



## 2017-2018 CRITICAL CARE FUND (CCF)

### COMMUNITY GRANTS PROGRAM: PART B

**PROVIDING VITAL BREAST CANCER SCREENINGS TO UNINSURED AND  
UNDERINSURED INDIVIDUALS RESIDING IN COOK, DUPAGE, KANE, LAKE  
and MCHENRY COUNTIES ILLINOIS**

**PERFORMANCE PERIOD: NOVEMBER 1, 2017 - MARCH 31, 2018**

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

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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 Community Grant award per fiscal year. Multiple programs from the same organization must be applied for in separate applications.

## **ABOUT SUSAN G. KOMEN CHICAGO**

Susan G. Komen is the world's largest breast cancer organization, funding more breast cancer research than any other nonprofit outside of the U.S. government 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 Race for the Cure®, Komen Chicago has invested \$17.4 million in community breast health programs in five 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 will award community grants to organizations that will provide breast cancer projects that address specific 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/grants/applying-for-community-grants/funding-priorities-2/](http://www.komenchicago.org/grants/applying-for-community-grants/funding-priorities-2/).

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 the priority areas of Cook and McHenry Counties. The funding priority is listed below:

- To increase access to breast cancer screening, diagnostics and treatment by reducing financial barriers for uninsured and under-insured populations.
  - Priority populations include (in no particular order): Hispanic/Latina; African American/Black; Low-income.

The Illinois Breast and Cervical Cancer Program (IBCCP) provides free cancer screenings to women who are uninsured. However, funding for IBCCP has declined and due to budget inaction, many local IBCCP agencies have been forced to reduce hours and services, waitlist women seeking care, or close their program altogether. Mammograms are critical to detecting cancer at an early stage when treatment is more effective and less expensive.

- Preference is given to applicants that have a documented relationship with the Illinois Breast and Cervical Cancer Program, including referrals for eligible patients
- Applicants must document how patients with abnormal results will be linked to follow up care

**Note:** Komen Chicago defines medically underserved as individuals who may not receive adequate care because of barriers such as language, cultural differences, economics, violence and fear. 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.

For more information on the **Illinois Breast and Cervical Cancer Program** call the Illinois Women's Health-Line at 1-888-522-1282 or visit <http://www.cancerscreening.illinois.gov/howToApply.htm>

## ELIGIBILITY REQUIREMENTS

Applicants must meet 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 governmental organizations under Section 170(c)(1) or nonprofit organizations under Section 501(c)(3) of the Internal Revenue Service (IRS) code. Applicants must prove tax-exempt status by providing a letter of determination from the IRS.
- Applicant organizations must provide 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 within this RFA. 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 to an applicant must be in compliance with Komen requirements.
- 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 will not recur.

- Preference is given to Illinois Breast and Cervical Cancer Program lead agencies. Applicants must provide documented proof outlining their relationship with IBCCP, including referrals for eligible patients.
- Applicants are restricted to one Community 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 the CCF Grant until you have submitted the final report for your current Small Grant-funded project and it has been approved in good standing.

## **ALLOWABLE EXPENSES**

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

- Supplies for clinical services or patient care costs
- Patient care (screenings, diagnostics, treatment)
- Other direct project expenses for direct patient care services

For more information, please refer to the descriptions in the Budget Section below.

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 or tools
- Education regarding breast self-exams/use of breast models
- Development of educational materials or resources that either duplicate existing Komen materials or for which there is not a demonstrated need
- Education via mass media (e.g. television, radio, newspapers, billboards), health fairs and material distribution. Evidence-based methods such as one on one 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
- 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.

- The project must occur between Nov 1, 2017 and March 31, 2018.
- Recipients of services must reside in the Affiliate Service Area.
- 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.
- Grant payments will be made in installments pending execution of grant agreement and compliance with terms and conditions of grant agreement.
- 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.
- 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 project, \$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 Attachment C: Medicare Rates.
- Provisions must be made for recall and follow-up case management for patients who are screened and have abnormal findings.
- **Recognition requirements:** Susan G. Komen Chicago must be recognized in all materials and at all events relevant to the funded breast health project.
- **Reporting:** One 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 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. Therefore, **Komen will not fund education projects that teach or endorse 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 grantees are encouraged to use Komen-developed educational resources, including messages, materials, Toolkits or other online content during their grant period. This is to ensure that all breast cancer messaging associated with the Komen name or brand is current, safe, accurate, consistent and based on evidence. In addition, this practice will avoid expenses associated with the duplication of existing educational resources. Grantees can view, download and print all of Komen's educational materials by visiting <http://ww5.komen.org/BreastCancer/KomenEducationalMaterials.html>. If a grantee intends to use other supplemental materials, they should be consistent with Komen messages.

