



## **SUSAN G. KOMEN® CHICAGO** **2017-2018 SMALL GRANTS PROGRAM**

**FOR BREAST HEALTH SUPPORT PROJECTS IN COOK, DUPAGE, KANE,  
LAKE AND MCHENRY COUNTIES, ILLINOIS**

### **SUSAN G. KOMEN® AFFILIATE GRANTS**

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

Susan G. Komen Chicago Affiliate  
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[www.komenchicago.org](http://www.komenchicago.org)

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## KEY DATES

Application Initiation Deadline: October 10, 2017

Application Deadline: October 17, 2017

Award Notification: November 1, 2017

Final Report Due: April 20, 2018

Organizations are eligible for only one small grant award per fiscal year. Multiple programs from the same organization must be applied for in separate applications. One 6 month progress report will be required as well as one final report due 30 days after project completion.

## ABOUT SUSAN G. KOMEN® AND KOMEN CHICAGO

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 has set a Bold Goal to reduce the current number of breast cancer deaths by 50 percent in the U.S. by 2026. 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 Mother's Day Race for the Cure®, Komen Chicago has invested over \$17.4 million in community breast health programs in Cook, DuPage, Kane, Lake, and McHenry counties 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](http://www.komenchicago.org).

## NOTICE OF FUNDING OPPORTUNITY AND STATEMENT OF NEED

Komen Chicago is currently offering Small Grants up to \$10,000 to support the 2015 Komen Chicago Mission Action Plan. Funding will assist organizations in increasing the capacity and efficiency of their breast health programs, ultimately improving the quality of life for breast cancer patients and survivors in Chicagoland. This need may include educational/outreach projects, pilot programs, conference projects, technical assistance, and/or capacity-building projects as described below. Innovative approaches to achieving the Community Profile Mission Action Plan objectives are encouraged. For applications seeking funds greater than \$10,000 or seeking to provide screening, diagnostic and/or treatment services, please refer to our Community Grants and Critical Care Fund RFA.

The findings from the 2015 Komen Chicago Community Profile revealed that fear, health literacy deficits, economic constraints, and mistrust of the health care system are just some of the most common obstacles that affect access and utilization of the breast health continuum of care in Cook and McHenry Counties. The 2015 Community Profile can be found on our website at [www.komenchicago.org/grants/applying-for-community-grants/funding-priorities-2/](http://www.komenchicago.org/grants/applying-for-community-grants/funding-priorities-2/).

Drawing from the 2015 Community Profile, Komen Chicago has identified the following small grants funding priorities:

The funding priority areas are listed below in no particular order:

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- Programs that reduce systemic, financial and individual barriers to breast health services for targeted populations in our service area, including African American, Hispanic/Latina, low income (at or below 250% Federal Poverty Level) and un-/underinsured women.  
**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
- Programs that are designed to provide culturally-relevant evidence-based breast cancer education, linking women to free and reduced-cost breast health services, particularly to underserved, uninsured and minority women.
- Programs that include services to help patients navigate through the continuum of care to insure that they are screened and that those with abnormal results receive the appropriate follow-up diagnostic and treatment services, particularly in those areas where services are not available or where there are barriers to accessing the services that are available.
- Programs whose goals and methodologies are designed to reach underserved and uninsured women in Cook and McHenry County for breast cancer screenings.

## ELIGIBILITY REQUIREMENTS

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

- Individuals are not eligible to apply. Applications will only be accepted from local/state government agencies under IRS code section 170(c)(1) or nonprofit organizations under IRS code section 501(c)(3) located in or providing services to residents of one or more of the following locations:
  - Cook County
  - DuPage County
  - Kane County
  - Lake County
  - McHenry 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 must be up-to-date and in compliance with Komen requirements.

- Applicant must have 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 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 this 12-month period, applicant must demonstrate in its application that appropriate remedial measures have been taken to ensure that criminal misconduct will not recur.
- Applicants are restricted to one Small Grant award per Komen Chicago fiscal year, per agency of program (April 1 through March 31).
- If you are a current Small Grant recipient, you may not apply for another Small Grant until you have submitted your final report for your current Small Grant-funded project and it has been approved.
- Current Komen Chicago Community Grant recipients are eligible to apply for Small Grants.

