



OUR VISION: A WORLD WITHOUT BREAST CANCER

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

NATIONAL CAPITAL REGION COMMUNITY GRANTS PROGRAM 2018 REQUEST FOR APPLICATIONS

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KEY DATES

Application System Open	December 18, 2017
Initiate Application in GeMS by	12 PM EST, January 10, 2018
Application Deadline	12 PM EST, January 26, 2018
Award Notification	April 1, 2018

ABOUT SUSAN G. KOMEN

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 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 has set a Bold Goal to reduce the current number of breast cancer deaths by 50 percent in the U.S. by 2026, and is working to improve the lives of those facing breast cancer in the National Capital Region of Washington, DC. Through events like the Komen D.C. Race for the Cure®, Komen has invested over \$39 million in community breast health programs in over 355 community health grants in the National Capital Region. Globally, Komen and has helped contribute to the more than \$920 million in research and provided more than \$2.1 billion in funding to screening, education, treatment and psychosocial support programs. For more information, call 1-877 GO KOMEN or visit www.komen.org.

NATIONAL CAPITAL REGION COMMUNITY PROFILE REPORT

The 2015 Community Profile Report presented data showing that the National Capital Region (NCR), which includes the District of Columbia and surrounding areas in Maryland and Virginia, faces pronounced disparate outcomes in breast cancer incidence and mortality.

Washington, D.C. has the highest incidence, late-stage diagnosis and mortality rates for breast cancer in the United States, with late-stage diagnosis and mortality rates more than 30 percent higher than the national average. Incidence rates are nearly 15 percent higher than the national average in the District of Columbia.

The 2015 Community Profile Report can be found on our website at <https://ww5.komen.org/WhatWeDo/IntheCommunity/AssistingCommunityHealthNeeds/AssessingCommunityHealthNeeds.html>.

NOTICE OF FUNDING OPPORTUNITY AND STATEMENT OF NEED

Komen will only award community grants to organizations that will provide evidence-based interventions that reduce barriers to access and utilization of quality breast cancer care experienced by underserved, uninsured and underinsured individuals in the National Capital Region. See Appendix A for information about what qualifies as "evidence-based."

Such interventions may include providing no cost or low-cost screening/diagnostic/treatment services, mobile mammography, diagnostic/treatment co-pay and deductible assistance, patient navigation services following abnormal screening results, transportation and interpreter services to:

- Reduce the number of women “lost to follow-up;”
- Reduce time from abnormal screening to diagnostic procedures;
- Reduce time from diagnostic resolution to treatment;
- Increase treatment compliance.

Applicants may request funding of up to \$50,000 (combined direct and indirect costs) for up to one year.

PRIORITY COMMUNITIES

While applications will be accepted to provide services to all communities within the NCR, based on the findings of the Community Profile Report the following have been designated as priority communities for 2018 funding:

- Alexandria, VA;
- Wards 2, 5, 7 and 8 within the District of Columbia (DC).

All things being equal, priority will be given to applications that focus on serving these communities.

Alexandria, Virginia

Alexandria was selected as a target community based on the age-adjusted death rate as well as late-stage incidence rates. The age-adjusted death rate for this area (23.0 per 100,000) is higher than that of the U.S. overall. Alexandria, VA is the only area in the NCR to have an increasing death rate, which means that it is not likely to reach the Healthy People 2020 (HP2020) breast cancer death rate target. Late-stage incidence rates are also higher than the national rate as well as the rate for the NCR service area. It is predicted that Alexandria, VA will also not achieve the HP 2020 breast cancer target for late-stage incidence.

District of Columbia Wards 2,5,7 and 8

Data indicate that the District of Columbia as a whole will not quickly achieve the HP2020 targets for breast cancer death rate and late-stage incidence rate. However, the data also reveal distinct differences in the needs within the District across the Wards, leading to the selection of Wards 2, 5, 7 and 8 as target communities. All four of these Wards have age-adjusted death rates that exceed the national rate (22.6 per 100,000), the rate within the combined NCR Service Area (23.5 per 100,000), and the overall District of Columbia rate (29.3 per 100,000).

