2018-2019 COMMUNITY GRANTS PROGRAM REQUEST FOR APPLICATIONS

FOR BREAST CANCER PROJECTS
PERFORMANCE PERIOD: APRIL 1, 2018 - MARCH 31, 2019

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® Ozark Affiliate
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KEY DATES

Grant Writing Workshop	Friday, August 25, 2017
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Award Notification	March 2018
Award Period	April 1, 2018 - March 31, 2019

ABOUT SUSAN G. KOMEN OZARK

Susan G. Komen is the world's largest breast cancer organization, funding more breast cancer research than any other nonprofit outside of the U.S. government while providing real-time help to those facing the disease. Komen has set a Bold Goal to reduce the current number of breast cancer deaths by 50 percent in the U.S. by 2026. Komen was founded in 1982 by Nancy G. Brinker, who promised her sister, Susan G. Komen, that she would end the disease that claimed Suzy's life. Komen Ozark is working to better the lives of those facing breast cancer in the local community. Through events like the Komen Ozark Race for the Cure®, Komen Ozark has invested over $10.5 million in community breast health programs in eight counties in Arkansas and two counties in Missouri and has helped contribute to the more than $920 million invested globally in research**.** For more information, call (479) 750-7465 or visit www.komenozark.org.

NOTICE OF FUNDING OPPORTUNITY AND STATEMENT OF NEED

Komen Ozark will award community grants to organizations that will provide breast cancer projects that address specific funding priorities, which were selected based on data from the 2015 Komen Ozark Community Profile Report. The 2015 Community Profile Report can be found on our website at www.komenozark.org.

The funding priority areas are listed below in no particular order. All areas are of equal importance.

- **Patient Navigation**

  Priority will be given to projects that provide evidence-based and culturally appropriate patient navigation for patients and their families that reside in the following counties: Benton, Carroll, Sebastian and Washington.

  Two types of navigation are described below along with expectations for outcome based navigation.

  1) **Screening Navigation** utilizes the CDC model for Community Health Workers. The Screening Navigators have a particularly good understanding of the community and target population served. They serve as liaison between health and social services to educate, assess and address barriers to care, make appropriate referrals, provide translation and conduct follow up to verify completion of desired outcome. Successful programs will educate low-income, uninsured, underinsured, high-risk and/or working poor women who are non-compliant with screening guidelines on breast self-awareness messaging, risk reduction, dispel myths, increase awareness of existing resources and

reduce fears surrounding breast cancer screenings and outcomes (see Appendix C for CDC resources regarding Community Health Workers).

Each patient connected to a screening, diagnostic and or treatment service must have a patient needs assessment conducted prior to the administration of service (s) to determine any barriers to care. All screenings must lead to a documented action - mammogram, referral to a medical home and/or referrals to community organizations to assist with barriers to care noted in the patient needs assessment. The needs assessment tool may be developed by each organization, but should include at a minimum basic needs (financial, housing, language barriers, food, and health care coverage). Screening Navigators should make referrals, utilize appropriate available funding and conduct follow up, but are not responsible for the client's decisions to use or not utilize services.

Additionally, Navigators with patients/clients that receive a mammogram order must follow up and document that mammogram was obtained or seek to rectify barrier to needed service, if possible. Screening Navigators responsibilities may include recommending funds to address financial and logistical barriers to screening, diagnostic and treatment services, as well as, high co pays, coverage of out of pocket expenses, genetic testing, transportation, emergency assistance funding, and child care assistance to ensure timely access to quality and affordable services. Women must be screened and referred to Arkansas BreastCare or Show Me Healthy Women prior to utilization of Komen Ozark patient service funding.

2) **Continuum of Care Navigators** (CoC Navigators) are professionals that guide patients through and around barriers in the complex breast cancer care system. The primary focus of a CoC Navigator is on the individual patient, with responsibilities centered on coordinating and improving access to timely diagnostic and treatment services tailored to individual needs.