Komen materials should be used and displayed whenever possible.

If an organization wants to develop educational resources, they must discuss with Komen Chicago prior to submitting an application and provide evidence of need for the resource.

### *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 health educators and organizations to use to meet the needs of their communities. The Hispanic/Latino Toolkit is available in both English and Spanish. To access these Toolkits, please visit <http://komentoolkits.org/>. Komen has additional educational resources 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.

## **REVIEW PROCESS**

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

**Impact 30%:** How successful will the project be at increasing the percentage of people who enter, stay in or progress through the continuum of care, thereby reducing breast cancer mortality? To what extent

has the applicant demonstrated that the project will have a substantial impact on the selected funding priority?

**Statement of Need 20%:** How well has the applicant described the identified need and the population to be served, including race, ethnicity, economic status and breast cancer mortality statistics? How closely does the project align with the funding priorities and target communities stated in the RFA?

**Project Design 20%:** How likely is it that proposed activities will be achieved within the scope of the project? How well has the applicant described the project activities to be completed with Komen funding? To what extent is the proposed project designed to meet the needs of specific communities including the cultural and societal beliefs, values and priorities of each community? How well does the applicant incorporate an evidence-based intervention and/or a promising practice? To the extent collaboration is proposed, how well does the applicant explain the roles, responsibilities and qualifications of project partners? How well does the budget and budget justification explain the need associated with the project?

**Organization Capacity 20%:** To what extent does the applicant's staff have the expertise to effectively implement all aspects of the project and provide fiscal oversight, including the appropriate licenses, certifications, accreditations, etc. to deliver the proposed services? How well has the applicant demonstrated evidence of success in delivering services to the target population described? To what extent has the applicant demonstrated they have the equipment, resources, tools, space, etc., to implement all aspects of the project?

**Monitoring and Evaluation 10%:** To what extent will the documented evaluation plan be able to measure progress against the stated project goal and objectives, and the resulting outputs and outcomes? To what extent are the applicant's monitoring and evaluation (M&E) resources/ expertise likely to adequately evaluate project success?

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 eManagement System (GeMS): <https://affiliategrants.komen.org>. All applications must be submitted before the Application Deadline listed in the Key Dates section above. Applicants are strongly encouraged to complete, review and submit their applications with sufficient time to allow for technical difficulties, human error, loss of power/internet, sickness, travel, etc.

**Extensions to the submission deadline will not be granted, with the rare exception made for severe extenuating circumstances at the sole discretion of Komen.**

## APPLICATION INSTRUCTIONS

The application must be completed and submitted via the Komen Grants eManagement 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, [www.komenchicago.org](http://www.komenchicago.org), or contact Taylor Becker, (773)444-0061, [tbecker@komenchicago.org](mailto:tbecker@komenchicago.org). When initiating an application in GeMS, make sure it is a **Community Grants** application, designated "CGA-Part B", and not a Small Grants ("SG") application to apply to this RFA.

## PROJECT PROFILE

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

Attachments for the Project Profile page (if applicable):

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

## ORGANIZATION SUMMARY

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

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

This section collects 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 is the main content section of the application divided into the following subsections:

### **Statement of Need (limit 5,000 characters)**

- Describe evidence of the risk/need within the identified population.
- Describe the target population to be served with Komen funding (e.g., Black/African American, low-income, rural) using race, ethnicity, socioeconomic and breast cancer mortality statistics.
- Describe how this project aligns with the RFA funding priorities.

### **Project Design (limit 5,000 characters)**

- Describe how the project will increase the percentage of people who enter, stay in or progress through the continuum of care and thereby reduce breast cancer mortality.
- Explain what specifically will be accomplished using Komen funding and how the project's goal and objectives align with the selected funding priorities.
- Explain how the project is designed to meet the needs of specific communities and reflects the cultural and societal beliefs, values, and priorities of each community.
- Explain how the project incorporates an evidence-based intervention (please cite references). See Appendix H for more information

- Explain how collaboration strengthens the project, including roles and responsibilities of all organizations and why partnering organizations are qualified to assist in accomplishing the goal and objectives. Organizations mentioned here should correspond with those providing letters of support/collaboration or MOUs on Project Profile page.

