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

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TABLE OF CONTENTS

Contents

Key Dates 3

About Susan G Komen® and Komen Chicago 3

Notice of Funding Opportunity and Statement of Need 3

Eligibility Requirements 4

Allowable Expenses 5

Important Granting Policies 6

Educational Materials and Messages 7

Review Process 8

Submission Requirements 8

Application Instructions 9

Appendix A: FY19 Reporting Metrics 15

Appendix B: Writing SMART Objectives 18

Appendix C: Federal Poverty Guidelines/Income Levels 20

Appendix D: Definition of Good Standing 21

Appendix E: Medicare Rates & CPT Codes 23

Appendix F: Grants eManagement System (GeMS) User Roles 31

Appendix G: Sample Memorandum of Understanding 32

Appendix H: Grantmaking Category Definitions and Corresponding Interventions 34

KEY DATES

Grant Writing Workshop*	Cook County – Tuesday, October 16th, time: TBD Virtual Webinar – Tuesday, October 23rd, time: TBD

*Please check www.komenchicago.org for more details.

Application Initiation Deadline*	Friday, December 7th by 5:00pm CST

*This is the last day that an application can be created in GeMS in order to apply for this grant.

Application Deadline	Friday, December 14th by 5:00 CST
Award Notification	March 2019
Award Period	April 1, 2019 - March 31, 2020
Grantee Orientation	April/May 2019
Final Report	No later than May 1, 2020

ABOUT SUSAN G KOMEN® AND KOMEN CHICAGO

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 Chicago is working to better the lives of those facing breast cancer in the local community. Through events like the Komen Chicago Race for the Cure®, Komen Chicago has invested over $17.5 million in community breast health programs in Cook, Kane, DuPage, McHenry and Lake Counties.

NOTICE OF FUNDING OPPORTUNITY AND STATEMENT OF NEED

Komen Chicago is offering community grants to support breast cancer projects that address specific funding priorities, which were selected based on data from the current Komen Chicago Community Profile Report, found on our website at https://komenchicago.org/about-us/history/our-community-need/.

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

- **Increase Access by Reducing Barriers to Care**

  Evidence-based projects that reduce barriers to quality breast cancer care experienced by uninsured and underinsured individuals residing in Cook and McHenry 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 Chicago seeks to fund projects that build the capacity for the Breast Cancer Continuum of Care by increasing access to low or no cost breast cancer screening/diagnostics/treatment services, diagnostic/treatment co-pay or deductible assistance, and survivorship support through reducing financial barriers for uninsured and under-insured populations

- Priority populations include: African American/Black; Hispanic/Latina and low-income individuals.

- **Culturally Relevant Patient Navigation**

  Projects that provide evidence-based patient navigation for uninsured and underinsured populations that reside in Cook and McHenry Counties. Patient navigation must follow the individual from abnormal screening to diagnostic resolution and through treatment, if necessary.

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

  Komen Chicago seeks to support the increased utilization of culturally relevant patient navigation through the Breast Cancer Continuum of Care for uninsured and under-insured populations through the usage and/or in partnerships with community-based navigation programs.

  - Note: Programs that only address awareness/education only programs will not be considered. Direct services must be provided and tracked.

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 up to $50,000 (combined direct and indirect costs) 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:

    - Cook County
    - DuPage County
    - Kane County
    - Lake County
    - McHenry 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.

- A representative must attend/view the Komen Chicago Affiliate Grant Application Workshop.

- Funds for mammograms and clinical breast exams will be allocated only if alternative sources are not available. All direct services must be calculated at the current Medicare rate. For a list of current Medicare rates, please see Attachment C: Medicare Rates.

- If proposed project included genetic risk assessment or testing, you must define "high risk" for patients.

- Applications proposing outreach activities must link clients with medical care providers to offer mammograms and clinical breast exams. This link must be clearly stated and outlined in a letter of support/collaboration. Provisions must be made for recall and follow-up case management for patients who are screened and have abnormal findings.

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
- 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:
        i. Understand the biology and/or causes of breast cancer
        ii. Improve existing or develop new screening or diagnostic methods
        iii. Identify approaches to breast cancer prevention or risk reduction
        iv. Improve existing or develop new treatments for breast cancer or to overcome treatment resistance, or to understand post-treatment effects
        v. 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 (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
- 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 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 Chicago.
- 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 Chicago, 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 Chicago with a certificate of insurance with Susan G. Komen Breast Cancer Foundation, Inc., Susan G. Komen Chicago, 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 Chicago 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 30%: 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 15%: 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 15%: 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 10%: 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?

