the Affiliate's 2015 Community Profile.
- Describe in detail what will be done and how the project will increase the percentage of people who enter, stay in, or progress through the continuum of care.
- Explain how the project is designed to meet the needs of specific communities including the cultural and societal beliefs, values, and priorities of each community.
- Explain if and how the project is evidence-based and/or uses promising practices (please cite references). See Appendix H for more information
- Describe project collaboration and the roles and responsibilities of all organizations or entities participating in the project, and explain how the collaboration strengthens the project and why partnering organizations are best suited to assist in carrying out the project and accomplishing the goal and objectives set forth in this application.

Organization Capacity (limit- 5,000 characters)

- Explain why the applicant organization, Project Director and staff are best-suited to lead the project and accomplish the goal and objectives set forth in this application. Please include appropriate organization or staff licenses, certifications and/or accreditations.
- 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.
- Describe the equipment, resources, tools, space, etc., that the applicant organization possesses or will utilize to implement all aspects of the project.
- Describe fiscal capability to manage the delivery of the proposed goal and objectives and ensure adequate measures for internal control of grant dollars.
- Describe the organization's current financial state. How has your organizational budget changed over the last three years? Please explain increase or decrease.
- Describe the plan to secure and allocate resources (financial, personnel, partnerships, etc.) to sustain the project at the conclusion of the grant period.

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, promising practice example, a compelling story from an individual that was served with Komen funding and number of individuals served through Komen funding for each objective (county, race and ethnicity, age and population group).

Applicants should include any templates, logic models or surveys to support the Monitoring and Evaluation narrative by adding attachments to the Project Work Plan page.

The Monitoring and Evaluation narrative must address the following items:

- Describe in detail how the organization(s) will measure progress against the stated project goal and objectives.
- Describe how the organization(s) will assess how the project had an effect on the selected priority.
- Describe how the organization(s) will assess project delivery. Describe the monitoring and evaluation (M&E) expertise that will be available for this purpose.
- Describe the resources available for M&E during the course of the project. Specify if these resources are requested as part of this grant, or if they are existing organizational resources.

Addressing Affiliate Priority Needs: (limit 5,000 characters)

- Describe how this project aligns with Komen Chicago target communities (Cook County and McHenry County).

PROJECT TARGET DEMOGRAPHICS

This section collects information regarding the various groups you intend to target with your project. This does not include every demographic group your project will serve but should be based on the groups on which you plan to focus your project's attention.

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:

1. **The Goal** should be a high level statement that provides overall context for what the project is trying to achieve.
2. **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 (For additional examples and a SMART objective checklist, please refer to Appendix A.)

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:

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

Note:

Cash = any monetary funds for the program from outside sources, such as other grant awards.

In Kind = Both services and supplies provided by the organization itself and from outside sources (e.g. food, supplies) to support the program.

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 description (*Two page limit per individual*).

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 conference travel, registration fees and 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. To request verification of your organization’s tax-determination status, visit the following page on the IRS Web site:

<http://www.irs.gov/Charities-&-Non-Profits/EO-Operational-Requirements:-Obtaining-Copies-of-Exemption-Determination-Letter-from-IRS>

REQUIRED ATTACHMENTS

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 you 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 Appendix F 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 (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. 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).	Project Budget Summary under —"Upload Required Financial/Insurance Documentation as outlined in the RFA"

APPENDIX A: WRITING SMART OBJECTIVES

Project planning includes developing project goals and objectives. **Goals** are high level statements that provide overall context for what the project is trying to achieve. **Objectives** are specific statements that describe what the project is trying to achieve and how they will be achieved. Objectives are more immediate than goals and represent milestones that your project needs to achieve in order to accomplish its goal by a specific time period. Objectives are the basis for monitoring implementation of strategies and/or activities and progress toward achieving the project goal. Objectives also help set targets for accountability and are a source for project evaluation questions.

Writing SMART Objectives

To use an objective to monitor progress towards a project goal, the objective must be **SMART**.

A **SMART** objective is:

1. **Specific:**
 1. Objectives should provide the “who” and “what” of project activities.
 2. Use only one action verb since objectives with more than one verb imply that more than one activity or behavior is being measured.
 3. Avoid verbs that may have vague meanings to describe intended output/outcomes (e.g., “understand” or “know”) since it may prove difficult to measure them. Instead, use verbs that document action (e.g., identify 3 of the 4 Komen breast self –awareness messages).
 4. The greater the specificity, the greater the measurability.
2. **Measurable:**
 1. The focus is on “how much” change is expected. Objectives should quantify the amount of change expected.
 2. The objective provides a reference point from which a change in the target population can clearly be measured.
3. **Attainable:**
 1. Objectives should be achievable within a given time frame and with available project resources.
4. **Realistic:**
 1. Objectives are most useful when they accurately address the scope of the problem and projectmatic steps that can be implemented within a specific time frame.
 2. Objectives that do not directly relate to the project goal will not help achieve the goal.
5. **Time-bound:**
 1. Objectives should provide a time frame indicating when the objective will be measured or time by which the objective will be met.
 2. Including a time frame in the objectives helps in planning and evaluating the project.

