**Request for Applications**
**Community Grants 2016-2017**

Susan G. Komen® Southeast Wisconsin —along with those who generously support us with their talent, time and resources—is working to better the lives of those facing breast cancer in our community. We join hundreds of thousands breast cancer survivors and activists around the globe as part of the world's largest and most progressive grassroots network fighting breast cancer. Through events like the Komen Southeast Wisconsin Race for the Cure®, we have invested over $9.2 million in local breast health and breast cancer awareness programs in our southeast service counties. Up to 75 percent of net proceeds generated by the Komen® Southeast Wisconsin Affiliate stay in our local communities. The remaining income goes to the Susan G. Komen Research Program, which supports grants and scientific partnerships to find the cures.

**About Susan G. Komen**
Susan G. Komen® is the world's largest breast cancer organization, funding more breast cancer research than any other nonprofit while providing real-time help to those facing the disease. Since its founding in 1982, Komen has funded more than $847 million in research and provided more than $1.8 billion in funding to screening, education, treatment and psychosocial support programs serving millions of people in more than 30 countries worldwide. Komen was founded by Nancy G. Brinker, who promised her sister, Susan G. Komen, that she would end the disease that claimed Suzy's life.

**Notice of Funding Opportunity and Statement of Need**
Komen Southeast Wisconsin will award community grants to local non-profit organizations that will provide breast health and breast cancer projects between April 1st, 2016 to March 31st, 2017.

Applicants may request funding of $6,000 or more for one year. Applicants seeking less than $6,000 should refer to the Komen Southeast Wisconsin Small Grants RFA.

Komen Southeast Wisconsin has identified the following three funding priority areas, in order of importance.  Funding priorities were selected based on data from both the 2011 and the 2015 Komen Southeast Wisconsin Community Profile Reports which assess the breast cancer burden and needs found in the seven county affiliate service area.

The 2011 Community Profile is found on our website at www.komensoutheastwi.org and the 2015 Community Profile, while not yet a published document, can be accessed by contacting Robin Luther at robinluther@komensoutheastwi.org or by phone at (414)389-4882.  Available sections of the 2015 Community Profile include Quantitative, Qualitative,

Public Policy, and Health System Analyses as well as the Komen Southeast Wisconsin Mission Action Plan.

**Priorities**

**Funding Priority:**

1. **Eliminate barriers to breast cancer care through the administration of the Southeast Wisconsin Breast Health Assistance Fund**

   The Southeast Wisconsin Affiliate of Susan G. Komen established the Southeast Wisconsin Breast Health Assistance Fund as a safety net for uninsured or under insured individuals in the Southeast Wisconsin Service area.  The fund is designed to serve individuals at or below 400% of the Federal Poverty Level in order to improve their access to the continuum of breast health care.

   Examples of aid provided through this fund include: payment of screening and diagnostic breast care, insurance deductibles/co-pays related to allowable breast services, COBRA & HIRSP premiums, transportation to treatment, childcare during treatment, and some prescriptions.

   Funding should not include: rent, utility, or food assistance

   Applicants should divide proposals into the following funding categories describing the services included and funding necessary within each category:
   1. Screening
   2. Diagnostic
   3. Access to Care

**Additional Priority Considerations**
Komen funding is optimally used to ensure that quality breast health care is available for all. This requires programs to target individuals who are medically underserved, under or uninsured, and/or experience any other personal or systemic barriers to timely, high quality, and affordable breast health services.

Komen SEWI's 2015 Community Profile identified five Southeast Wisconsin Target Communities.  Based on quantitative, qualitative, and health system data analysis, each Target Community was found to have residents and/or geographic areas that experience an inequitably high burden of breast cancer.  Grant applicants are encouraged to target their proposed programs and initiatives at reducing the burden of breast cancer for their Target Community's most vulnerable populations and neighborhoods in order to make significant changes in the rates of breast cancer incidence and mortality in Southeast Wisconsin.

Some findings of the 2015 Community Profile are highlighted below. Potential grantees are encouraged to be aware of the needs and gaps existing in their communities when developing their applications for funding. The complete 2015 Community Profile is available for your reference. Please contact Robin Luther at [robinluther@komensoutheastwi.org](mailto:robinluther@komensoutheastwi.org) or at 414.389-4882 to request additional information.

