
***SUSAN G.
KOMEN.***®



INLAND EMPIRE

**FY19 COMMUNITY GRANTS PROGRAM
REQUEST FOR APPLICATIONS**

FOR BREAST CANCER PROJECTS

PERFORMANCE PERIOD: APRIL 1, 2019 - MARCH 31, 2020

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

Susan G. Komen® Inland Empire
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KEY DATES

Grant Writing Workshop	November 2018 TBD
Application Deadline	December 13, 2018 at 11:59pm
Award Notification	March 22, 2019
Award Period	April 1, 2019 - March 31, 2020
Grantee Orientation	April 2019 TBD

ABOUT SUSAN G KOMEN® AND KOMEN INLAND EMPIRE

Susan G. Komen is the world's largest breast cancer organization, funding more breast cancer research than any other nonprofit outside of the U.S. government while providing real-time help to those facing the disease. Komen has set a Bold Goal to reduce the current number of breast cancer deaths by 50 percent in the U.S. by 2026. Since its founding in 1982, Komen has funded more than \$956 million in research and provided more than \$2.1 billion in funding to screening, education, treatment and psychosocial support programs. Komen has worked in more than 60 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. 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 \$6.5 million in community breast health programs in San Bernardino and Riverside Counties.

NOTICE OF FUNDING OPPORTUNITY AND STATEMENT OF NEED

Komen Inland Empire is offering community grants to support breast cancer projects that address specific funding priorities, which were selected based on data from the current Komen Inland Empire Community Profile Report, found on our website at www.komenie.org.

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

- **Patient Navigation (Clinic and/or Hospital Setting)**

Komen Inland Empire 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 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.

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 Patient Navigation projects that demonstrate benefit to the following communities:

- Hispanics/Latinos in MSSA 128 (Arabia, Coachella, Desert Beach, Flowing Wells, Indo 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 151 g (Muscoy and San Bernardino Central)
- African-Americans in MSSA 151 k (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?
- **Reducing Barriers to Care and Access to Breast Cancer Screening and Diagnostic Services (site-neutral):**

Evidence-based projects that reduce barriers to quality breast cancer care experienced by uninsured and underinsured individuals residing in Riverside and San Bernardino Counties. "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" (Patient Advocate Foundation, <http://www.patientadvocate.org/resources.php?p=781>).

Komen Inland Empire seeks to fund projects that provide no cost or low cost screening/diagnostic/treatment services, mobile mammography, diagnostic/treatment co-pay and deductible assistance, transportation and interpreter services.

Projects that provide the following screening services:

- Clinical breast exams for uninsured and under insured women.
- Financial assistance with genetic screening to determine personal breast cancer risk.

AND/OR

- Projects that provide breast cancer diagnostic services for individuals who do not qualify for the Every Woman Counts program.

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

- Hispanics/Latinas in MSSA 128 (Arabia, Coachella, Desert Beach, Flowing Wells, Indo 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 151 g (Muscoy and San Bernardino Central)
- African-Americans in MSSA 151 k (Highland and San Bernardino East)

Required Screening and Diagnostic Evaluation Methods:

- Services provided (tracking logs): What services were provided? How many services to 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 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. Health fairs and mass media campaigns are not evidence-based interventions and will not be accepted.

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

- Hispanics/Latinas in MSSA 128 (Arabia, Coachella, Desert Beach, Flowing Wells, Indo 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 151 g (Muscoy and San Bernardino Central)
- African-Americans in MSSA 151 k (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? If not yet recommended for screening, did the participants make behavior pledges?
- 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?
 - For participants not yet recommended for screening: How many referred family members for screening? How many family members were screened?

- **Breast Cancer Patient Financial and Transportation Assistance**

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. Komen Inland Empire 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):**

Komen Inland Empire 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?

Examples of successful projects include those that result in:

- An increase in breast cancer action due to knowledge gained;
- An increase the number of "never screened" women getting breast cancer screening;
- A reduction in the number of women "lost to follow-up;"
- A reduction in time from abnormal screening to diagnostic procedures;
- A reduction in time from diagnostic resolution to treatment;
- An increase in treatment compliance.

Applicants may request funding from \$5,000 up to \$20,000 (combined direct) for one year.

