Susan G. Komen Inland Empire

2017-2018 COMMUNITY GRANTS PROGRAM

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

SUSAN G. KOMEN® AFFILIATE COMMUNITY GRANTS
TO SAVE LIVES BY MEETING THE MOST CRITICAL NEEDS OF OUR COMMUNITIES AND INVESTING IN BREAKTHROUGH RESEARCH TO PREVENT AND CURE BREAST CANCER.

Susan G. Komen Inland Empire
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Application Initiation Deadline   January 5, 2017
Application Deadline   January 6, 2017
Award Notification   March 20, 2017
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Grantee Orientation   TBD April 2017
Grantee Award Ceremony   TBD May 2017
S.G.K.I.E. Race for the Cure   TBD October 2017

ABOUT SUSAN G. KOMEN INLAND EMPIRE

Susan G. Komen is the world's largest breast cancer organization, funding more breast cancer research than any other nonprofit while providing real-time help to those facing the disease. Komen was founded by Nancy G. Brinker, who promised her sister, Susan G. Komen, that she would end the disease that claimed Suzy's life. Komen Inland Empire is working to better the lives of those facing breast cancer in the local community. Through events like the Komen Inland Empire Race for the Cure®, Komen Inland Empire has invested 6.4 million in community breast health programs in Riverside and San Bernardino Counties and has helped contribute to the more than $920 million invested globally in research.

NOTICE OF FUNDING OPPORTUNITY AND STATEMENT OF NEED

Komen Inland Empire will award community grants to local non-profit organizations that will provide breast health and breast cancer projects that address funding priorities, which were selected based on data from the 2015 Komen Inland Empire Community Profile Report. The 2015 Community Profile Report & Executive Summary can be found on our website at www.KomenIE.org.

Applicants may request funding from $5,000 up to $50,000 for one year.

Komen Inland Empire has identified the following funding priorities (in no order of importance):

Access to Breast Cancer Screening and Diagnostic Services (site-neutral):

The Affiliate seeks to fund programs that provide no cost or low cost diagnostic services, financial assistance with diagnostic co-pays/deductibles, as well as financial support for the uninsured towards annual exams (that include a clinical breast exam).

Projects that provide the following screening services:

- Clinical Breast Exams for uninsured women
- Financial assistance with genetic screening to determine personal breast cancer risk;

AND/OR

- Projects that provide breast cancer diagnostic services for patients under 40 years of age and for those over 40 who do not qualify for the Every Woman Counts program.

Applicant would serve in a fiscal agent capacity for diagnostic services within the San Bernardino and Riverside Counties.

Priority will be given to screening and diagnostic projects that demonstrate benefit to one or more of the following communities:

- Hispanics/Latinas in MSSA 128 (Arabia, Coachella, Desert Beach, Flowing Wells, Indio South, La Quinta East, Mecca, Oasis, and Thermal)
- African-Americans in MSSA 145.2 (Adelanto, Phelan, Pinon Hills, and Victorville Northwest)
- African-Americans in MSSA 151g (Muscoy and San Bernardino Central)
- African-Americans in MSSA 151k (Highland and San Bernardino East)

Required Screening and Diagnostic Evaluation Methods:

- Services provided (tracking logs): What services were provided? How many services to how many unduplicated clients?

- Timeline (tracking logs): How many days from authorization request to approval/denial response? How many days from approval to diagnostic service provided?

Breast Health and Cancer Patient Navigation (clinic and/or hospital based):

The Affiliate seeks to fund patient navigation projects that target a defined set of health services required to complete an episode of breast cancer care, focusing on the identification of individual patient-level barriers to care, and aiming to reduce delays in accessing the continuum of care services to ensure patients progress into treatment from an abnormal finding within a 60-day period.

Project must provide culturally appropriate one-on-one patient navigation programs that aid breast cancer patients in accessing and understanding the medical system and help to ensure that they receive and complete the best treatment possible (including, but not limited to: translation, transportation, accurate information, awareness raising, system navigation, insurance navigation, etc.). This may require collaboration with healthcare providers to improve culturally sensitive services, increase community linkages and improve treatment continuity and follow-up.

Culturally appropriate patient navigation reduces disparities in breast cancer outcomes by increasing a woman's likelihood of initiating and completing treatment, especially among medically underserved women. In addition, these navigation programs have the potential to improve access to and enrollment in insurance options under the Affordable Care Act.