Addressing Priority Areas 20%: Is the programing being administered or assisting constituents in Cook or McHenry County?

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.

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 our webpage, www.komenchicago.org, or contact Ariel Thomas, 773-444-0061 ext. 1002, athomas@komenchicago.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 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). See Appendix H for more information.
- 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)

Addressing Priority Needs: (limit 5,000 characters)

Describe how this project aligns with Komen Chicago target communities (Cook and/or McHenry County).

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 Chicago**. 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:

IMPORTANT – See Appendix C for acceptable reimbursement rates for screening and diagnostic services. If the budget reflects a price higher than the rate provided in Appendix C, the cost has to be justified.

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.

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 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

REQUIRED ATTACHMENTS

Required Attachment	Where to Attach in GeMS
Information regarding Key Personnel – For key personnel that are currently employed by the applicant, provide résumés or curricula vitae. For new or vacant positions, provide job descriptions (Two page limit per individual)	Key Personnel
Proof of Non-Profit Status – To document you 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 entire federal tax return.	My Organization > Organization Details> Organization Details
Signed Form 990 from most recent federal tax return.	Project Budget Summary under —"Upload Required Financial/Insurance Documentation as outlined in the RFA"
Completed W9.	Project Budget Summary under —"Upload Required Financial/Insurance Documentation as outlined in the RFA"

Audited fiscal year-end financial statement from 2015 or 2016.	Project Budget Summary under —"Upload Required Financial/Insurance Documentation as outlined in the RFA"
Proof of all required insurance (see page 8).	Project Budget Summary under —"Upload Required Financial/Insurance Documentation as outlined in the RFA"
Board of Directors list, including occupations and/or community affiliations.	Project Budget Summary under —"Upload Required Financial/Insurance Documentation as outlined in the RFA"
Letters of support, collaboration, MOUs, etc. demonstrating your partnership Attachment D is a sample MOU that can be used as a guide.	Project Profile > Partners
Evaluation forms, surveys, logic model, etc. – to demonstrate the effectiveness of your program as defined in your Project Work Plan.	Project Work Plan – Objectives
For organizations using a fiscal sponsor, you must include a copy of the memorandum of agreement (MOU) or (sub) contract between your organizations and the fiscal sponsor, along with a statement about the nature of the relationship with the fiscal sponsor. Reminder: Organizations using a fiscal sponsor must be approved to submit an application in advance (such decisions are made on a case-by-case basis).	Project Budget Summary under —"Upload Required Financial/Insurance Documentation as outlined in the RFA"

Applicant Support: Questions should be directed to:

Ariel Thomas
773-444-0061 ext.1002
athomas@komenchicago.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:

- **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, 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?		
• ***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: FEDERAL POVERTY GUIDELINES/INCOME LEVELS

2018 Poverty Guidelines

All States (except Alaska and Hawaii)

Persons in Household	**Federal Poverty Guidelines** **100%**		Federal Poverty Guidelines 250%	
Size*	Monthly	Annual	Monthly	Annual
1	$ 1,011	$12,140	$2,529	$30,350
2	$ 1,372	$16,460	$3,429	$41,150
3	$ 1,732	$20,780	$4,329	$51,950
4	$ 2,091	$25,100	$5,230	$62,750
5	$ 2,451	$29,420	$6,129	$73,550
6	$ 2,811	$33,740	$7,029	$84,350
7	$ 3,171	$38,060	$7,929	$95,150
8	$ 3,531	$42,380	$8,829	$105,950

For families with more than 8 persons, add $4,320 for each additional person annually.

* As defined by the Bureau of the Census for statistical purposes, a household consists of all the persons who occupy a housing unit (house of apartment), whether they are related to each other or not. If a family and an unrelated individual, or two unrelated individuals, are living in the same housing unit, they would constitute two family units, but only one household.

Source:
https://aspe.hhs.gov/poverty-guidelines

APPENDIX D: DEFINITION OF GOOD STANDING

The following information applies to any organization that has been a Komen Chicago Grantee in the past.

During the application compliance check, the Chicago Affiliate may determine whether the organization submitting an application is in good standing. In good standing for this purpose is defined below. If an organization is not in good standing with the Affiliate, the organization cannot apply for funding until it receives prior approval from the Affiliate and has corrected any outstanding issues. Grantees whose funds have been rescinded or whose contract has been terminated due to a breach in contract cannot apply for a Komen Chicago grant in the subsequent grant year.