ELIGIBILITY REQUIREMENTS

The following eligibility requirements must be met at the time of application submission:

- Individuals are not eligible to apply.
- Applications will only be accepted from governmental organizations under Section 170(c)(1) or nonprofit organizations under Section 501(c)(3) of the Internal Revenue Service (IRS) code. Applicants must prove tax-exempt status by providing a letter of determination from the IRS.
- Applicant organizations must provide services to **residents** of one or more of the following locations:
 - San Bernardino County
 - Riverside County

- Proposed projects must be specific to breast health and/or breast cancer and address the priorities identified within this RFA. If a project includes other health issues along with breast cancer, such as a breast and cervical cancer project, funding may only be requested for the breast cancer portion.
- All past and current Komen-funded projects must be in compliance with Komen requirements.
- If applicant, or any of its key employees, directors, officers or agents is convicted of fraud or a crime involving any other financial or administrative impropriety in the 12 months prior to the submission deadline for the application, then applicant is not eligible to apply for a grant until 12 months after the conviction. After such 12-month period, applicant must demonstrate in its application that appropriate remedial measures have been taken to ensure that any criminal misconduct will not recur.
- Applicant must use, as applicable, the State National Breast and Cervical Cancer Early Detection Program, Every Woman Counts.

ALLOWABLE EXPENSES

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

- Key Personnel / Salaries
- Consultants/ Sub-contracts
- Supplies
- Travel
- Patient care
- Other direct project expenses
- Equipment, including software, not to exceed \$5,000 total, essential to the breast health-related project to be conducted

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

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

- Research, defined as any project or program with the primary goal of gathering and analyzing data or information.
 - Specific examples include, but are not limited to, projects or programs designed to:
 - Understand the biology and/or causes of breast cancer
 - Improve existing or develop new screening or diagnostic methods
 - Identify approaches to breast cancer prevention or risk reduction
 - Improve existing or develop new treatments for breast cancer or to overcome treatment resistance, or to understand post-treatment effects
 - Investigate or validate methods or tools
- Education regarding breast self-exams/use of breast models. According to studies, teaching breast self-exam (BSE) has not been shown to be effective at reducing mortality from breast cancer.
- Development of educational materials or resources that either duplicate existing Komen materials or for which there is not a demonstrated need. Grantees can view, download

and print all of Komen's educational materials by visiting <http://ww5.komen.org/BreastCancer/KomenEducationalMaterials.html>. If a grantee intends to use supplemental materials, they should be consistent with Komen messages.

- Education via mass media (e.g., television, radio, newspapers, billboards), health fairs and material distribution. Evidence-based methods such as one on one and group sessions should be used to educate the community and providers.
- Construction or renovation of facilities/ land acquisition
- Political campaigns or lobbying
- General operating funds
- Debt reduction
- Fundraising (e.g., endowments, annual campaigns, capital campaigns, employee matching gifts, events)
- Event sponsorships
- Projects completed before the date of grant approval
- Project-related investments/loans
- Scholarships
- Thermography
- Equipment over \$5,000 total
- Projects or portions of projects not specifically addressing breast cancer
- Indirect Costs

IMPORTANT GRANTING POLICIES

Please note the following non-negotiable policies before submitting an application:

- The project must occur between April 1, 2019 and March 31, 2020.
- Recipients of services must reside in the Affiliate Service Area.
- The effective date of the grant agreement is the date on which Komen fully executes the grant agreement and shall serve as the start date of the project. **No expenses may be accrued against the project until the grant 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 acceptance of and compliance with terms and conditions of a fully executed grant agreement.
- Grantee will be required to submit a minimum of one semi-annual progress report and one final report that will include, among other things, an accounting of expenditures and a description of project achievements. Additional reports may be requested.
- At the discretion of Komen Inland Empire, the grantee may request one no-cost extension of no more than six months per project. Requests must be made by grantee no later than 30 days prior to the end date of the project.
- Certain insurance coverage must be demonstrated through a certificate of insurance at the execution of the grant agreement, if awarded. Grantee is required at minimum to hold:
 - Commercial general liability insurance with combined limits of not less than \$1,000,000 per occurrence and \$2,000,000 in the aggregate for bodily injury, including death, property damage and advertising injury;

- Workers' compensation insurance in the amount required by the law in the state(s) in which its workers are located and employers' liability insurance with limits of not less than \$1,000,000; and
- Excess/umbrella insurance with a limit of not less than \$5,000,000.
- To the extent any transportation services are provided, \$1,000,000 combined single limit of automobile liability coverage will be required.
- To the extent medical services are provided, medical malpractice coverage with combined limits of not less than \$1,000,000 per occurrence and \$3,000,000 in the aggregate will be required.
- Grantees are also required to provide Komen 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 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, such as 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>.