Considerations for Priority Communities

To be considered as meeting the criteria for serving a priority community, applicants are not required to be physically located within the priority communities, however they must be able to

describe how they provide services to individuals from either or both of the listed priority communities. For example, an organization that is physically located in Falls Church, VA (non-priority) that is actively serving a significant client population from Alexandria, VA (priority), would be considered as meeting the criteria for serving a priority community. As applicable, evidence of existing work and local partnerships must be described within the application narrative. See application instructions for additional details.

Considerations for Non-Priority Communities

If the proposed work is to be conducted in **communities that are not identified as a priority community, data and a strong rationale must be included in the Statement of Need section in the Project Narrative.** This data should provide justification as to why the non-priority community is being targeted, and should outline a local needs assessment analysis including:

- A description of the specific population to be served through the proposed program. The description should include information about the population demographics, socioeconomic status, etc.;
- A detailed analysis of the specific unmet breast health and breast cancer needs of this population.

ELIGIBILITY REQUIREMENTS

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

- 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 the National Capital Region service areas as identified in the 2015 National Capital Region Community Profile. However, **priority will be given to those applicants who are serving the following priority communities:**
 - Alexandria, VA;
 - D.C. Wards 2, 5, 7 and 8.
- 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.

- Organizations with a current Komen Community Health Grant with an active term ending after July 1, 2018 from Komen are not eligible to apply for funding.

ALLOWABLE EXPENSES

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

- Key Personnel / Salaries: Salaries and benefits, if requested, are for personnel related to this project only and not general work of applicant.
- Consultants/ Sub-contracts fees.
- Supplies including Komen educational materials.
- Reasonable travel costs related to the execution of the program. This may include training costs for staff.
- Patient care including, but not limited to:
 - Screening mammograms
 - Diagnostic mammograms
 - Diagnostic breast ultrasounds
 - Breast biopsies
 - Genetic testing, when ordered by a physician or medical professional
 - MRI's
 - Surgery
 - Chemotherapy
 - Radiation therapy
 - Targeted therapy
 - Hormonal therapy
- Treatment support, including:
 - Transportation assistance
 - Child care assistance
 - Translation services
- Equipment, not to exceed \$5,000 total, essential to the breast health-related project to be conducted. Examples of equipment include software, computers, and cellphones.
- Indirect costs, not to exceed 10 percent of direct costs.

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

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- 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.
 - Construction or renovation of facilities
 - Political campaigns or lobbying
 - Organizational/ institutional liability coverage
 - General operating funds (in excess of allowable indirect costs)
 - Debt reduction
 - Fundraising (e.g., endowments, annual campaigns, capital campaigns, employee matching gifts, events)
 - Event sponsorships
 - Projects completed before the date of grant approval
 - Land acquisition
 - Project-related investments/loans
 - Scholarships
 - Thermography
 - Equipment over \$5,000 total
 - Projects or portions of projects not specifically addressing breast cancer
 - Support services including wigs/scarves, mastectomy bras or financial assistance for food, housing and/or medical insurance.

IMPORTANT GRANTING POLICIES

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

- The project must be initiated on or after April 1, 2018 and may last for up to one year.
- Recipients of services must reside in the National Capital Region 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.
- 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, 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. See Appendix E for sample certificate of insurance form. 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 with a Certificate of Insurance with Susan G. Komen Breast Cancer Foundation, Inc., Susan G. Komen, 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.

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 20%: 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 20%: 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: nationalcapitalarea@komen.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 Komen's Grants webpage, <https://ww5.komen.org/WhatWeDo/IntheCommunity/LocalCommunityHealthPrograms/LocalCommunityHealthPrograms.html>, or contact nationalcapitalarea@komen.org. When initiating an application in GeMS, make sure it is a **Community Grants** application, designated "CG".