Continuum of Care Navigators may overlap responsibilities with Screening Navigators and may assist women in any point of the continuum of care model which may be prior to an abnormal result. CoC Navigators offer interventions that may vary from patient to patient along the continuum of care and include a combination of informational, emotional, and practical support (i.e., breast cancer education, counseling, care coordination, health system navigation, and access to transportation, language services and financial resources). Continuum of Care Navigators increase quality and timeliness of follow up care for women and men with breast abnormalities or abnormal screening results. Navigation must include educating, assessing and addressing barriers to care, make necessary referrals to address basic needs and verify completion of screening or diagnostic test (s) and treatment, if necessary and document follow up and desired outcome. If a patient is non complaint, seek to remove any barriers to care.

Continuum of Care Navigators must develop an assessment tool and administer to patients to address financial and logistical barriers to diagnostic and treatment services for low income, uninsured, underinsured, and/or working poor. Other responsibilities may include recommendations to utilize funds for high copays, coverage of out of pocket expenses, genetic testing, transportation, emergency assistance funding, and child care assistance to ensure timely access to quality and affordable services. Women must be screened and referred to Arkansas BreastCare or Show Me Healthy Women prior to the

utilization of patient service funding. (see Appendix D for additional Patient Navigation Resources)

- **Reducing Barriers to Care**

Priority will be given to evidence-based projects that reduce barriers to quality breast cancer care experienced by uninsured and underinsured individuals residing in Boone County, AR, Madison County, AR, Newton County, AR, Stone County, MO and Taney County, MO. "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).

The Affiliate 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, emergency assistance, extended or weekend office hours, appointment reminders, and interpreter services.

- **Breast Cancer Education**

Priority will be given to projects that provide evidence-based and culturally relevant breast cancer education in one-on-one and group settings. Projects must be designed to result in documented age-appropriate, breast cancer action (e.g., getting a screening mammogram, obtaining recommended follow-up after an abnormal mammogram). Based on findings from the Community Profile, these projects should target individuals that reside in Boone County, AR, Madison County, AR, Newton County, AR, Stone County, MO, Taney County, MO and Hispanic/Latina women in Benton, Carroll, Sabastian or Washington Counties.

Breast cancer education projects must include Komen's breast self-awareness messages and provide evidence of linkage to local breast cancer services. All education group or 1:1 must have a follow up component. Health fairs and mass media campaigns are not evidence-based interventions and will not be accepted.

Examples of successful evidenced based projects include those that:

- Increase breast cancer action due to increased knowledge;
- Increase the number of "never screened" women getting breast cancer screening;
- Reduce the number of women "lost to follow-up;"
- Reduce time from abnormal screening to diagnostic procedures;
- Reduce time from diagnostic resolution to treatment;
- Increase treatment compliance.

Applicants may request funding from $10,000 and up (combined direct and indirect costs) for one year.

ELIGIBILITY REQUIREMENTS

Applicants must meet the following eligibility criteria to apply. <u>Eligibility requirements must be met at the time of application submission</u>.

- 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:
    - Rural Arkansas- Boone, Carroll and Newton Counties
    - Northwest Arkansas - Benton and Washington Counties
    - River Valley - Sabastian and Crawford Counties
    - Missouri - Stone and Taney Counties

- Proposed projects must be specific to breast health and/or breast cancer and address the priorities identified within this RFA. If a project includes other health issues along with breast cancer, such as a breast and cervical cancer project, funding may only be requested for the breast cancer portion.

- All past and current Komen-funded grants to an applicant must be in compliance with Komen requirements.