If an applicant wants to develop educational resources, they must discuss with Komen Inland Empire prior to application submission and provide evidence of need for the resource.

Komen has developed breast cancer education toolkits for Black and African-American communities and Hispanic/Latino communities. They are designed for health educators and organizations to meet the needs of their communities. The Hispanic/Latino toolkit is available in both English and Spanish. To access these toolkits, please visit <http://komentoolkits.org/>.

REVIEW PROCESS

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

Impact 20%: How successful will the project be at increasing the percentage of people who enter, stay in or progress through the continuum of care, thereby reducing breast cancer mortality? To what extent has the applicant demonstrated that the project will have a substantial impact on the selected funding priority?

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

Project Design 25%: How likely is it that proposed activities will be achieved within the scope of the project? How well has the applicant described the project activities to be completed with

Komen funding? To what extent is the proposed project designed to meet the needs of specific communities including the cultural and societal beliefs, values and priorities of each community? How well does the applicant incorporate an evidence-based intervention and/or a promising practice? To the extent collaboration is proposed, how well does the applicant explain the roles, responsibilities and qualifications of project partners? How well does the budget and budget justification explain the need associated with the project?

Organization Capacity 10%: To what extent does the applicant's staff have the expertise to effectively implement all aspects of the project and provide fiscal oversight, including the appropriate licenses, certifications, accreditations, etc. to deliver the proposed services? How well has the applicant demonstrated evidence of success in delivering services to the target population described? To what extent has the applicant demonstrated they have the equipment, resources, tools, space, etc., to implement all aspects of the project?

Monitoring and Evaluation 20%: To what extent will the documented evaluation plan be able to measure progress toward the stated project goal and objectives, and the resulting outputs and outcomes? To what extent does the evaluation plan aim to collect the relevant required metrics in Appendix A of the RFA? To what extent are the applicant's monitoring and evaluation (M&E) resources/ expertise likely to adequately evaluate project success?

NBCCEDP Alignment 5%: Did the organization describe their present relationship with the State's version of the National Breast and Cervical 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.

SUBMISSION REQUIREMENTS

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

APPLICATION INSTRUCTIONS

The application must be completed and submitted via the Komen Grants eManagement System (GeMS), <https://affiliategrants.komen.org>. The required sections/pages in GeMS are listed in ALL CAPS and described below. For an application instruction manual, please visit our webpage, www.komenie.org, or contact Kamesha Miles at 951-676-7465 or kmiles@komenie.org. When initiating an application in GeMS, make sure it is a **Community Grants** application, designated "CG"

PROJECT PROFILE

This section collects applicant information including proposed partner organizations, and accreditations earned (if applicable).

Attachments for the Project Profile page (if applicable):

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

ORGANIZATION SUMMARY

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

PROJECT PRIORITIES AND ABSTRACT (limit 1,000 characters)

This section collects information about the funding priorities to be addressed and the project abstract. The abstract should include the target populations to be served, the need to be addressed, a description of key activities, the expected number of individuals to be served and the expected change the project will likely bring to the community including how it will be measured. The abstract is typically used by the Affiliate in public communications about funded projects.

PROJECT NARRATIVE

This is the core piece of the application divided into the following subsections:

Statement of Need (limit 5,000 characters)

- Describe evidence of the risk/need within the identified population.
- Describe the target population to be served with Komen funding using race, ethnicity, socioeconomic and breast cancer mortality statistics.
- Describe how this project aligns with Komen target communities and/or the RFA funding priorities.

Project Design (limit 5,000 characters)

- Describe how the project will increase the percentage of people who enter, stay in or progress through the continuum of care and thereby reduce breast cancer mortality.
- Explain what specifically will be accomplished using Komen funding and how the project's goal and objectives align with the selected funding priorities.
- Explain how the project is designed to meet the needs of specific communities and reflects the cultural and societal beliefs, values, and priorities of each community.
- Explain how the project incorporates an evidence-based intervention (please cite references).
- Explain how collaboration strengthens the project, including roles and responsibilities of all organizations and why partnering organizations are qualified to assist in accomplishing the goal and objectives. Organizations mentioned here should correspond with those providing letters of support/collaboration or MOUs on Project Profile page.

Organization Capacity (limit 5,000 characters)

- Explain how the applicant organization and associated project staff are suited to lead the project and accomplish the goal and objectives. Include appropriate organization or staff licenses, certifications and/or accreditations.