Priority will be given to projects that provide patient navigation to residents, including uninsured, underinsured (*underinsured* is defined as having some insurance coverage but not enough, or when one is insured yet unable to afford the out-of-pocket responsibilities not covered by his or her insurer) and undocumented, in Riverside and San Bernardino Counties.

Priority will be given to breast cancer education projects that demonstrate benefit to the following communities:
- Hispanics/Latinos in MSSA 128 (Arabia, Coachella, Desert Beach, Flowing Wells, Indio South, La Quinta East, Mecca, Oasis, and Thermal)
- African-Americans in MSSA 145.2 (Adelanto, Phelan, Pinon Hills, and Victorville Northwest)
- African-Americans in MSSA 151g (Muscoy and San Bernardino Central)
- African-Americans in MSSA 151k (Highland and San Bernardino East)

Required Evaluation Methods:

- Baseline breast cancer specific data (survey/medical reports): the type and stage of cancer at diagnosis, and what treatment was prescribed. Cancer baseline data should be recorded according to NCI standards.
- Abnormal screening and treatment follow up (tracking logs): How many clients with an abnormal screening got a diagnostic resolution? How many clients completed their treatment program?

- Time to progress through each step of the continuum of care (tracking logs): How many days between screening and diagnostic resolution? How many days from diagnosis to treatment?
- Overcoming barriers to care (tracking logs):
    - What barriers to care were identified? How were barriers overcome?
    - Client reported outcomes (survey):
    - Was the client satisfied with their patient navigation? Did the client feel less distressed or have a better quality of life with the patient navigator?

Breast Cancer Education:

Evidence-based breast cancer education project(s) that provide appropriate and culturally competent educational methods, and the implementation of a follow up plan that establishes links to provide individuals with free or low-cost breast cancer screenings and completion of screening. Breast cancer education (e.g., one-on-one and group sessions) should include a focus on Komen's breast self-awareness messages, breast cancer insurance options and local resources to assist individuals in overcoming cultural and linguistic barriers in accessing breast cancer care.

Priority will be given to breast cancer education projects that demonstrate benefit to the following community:

- MSSA 128 (Arabia, Coachella, Desert Beach, Flowing Wells, Indio South, La Quinta East, Mecca, Oasis, and Thermal)
- African-Americans in MSSA 145.2 (Adelanto, Phelan, Pinon Hills, and Victorville Northwest)
- African-Americans in MSSA 151g (Muscoy and San Bernardino Central)
- African-Americans in MSSA 151k (Highland and San Bernardino East)

Required Evaluation Methods:

- Knowledge increase (pre and post knowledge survey): What percentage did the participants' knowledge increase after the education?
- Intent to get screened increase (pre and post intent survey): Did the participants' intent to get screened change after the education?
- Behavior patterns (behavior survey): What are the participants' current screening behavior patterns?
- Number of requested screening and follow-up (tracking logs): How many participants requested assistance in scheduling screening? How many of those participants made an appointment for screening? How many of those appointments were completed?

Breast Cancer Patient Treatment Assistance (site-neutral):

Seeking projects that provide breast cancer treatment financial support for patients that are medically uninsured, underinsured or undocumented. Breast cancer patients are those currently in treatment and those living with metastatic breast cancer. The Affiliate seeks to fund transportation assistance and financial assistance with treatment co-pays/deductibles. Patient treatment assistance program must be available to residents within all of San Bernardino and Riverside Counties.

Priority will be given to patient treatment assistance projects that demonstrate outreach to one or more of the following communities:

- MSSA 128 (Arabia, Coachella, Desert Beach, Flowing Wells, Indio South, La Quinta East, Mecca, Oasis, and Thermal)
- MSSA 145.2 (Adelanto, Phelan, Pinon Hills, and Victorville Northwest)
- MSSA 151g (Muscoy and San Bernardino Central)
- MSSA 151k (Highland and San Bernardino East)

Required Evaluation Methods:

- Financial aid provided (tracking logs): How much financial aid was provided to how many unduplicated clients? What was the financial aid provided for? How was the financial aid provided (i.e. gift card, direct payment, etc.)?

Support Services & Survivorship (site-neutral):

The Affiliate seeks to fund projects that provide support & survivorship services to breast cancer patients, individuals living with metastatic disease (breast cancer) and/or survivors, with a focus on further addressing cultural and survivorship needs

Follow-up services and survivorship support may include things like navigating insurance issues, locating financial assistance, symptom management, such as pain, fatigue, sexual issues, bone health, etc. Education may address topics such as making healthy lifestyle choices, long-term effects of treatment, managing side effects, the importance of follow up appointments and communication with their providers. Education can address some of these barriers and help a woman progress through the continuum more quickly.