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

ALLOWABLE EXPENSES

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

- Key Personnel / Salaries/Fringe benefits for project staff
- Consultants
- Supplies
- Reasonable travel costs related to the execution of the project
- Patient care/clinical services
- Other direct project expenses
- Equipment, including software, not to exceed $5,000 total, essential to the breast health-related project to be conducted
- Indirect costs, not to exceed 10 percent of direct costs

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

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

IMPORTANT GRANTING POLICIES

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

- The project must occur between April 1, 2018 and March 31, 2019.
- Recipients of services must reside in the Affiliate Service Area.
- The effective date of the grant agreement is the date on which Komen fully executes the grant agreement and shall serve as the start date of the grant. **No expenses may be accrued against the grant until the contractual agreement is fully executed**. *The contracting process can take up to six weeks from the date of the award notification letter.*
- Any unspent funds over $1.00 must be returned to Komen Ozark.
- Grant payments will be made in installments pending execution of grant agreement and compliance with terms and conditions of grant agreement.
- Grantee will be required to submit a minimum of one semi-annual progress report and one final report that will include, among other things, an accounting of expenditures and a description of project achievements. Additional reports may be requested.
- At the discretion of Komen Ozark, the grantee may request one no-cost extension of no more than three months per grant. Requests must be made by grantee no later than 30 days prior to the end date of the project.
- Certain insurance coverage must be demonstrated through a certificate of insurance at the execution of the grant agreement, if awarded. Grantee is required at minimum to hold:
    - Commercial general liability insurance with combined limits of not less than $1,000,000 per occurrence and $2,000,000 in the aggregate for bodily injury, including death, and property damage;
    - Workers' compensation insurance in the amount required by the law in the state(s) in which its workers are located and employers' liability insurance with limits of not less than $1,000,000; and
    - Excess/umbrella insurance with a limit of not less than $5,000,000.
    - In the event any transportation services are provided in connection with project, $1,000,000 combined single limit of automobile liability coverage will be required.
    - If any medical services (other than referrals) are provided or facilitated, medical malpractice coverage with combined limits of not less than $1,000,000 per occurrence and $3,000,000 in the aggregate will be required.
    - Grantees are also required to provide Komen Ozark with a Certificate of Insurance with Susan G. Komen Breast Cancer Foundation, Inc., Susan G. Komen Ozark, 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, including our breast self-awareness messages - know your risk, get screened, know what is normal for you and make healthy lifestyle choices. The consistent and repeated use of the same messages can reduce confusion, improve retention and lead to the adoption of actions we believe are important for quality breast care. Please visit the following webpage before completing your application and be sure that your organization can agree to promote these messages**:**

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

Breast self-exam must not be taught or endorsed

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

Creation and Distribution of Educational Materials and Resources

Komen grantees are encouraged to use Komen-developed educational resources, including messages, materials, Toolkits or other online content during their grant period. This is to ensure that all breast cancer messaging associated with the Komen name or brand is current, safe, accurate, consistent and based on evidence. In addition, this practice will avoid expenses associated with the duplication of existing educational resources. Grantees can view, download and print all of Komen's educational materials by visiting http://ww5.komen.org/BreastCancer/KomenEducationalMaterials.html. If a grantee intends to use other supplemental materials, they should be consistent with Komen messages.

Komen materials should be used and displayed whenever possible.

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

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

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

REVIEW PROCESS

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

Impact 25%: How successful will the project be at increasing the percentage of people who enter, stay in or progress through the continuum of care, thereby reducing breast cancer mortality? To what extent has the applicant demonstrated that the project will have a substantial impact on the selected funding priority?

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

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

Organization Capacity 5%: To what extent does the applicant's staff have the expertise to effectively implement all aspects of the project and provide fiscal oversight, including the appropriate licenses, certifications, accreditations, etc. to deliver the proposed services? How well has the applicant demonstrated evidence of success in delivering services to the target population described? To what extent has the applicant demonstrated they have the equipment, resources, tools, space, etc., to implement all aspects of the project?

Monitoring and Evaluation 20%: To what extent will the documented evaluation plan be able to measure progress against the stated project goal and objectives, and the resulting outputs and outcomes? To what extent are the applicant's monitoring and evaluation (M&E) resources/ expertise likely to adequately evaluate project success?