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

Monitoring and Evaluation (limit 5,000 characters)

- Describe how the organization(s) will measure progress toward the stated project goal and objectives, including the specific evaluation tools that will be used to measure progress. These tools can include client satisfaction surveys, pre- and post-tests, client tracking forms, etc.
- Describe the specific outcomes that will be measured as a result of proposed project activities, including those metrics required in Appendix A of the RFA. Outcomes reported can include number of days to diagnostic resolution after an abnormal imaging test, number of days from diagnosis to first day of treatment, etc.
- Describe the resources and expertise available for monitoring and evaluation during the project period. Specify if the expertise and resources are requested as part of this project, or if they are existing organizational resources.

Grantees will be required to report on the following outputs and outcomes in the progress and final reports:

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

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?
- If applicable, describe how the proposed project will screen for EWC eligibility before or in addition to providing services through Komen funding.

PROJECT TARGET DEMOGRAPHICS

This section collects information regarding the various groups the project will target. This does not include *every* demographic group the project will serve but should be based on the groups that the project will primarily focus its attention.

PROJECT WORK PLAN

In this section, all applicants are required to develop project objectives in order to meet the universal goal to:

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

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

Specific
Measurable
Attainable
Realistic
Time-bound

A guide to crafting SMART objectives is located in Appendix B with examples provided.

The submission of a timeline and anticipated number of individuals to be served is also required.

Write the Project Work Plan with the understanding that each objective must be reported on in progress reports. **The Project Work Plan must only include measurable objectives 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 the description of the overall program in the Project Narrative section.

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

- **Evaluation forms, surveys, logic models** that will be used to measure the objectives.

BUDGET SECTION

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

KEY PERSONNEL/SALARIES

This section collects information regarding the personnel needed to achieve proposed project objectives. Any individual playing a key role should be included with information for employee's salary and benefits adjusted to reflect the percentage of effort on the project. If no funds are requested from Komen for staff salary, enter 0 in the % of Salary on Project request field to properly complete an application.

Attachments Needed for Key Personnel/Salaries Section:

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

CONSULTANTS/ SUB-CONTRACTS

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

SUPPLIES

This section should include the supplies needed to help achieve proposed project objectives.

TRAVEL

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

PATIENT CARE

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

OTHER

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

PROJECT BUDGET SUMMARY

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

Attachments Needed for the Project Budget Summary Section:

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

<https://www.irs.gov/charities-non-profits/exempt-organizations-select-check>

- **W9**
- **Most current 990**
- **Current list of board of directors, board position, business title and board term limit**

Applicant Support: Questions should be directed to:

Kamesha Miles
951-676-7465
kmiles@komenie.org

APPENDIX A: FY19 REPORTING METRICS

Grantees will be required to report on the below metrics in FY19 Progress/Final Reports. All grantees will report on services provided, race and ethnicity, and breast cancer diagnoses by county of residence of those served; demographics of those served; and a more detailed account of breast cancer diagnoses, including by race and ethnicity and services that led to a diagnosis. The remaining categories will only need to be reported on if a grantee offers those services in their Project Workplan. For example, if a grantee has only an education objective, they will only have the option to report metrics for the Education & Training category.

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

Demographics

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

Breast Cancers Diagnosed

- Staging of breast cancers diagnosed resulting from:
 - Screening services*
 - Non-Biopsy diagnostic services*
 - Biopsy-only
 - Community navigation into screening*
 - Patient navigation into diagnostics*

Education & Training

- Type of session: One-on-one, Group
- Topic of session: Breast self-awareness, available breast health services and resources, clinical trials, treatment, survivorship and quality of life, metastatic breast cancer
- Number of individuals reached by topic area
- Follow-up completed
- Action taken: Did not take action, talked to health care provider, received a breast cancer screening, shared information with family/friends, received genetic counseling/testing, talked to provider about clinical trials, enrolled in a clinical trial, adopted healthy behavior
- If health care provider training, total number of providers trained in each session (one-on-one, group) and number by provider type (Community health workers, lay educators, patient navigators, social workers, nurses, technicians, nurse practitioners/physician assistants, doctors)

Screening Services

- First time to facility
- Number of years since last screening
- Screening facility accreditation*
 - American College of Radiology – Mammography accreditation (ACR)
 - American College of Radiology - Breast Imaging Center of Excellence (BICOE)
- Count of screening services provided*
 - Clinical breast exam
 - Mammogram – in facility
 - Mammogram – mobile
 - Genetic testing/counseling
- Screening result*
- Referred to diagnostics*