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 3,000 characters)

This section collects information about the priorities to be addressed and a summary of the project (abstract). This abstract should explain how the project supports Komen's Big Bold Goal and 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 Komen 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 7,000 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 and Komen's Big Bold Goal.
- Describe how the intervention will work with existing programs serving the target community, such as BCCEDP or others, in order to avoid duplication and to leverage existing resources.

Project Design (limit 7,000 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.

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- Explain how the project incorporates an evidence-based intervention (please cite references). **Applicants should provide full references on a separate reference page uploaded using APA style citations.**
 - 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 7,000 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 7,000 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 B)
- Types of services offered (see Appendix B)

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 C 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.** 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 C).

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:

KEY PERSONNEL/SALARIES

This section collects information regarding the personnel that will be needed to complete the project. Any individual playing a key role in the project should be included in this section. This section should also include information for any employee's salary for which your project is requesting funds, if applicable. If no funds are requested from Komen for staff's salary, enter \$0 in the salary request fields to properly complete an application.

Attachments Needed for Key Personnel/Salaries Section:

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

CONSULTANTS/ SUB-CONTRACTS

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

SUPPLIES

This section should include office supplies or any other type of supplies the applicant will need to complete the project.

Note: Komen grant funds may not be used for the development of educational materials or resources that either duplicate existing Komen materials or for which there is not a demonstrated need. Only Komen-developed or Komen-approved educational resources may be used/ distributed.

TRAVEL

This section should be completed if travel expenses such as conference registration fees/travel or mileage reimbursement by organization staff or volunteers related to project activity is necessary to complete the project. (This section is NOT for transportation assistance for patients/clients – this expense should be recorded on the “Patient Care” page.)

PATIENT CARE

This section should include all funds requested for providing 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.

OTHER

This section should only be used for items that are directly attributable to the project but cannot be included in the existing budget sections.

INDIRECT

The allowable indirect cost, which is requested as a percentage of direct costs, includes expenses supporting the project, including, but not limited to, allocated costs such as facilities, technology support, communication expenses and administrative support.

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>

- **Published Financial Statements** – Please include a web link to your organization's most-recently published financial statements. If there is no web link, please attach your organization's most recent financial statement/990.
- If the Applicant organization is receiving in-kind support, please include a letter from a senior official of the institution providing the support, confirming the type of support and value in dollars. This letter should be uploaded under "Letters of Support" on the budget summary page in the system.

APPENDIX A: EVIDENCE-BASED PRACTICES

Proposed programs are required to incorporate the use of, and focus on, evidence-based interventions. Evidence-based practices refer to an intervention/activity that has been tested and shown to be effective through repeated, rigorous, quantitative/empirical data collection and analysis.

If applications propose education interventions, only evidence-based methods such as one on one and group sessions can be used to educate the community and providers. All education sessions must be designed to result in documented age-appropriate, breast cancer action (e.g. obtaining recommended follow-up after an abnormal mammogram). Breast cancer education interventions must also include Komen's breast self-awareness messages and provide direct evidence of linkage to local breast cancer services to ensure people enter, stay in or progress through the continuum of care.

Applicants should use the following websites as resources for incorporating evidenced-based interventions into their programs:

- <http://www.thecommunityguide.org/cancer/screening/provider-oriented/index.html>
 - The Community Guide recommends provider assessment and feedback and provider reminder and recall systems to increase breast cancer screening.
 - Provider assessment and feedback interventions both evaluate provider performance in delivering or offering screening to clients (assessment) and present providers with information about their performance in providing screening services (feedback).
 - Reminders inform health care providers it is time for a client's cancer screening test ("reminder") or that the client is overdue for screening ("recall"). The reminders can be provided in different ways, such as in client charts or by email.
- <https://rtips.cancer.gov/rtips/index.do>
 - RTIPs is a searchable database of evidence-based cancer control interventions and program materials, and is designed to provide program planners and public health practitioners with easy and immediate access to research-tested materials.
- <http://www.naccho.org/topics/modelpractices/>
 - National Association of County and City Health Officials: Online, searchable database of innovative best practices across public health areas.
- <http://www.innovations.ahrq.gov/index.aspx>
 - Agency for Healthcare Research & Quality: The Exchange helps to solve problems, improve health care quality and reduce disparities as being a resource to find evidence-based innovations and quality tools, view new innovations and tools published, and learn from experts through events and articles.
- <http://cancercontrolplanet.cancer.gov/index.html>
 - Provides access to data and resources that can help program staff design, implement and evaluate evidence-based cancer control programs.
- <http://www.hpfreemanpni.org>

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

APPENDIX B: 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 a barrier reduction objective, they will only have the option to report metrics for the Barrier Reduction category.