BreastCare/Show Me Healthy Women 5%: Did the organization describe their present relationship with BreastCare (Arkansas) or Show Me Healthy Women (Missouri). Include the method and process of determining eligibility and screening for BreastCare/Show Me Healthy Women before Komen Ozark funding is utilized through the program.

Continuum of Care 5%: Describe in detail the applicant's plan for ensuring that patients are moved through each step of the Breast Health Continuum of Care. Who specifically will the applicant refer women to if the applicant is unable to provide the full continuum of care?

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:

Vicki Cowling, Director of Mission Services
479-750-7465
vicki@komenozark.org

SUBMISSION REQUIREMENTS

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

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

APPLICATION INSTRUCTIONS

The application must be completed and submitted via the Komen Grants eManagement System (GeMS), https://affiliategrants.komen.org. The required sections/pages in GeMS are listed in ALL CAPS and described below. For an application instruction manual, please visit the Affiliate's Grants webpage, www.komenozark.org, or contact Vicki Cowling, 479-750-7465 or vicki@komenozark.org. When initiating an application in GeMS, 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 information regarding your organization's history, mission, programs and accomplishments, staff/volunteers, budget and social media.

PROJECT PRIORITIES AND ABSTRACT (limit 1,000 characters)

This section collects information about the priorities to be addressed and a summary of the project (abstract). This abstract should include the target communities to be served, the need to be addressed, a description of activities, the expected number of individuals served and the expected change your project will likely bring in your community. The abstract is typically used by the Affiliate in public communications about funded projects.

PROJECT NARRATIVE

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

Statement of Need (limit 5,000 characters)

- Describe evidence of the risk/need within the identified population.

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

Project Design (limit 5,000 characters)

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

Organization Capacity (limit 5,000 characters)

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

Monitoring and Evaluation (limit 5,000 characters)

Grantees will be required to report on the following outputs and outcomes in the progress and final reports:
- Accomplishments
- Challenges
- Upcoming tasks
- Lessons learned
- A compelling story from an individual that was served with Komen funding
Demographics of individuals served through Komen funding (county, race and ethnicity, age and population group).

Evidenced-based tracking must be included in your monitoring and evaluation of navigation, reduction of barriers and education. Examples of evidenced based monitoring are listed below:

- Time from service X to service Y (i.e., time from education to screening, time from screening to diagnosis, time from diagnosis to treatment, etc.)
- Number of services provided per patient (number of screenings, number of diagnostics, number of breast cancers diagnosed, etc.)
- Number of needs assessments completed
- Number and type of barriers for those navigated
- (i.e., food access, assistance with rent or utilities, emergency assistance, out of pocket expenses, child care assistance etc.)
- Number of patients connected to Arkansas BreastCare or Show Me Healthy Women
- Number of patients connected to ongoing sources of health insurance
- Number of patients connected to a primary care doctor and/or primary care medical home
- Number of patients from education activity that were contacted and scheduled for a breast screening

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

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

Alignment with BreastCare (Arkansas) or Show Me Healthy Women (Missouri) (limit 5,000 characters)

Describe the organization's present relationship with BreastCare or Show Me Healthy Women. Include the method and process of determining eligibility and screening for BreastCare/Show Me Healthy Women before Komen Ozark funding is utilized through the program.

What Must Be Demonstrated
- Clients receiving funded services are ineligible for BreastCare (Arkansas) or Show Me Healthy Women (Missouri) and/or are unable to pay the portion of services for which they are personally responsible.
- The method by which the program determines the clients who are eligible for funding.
- Cost estimates for services are less than 130% of Medicare reimbursement or demonstrate costs for all breast health services to be provided have been negotiated at a reduced amount.
- How the services will be made accessible to the clients and how clients will become aware of services.

- Specific education and outreach plan including marketing in order to be eligible for patient care costs.