Diagnostic Services

- Time from screening to diagnosis*
- Diagnostic facility accreditation*
 - American College of Radiology – any individual ACR breast diagnostic test accreditations (ACR)
 - American College of Radiology - Breast Imaging Center of Excellence (BICOE)
 - American College of Radiology – Diagnostic Imaging Center of Excellence (DICOE)
 - American College of Surgeons - National Accreditation Program for Breast Centers (NAPBC)
 - American College of Surgeons - Commission on Cancer (CoC)
- Count of diagnostic services provided*
 - Diagnostic mammogram
 - Breast ultrasound
 - Breast MRI
 - Biopsy
 - Genomic testing to guide treatment
- Referred to treatment*

Treatment Services

- Time from diagnosis to beginning treatment*
- Treatment facility accreditation*
 - American College of Radiology – any individual ACR breast cancer treatment accreditations (ACR)
 - American College of Surgeons - National Accreditation Program for Breast Centers (NAPBC)
 - National Cancer Institute-Designated Cancer Center (NCI)
 - American College of Surgeons - Commission on Cancer (CoC)
- Count of treatment services provided*
 - Chemotherapy
 - Radiation therapy
 - Surgery
 - Hormone therapy
 - Targeted therapy

- Count of patients enrolled in a clinical trial*

Treatment Support

- Count of treatment support services provided

Barrier Reduction

- Count of barrier reduction assistance services provided*
 - Transportation, interpretation/translation services, co-pay/deductible assistance, daily living expenses, childcare

Patient Navigation, Care Coordination & Case Management

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

APPENDIX B: WRITING SMART OBJECTIVES

A **SMART** objective is:

- **Specific:**
 - Objectives should provide the “who” and “what” of project activities.
 - Use only one action verb since objectives with more than one verb imply that more than one activity or behavior is being measured.
 - Avoid verbs that may have vague meanings to describe intended output/outcomes (e.g., “understand” or “know”) since it may prove difficult to measure them. Instead, use verbs that document action (e.g., identify three of the four Komen breast self–awareness messages).
 - The greater the specificity, the greater the measurability.
- **Measurable:**
 - The focus is on “how much” change is expected. Objectives should quantify the amount of change expected.
 - The objective provides a reference point from which a change in the target population can clearly be measured.
- **Attainable:**
 - Objectives should be achievable within a given time frame and with available project resources.
- **Realistic:**
 - Objectives are most useful when they accurately address the scope of the problem and programmatic steps that can be implemented within a specific time frame.
 - Objectives that do not directly relate to the project goal will not help achieve the goal.
- **Time-bound:**
 - Objectives should provide a time frame indicating when the objective will be measured or time by which the objective will be met.
 - Including a time frame in the objectives helps in planning and evaluating the project.

SMART Objective Examples

Non-SMART objective 1: Women in Green County will be provided educational sessions.

This objective is not SMART because it is not specific, measurable, or time-bound. It can be made SMART by specifically indicating who is responsible for providing the educational sessions, how many people will be reached, how many sessions will be conducted, what type of educational sessions will be conducted, who the women are and by when the educational sessions will be conducted.

SMART objective 1: By September 30, 2019, 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, 2020, 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, 2020, Northern Region Hospital breast cancer patient navigators will reduce the average time from abnormal screening mammogram to diagnostic conclusion from 65 days to 30 days for women in the counties of Jackson, Morse and Smith in North Dakota.

SMART Objective Checklist

Criteria to assess objectives	Yes	No
1. Is the objective SMART?		
<ul style="list-style-type: none"> • Specific: Who? (target population and persons doing the activity) and What? (action/activity) 		
<ul style="list-style-type: none"> • Measurable: How much change is expected? 		
<ul style="list-style-type: none"> • Achievable: Can be realistically accomplished given current resources and constraints 		
<ul style="list-style-type: none"> • Realistic: Addresses the scope of the project and proposes reasonable programmatic steps 		
<ul style="list-style-type: none"> • Time-bound: Provides a time frame indicating when the objective will be met 		
2. Does it relate to a single result?		
3. Is it clearly written?		

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

APPENDIX C: MONITORING AND EVALUATION TOOL TEMPLATES

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



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 Bernardino and Riverside Counties, 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	Agree	Neutral	Disagree	Strongly Disagree
	(1)	(2)	(3)	(4)	(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 D: 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.