### **Organization Capacity (limit 5,000 characters)**

- Explain why the applicant organization and associated project staff are suited to lead the project and accomplish the goal and objectives. Include appropriate organization or staff licenses, certifications and/or accreditations.
- Describe evidence of success in delivering breast cancer services to the proposed population. If the breast cancer project is new, describe relevant success with other projects.
- Describe the equipment, resources, tools, space, etc., that the applicant organization possesses or will utilize to implement all aspects of the project.
- Describe the organization's current financial state and fiscal capability to manage all aspects of the project to ensure adequate measures for internal control of grant dollars. If the organizational budget has changed over the last three years, explain the reason for the change.

### **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:

- Accomplishments
- Challenges
- Upcoming tasks
- Lessons learned
- A compelling story from an individual that was served with Komen funding
- Demographics of individuals served through Komen funding (see Appendix A)
- Types of services offered (see Appendix A)

The Monitoring and Evaluation (M&E) narrative must address the following items:

- Describe how the organization(s) will measure progress against the stated project goal and objectives, including the specific evaluation tools that will be used to measure progress. These tools can include client satisfaction surveys, pre- and post-tests, client tracking forms, etc. Please include any templates, logic models or surveys as attachments in the Project Work Plan page(s).
- Describe the specific outcomes that will be measured as a result of proposed project activities. Outcomes reported can include number of days to diagnostic resolution after an abnormal imaging test, number of days from diagnosis to first day of treatment, etc.
- Describe the resources and expertise available for M&E during the project period. Specify if the expertise and resources are requested as part of this project, or if they are existing organizational resources.

## **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 SMART objectives in order to meet the universal goal:

**Reduce breast cancer mortality by addressing disparities, increasing access to quality and timely care, and/or improve outcomes through patient navigation.**

The project must have at least one objective. While there is no limit to the number of objectives allowed, the number of objectives should be reasonable, with each able to be evaluated. Please ensure that all objectives are SMART objectives:

**Specific**  
**Measurable**  
**Attainable**  
**Realistic**  
**Time-bound**

A guide to crafting SMART objectives is found in Appendix B or at  
<http://ww5.komen.org/WritingSMARTObjectives.html>.

You will also be required to submit the timeline and the anticipated number of individuals to be served.

Write your Project Work Plan with the understanding that each objective must be reported on in progress reports. **The Project Work Plan must include measurable 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 project description.

**Example Work Plan** (For additional examples and a SMART objective checklist, please refer to Appendix B).

**OBJECTIVE 1:** By February 1, 2019, the patient navigator will have contacted 100 percent of all women with an abnormal screening result in Green County within three business days to schedule a follow-up appointment.

**OBJECTIVE 2:** By March 31, 2019, the project will provide 30 uninsured/underinsured Green County 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:

- **Evaluation forms, surveys, logic models, etc.,** that will be used to assess the progress and/or the effectiveness of these objectives.

## BUDGET SECTION

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

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

## PATIENT CARE

This section should include all funds requested for providing direct services for a patient. This should be the cost needed to provide the direct services mentioned in the goal and objectives section of the application. Navigation or referral project costs should not be included in this section but can be included in Key Personnel/ Salaries or Consultants/ Sub-Contracts sections, as appropriate.

## PROJECT BUDGET SUMMARY

This section includes a summary of the total project budget. Other sources of funding for this project 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>

## ATTACHMENTS YOU MUST SUBMIT

Required Attachment	Where to Attach in GeMS
Information regarding Key Personnel – For key personnel that are currently employed by the applicant, provide résumés or curricula vitae. For new or vacant positions, provide job descriptions (Two page limit per individual)	Key Personnel
Proof of Non-Profit Status – To document your federal tax-exempt status, attach your determination letter from the Internal Revenue Service. Evidence of state or local exemption will not be accepted. Please do not attach your entire federal tax return.	My Organization > Organization Details> Organization Details
Signed Form 990 from most recent federal tax return.	Project Budget Summary under — "Upload Required Financial/Insurance