## ALLOWABLE EXPENSES

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

- Key personnel & salaries
- Consultants
- Supplies
- Travel
- Other direct project expenses

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
- Clinical services or patient care costs (e.g. screening, diagnostics, or treatment)
- Indirect Costs
- 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
- Debt reduction
- Fundraising (e.g. endowments, annual campaigns, capital campaigns, employee matching gifts, events)
- Event sponsorships
- Projects completed before the date of grant approval
- Land acquisition
- Project-related investments/loans
- Scholarships
- Thermography
- Projects or portions of projects not specifically addressing breast cancer
- Equipment, exceeding \$5,000
- Funds MAY NOT be used as a supplement for current Affiliate grantees that may “run out of” funds in their current grant cycle.
- Funds MAY NOT be used to provide payment to a technical assistance provider whose affiliation with your organization could be seen as a conflict of interest (i.e., board or staff member).

## IMPORTANT GRANTING POLICIES

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

- The project must occur between November 1, 2017 and 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.*
- Any unspent funds over \$1.00 must be returned to Komen Chicago.
- At Komen’s discretion, grant payment will be made in one installment after grant agreement execution or pending receipt and approval of a final report.
- Grantee will be required to submit one final report that will include, among other things, an accounting of expenditures and a description of project achievements. Additional reports may be requested.
- 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 \$3,000,000.
  - In the event any transportation services are provided in connection with project, \$1,000,000 combined single limit of automobile liability coverage 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.
- **Recognition requirements:** Susan G. Komen Chicago must be recognized in all materials and at all events.

- **Reporting:** A final report must be submitted stating outcomes of the project and how the overall budget was used.
- **Site Visits:** A Komen Chicago representative may conduct at least one site visit during the course of the grant year.

## 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](http://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](http://komen.org), that may be used in community outreach and education projects. Check with Komen Chicago for resources that may be used in programming.

## SMALL GRANT CATEGORIES

### *Educational/Outreach Grants*

Purpose: To explore new approaches to reduce breast cancer education barriers identified in communities and populations at highest risk of not meeting Healthy People 2020 late-stage diagnosis and death rate targets and identified in the Affiliate's Community Profile. Education and outreach projects must lead to a documented breast cancer action (e.g., getting a screening mammogram; importance of follow-up after an abnormal mammogram).

Amount: Up to \$10,000

Recognition requirements: Susan G. Komen Chicago must be recognized in all materials.

### *Capacity Building Grants*

Purpose: To support the development of well-defined projects that help build organizational infrastructure to refine/improve skills, strategies or organizational systems that will lead to a decrease in breast cancer disparities to achieve health equity for all.

Amount: Up to \$10,000

## REVIEW PROCESS

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

**Statement of Need 20%:** Does the project provide services to one or more of the target communities described in the Affiliate's Community Profile? How closely does the project align with the funding priorities stated in the RFA?

**Project Design 20%:** Is the project culturally competent? Is the project evidence-based? How likely is it that the objectives and activities will be achieved within the scope of the funded project? 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 project? If the proposed project includes collaboration with other organizations, are the roles of the partners appropriate, relevant and clearly defined?

**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?

**Organization Capacity 20%:** 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? Does the applicant organization have long-term support from organizational leadership? 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? Does the applicant organization have long-term support from organizational leadership?

**Monitoring and Evaluation 10%:** 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 project? Are there sufficient resources in place for M&E efforts?

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, Mission Coordinator  
773-444-0061, ext 101  
[tbecker@komenchicago.org](mailto:tbecker@komenchicago.org)

## **SUBMISSION REQUIREMENTS**

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

## **APPLICATION INSTRUCTIONS**

The application must be completed and submitted via the Komen Grants e-Management System (GeMS), <https://affiliategrants.komen.org>. For a GeMS application instruction manual, please visit the Affiliate's grants webpage, <http://komenchicago.org/grants/how-to-apply-for-community-grants/>. When initiating an application in GeMS, please make sure it is a **Small Grants** application, designated "SG", and not a Community Grants ("CG") application to apply to this RFA.

**NOTE:** Please cite the references when explaining how a project is evidence based or when using promising practices.

## **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 (limit 1,000 characters)**

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

## **PROJECT 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 (limit 8,000 characters)**

This section is the core piece of the application. On the Project Narrative page of the GeMS application, please address the following:

After reading the project narrative, an individual should understand all project components and proposed objectives. The project narrative must contain the following information:

- A description of the project or activity
- How the project will further Komen's mission
- How the project will reach the target audience/community
- Address the review criteria
- For conference grants only- anticipated number of participants, description of target participants, description of conference format including specific topics to be covered and speakers, if known.

### **PROJECT TARGET DEMOGRAPHICS**

This section collects information regarding the intended target audience(s) and target locations identified in the project. This does not include every demographic group the project will serve, rather this should be based on the groups that will be primarily served.