## Notable Highlights from the 2015 Community Profile

### Common Quantitative and Qualitative Data Findings in All Target Communities

- All Target Communities have Breast Cancer Incidence Rates above the State of Wisconsin average
- All Target Communities (except Kenosha) have Breast Cancer Mortality Rates above the WI average
- Top barriers to screening and diagnostic services identified as fear, lack of insurance/money, lack of education, and cultural factors.
- Top barriers to breast cancer treatment service identified as money, home-life, transportation, and fear.
- Need for accurate and standardized breast cancer information for Target Community's residents and for health care providers
- Call for local neighborhood access to screening mammograms.
- Call for increased collaboration between the health systems and local agencies serving vulnerable populations in order to increase access to/use of breast health services.
- Call for increased use of a Community Health Worker model as a necessary navigational bridge to the health systems.
- Widespread call for prevention focused, community based health education.
- Transportation barriers exist for rural residents & all economically vulnerable residents.
- Personal and systemic cultural barriers found at every point in the continuum of care for individuals outside of the cultural mainstream.
- Overall need found for more attention to truly culturally sensitive delivery of breast health services at all points in the continuum of care.
- Many health providers give low scores to their own current breast health education programs on their ability to effectively lead women to breast cancer screening.
- Majority of women surveyed do not feel personally at risk of breast cancer. The majority of survivors surveyed did not feel at risk of breast cancer prior to their diagnosis.
- Increased efforts to promote health insurance literacy are needed to ensure individuals understand and make best use of their insurance coverage.
- Attention is needed to reduce or eliminate the burden of out of pocket costs incurred from diagnostic breast cancer testing and/or breast cancer treatment that is deemed necessary after an insurance covered screening mammogram.
- Greater awareness is needed of populations that cannot or will not utilize the marketplace in order to navigate those individuals to other resources such as the Wisconsin Well Woman Program.
- Weight gain at certain ages and excessive alcohol use put individuals at an increased risk of breast cancer. This has high potential impact in our state
  - 40 to 75 percent of Wisconsin adults are classified as overweight or obese – White (62.6), Black (67.2), Asian (40.1), American Indian (75.1), and Hispanic/Latino (66.6).
  - Alcohol consumption in Wisconsin is self-reported at higher percentages than any other state in the country including binge drinking (24.0 percent), alcohol use (69.0 percent), and heavy drinking (8.0 percent).

**Highlights of Quantitative and Qualitative Data Findings by Target Community:**

A. Milwaukee County

- Most populous and racially/ethnically diverse county in SEWI; 29.2% Black, 12.8% Hispanic, 1.1% American Indian, 3.8% Asian Pacific Islander. Needs also identified for the county's immigrant and LGBT populations.
- 8.7% of Milwaukee County residents are foreign born, 3.9% are linguistically isolated.
- 37.5% of Milwaukee County residents are at or below 250% of the Federal poverty level.
- 19.9% of Milwaukee County residents are at or below 100% of the Federal poverty level.
- 32.4% of Milwaukee County residents are medically underserved.
- 4 years off target for HP2020 Breast Health Goals.
- Extreme poverty levels in multiple City of Milwaukee zip codes – most notably 53204, 53205, 53206.
- Personal and systemic cultural barriers exist at every point in the continuum of care for individuals outside of the cultural mainstream.
- Local breast health service access, especially diagnostic and treatment options, are less available in lower Socioeconomic areas.
- Providers and Key Informants call for more local services, especially screening, in lower income areas.
- Over 32 percent of women under 40 never or rarely have clinical breast exams.
- Black women report lower frequency of mammogram screenings than White women.
- Black women reported more barriers to breast health services per person than White women.
- Milwaukee County is home to over 47% of SEWI's female residents.