	Documentation as outlined in the RFA”
Completed W9.	Project Budget Summary under —”Upload Required Financial/Insurance Documentation as outlined in the RFA”
Audited fiscal year-end financial statement from 2015 or 2016.	Project Budget Summary under —”Upload Required Financial/Insurance Documentation as outlined in the RFA”
Proof of all required insurance (see page 8).	Project Budget Summary under —”Upload Required Financial/Insurance Documentation as outlined in the RFA”
Board of Directors list, including occupations and/or community affiliations.	Project Budget Summary under —”Upload Required Financial/Insurance Documentation as outlined in the RFA”
Letters of support, collaboration, MOUs, etc. demonstrating your partnership Attachment D is a sample MOU that can be used as a guide.	Project Profile > Partners
Evaluation forms, surveys, logic model, etc. – to demonstrate the effectiveness of your program as defined in your Project Work Plan.	Project Work Plan – Objectives
For organizations using a fiscal sponsor, you must include a copy of the memorandum of agreement (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: FY18 REPORTING METRICS

Grantees will be required to report on the below metrics in FY18 Progress/Final Reports. All grantees will report on Demographics of those served. The remaining categories will only need to be reported on if a grantee offers those services in their Project Workplan. For example, if a grantee has only an education objective, they will only have the option to report metrics for the Education & Training category.

\* *Indicates data must be provided by race & ethnicity (**only** by Hispanic/Latino and non-Hispanic/Latino – not by specific Hispanic/Latino/Spanish origin)*

### Demographics

- State of residence
- County of residence
- Age
- Gender
  - Female, Male, Transgender, Other, Unknown
- Race
  - American Indian or Alaska Native, Asian, Black/African-American, Middle Eastern or North African, Native Hawaiian or Pacific Islander, White, Unspecified
- Ethnicity
  - Colombian, Cuban, Dominican, Mexican/Mexican-American, Chicano, Puerto Rican, Salvadoran, Other Hispanic/Latino/Spanish origin, Not of Hispanic/Latino/Spanish origin
- Special Populations
  - Amish/Mennonite, Breast cancer survivors, Healthcare providers, Homeless/residing in temporary housing, Immigrant/Newcomers/Refugees/Migrants, Living with metastatic breast cancer, Individuals with disabilities, Identifies as LGBTQ, Rural residents

### Breast Cancers Diagnosed

- Staging of breast cancers diagnosed resulting from
  - Screening services\*
  - Diagnostic services\*
  - Community navigation into screening\*
  - Diagnostic patient navigation\*

### Education & Training

- Type of session
  - One-on-one, Group
- Topic of session
  - Breast self-awareness, available breast health services and resources, clinical trials, treatment, survivorship and quality of life, metastatic breast cancer
- Number of individuals reached by topic area
- Follow-up completed

- Action taken
- If healthcare provider training, total number of providers trained in each session (one-on-one, group) and number by provider type (Community health workers, lay educators, patient navigators, social workers, nurses, technicians, nurse practitioners/physician assistants, doctors)

### **Screening Services**

- First time to facility
- Number of years since last screening
- Screening facility accreditation\*
  - American College of Radiology - Breast Imaging Center of Excellence (BICOE)
  - American College of Surgeons - National Accreditation Program for Breast Centers (NAPBC)
- Count of screening services provided\*
- Screening result\*
- Referred to diagnostics\*

### **Diagnostic Services**

- Time from screening to diagnosis\*
- Diagnostic facility accreditation\*
  - American College of Radiology - Breast Imaging Center of Excellence (BICOE)
  - American College of Surgeons - National Accreditation Program for Breast Centers (NAPBC)
- Count of diagnostic services provided\*
- Referred to treatment\*

### **Treatment Services**

- Time from diagnosis to beginning treatment\*
- Treatment facility accreditation\*
  - American College of Radiology - Breast Imaging Center of Excellence (BICOE)
  - National Cancer Institute-Designated Cancer Center (NCI)
  - American College of Surgeons - Commission on Cancer (CoC)
- Count of treatment services provided\*
- Count of patients enrolled in a clinical trial\*

### **Treatment Support**

- Count of treatment support services provided

### **Barrier Reduction**

- Count of barrier reduction assistance services provided\*

- Transportation, interpretation/translation services, co-pay/deductible assistance, daily living expenses, childcare