A project that would provide evidence-based and culturally competent wellness services to breast cancer patients (including newly diagnosed), survivors, and those living with metastatic disease (breast cancer) including, but not limited to: nutrition education, physical therapy and/or exercise classes, and lymphedema services in the following areas:

- Hispanics/Latinos in MSSA 128 (Arabia, Coachella, Desert Beach, Flowing Wells, Indio South, La Quinta East, Mecca, Oasis, and Thermal)
- African-Americans in MSSA 145.2 (Adelanto, Phelan, Pinon Hills, and Victorville Northwest)
- African-Americans in MSSA 151g (Muscoy and San Bernardino Central)
- African-Americans in MSSA 151k (Highland and San Bernardino East)

Required Evaluation Methods:

- Support services provided (tracking logs): How many support service items were provided to how many unduplicated clients?
- Client reported outcomes (survey): Were the client's needs met? Did the client receive follow up? Was the client satisfied with their support service?

ELIGIBILITY REQUIREMENTS

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

- Individuals are not eligible to apply. Applications will only be accepted from a non-profit organization with 501(c)3 status (such as an educational institution, hospital or other medical facility, or a community organization) or a local/state government located in or providing services to one or more of the following locations:
    o San Bernardino County
    o Riverside County

- Proposed projects must be specific to breast health and/or breast cancer and address the priorities identified in the Affiliate's 2015 Community Profile. If a project includes other health issues along with breast cancer, such as a breast and cervical cancer project, funding may only be requested for the breast cancer portion.

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

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

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

- Applicant uses and refers to, as applicable, the State National Breast and Cervical Cancer Early Detection Program, Every Woman Counts.

ALLOWABLE EXPENSES

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

- Salaries and fringe benefits for project staff
- Consultant fees
- Clinical services or patient care costs
- Meeting costs
- Supplies
- Reasonable travel costs related to the execution of the program
- Other direct program expenses
  - Including direct resources for project personnel like cell phone, etc. if used solely for the funded project
- Equipment, not to exceed $5,000 total, essential to the breast health-related project to be conducted

Funds may **not** be used for the following purposes:

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

- o Specific examples include, but are not limited to:
    - ▪ Rent
    - ▪ Utilities
    - ▪ Land acquisition
    - ▪ Construction or renovation of facilities
    - ▪ General operating funds
    - ▪ Debt reduction
    - ▪ Maintenance
    - ▪ Insurance
    - ▪ Furniture
    - ▪ Depreciation
    - ▪ Audits

IMPORTANT GRANTING POLICIES

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

- The project must occur between April 1, 2017 to March 31, 2018.
- The effective date of the grant agreement is the date on which Komen fully executes the grant agreement and shall serve as the start date of the grant. No expenses may be accrued against the grant until the contractual agreement is fully executed. *The contracting process can take up to six weeks from the date of the award notification letter.*
- Any unspent funds over $1.00 must be returned to Komen Inland Empire.
- Grant payments will be made in installments pending compliance with terms and conditions of grant agreement and receipt of satisfactory progress reports.
- 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 Inland Empire, the grantee may request one no cost extension of no more than six months per grant. Requests must be made by grantee no later than 30 days prior to the end date of the project.
- Certain insurance coverage must be demonstrated through a certificate of insurance at the execution of the grant agreement, if awarded. Grantee is required at minimum to hold:
    - o 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;
    - o 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
    - o Excess/umbrella insurance with a limit of not less than $5,000,000.
    - o 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.
    - o 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.
    - o Grantees are also required to provide Komen Inland Empire with a Certificate of Insurance with Susan G. Komen Breast Cancer Foundation, Inc., Susan G. Komen Inland Empire], 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.

EDUCATIONAL MATERIALS AND MESSAGES

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

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

Breast Self-Exam- must not be taught or endorsed

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

Creation and Distribution of Educational Materials and Resources

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

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

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

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

REVIEW PROCESS

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

Impact 20%: Will the project have a substantial positive impact on increasing the percentage of people who enter, stay in, or progress through the continuum of care? Will the project have a substantial impact on the need described in the funding priority selected? Is the impact likely to be long-term?