Category	Definition	In Good Standing	Not In Good Standing
Reporting Timely Reporting Complete Reporting Reporting Meets Goals and Objectives	As a grantee their last required progress and final reports were approved. Reports are generally approved when grantee: • Submits them at due date or receives an approved extension • Submits all documents required for the progress or final report • Meets Goals and Objectives outlined in their application unless • Adequately justified • Uses approved funds appropriately (might include excessive returned funds)	Last progress and final reports were approved	Last progress and final reports were not approved
Rescinded funding and/or Termination of Contract	Grant programs that have been identified as no longer viable for which the grant contract is terminated early and grant funds may or may not be requested for return. Audit findings which demonstrate misappropriation of funds.	No history of rescinded funds due to poor performance.	Funds were rescinded from the last grant cycle because the program was no longer viable and contract was terminated-organization has not satisfactorily documented how they will improve the

			viability of the program. Audit findings which demonstrate misappropriation of funds.
Corrective action*	An action taken to address grant performance and insufficiencies that are negatively affecting grantee's ability to meet the obligations of their grant agreement.	Applicant is not currently under a written warning.	Applicant is currently under a form of written warning or has outstanding progress reports that have not been approved.

APPENDIX E: MEDICARE RATES & CPT CODES

Allowable CPT Codes for the Illinois Breast and Cervical Cancer Program –

Updated February 2018

Provided by the Illinois Breast and Cervical Cancer Program

Listed below are allowable procedures and the corresponding CPT codes for use in reimbursement for Komen Grantees:

> Screening services may include CBE and a mammogram.
> Reimbursement for treatment services should also be at Medicare rates. More information is available at http://www.cms.gov/home/medicare.asp
> Anesthesia codes should not be charged unless an anesthesiologist or nurse anesthetist is in attendance.

These rates are based on information found on the Illinois Department of Public Health's website,

www.idph.state.il.us

CPT Code	Description and Payers (F = Federal/BCCP, S = State)		Fees		
			TC	26	Total
Office Visits					
99201	Office Visit, New Patient - Breast Exam Only	F S			$48.06
99202	Office Visit, New Patient - Pelvic Exam Only	F S			$80.61
99203	Office Visit, New Patient - Breast and Pelvic Exam	F S			$117.01
99212	Office Visit, Established Patient - Breast **or** Pelvic Exam **Repeat CBE** (Considered a Dx Procedure) – 10 minutes	F S			$46.99
99213	Office Visit, Established Patient - Breast **and** Pelvic Exam	F S			$78.02
Consultation Visits					
99202	Office Consultation Visit (Considered a Dx Procedure) – 20 minutes	F S			$80.61
99203	Office Consultation Visit (Considered a Dx Procedure) – 30 minutes	F S			$117.01

CPT Code	Description and Payers (F = Federal/BCCP, S = State)		Fees		
			TC	26	Total
99204	Office Consultation Visit (Considered a Dx Procedure) – 45 minutes	F S			$177.87
BREAST - Radiology Codes – Mammography/MRI/Ductogram					
77063	Screening breast tomosynthesis, bilateral	F S	$26.43	$32.04	$58.47
G0202*	Screening Mammogram, , Bilateral	F S	$105.29	$40.77	$146.06
G0204*	Diagnostic Mammogram, , Bilateral (includes CAD)	F S	$127.25	$54.22	$181.47
G0206*	Diagnostic Mammogram, , Unilateral (includes CAD)	F S	$99.71	$44.02	$143.73
G0279	Diagnostic breast tomosynthesis, unilateral or bilateral	F S	$26.43	$32.04	$58.47
77053	Mammary ductogram or galactogram, single duct, radiological supervision and interpretation	F S	$42.76	$19.29	$62.04
77058	Magnetic Resonance Imaging, breast, with and/or without contrast, unilateral**	F S	$485.61	$87.72	$573.33
77059	Magnetic Resonance Imaging, breast, with and/or without contrast, bilateral**	F S	$483.01	$87.72	$570.73
***CPT Codes G0202, G0204, and G0206 will continue to be in use until a new version of Cornerstone is released in late March 2018 – Once the new version is released the G0202, G0204, and G0206 will be replaced with CPT Codes 77067, 77066, and 77065 respectively.**					
****Use of these codes is restricted. They are reimbursed in special circumstances with prior approval only.**					
BREAST - Radiology Codes – Diagnostics					
76098	Radiological exam, surgical specimen	F S	$9.63	$8.73	$18.36
76641	Ultrasound breast, **complete** exam including axilla, unilateral	F S	$75.51	$39.31	$114.82