B. Northern Rural Region (Washington County & Ozaukee County)

- Washington County has the worst Breast Cancer Mortality Rate in SEWI and is 13 years off the HP2020 Breast Health Goals.
- Ozaukee County has the worst Breast Cancer Incidence Rate in SEWI.
- Washington County has a higher than average late stage diagnosis rate compared to comparable counties.
- Despite flat demographics, Key Informants identified additional vulnerable populations (Black, American Indian Alaskan Natives (AIAN), Asian Pacific Islanders (API), Lesbian, Gay, Bisexual, and Transgender (LGBT)) to add to those identified as targeted by health providers (rural, Hispanic, low income, underinsured, and unemployed residents).
- 4.7% of Ozaukee residents are foreign born.
- Over 30% of Washington and 24% of Ozaukee County residents are rural
- Transportation and distance a major barrier to rural residents.
- Mobile Mammography currently available mainly in city center areas
- All service sites clustered around county's city centers.
- Low annual screening rates reported (Never or rarely screened: 72.0 percent of General Survey participants and 62.5 percent of Survivor Survey participants prior to their diagnosis.) One quarter of survivors surveyed had never had a mammogram prior to diagnosis.
- Over 56%of Ozaukee County women are over 40 years old.

## C. Racine County

- Second worst breast cancer mortality rate in SEWI.
- Eight years off the HP2020 Breast Health Goals.
- 27.1% of residents live at or below 250% of the Federal Poverty Level.
- Small health inventory with majority of services offered on far east side of the county.
- Broad spectrum of populations identified as needing additional breast health services
- One quarter of Survivors reported rarely/never having mammograms prior to diagnosis.
- Those with incomes just above financial assistance levels are falling through the cracks.
- Lack of local breast service access for broad areas of Racine County. No mobile mammography.
- More than half of Racine women are over 40 years old
- Survivor services vastly under recognized and underutilized.

## D. Southern Rural Region (Kenosha and Walworth County)

- Despite relatively flat demographics, 28.6% of Kenosha residents and 26.1% of Walworth residents live at or below 250% of the Federal Poverty Level.
- Poverty pockets (areas in which up to 64% of residents are living at or below the Federal Poverty Level) identified in multiple census tracts – Kenosha tracts 3,7,8,9,10,11,13,16,21 and Walworth tracts 4, 5.01, 5.02, 7.01, 7.02,16.02.
- Providers reported the fewest methods of education and outreach of all Target Communities.
- No health providers surveyed reported being aware of populations being targeted for breast health services by any other organizations in the area.
- When asked if their current education and outreach programs are effective at leading women to breast cancer screenings, three quarters of providers responded 'only sometimes' and one quarter stated 'rarely'.
- One third of non-White women in SRR report that they rarely or never have a mammogram.
- Key Informants and General Survey participants identified many more barriers to breast health services than were identified by SRR providers in the health system.
- Small service inventory with an uneven distribution of service providers.
- No mobile mammography originating in county
- Over 34% of Walworth County residents are rural.
- No providers or survivors identified transportation as an available support service.
- More than any other Target Community, Survivor Support Services were widely unrecognized as available by providers and survivors. They were also greatly underutilized by survivors.

## E. Waukesha County

- Second highest Breast Cancer Incidence Rate in Southeast Wisconsin.
- 3 years off the HP2020 Breast Health Goals.
- Waukesha County has a higher than average late stage diagnosis rate.
- Multiple populations identified as needing additional breast health services and information. Several (including API, Hmong, Russian, mentally and physically disabled, elderly, LGBT residents) are not currently targeted by providers.
- Over 63 percent of providers feel their breast cancer education programs are only sometimes effective in leading women to mammograms.

- One third of 40 to 49 year olds surveyed never or rarely had a mammogram.
- Lack of service options in SW area of county.
- Complementary survivor support services were recognized by less than ten percent of health providers surveyed.
- 55% of women over 40 years old.

**Important Dates**

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| Grant Writing Workshop | Friday, October 30th  9am to noon |
| Additional grant assistance | Friday, October 30th  noon to 2 or by appointment |
| Application Deadline | Tuesday, December 8th |
| Award Notification | Prior to March 31st, 2016 |
| Award Period | April 1, 2016-March 31, 2017 |
| Grant Awards luncheon | Late March, 2016.  Date TBA |

**Eligibility**

Individuals are not eligible for funding. Grants will be awarded only to eligible organizations. Applicants must meet the following eligibility criteria to be considered for funding:

- Program must be specific to breast health and/or breast cancer. If a program includes other health issues along with breast cancer, such as a breast and cervical cancer program, funding may only be requested for the breast cancer portion.