Continuum of Care (limit 5,000 characters)

Describe in detail the applicant's plan for ensuring that patients are moved through each set of the Breast Health Continuum of Care. Who specifically will the applicant refer women to if the applicant is unable to provide the full continuum of care?

PROJECT TARGET DEMOGRAPHICS

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

PROJECT WORK PLAN

In the Project Work Plan component of the application on GeMS, you will be required to submit SMART objectives in order to meet the universal goal:

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

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

Specific
Measurable
Attainable
Realistic
Time-bound

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

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

Write your Project Work Plan with the understanding that each objective must be reported on in progress reports. **The Project Work Plan must include measureable objectives that will be accomplished with funds requested from Komen Ozark**. Objectives that will be funded by other means should **not** be reported here, but instead, can be included in your overall project description.

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

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

OBJECTIVE 2: By March 31, 2019, the project will provide 30 uninsured/underinsured Green County women free/reduced cost diagnostic procedures within 30 days of an abnormal screening.

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

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

BUDGET SECTION

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

KEY PERSONNEL/SALARIES

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

Attachments Needed for Key Personnel/Salaries Section:

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

CONSULTANTS/ SUB-CONTRACTS

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

SUPPLIES

This section should include office supplies or any other type of supplies the applicant will need to complete the project. You may use supply funds to print the downloadable Komen-developed educational materials found on ShopKomen.

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

TRAVEL

This section should be completed if travel expenses such as conference registration fees/travel or mileage reimbursement by organization staff or volunteers related to project activity is

necessary to complete the project. (This section is NOT for transportation assistance for patients/clients – this expense should be recorded on the "Patient Care" page.)

PATIENT CARE

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

OTHER

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

INDIRECT

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

PROJECT BUDGET SUMMARY

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

Attachments Needed for the Project Budget Summary Section:

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

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

APPENDIX A: FY18 REPORTING METRICS

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

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

Demographics

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

Breast Cancers Diagnosed

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

Education & Training

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

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

Screening Services

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

Diagnostic Services

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

Treatment Services

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

Treatment Support

- Count of treatment support services provided

Barrier Reduction

- Count of barrier reduction assistance services provided*

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

Community Navigation, Patient Navigation & Care Coordination/Case Management

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

APPENDIX B: WRITING SMART OBJECTIVES

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

Writing SMART Objectives

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

A **SMART** objective is:

- **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 three of the four Komen breast self–awareness messages).
  - The greater the specificity, the greater the measurability.
- **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.
- **A**ttainable:
  - Objectives should be achievable within a given time frame and with available project resources.
- **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.
- **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 will be conducted, who the women are and by when the educational sessions will be conducted.

SMART objective 1: By September 30, 2017, Pink Organization will conduct 10 group breast cancer education sessions reaching at least 200 Black/African American women in Green County.

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

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

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

SMART Objective Checklist

Criteria to assess objectives	Yes	No
1. Is the objective SMART?		
• ***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?		

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: COMMUNITY HEALTH WORKERS

The following information is taken from the [Centers for Disease Control and Prevention's (CDC) "Addressing Chronic Disease through Community Health Workers: A Policy and Systems-Level Approach"](#) policy brief.

Community Health Workers (CHWs) are known by a variety of names – community health advisor, outreach worker, community based representative (CHR), promotora de salud, patient navigator, lay health advisor, etc. These individuals are trusted members of and/or have an unusually close understanding of the community they serve. CHWs serve as liaisons, links, or intermediaries between health/social services and the community to facilitate seamless access to services and improve quality and cultural competence of service delivery.

One of the most important features of CHWs is that they strengthen already existing ties with community networks. CHWs generally live in the communities where they work and understand the social context of community members' lives. CHWs also educate healthcare providers and administrators on community need and the cultural relevancy of interventions by helping providers and health systems managers build their cultural competence and strengthen communication skills.