### **Community Navigation, Patient Navigation & Care Coordination/Case Management**

- Count of individuals receiving coordination of care to diagnostic services
- Count of individuals receiving coordination of care to treatment services
- Time from referral to screening\*
- Accreditation of screening facility navigated to\*
  - American College of Radiology - Breast Imaging Center of Excellence (BICOE)
  - American College of Surgeons - National Accreditation Program for Breast Centers (NAPBC)
- Time from abnormal screening to diagnostic resolution\*
- Accreditation of diagnostic facility navigated to\*
  - American College of Radiology - Breast Imaging Center of Excellence (BICOE)
  - American College of Surgeons - National Accreditation Program for Breast Centers (NAPBC)
- Time from diagnostic resolution to beginning treatment \*
- Accreditation of treatment facility navigated to\*
  - American College of Radiology - Breast Imaging Center of Excellence (BICOE)
  - National Cancer Institute-Designated Cancer Center (NCI)
  - American College of Surgeons - Commission on Cancer (CoC)
- Patient enrolled in a clinical trial\*
- Individual completed physician recommended treatment\*
- Survivorship care plan provided
- Breast cancer records provided to primary care provider

## APPENDIX B: WRITING SMART OBJECTIVES

Project planning includes developing project objectives. **Objectives** are specific statements that describe what the project is trying to achieve and how they will be achieved. Objectives are more immediate than the goal 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 30, 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>		
1. <b>Specific:</b> Who? (target population and persons doing the activity) and What? (action/activity)		
2. <b>Measurable:</b> How much change is expected?		
3. <b>Achievable:</b> Can be realistically accomplished given current resources and constraints		
4. <b>Realistic:</b> Addresses the scope of the project and proposes reasonable programmatic steps		
5. <b>Time-bound:</b> Provides a time frame indicating when the objective will be met		
<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/healthyyouth/evaluation/pdf/brief3b.pdf>

## APPENDIX C: FEDERAL POVERTY GUIDELINES/INCOME LEVELS

### 2017 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	\$ 1,005.00	\$ 12,060.00	\$ 2,513.00	\$ 30,150.00
2	\$ 1,353.00	\$ 16,240.00	\$ 3,383.00	\$ 40,600.00
3	\$ 1,702.00	\$ 20,420.00	\$ 4,254.00	\$ 51,050.00
4	\$ 2,050.00	\$ 24,600.00	\$ 5,125.00	\$ 61,500.00
5	\$ 2,398.00	\$ 28,780.00	\$ 5,996.00	\$ 71,950.00
6	\$ 2,747.00	\$ 32,960.00	\$ 6,867.00	\$ 82,400.00
7	\$ 3,095.00	\$ 37,140.00	\$ 7,738.00	\$ 92,850.00
8	\$ 3,443.00	\$ 41,320.00	\$ 8,608.70	\$ 103,300.00

For families with more than 8 persons, add \$4,180 for each additional person annually 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 D: 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 Timely Reporting Complete Reporting Meets Goals and Objectives	<p>As a grantee, their last required progress and final reports were approved. Reports are generally approved when grantee:</p> <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
Rescinded funding and/or Termination of Contract	<p>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.</p> <p>Audit findings which demonstrate misappropriation of funds.</p>	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 E: MEDICARE RATES & CPT CODES**

### **Allowable CPT Codes for the Illinois Breast and Cervical Cancer Program –**

**Effective February 2017**

**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	
<b>Office Visits</b>					
99201	Office Visit, New Patient – Breast Exam Only			\$47.37	
99203	Office Visit, New Patient – Breast and Pelvic Exam			\$117.22	
99212	Office Visit, Established Patient – Breast or Pelvic Exam Repeat CBE (Considered a Dx Procedure) – 10 mins			\$46.66	
99213	Office Visit, Established Patient – Breast and Pelvic Exam			\$78.11	
<b>Consultation Visits</b>					
99202	Office Consultation Visit (Considered a Dx Procedure); 20 minutes.			\$80.34	
99203	Office Consultation Visit (Considered a Dx Procedure); 30 minutes.			\$117.22	
99204	Office Consultation Visit (Considered a Dx Procedure); 45minutes.			\$177.44	
<b>Breast – Mammography/MRI/Ductogram</b>					
Radiology	G0202	Screening Mammogram, Digital, Bilateral	\$104.44	\$39.73	\$144.17
	G0204	Diagnostic Mammogram, Digital, Bilateral	\$126.38	\$52.46	\$178.84
	G0206	Diagnostic Mammogram, Digital, Unilateral	\$98.86	\$42.25	\$141.12
	77053	Mammary Ductogram, or galactogram, single duct, radiological supervision and interpretation	\$42.72	\$19.70	\$62.42
	77058	Magnetic Resonance Imaging, breast ,	\$482.87	\$88.25	\$571.12

		with and/or without contrast, unilateral**			
77059	Magnetic Resonance Imaging, breast, with and/or without contrast, bilateral**	\$479.15	\$88.25	\$567.40	

\*\*Use of these codes are restricted. They are reimbursed in special circumstances with prior approval only.