Statement of Need 20%: Does the project address at least one of the funding priorities stated in the RFA and the Affiliate's 2015 Community Profile? Does the project provide services to one or more of the target communities described in the Affiliate's 2015 Community Profile?

Project Design 25%: Do the goal and objectives described in the Project Work Plan align with the project description and activities? Is it clear what, specifically, is being done through this project? Is the project designed to meet the needs of specific communities including the cultural and societal beliefs, values, and priorities of each community? Is the project evidence-based? Is the budget appropriate and realistic? Does the budget justification explain in detail the reasoning and need for the costs associated with the project? If the proposed project includes collaboration with other organizations, are the roles of the partners appropriate, relevant and clearly defined? How likely is it that the objectives and activities will be achieved within the scope of the funded project?

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

Monitoring and Evaluation 20%: Is there a documented plan to measure progress against the stated project goal and objectives, and the resulting outputs and outcomes? Is there sufficient monitoring and evaluation (M&E) expertise for the project? Are there sufficient resources in place for M&E efforts?

NBCCEDP Alignment 5%: Did the organization describe their present relationship with the state's version of the National Breast and Cervical Cancer Early Detection Program? Did the organization describe how the proposed project will refer to or work with Every Woman Counts?

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:

Ivonne Millan
O: (760) 424-8701 C: (760) 616-0792
imillan@komenie.org

SUBMISSION REQUIREMENTS

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

Applications must be received on or before January 6, 2017. No late submissions will be accepted.

APPLICATION INSTRUCTIONS

The application will be completed and submitted via the Komen Grants e-Management System (GeMS), https://affiliategrants.komen.org. The required sections/pages in GeMS are listed in ALL CAPS and described below. For an application instruction manual, please visit the Affiliate's Grants webpage, http://komenie.org/grants/how-to-apply-for-community-grants/, or contact Ivonne Millan, imillan@komenie.org. 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 about the priorities to be addressed and a summary of the project (abstract). This abstract should include the target communities to be served, the need to be addressed, a description of activities, the expected number of individuals served and the expected change your project will likely bring in your community. The abstract is typically used by the Affiliate in public communications about funded projects.

PROJECT NARRATIVE

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

Statement of Need (limit- 5,000 characters)

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

- Describe how this project aligns with Komen Inland Empire's target communities and/or RFA funding priorities.

Project Design (limit- 5,000 characters)

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

Organization Capacity (limit- 5,000 characters)

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

Monitoring and Evaluation (limit- 5,000 characters)

Grantees will be required to report on the following outputs and outcomes in the progress and final reports: successes and accomplishments, challenges, lessons learned, promising practice example, a compelling story from an individual that was served with Komen funding and number of individuals served through Komen funding for each objective (county, race and ethnicity, age and population group).

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

The Monitoring and Evaluation narrative must address the following items:

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

NBCCEDP Alignment (limit- 5,000 characters)

Describe the organization's present relationship with the state's version of the National Breast and Cervical Cancer Early Detection Program (Every Woman Counts). Describe how the proposed project will refer to or work with Every Woman Counts?

PROJECT TARGET DEMOGRAPHICS

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

PROJECT WORK PLAN

In the Project Work Plan component of the application on GeMS, you will be required to submit a single goal and corresponding objectives:

- **The Goal** should be a high level statement that provides overall context for what the project is trying to achieve.
- **Objectives** are specific statements that describe how the project will meet the goal. An objective should be evaluated at the end of the project to establish if it was met or not met.

The project goal must have at least one objective; there is no limit to the number of objectives. Please ensure that all objectives are SMART objectives:
> **S**pecific
> **M**easurable
> **A**ttainable
> **R**ealistic
> **T**ime-bound

A guide to crafting SMART objectives can be located in Appendix A or at the following:

http://ww5.komen.org/WritingSMARTObjectives.html.

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

Write your Project Work Plan with the understanding that each item must be accounted for during progress reporting. **The Project Work Plan should include a single goal that will be accomplished with funds requested from Komen Inland Empire**. Objectives that will be

funded by other means should **not** be reported here, but instead, can be included in your overall program description.

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

GOAL: Provide patient navigation to women with screening abnormalities in order to reduce delays in and barriers to diagnostic care.

OBJECTIVE 1: By February 12, 2018, the patient navigator will have contacted 100 percent of all women with an abnormal screening result within three business days to schedule a follow-up appointment.