- All past and current Komen-funded grants or awards to Applicant are up-to-date and in compliance with Komen requirements.

- Applicant has documentation of current tax exempt status under the Internal Revenue Service code.

- Applicant must be a non-profit organization located in or providing services to one or more of the following locations:

  - Kenosha County
  - Milwaukee County
  - Ozaukee County
  - Racine County
  - Walworth County
  - Washington County
  - Waukesha County

- If applicant, or any of its key employees, directors, officers or agents is convicted of fraud or a crime involving any other financial or administrative impropriety in the 12 months prior to the submission deadline for the application, then applicant is not eligible to apply for a grant until 12 months after the conviction. After such 12 month period, applicant must demonstrate in its application that appropriate remedial measures have been taken to ensure that any criminal misconduct does not recur.

## **Allowable Expenses**

Funds may be used for the following types of program expenses:
- Salaries and fringe benefits for program staff
- Clinical services or patient care costs
- Meeting Costs
- Supplies
- Travel
- Other direct program expenses
- Equipment, not to exceed $5,000.

Funds may **not** be used for the following purposes:
- Medical or scientific research
- Scholarships or fellowships
- Education regarding breast self-exams/use of breast models
- Development of educational materials or resources
- Construction or renovation of facilities
- Political campaigns or lobbying
- Fundraising (e.g. endowments, annual campaigns, capital campaigns, employee matching gifts, events)
- Debt reduction
- Event sponsorships
- Post treatment survivor support services
- Indirect costs
- General operating funds
- Breast health navigators already in-system
- Projects completed before the date of grant approval
- Thermography
- Land acquisition
- Program-related investments/loans
- Scholarships

## **Important Granting Policies**
Please note these policies before submitting a proposal. These policies are non-negotiable.
- No expenses may be accrued against the grant until the agreement is fully executed.
- Any unspent funds over $1.00 must be returned to Komen Southeast Wisconsin.

- 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. Additional reports may be requested.
- At the discretion of Komen Southeast WI, the grantee may request one no cost extension of no more than six months for each grant.
- 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 $500,000; and
  - Excess/umbrella insurance with a limit of not less than $5,000,000.
  - In the event any transportation services are provided in connection with program, $1,000,000 combined single limit of automobile liability coverage will be required.
  - If any medical services (other than referrals) are provided or facilitated, medical malpractice coverage with combined limits of not less than $1,000,000 per occurrence and $3,000,000 in the aggregate will be required.
  - Grantees are also required to name Susan G. Komen Breast Cancer Foundation, Inc., Susan G. Komen Southeast Wisconsin, its officers, employees and agents as Additional Insured on the above policies.

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

Applications must be received on or before December 8th, 2015 at 11pm CST. No late submissions will be accepted.

**Educational Materials and Messages**
Susan G. Komen is a source of information about breast health and breast cancer for people all over the world. To reduce confusion and reinforce learning, we only fund programs that involve educational messages and materials that are consistent with those promoted by Komen, including promoting the messages of breast self-awareness-- know your risk, get screened, know what is normal for you and make healthy lifestyle choices. The consistent and repeated use of the same messages will improve retention and the adoption of the actions we think are important. Please visit the following webpage before completing your application and be sure that your organization can agree to promote these messages:

http://ww5.komen.org/BreastCancer/BreastSelfAwareness.html.

*Breast Self-Exam*

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

*Creation and Distribution of Educational Materials and Resources*
Komen Affiliate Grantees must use/distribute only Komen-developed or Komen-approved educational resources, including messages, materials, toolkits or online content during their grant period. This is to ensure that all breast cancer messaging associated with the Komen name or brand are safe, accurate, based on evidence and consistent and to avoid expense associated with the duplication of effort to develop educational resources. If applicants/grantees intend to develop educational materials that are otherwise not provided by Komen, they must be approved by the Affiliate and Komen Headquarters prior to development.