The unique role of CHWs as culturally competent mediators between providers and members of diverse communities, as well as CHWs' effectiveness in promoting the use of primary and follow-up care for preventing and managing disease, have been extensively documented and recognized for a variety of health concerns. Evidence supporting CHWs in the prevention and control of chronic disease continues to grow.

CHWs help overcome barriers to controlling chronic disease. In 1998, the National Community Health Advisor Study identified the core roles, competencies, and qualities of CHWs. Seven core roles were identified and continue to guide the field.

Build cultural mediation between communities and the health system.
Provide culturally appropriate and accessible health education and information.
Ensure people get the services they need.
Provide informal counseling and social support.
Advocate for individuals and communities.
Build individual and community capacity.

Additionally, CHWs can provide support to multidisciplinary health teams in the prevention and control of chronic disease through the following functions:

Provide outreach to individuals in the community setting.
Educate patients and their families on the importance of lifestyle changes and on adherence to their medication regimens and recommended treatments, and find ways to increase compliance with medications.
Help patients navigate health systems (e.g. by providing assistance with enrollment, appointments, referrals, and transportation to and from appointments; promoting continuity of health services; arranging for child care or rides and arranging for bilingual providers or translators).
Provide social support by listening to the concerns of patients and their family members and help them solve problems.

Create community-clinical linkages to help create a team based approach through supporting and enhancing the work of the healthcare team.
Address how well a self-management plan helps patients meet their goals.
Support patient self-management plans and long term self-management support.
Support work of the chronic care team and increase the team's cultural competence when serving as an integrated member of a healthcare team.
Support individual goal setting.
Play a role in self-management program administration by leading or supporting self-management programs.

Additional CHW Program Resources

Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation: Community Health Worker Policy Brief – Article outlining the select research findings on CHW utilization and considers key challenges.
National Academy for State Health Policy – Information on requirements for certified CHW programs by state.
Penn Center for Community Health Workers – Includes a tool-kit for implementing CHW programs.
Rural Health Information Hub (RHIhub) – Provides an overview of six different CHW models, including Promotora de Salud, Care Coordinator/Manager Model, Health Educator model, and others. Also includes multiple tool-kits and additional resources for training and education.

APPENDIX D: PATIENT NAVIGATION RESOURCES

The following information is taken from The Harold P. Freeman Patient Navigation Institute.

Patient navigators provide one-on-one guidance and assistance to individuals as they move through the healthcare continuum of care, from prevention to end-of-life care. The principle function of the navigator is to eliminate any and all barriers to timely screening, diagnosis, treatment, and supportive care for each individual. Navigators act as the support hub for all aspects of a patient's movement through the healthcare system. The navigator's role is to provide smooth and timely continuity of care to the point of resolution, with patient-centered care being the primary focus.