### **PROJECT WORK PLAN**

In the Project Work Plan section of the application on GeMS, a single goal and corresponding objectives are required as follows:

- **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 is found in Appendix A or at <http://ww5.komen.org/WritingSMARTObjectives.html>

Write your Project Work Plan with the understanding that each item must be accounted for in the final report. **The Project Work Plan must include a single goal with corresponding objectives 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.

Attachments for the Project Work Plan page(s):

- **Evaluation forms, surveys, logic model, etc.** related to demonstrating the effectiveness of your program as defined in your work plan.

## **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:

### **KEY PERSONNEL/SALARIES**

All requested information in this section must be completed for personnel needed to complete the project. Salaries and/or fringe benefits for any individual playing a key role in the project must also be included in this section.

#### **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**

This section should be completed if it is necessary for 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.

### **SUPPLIES**

This section should include office supplies, education supplies, and any other type of supplies the 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 approved educational materials, visit [www.shopkomen.com](http://www.shopkomen.com).

### **TRAVEL**

This section should be completed if travel expenses such as, conference travel, registration fees or mileage reimbursement by organization staff or volunteers related to project activity is necessary to complete the project.

### **OTHER**

This section should only be used for items that cannot be included in the existing budget sections.

### **PROJECT BUDGET SUMMARY**

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

#### **Attachments Needed for the Project Budget Summary Section:**

- **Proof of Tax Exempt Status** – To document **federal tax-exempt status**, attach the organization’s 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:

<https://www.irs.gov/charities-non-profits/eo-operational-requirements-obtaining-copies-of-exemption-determination-letter-from-irs>

## 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:

- **Specific:**
  - Objectives should provide the “who” and “what” of project activities.
  - Use only one action verb since objectives with more than one verb imply that more than one activity or behavior is being measured.
  - 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 three of the four Komen breast self –awareness messages).
  - The greater the specificity, the greater the measurability.
- **Measurable:**
  - The focus is on “how much” change is expected. Objectives should quantify the amount of change expected.
  - The objective provides a reference point from which a change in the target population can clearly be measured.
- **Attainable:**
  - Objectives should be achievable within a given time frame and with available project resources.
- **Realistic:**
  - Objectives are most useful when they accurately address the scope of the problem and programmatic steps that can be implemented within a specific time frame.
  - Objectives that do not directly relate to the project goal will not help achieve the goal.
- **Time-bound:**
  - Objectives should provide a time frame indicating when the objective will be measured or time by which the objective will be met.
  - 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 will be 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 |
|--|-----|----|
| <b>1. Is the objective SMART?</b>  |     |    |
| <ul style="list-style-type: none"> <li><b>Specific:</b> Who? (target population and persons doing the activity) and What? (action/activity)</li> </ul> |     |    |
| <ul style="list-style-type: none"> <li><b>Measurable:</b> How much change is expected?</li> </ul>  |     |    |
| <ul style="list-style-type: none"> <li><b>Achievable:</b> Can be realistically accomplished given current resources and constraints</li> </ul>         |     |    |
| <ul style="list-style-type: none"> <li><b>Realistic:</b> Addresses the scope of the project and proposes reasonable programmatic steps</li> </ul>      |     |    |
| <ul style="list-style-type: none"> <li><b>Time-bound:</b> Provides a time frame indicating when the objective will be met</li> </ul>                   |     |    |
| <b>2. Does it relate to a single result?</b>   |     |    |
| <b>3. Is it clearly written?</b>   |     |    |

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

## 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   |
|---|--|--|--|
| <b>Reporting</b> <ul style="list-style-type: none"> <li>• Timely Reporting</li> <li>• Complete Reporting</li> <li>• Meets Goals and Objectives</li> </ul> | As a grantee their last required progress and final reports were approved. Reports are generally approved when grantee: <ul style="list-style-type: none"> <li>• Submits them at due date or receives an approved extension</li> <li>• Submits all documents required for the progress or final report</li> <li>• Meets Goals and Objectives outlined in their application unless</li> <li>• Adequately justified</li> <li>• Uses approved funds appropriately (might include excessive returned funds)</li> </ul> | Last progress and final reports were approved          | Last progress and final reports were not approved  |
| <b>Rescinded funding and/or Termination of Contract</b>   | 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.<br><br>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.<br>Audit findings which demonstrate misappropriation of funds. |
| <b>Corrective action*</b>   | 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: 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 D: 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

## **ATTACHMENT E: 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

## ATTACHMENT F: 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

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