Komen grantees are eligible to receive preferred pricing for Komen educational materials. Komen materials should be used and displayed whenever possible. To view our educational materials, visit www.shopkomen.com.

*Use of Komen's Breast Cancer Education Toolkit for Hispanic/Latina Communities and Other Resources*
Susan G. Komen has developed a Breast Cancer Education Toolkit for Hispanic/Latina communities. It is designed for educators and organizations to use in order to meet the needs of these communities. Applications to this mechanism may seek funding for such implementation. Demonstrated need for educational outreach for Hispanic populations in the Affiliate service area may be key to a successful application, but is not necessary for access to the toolkit which is free online. This tool is available in both English and Spanish versions. To access the Toolkit, please visit http://komentoolkits.org/. Komen has additional educational toolkits and resources, including komen.org, that may be used in community outreach and education programs.  Check with your local Komen Affiliate for resources that may be used in programming.

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

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

**Program Design:** Is the program culturally competent? Is the program evidence-based? How likely is it that the objectives and activities will be achieved within the scope of the funded program? Is the program well planned? Is the budget appropriate and realistic? Does the budget justification explain in detail the reasoning and need for the costs

associated with the program? If the proposed program includes collaboration with other organizations, are the roles of the partners appropriate, relevant and clearly defined?

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

**Organization Capacity:** Does the applicant organization, Project Director and his/her team have the expertise to effectively implement all aspects of the program? Is there evidence of success in delivering services to the target population? Is the organization fiscally capable of managing the grant program, including having appropriate financial controls in place? Does the applicant organization have the equipment, resources, tools, space, etc., to implement all aspects of the program? Does the organization or staff have appropriate licenses, certifications, accreditations, etc. to deliver the proposed services? Does the organization have a plan to obtain the resources (financial, personnel, partnerships, etc.) needed to sustain the program beyond the grant term (if awarded)? Are collaborations (if proposed) likely to be sustained beyond the grant term? Does the applicant organization have long-term support from organizational leadership?

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


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


**Applicant Support**
For more information or to ask any questions, please feel free to contact:

Robin Luther, Mission Manager
(414) 389-4882
robinluther@komensoutheastwi.org


## Application Instructions

The application will be completed and submitted via the Komen Grants e-Management System (GeMS), https://affiliategrants.komen.org. The required sections/pages in GeMS are listed in ALL CAPS and described below. For an application instruction manual, please visit the Affiliate's Grants webpage, komensoutheastwi.org,  or contact Robin Luther at robinluther@komensoutheastwi.org or by phone at 414.389.4882. When initiating an

application on GeMS, please make sure it is a **Community Grants** application, designated "CG", and not a Small Grants ("SG") application to apply to this RFA.

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

Attachments for the Project Profile page (if applicable):
- **Letters of support or memoranda of understanding from proposed collaborators–** To describe the nature of the collaboration and the services/expertise/personnel to be provided through the collaboration.

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

**PROJECT PRIORITIES AND ABSTRACT (limit – 1,000 characters)**
This section collects important information to classify the focus of the project, 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 program will likely bring in your community. The abstract is typically used by the Affiliate in public communications about funded projects.

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

**Statement of Need (limit- 5,000 characters)**
- Describe the population to be served.
- Describe evidence of the risk/need within that population, using the RFA funding priorities and the 2015 Community Profile as a guide.
- Provide population characteristics (race, ethnicity, economic status, and breast cancer statistics) specific to the target population.
- Describe how this program aligns with Komen [Affiliate Name] target communities and/or RFA funding priorities.

**Program Design (limit- 5,000 characters)**
- Explain the program's goal and objectives, as outlined in your Project Work Plan.
- Explain how the program will increase the percentage of people who enter, stay in, or progress through the continuum of care.
- Explain how the program is culturally competent.
- Explain if and how the program is evidence-based and/or uses promising practices (please cite references). [Affiliates should instruct applicants on how to include references/citations (e.g., in Program Design text box or separate reference page upload, what style of citations).]

- Describe program collaboration and the roles and responsibilities of all organizations or entities participating in the program.
- Explain how the collaboration strengthens the program and why partnering organizations are best suited to assist in carrying out the program and accomplishing the goal and objectives set forth in this application.