OBJECTIVE 2: By March 31, 2018, the project will provide 30 uninsured/underinsured women free/reduced cost diagnostic procedures within 30 days of an abnormal screening.

Attachments to support the Project Work Plan page may include, but are not limited to:

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

BUDGET SECTION

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

KEY PERSONNEL/SALARIES

This section collects information regarding the personnel that will be needed to complete the project. Any individual playing a key role in the project should be included in this section. This section should also include information for any employee's salary for which your project is requesting funds, if applicable**.**

Attachments Needed for Key Personnel/Salaries Section:

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

CONSULTANTS/ SUB-CONTRACTS

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

SUPPLIES

This section should include office supplies, education supplies, and any other type of supplies your organization will need to complete the project.

Note: Komen grant funds may not be used for the development of educational materials or resources. If awarded project funds, grantees must use/distribute only Komen-developed or Komen-approved educational resources. Komen grantees are eligible to receive preferred pricing for Komen educational materials. Komen materials should be used and displayed whenever possible. To view our educational materials, visit www.shopkomen.com.

TRAVEL

This section should be completed if you are requesting funds for any type of travel including conference travel, registration fees and mileage reimbursement by organization staff or volunteers related to project activity. (This section is NOT for transportation assistance for patients/clients – this expense should be recorded on the "Patient Care" page.)

PATIENT CARE

This section should include all funds requested for providing a direct service for a patient. This should be the cost you will need to provide the services mentioned in the goal and objectives of the application. Navigation or referral programs should not include the program costs in this section.

OTHER

This section should include any allowable expenses that do not fit the other budget categories. This section should only be used if the item cannot be included on any of the other various budget sections.

PROJECT BUDGET SUMMARY

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

Attachments Needed for the Project Budget Summary Section:

- **Proof of Tax Exempt Status** – To document your **federal tax-exempt status**, attach your determination letter from the Internal Revenue Service. Evidence of state or local exemption will not be accepted. Please do not attach your Federal tax return. To request verification of your organization's tax-determination status, visit the following page on the IRS Web site:

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

- **W-9**

APPENDIX A: WRITING SMART OBJECTIVES

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

Writing SMART Objectives

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

A **SMART** objective is:

1. **S**pecific:
   - 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 3 of the 4 Komen breast self –awareness messages).
   - The greater the specificity, the greater the measurability.
2. **M**easurable:
   - 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. **A**ttainable:
   - Objectives should be achievable within a given time frame and with available project resources.
4. **R**ealistic:
   - 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. **T**ime-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 conducted, who the women are and by when the educational sessions will be conducted.*

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

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

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

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

SMART Objective Checklist

Criteria to assess objectives	Yes	No
1. Is the objective SMART?		
• **Specific:** *Who? (target population and persons doing the activity) and What? (action/activity)*		
• **Measurable:** *How much change is expected?*		
• **Achievable:** *Can be realistically accomplished given current resources and constraints*		
• **Realistic:** *Addresses the scope of the project and proposes reasonable programmatic steps*		
• **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?		

APPENDIX B: MONITORING AND EVALUATION TOOL TEMPLATES

- Breast Health Knowledge Pre and Post Survey
- Patient Navigation Tracking Form
- Patient Navigation Satisfaction Survey
- Care Coordination Tracking Form

Breast Health Knowledge Survey   Please check: □**Pre**   □**Post**

1.   When was your last mammogram? (*please check only one*)

□	□	□	□	□	□
I don't know	Never	Within 6 months	Within 1 year	More than 1 year, but less than 2	More than 2 years

2.   Do you get a mammogram on a regular basis?
Yes □   If yes, what is your regular schedule? _____
No □   If no, what keeps you from doing so? And will you after today? (please check only one)

□ I'm afraid   □ I don't have insurance
□ I don't know where to go to get one   □ I don't have any transportation
□ I feel uncomfortable/embarrassed   □ I don't have the time
□ I don't trust my healthcare provider   □ I don't have the money
□ Other (please describe: _____)
□ Yes, I will get regular mammograms now   □ No, I will still not get regular mammograms

Before today, did you know:

3.   As I get older, my chances of getting breast cancer increase.
Yes □   No □
4.   A woman at average risk needs to get a mammogram every year after 40 even if she doesn't feel lumps in her breast or any pain in the breasts.
Yes □   No □
5.   A woman is more likely to get breast cancer if her mother, aunt or sister had it.
Yes □   No □
6.   It is important for me to know my personal risk of getting breast cancer.
Yes □   No □
7.   I should notify my healthcare provider if I notice any changes in my breasts.
Yes □   No □
8.   Making healthy lifestyle choices including limiting alcohol can help reduce my risk of getting breast cancer.
Yes □   No □