SMART Objective Examples

Non-SMART objective 1: Women in Green County will be provided educational sessions.

This objective is not SMART because it is not specific, measurable, or time-bound. It can be made SMART by specifically indicating who is responsible for providing the educational sessions, how many people will be reached, how many sessions will be conducted, what type of educational sessions conducted, who the women are and by when the educational sessions will be conducted.

SMART objective 1: By September 2017, Pink Organization will conduct 10 group breast cancer education sessions reaching at least 200 Black/African American women in Green County.

Non-SMART objective 2: By March 30, 2018, reduce the time between abnormal screening mammogram and diagnostic end-result for women in the counties of Jackson, Morse and Smith in North Dakota.

This objective is not SMART because it is not specific or measurable. It can be made SMART by specifically indicating who will do the activity and by how much the time will be reduced.

SMART objective 2: By March 30, 2018, Northern Region Hospital breast cancer patient navigators will reduce the average time from abnormal screening mammogram to diagnostic conclusion from 65 days to 30 days for women in the counties of Jackson, Morse and Smith in North Dakota.

SMART Objective Checklist

Criteria to assess objectives	Yes	No
1. Is the objective SMART?		
1. Specific: Who? (target population and persons doing the activity) and What? (action/activity)		
2. Measurable: How much change is expected?		
3. Achievable: Can be realistically accomplished given current resources and constraints		
4. Realistic: Addresses the scope of the project and proposes reasonable projectmatic steps		
5. Time-bound: Provides a time frame indicating when the objective will be met		
2. Does it relate to a single result?		
3. Is it clearly written?		

Source: Department of Health and Human Services- Centers for Disease Control and Prevention. January 2009. Evaluation Briefs: Writing SMART Objectives. <http://www.cdc.gov/healthyyouth/evaluation/pdf/brief3b.pdf>

APPENDIX B: 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>

APPENDIX C: 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.

APPENDIX D: 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 <u>or</u> Pelvic Exam Repeat CBE (Considered a Dx Procedure) – 10 mins			\$46.65	
99213	Office Visit, Established Patient – Breast <u>and</u> 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; <u>open</u> ; lesion			\$630.33
	19126	Excision of breast lesion identified by preoperative placement of radiological marker, <u>open</u> ; <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 				

APPENDIX E: 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.

APPENDIX F: 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:

- G. **Key Personnel:** Each organization shall identify one key contact to represent their organization in this collaboration
- H. **Period of Effectiveness:** This MOU shall expire March, 31 2017.
- I. **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

APPENDIX G - 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

Navigation

- Patient navigation is a process by which a trained individual, patient navigator, guides patients through and around barriers in the complex breast cancer care system. The primary focus of a patient navigator is on the individual patient, with responsibilities centered on coordinating and improving access to timely diagnostic and treatment services tailored to individual needs. Patient navigators offer interventions that may vary from patient to patient along the continuum of care and include a **combination** of informational, emotional, and practical support (i.e., breast cancer education, counseling, care coordination, health system navigation, and access to transportation, language services and financial resources).

Uninsured

- Underinsured is defined as having some insurance coverage but not enough, or when one is insured yet unable to afford the out-of-pocket responsibilities not covered by his or her insurer

APPENDIX H: CITATION GUIDELINES

APA Style

What is it? Developed by the American Psychological Association, APA style is widely used, not only in the social science and management but also in the humanities and natural sciences.

How do I do it? There are two parts to APA citation: in-text reference and the list of reference at the end. See *The Purdue Online Writing Lab* (<http://owl.english.purdue.edu/>) for detailed guidelines.

Don't forget - you must cite your source both 1. In-Text and in a 2. Reference List

1. In-text Citation

The in-text component of APA citation includes two main elements: the author's last name and the year of the publication (e.g., Ross, 1997). And the page number whenever quoting directly or paraphrasing a specific section of the text (e.g., Ross, 1997). For more than one author, list the names in the order they appear in the source. Refer to <http://libguides.uncfsu.edu/APAintext>.

2. Reference List

The list of references on your paper's last page is titled "References" and should be arranged in alphabetical order. Refer to the Reference List page for more information on how to cite works accurately at <http://libguides.uncfsu.edu/referencelist>.

Useful APA Links

- [APA Formatting and Style Guide](#)
From the Online Writing Lab (OWL) at Purdue University. Includes formatting, in-text citations, references lists, and more.
- [APA Examples from Research and Documentation Online](#)
by Diana Hacker with research sources by Barbara Fister, Bedford St. Martin's Press.
- [APA Style for Electronic Resources](#)
Excerpts from the APA Style Guide to Electronic Resources and Publication Manual. Covers commonly asked questions regarding how to cite electronic media.
- [How to Prepare an Annotated Bibliography](#)
From Cornell University. Includes guidelines and example citations and annotations.
- [The Basics of APA Style](#)
A free tutorial for those who are new to APA style
- [APA Style Update, 2009](#)
A LibGuide from the University of Maine, Augusta
- [APA Citation Examples](#)
from the University of Maryland libraries

Source: <http://libguides.uncfsu.edu/apa>