** Indicates data must be provided by both 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

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- 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 C: 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:

1. **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.
2. **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.
3. **Attainable:**
 - Objectives should be achievable within a given time frame and with available project resources.
4. **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.
5. **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
1. Is the objective SMART?		
<ul style="list-style-type: none"> Specific: Who? (target population and persons doing the activity) and What? (action/activity) 		
<ul style="list-style-type: none"> Measurable: How much change is expected? 		
<ul style="list-style-type: none"> Achievable: Can be realistically accomplished given current resources and constraints 		
<ul style="list-style-type: none"> Realistic: Addresses the scope of the project and proposes reasonable programmatic steps 		
<ul style="list-style-type: none"> Time-bound: Provides a time frame indicating when the objective will be met 		
2. Does it relate to a single result?		
3. Is it clearly written?		

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

APPENDIX D: 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 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://www.komen.org), that may be used in community outreach and education projects. Check with Komen for resources that may be used in programming.

APPENDIX E: SAMPLE CERTIFICATE OF INSURANCE (COI) FORM

313417



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/20/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Commercial Lines - (800)-332-9256 Wells Fargo Insurance Services USA, Inc. 90 S. Cascade Ave, 2nd Floor Colorado Springs, CO 80903	CONTACT NAME: Julie Gutierrez PHONE (A/C, No, Ext): 303-863-6572 FAX (A/C, No): 877-495-9032 E-MAIL ADDRESS: julie.gutierrez@wellsfargo.com													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A : Travelers Casualty Ins Co of America</td> <td>19046</td> </tr> <tr> <td>INSURER B : Chubb Group of Ins Co</td> <td></td> </tr> <tr> <td>INSURER C : Fireman's Fund Insurance Company</td> <td>21873</td> </tr> <tr> <td>INSURER D : Hartford Fire Insurance Company</td> <td>19682</td> </tr> <tr> <td>INSURER E : Philadelphia Insurance Company</td> <td>23850</td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Travelers Casualty Ins Co of America	19046	INSURER B : Chubb Group of Ins Co		INSURER C : Fireman's Fund Insurance Company	21873	INSURER D : Hartford Fire Insurance Company	19682	INSURER E : Philadelphia Insurance Company	23850	INSURER F :
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INSURER E : Philadelphia Insurance Company	23850													
INSURER F :														
INSURED Grantee Name Grantee Address														

COVERAGES CERTIFICATE NUMBER: 8871555 REVISION NUMBER: See below

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDC (INS)	SUBR (WVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X		XYZ001234	7/1/2014	7/1/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	X		ABC003456	7/1/2014	7/1/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	X		LMN006789	7/1/2014	7/1/2015	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N/A	QRS005678	7/1/2014	7/1/2015	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
E	Professional Liability			TUV000100	7/1/2014	7/1/2015	\$1,000,000 - \$5,000,000 Deductible: (should be filled in)

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Nature of the grant provided
 The Susan G. Komen Breast Cancer Foundation, Inc. and (Insert affiliate name here) it's officers and employees are Included as Additional Insureds' on the General Liability, Auto Liability (if applicable) and Umbrella Liability policies.

CERTIFICATE HOLDER The Susan G. Komen Breast Cancer Foundation, Inc. Affiliate Name Affiliate Address Affiliate City, State, Zip	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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ACORD 25 (2014/01)

(This certificate replaces certificate 8871555 issued on 3/19/2015)