A critical window of opportunity to apply patient navigation is between the point of an abnormal finding to the point of resolution of the finding by diagnosis and treatment. Patient navigation has shown efficacy as a strategy to reduce cancer mortality and is currently being applied to reduce mortality in other chronic diseases.
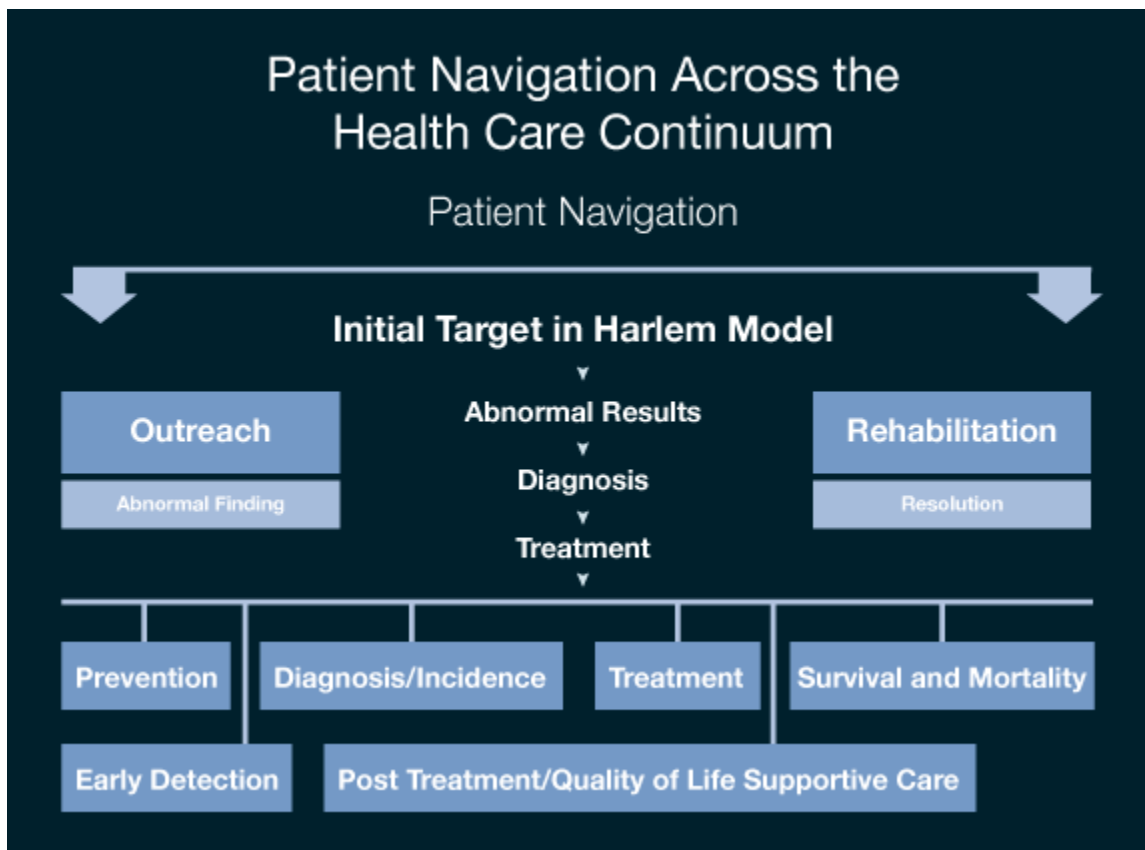
Harold P. Freeman Patient Navigation Institute Patient Navigation Model

Examples of some of the frequently encountered barriers that may be eliminated through patient navigation are the following:

Financial barriers (including uninsured and underinsured)
Communication barriers (such as lack of understanding, language/cultural)
Medical system barriers (fragmented medical system, missed appointments, lost results)
Psychological barriers (such as fear and distrust)

Other barriers (such as transportation and need for child care)

Additional Patient Navigation Resources

[Association of Community Cancer Centers (ACCC)](#) – Includes patient navigation resources and tools for multi-disciplinary teams, with resources on how to build a program from the ground up, evaluation metrics, information on patient-centered care, nurse navigators, and how to grow patient navigation programs.
[George Washington University Cancer Institute's Advancing the Field of Cancer Patient Navigation: A Toolkit for Comprehensive Cancer Control Professionals](#) – A comprehensive toolkit for institutions interested in developing, implementing, and monitoring a cancer patient navigation program.
[Health Care Association of NY State: Breast Health Patient Navigator Resource Kit](#) – Includes multiple templates for standard patient navigation forms including a program description, navigator role description, brochures, flyers, navigator policies and procedures, intake form, press release, satisfaction survey, tracking tools, and mush more.
[Institute for Healthcare Improvement](#) – Overview of the Harold P. Freeman Patient Navigation Model.
[Kansas Cancer Partnership: Cancer Patient Navigation Program Toolkit](#) – Overview of patient navigation program implemented by the Kansas Cancer Centers.
[Primary Care Coalition of Montgomery County, Maryland](#) – Comprehensive guidebook on patient navigation goals, attributes, expected outcomes, navigation from outreach to treatment, documentation, evaluation, and other resources.