Before today, did you know:

9. **Being overweight and not exercising regularly can increase my risk of getting breast cancer.**
    Yes □   No □
10. **In San Diego, African American women get breast cancer less than other people but die from it more often.**
    Yes □   No □
11. **Would you like to be contacted for help in scheduling your next mammogram?**
    Yes □   No □
12. **Do you have a regular doctor?**
    Yes □   No □

CONTACT INFORMATION

Name: _____

Address: _____

Telephone Number: _____

Email Address: _____

Race or Ethnicity:
□ Unspecified   □ Asian □ Pacific Islander   □ Other
□ African American, African Descent (non-Hispanic origin)   □ Hispanic, Latino/Latina

□ Middle Eastern   □ Native American or Alaska Native   □ White (non-Hispanic origin)

Patient Navigation Tracking Form

Client Name:

_____

Project Director:

_____

Grantee Reporting Period: (*from dd/mm/yyyy*) _____   (*to dd/mm/yyyy*) _____

PATIENT DEMOGRAPHICS

Gender						
	Male			Female		
Race						
	African Am.	Native Am.	Asian	Pacific Islander	White	Other	Unknown
Ethnicity						
	Hispanic/Latino		Not Hispanic/Latino		Unknown	
Primary Language						
	English	Spanish	Tagalog	Chinese	Vietnamese	Other

POINT OF ENTRY INTO PATIENT NAVIGATION PROGRAM

Outreach	Screening	Abnormal Finding	Cancer DX	Treatment	Survivorship	Palliative care	
Age:							
Insurance							
Uninsured	Private	Fee for Service	Medicaid	Medicare	Employer Provided		

TIMELINESS OF CARE

Time from Date of Abnormal Clinical Breast Exam or Mammogram to the Date that Abnormality was Resolved (either as cancer or not cancer)					
	Less than 30 Days	30-60 Days	61-90 Days	91 Days or More	Unknown
Time From the Date Cancer was Diagnosed to the First Day that Treatment (either surgery, chemotherapy, or radiation) Was Given					
	Less than 30 Days	30-60 Days	61-90 Days	91 Days or More	Unknown
Completed Recommended Treatment					
	Yes	No			

Patient Satisfaction with Navigator

Directions: Please circle the one response that describes how strongly you agree or disagree with these statements about your navigator.

	Strongly Agree (1)	Agree (2)	Neutral (3)	Disagree (4)	Strongly Disagree (5)
1. My navigator gives me enough time.	1	2	3	4	5
2. My navigator makes me feel comfortable.	1	2	3	4	5
3. My navigator is dependable.	1	2	3	4	5
4. My navigator is courteous and respectful to me.	1	2	3	4	5
5. My navigator listens to my problems.	1	2	3	4	5
6. My navigator is easy to talk to.	1	2	3	4	5
7. My navigator cares about me personally.	1	2	3	4	5
8. My navigator figures out the important issues in my health care.	1	2	3	4	5
9. My navigator is easy for me to reach.	1	2	3	4	5

Care Coordination Tracking Form

Client Name:

_____

Project Director:

_____

Grantee Reporting Period: (*from dd/mm/yyyy*) _____ (*to dd/mm/yyyy*) _____

PATIENT DEMOGRAPHICS

Gender						
	Male			Female		
Race						
	African Am.	Native Am.	Asian	Pacific Islander	White	Other	Unknown
Ethnicity						
	Hispanic/Latino		Not Hispanic/Latino		Unknown		
Primary Language						
	English	Spanish	Tagalog	Chinese	Vietnamese	Other

POINT OF ENTRY INTO CARE COORDINATION PROGRAM

Outreach	Screening	Abnormal Finding	Cancer DX	Treatment	Survivorship	Palliative care	
Age Range							
18-29	30-39	40-49	50-64	65+			
Insurance							
Uninsured	Private	Fee for Service	Medicaid	Medicare	Employer Provided		

BARRIERS TO CARE

	Number of referrals	REFERRAL OUTCOME (Time from request to service provided)						Follow Up
		0-2 Days	3-7 Days	8-14 Days	15-30 Days	31 Days or More	Request Denied	Provide date of follow up to assure that service was provided and any other relevant info
Transportation								
Childcare								
Food Assistance								
Financial Assistance								
Housing Needs								
Prosthesis, Wigs, etc								
Counseling/ Support								
Language barriers								
Other								

APPENDIX C: KOMEN INLAND EMPIRE TERMS AND DEFINITIONS

Abnormal Screening—any breast screening (clinical breast exam, mammogram, etc.) that has an abnormal finding (lump, white area on film, etc.) that causes a recall or diagnostic test.