## Organization Capacity (limit- 5,000 characters)
- Explain why the applicant organization, Project Director and staff are best-suited to lead the program and accomplish the goals and objectives set forth in this application. Please include appropriate organization or staff licenses, certifications and/or accreditations.
- Describe evidence of success in delivering breast health/cancer services to the proposed population. If the breast health/cancer program is newly proposed, describe relevant success with other programs.
- Describe the equipment, resources, tools, space, etc., that the applicant organization possesses or will utilize to implement all aspects of the program.
- Describe fiscal capability to manage the delivery of the proposed goals and objectives and ensure adequate measures for internal control of grant dollars.
- Describe the organization's current financial state. How has your organizational budget changed over the last three years? Please explain increase or decrease.
- Describe the plan to secure and allocate resources (financial, personnel, partnerships, etc.) to sustain the program at the conclusion of the grant period.
- Describe the efforts you will take to communicate this program to your organizational leadership to ensure long-term support/buy-in.

## Monitoring and Evaluation (limit- 5,000 characters)
Grantees will be required to report on the following outputs and outcomes in the progress and final reports: successes and accomplishments, challenges, lessons learned, best practice example, story from an individual that was served with the funding and number of individuals served for each objective (county, race and ethnicity, age and population group).

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

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

**PROJECT WORK PLAN**
In the Project Work Plan component of the application on GeMS, you will be required to submit the goal and objectives:

- **Goals** are high level statements that provide overall context for what the program is trying to achieve.
- **Objectives** are specific statements that describe what the program is trying to achieve to meet the Goal. An objective should be evaluated at the end of the program to establish if it was met or not met.

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

**S**pecific
**M**easurable
**A**ttainable
**R**ealistic
**T**ime-bound

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

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

**Example Work Plan**
GOAL: Provide patient navigation to women with screening abnormalities in order to reduce delays in and barriers to diagnostic care.
OBJECTIVE 1: During grant period, patient navigator will contact all women with an abnormal screening within three business days to schedule follow-up appointment.
OBJECTIVE 2: By end of grant period, provide 30 uninsured/underinsured women free/reduced cost diagnostic procedures.

Attachments for the Project Work Plan page:
- **Monitoring and Evaluation forms, surveys, logic model, etc.** – To monitor progress and determine the effectiveness of the proposed program.

**BUDGET**
Provide a detailed total program budget for the entire requested grant term. Budget sections include Key Personnel/Salaries, Consultants, Supplies, Travel, Patient Care, Sub-Contracts, [Indirect] and Other. For each line item in the budget, provide a brief justification for how the funds will be used and why they are programmatically necessary.

**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*. For new or vacant positions, provide a job description *(Two page limit per individual)*.

**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

**Data Collection**

Please be aware that each grantee will be responsible for tracking both the number and types of individual discreet services provided during the grant year as well as a total of the number of unique individual served during the grant year. If you have specific tools in place for tracking this information, you may upload those for your reviewer's information. The following are example of services you may track. Your selection of services to track will be dependent on the nature and scope of your grant proposal.

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**Community Health Metrics - Examples**

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The following are <u>examples</u> of metrics that an Affiliate <u>could</u> gather in addition to the data gathered in the progress and final reports in GeMS. For each metric, additional information could be collected such as race/ethnicity, age and county or zip code. *The metrics collected by a grantee should correspond to the services provided in that grantee's program*.

**EDUCATION**
This includes one-on-one and group educational sessions and trainings.

- Number of educational/training sessions conducted.
- Number of participants that attended the educational/training sessions.