#### Breast – Diagnostic

Radiology	76098	Radiological examination, surgical specimen	\$9.26	\$8.75	\$18.01
	76641	Ultrasound, breast(s), unilateral or bilateral	\$75.07	\$39.38	\$114.45
	76942	Ultrasound guidance for needle placement (e.g., biopsy aspiration or localization device); imaging supervision and interpretation.	\$29.71	\$34.64	\$64.35

Surgery	10021	Fine Needle Aspiration (FNA) without imaging guidance			\$133.63
	10022	Fine Needle Aspiration (FNA) with imaging guidance			\$152.00
	19000	Puncture aspiration of breast cyst			\$121.95
	19001	Puncture aspiration of breast cysts, each additional cyst			\$29.95
	19100	Breast biopsy, percutaneous needle core, not using imaging guidance			\$167.78
	19101	Breast biopsy, open incisional			\$382.39
	19120	Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion, open; one or more lesions			\$565.47
	19125	Excision of breast lesion identified by preoperative placement of radiological marker, single; open; lesion			\$628.75
	19126	Excision of breast lesion identified by preoperative placement of radiological marker, open; each additional lesion separately identified by a preoperative radiological marker			\$194.66
	19081	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion			\$739.82
	19082	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; each additional lesion			\$607.66
	19083	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound			\$717.04

		guidance; first lesion			
19084	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; each additional lesion			\$583.31	
19085	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; first lesion			\$1085.30	
19086	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; each additional lesion			\$864.88	
19281	Placement of breast localization device, percutaneous; mammographic guidance; first lesion			\$257.90	
19282	Placement of breast localization device, percutaneous; mammographic guidance; each additional lesion			\$178.03	
19283	Placement of breast localization device, percutaneous; stereotactic guidance; first lesion			\$291.62	
19284	Placement of breast localization device, percutaneous; stereotactic guidance; each additional lesion			\$218.45	
19285	Placement of breast localization device, percutaneous; ultrasound guidance; first lesion			\$549.69	
19286	Placement of breast localization device, percutaneous; ultrasound guidance; each additional lesion			\$477.83	
19287	Placement of breast localization device, percutaneous; magnetic resonance guidance; first lesion			\$918.65	
19288	Placement of breast localization device, percutaneous; magnetic resonance guidance; each additional lesion			\$736.91	
<hr/>					
Pathology	88172	Evaluation of FNA of Breast(s) to determine specimen adequacy	\$21.16	\$39.49	\$60.65
	88173	Interpretation and report of FNA of Breast(s)	\$85.07	\$76.77	\$161.85
	88305	Surgical pathology, breast (does not evaluate surgical margins) or cervical biopsy specimens	\$31.20	\$41.30	\$72.49
	88307	Surgical pathology, breast (evaluates surgical margins) or cervical specimens	\$189.18	\$91.07	\$280.24
	88331	Frozen section, first tissue block, single	\$34.17	\$68.40	\$102.57

		specimen (breast or cervical)			
88332	Frozen section, each additional specimen (Limit 2) (breast or cervical)	\$21.90	\$33.66	\$55.56	

\*\*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

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:

6. 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
7. Confirmed presence of BRCA1 or BRCA2 mutation; or
8. First degree blood relative with BRCA1 or BRCA2 mutation and are untested; or
9. Have a lifetime risk of breast cancer of 20 to 25 % or more using standard risk assessment models (BRCA PRO, Claus model, Gail model, or Tyre-Cuzick); or
10. Received radiation treatment to the chest between ages 10 and 30 years, such as for Hodgkin disease

## **APPENDIX F: 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 G: 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

## **APPENDIX H: 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

## **APPENDIX I: 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 Citation Examples](#)  
from the University of Maryland libraries

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