Barriers to Care—anything that would prevent or delay someone from going to the doctor, getting a mammogram, having a diagnostic test, receiving treatment, etc. (i.e. transportation, childcare, finances, language, cultural beliefs, religious beliefs, insurance coverage, fear, etc.).

Clinical Breast Exams (CBE)—the exam a doctor performs by physically feeling a patient's breast for lumps or irregularities.

Continuum of Care (CoC)— model for how an individual should move through the health system to be screened for breast cancer, receive any necessary diagnostic care, get treatment if breast cancer is diagnosed, and receive follow-up care after treatment.

Community Profile—Komen's in-depth needs assessment study conducted to identify the current state of breast cancer in the community, identify areas of highest risk for not reaching the federal benchmarks for breast cancer rates, identify the gaps in existing health systems in the community, identify and address the needs presented by the discovered gaps and guide and direct grantmaking and Komen's action plan.

Diagnostic Mammogram—mammogram done after an abnormal finding to determine whether the abnormality is cancer or not.

Diagnostic Resolution—the answer to whether an abnormality is cancer or not.

Diagnostic Services—any test, screening or exam to determine whether an abnormality is cancer or not (i.e. diagnostic mammogram, ultrasound, MRI, biopsy, etc.).

Every Woman Counts Program (EWC)—California's state-funded program under the NBCCEDP to provide free clinical breast exams, mammograms, pelvic exams, and Pap tests to California's underserved women over age 40 at or under the 200% FPL.

Federal Poverty Level (FPL)—a measure of income issued every year by the Department of Health and Human Services and are used to calculate eligibility for programs such as Every Woman Counts, Medicaid and the Children's Health Insurance Program (CHIP).

Fiscal Agent—a non-profit organization that acts on behalf of Komen San Diego performing various financial duties, such as paying approved authorizations for diagnostic services with provided Komen funding.

Healthy People 2020 (HP2020)—a major federal government initiative that has set specific health objectives for improving the health of communities and for the country as a whole by the year 2020. Specifically regarding Breast Health, these objectives include reducing the rate of late-stage breast cancer diagnoses to 19.6 (per 100,000) women and reducing the rate of breast cancer death to 20.6 (per 100,000) women.

Letter of Recommendation (LOR)—letter written by a partnering or collaborating organization in support of the applicant organization for the program the applicant organization is requesting funds for.

Medical Home (Primary Medical Home)—a clinic/hospital/community health center that a person can go to for not only breast health care, but all medical care.

MSSA—acronym for Medical Service Study Areas. MSSAs are sub-city and sub-county geographical units used to organize and display population, demographic and physician data.

Memorandum of Understanding (MOU)—memos written between two organizations, much like a contract, to specify the agreement or understanding between the two, usually about the services they will provide.

National Cancer Institute (NCI)—part of the National Institutes of Health (NIH), which is one of eleven agencies that are part of the U.S. Department of Health and Human Services, main responsibilities include coordinating the National Cancer Program; conducting and supporting cancer research; training physicians and scientists; and disseminating information about cancer detection, diagnosis, treatment, prevention, control, palliative care, and survivorship.

Priority Areas—services seen as the highest priorities based on the Community Profile (i.e. access to care, diagnostic services, screening)

Priority Populations—groups or populations with the highest late-stage incidence rates and death rates, and highest percentages of barriers to care (i.e. linguistically isolated, low income, low levels of education, etc.).

Screening Mammogram—a mammogram done for regular screening purposes.

Target Areas—areas at the highest risk for not reaching the HP2020 benchmarks. Described as areas with the most barriers to care, areas with the highest populations of groups with high late-stage incidence rates and death rates, and areas with inadequate medical service resources.

Underinsured—those who have insurance but have limited coverage (such as catastrophic plans) and/or face out-of-pocket costs that equal 10 percent or more of household income – or 5 percent for those whose income is less than twice the Federal Poverty Level (FPL) – and those whose deductible is 5 percent or more of family income.