- Number and type of Komen breast health and breast cancer educational materials distributed to participants.
- Number/Percentage of participants that demonstrated an increase in breast cancer knowledge after the educational/training sessions. This data would be gathered by the participant completing a pre-test and post-test.
  - Average percentage increase in knowledge reported by participants that attended the educational/training sessions.  This data would be gathered by the participant completing a pre-test and post-test.
- Number/Percentage of participants that reported that they intended to take appropriate breast self-awareness action after attending the educational/training session. This data would be gathered by the participant answering an "intent to take breast self-awareness action" question on a survey or post-test.
  - Number/Percentage of individuals that had intended to take action that completed the action within 3, 6 and/or 9 months after the educational/training session. This data would be gathered by contacting the participant to determine if they completed their intended action.
- Number/Percentage of participants that attended the educational/training session and reported they intend to share the information with someone else in their network. This data would be gathered by the participant answering an "intent to share information" question on a survey or post-test.
  - Number/Percentage of participants that intended to share the information that did share the information within 3, 6 and/or 9 months after the educational/training session. This data would be gathered by contacting the participant to determine if they shared the information.

Additional educational measures could include the number/percentage that indicated the information was new, information is pertinent to their job, training developed a new skill and new skill practiced within 3, 6 and/or 9 months after training.

**GRANTS PROVIDING SCREENING, DIAGNOSTIC, TREATMENT AND TREATMENT SUPPORT SERVICES**
This would include grants that provide funding for the following breast cancer services:
- Screening- including, but not limited to, clinical breast exams and mammograms
- Diagnostics- including, but not limited to, diagnostic mammograms, ultrasounds and biopsies
- Treatment- including, but not limited to, surgery, chemotherapy, radiation, hormone therapy, targeted therapy and survivorship care plan
- Treatment Support- including, but not limited to, childcare, transportation and complementary/integrative therapy

Screening and Diagnostic Services
- Number of individuals that received a (insert service).

- o Number/Percentage of individuals that received (insert service) within 30 days or less from referral date.
  - o Number/Percentage of individuals that received (insert service) 31-60 days from referral date.
  - o Number/Percentage of individuals that received (insert service) 61-90 days from referral date.
  - o Number/Percentage of individuals that received (insert service) 91 or more days from referral date.
- Of the individuals that received a (insert service), the number of individuals that had an abnormal result.
  - o Of those with an abnormal result, the number of individuals that completed the referred diagnostic services.

**For Biopsy Only:**
- Of the individuals that received a diagnostic biopsy, the number of individuals that were diagnosed with breast cancer.
  - o Of the individuals diagnosed with breast cancer, the number of individuals referred onto treatment.
    - ▪ Of the individuals diagnosed with breast cancer and referred for treatment, the number that initiated treatment.

<u>Treatment Services</u>
- Number of individuals with breast cancer that were recommended to receive a (insert service) as part of their treatment plan.
  - o Number/Percentage that initiated (insert service) treatment within 30 days or less from referral date.
  - o Number/Percentage that initiated (insert service) treatment 31-60 days from referral date.
  - o Number/Percentage that initiated (insert service) treatment 61-90 days from referral date.
  - o Number/Percentage that initiated (insert service) treatment 91 or more days from referral date.
- Number of individuals that completed their recommended (insert service) treatment.

<u>Treatment Support Services</u>
- Number/Percentage of individuals that self-reported that the service provided assisted them in completing their recommended treatment plan. This data would be gathered by the individual completing a survey after they received the service.
- Number/Percentage of individuals that self-report an improvement in quality of life (i.e. physical, social/family, emotional and functional) after receiving the assistance.

This data would be gathered by the individual completing a survey after they received the service or a comparison between a pre/post survey about quality of life.

**PATIENT NAVIGATION**
Patient navigation is a process by which an individual—a patient navigator—guides patients through and around barriers in the continuum of care, to help ensure access to timely screening, diagnosis, treatment and survivorship services.

- Number of individuals that were navigated to a health care provider/facility for a (insert service).
    - Number of navigated individuals that received/initiated a (insert service) within 30 days.
    - Number of navigated individuals that received/initiated a (insert service) in 31-60 days.
    - Number of navigated individuals that received/initiated a (insert service) in 61-90 days.
    - Number of navigated individuals that received/initiated a (insert service) in 91 days or more.
- Number of navigated individuals that completed a (screening/diagnostic) service and had an abnormal result.
- Number of navigated individuals that had an abnormal result that were navigated to diagnostic services.
- Number of navigated individuals that were diagnosed with breast cancer that were navigated to treatment services.
- Number of navigated individuals that were diagnosed with breast cancer that were navigated to survivorship support services.