CPT Code	Description and Payers (F = Federal/BCCP, S = State)		Fees		
			TC	26	Total
76642	Ultrasound breast, **limited** exam including axilla, unilateral	F S	$57.65	$36.75	$94.40
76942	Ultrasonic guidance-needle placement (biopsy aspiration or localization device); imaging supervision and interpretation	F S	$29.36	$34.58	$63.94
	BREAST - Surgical Codes				
10021	Fine Needle Aspiration (FNA) **without** imaging guidance	F S			$133.43
10022	Fine Needle Aspiration (FNA) **with** imaging guidance	F S			$151.88
19000	Puncture aspiration of breast cyst	F S			$121.86
19001	Puncture aspiration of breast cysts, each additional cyst	F S			$29.87
19100	Breast biopsy, percutaneous needle core, not using imaging guidance	F S			$167.80
19101	Breast biopsy, open incisional	F S			$382.95
19120	Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion, open; one or more lesions	F S			$566.13
19125	Excision of breast lesion identified by preoperative placement of radiological marker, single; open; lesion	F S			$628.40
19126	Excision of breast lesion identified by preoperative placement of radiological marker, open; each additional lesion separately identified by a preoperative radiological marker	F S			$193.54
19081	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion	F S			$739.17
19082	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; each additional lesion	F S			$607.94
19083	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; first lesion	F S			$718.28

CPT Code	Description and Payers (F = Federal/BCCP, S = State)		Fees		
			TC	26	Total
19084	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; each additional lesion	F S			$582.88
19085	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; first lesion	F S			$1068.15
19086	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; each additional lesion	F S			$863.67
19281	Placement of breast localization device, percutaneous; mammographic guidance; first lesion	F S			$258.14
19282	Placement of breast localization device, percutaneous; mammographic guidance; each additional lesion	F S			$178.39
19283	Placement of breast localization device, percutaneous; stereotactic guidance; first lesion	F S			$292.23
19284	Placement of breast localization device, percutaneous; stereotactic guidance; each additional lesion	F S			$219.50
19285	Placement of breast localization device, percutaneous; ultrasound guidance; first lesion	F S			$552.17
19286	Placement of breast loclization device, percutaneous; ultrasound guidance; each additional lesion	F S			$481.90
	BREAST - Surgical Codes (continued)				
19287	Placement of breast localization device, percutaneous; magnetic resonance guidance; first lesion	F S			$914.36
19288	Placement of breast localization device, percutaneous; magnetic resonance guidance; each additional lesion	F S			$737.12

CPT Code	Description and Payers (F = Federal/BCCP, S = State)		Fees		
			TC	26	Total
CERVICAL - Screening Codes					
88141	Pap Test, (Liquid Based or Conventional) cervical or vaginal, reported in the Bethesda System, requiring physician interpretation	F S			$ 34.49
88142	Pap Test, cervical or vaginal, Liquid Based, thin prep, manual screening under physician supervision*	F S			$25.01

CPT Code	Description and Payers (F = Federal/BCCP, S = State)		Fees TC	Fees 26	Fees Total
88164	Pap Test, Conventional slides, cervical or vaginal, reported in the Bethesda System, manual screening under physician supervision	F S			$14.65
87624	HPV (Human Papillomavirus)-high risk types • Hybrid Capture II from Digene (High Risk Typing, only) • Cervista HPV HR	F S			$43.33
87625	Human Papillomavirus, **types 16 and 18 only**	F S			$43.33
*** CPT codes 88143, 88174, 88175 must be reimbursed at the applicable 88142 Medicare reimbursement rate (or less based on bill received).**					
CERVICAL – Diagnostic Codes					
57452	Colposcopy of cervix including upper/adjacent vagina **without** biopsy or Endocervical Curettage (ECC)	F S			$120.03
57454	Colposcopy of the cervix **with** biopsy **and** endocervical curettage	F S			$166.91
57455	Colposcopy of the cervix **with** biopsy	F S			$156.54
57456	Colposcopy of the cervix **with** endocervical curettage	F S			$147.47
57460	Colposcopy with Loop Electrode biopsy(s) of the cervix**	F S			$304.93
57461	Colposcopy with Loop Electrode Conization biopsy of the cervix**	F S			$346.34
57500	Biopsies or Local Excision of Cervical Lesion, single or multiple**	F S			$138.07
57505	Endocervical Curettage (ECC)	F S			$112.34

CPT Code	Description and Payers (F = Federal/BCCP, S = State)		Fees		
			TC	26	Total
57520	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair, cold knife or laser**	F S			$340.78
57522	Loop Electrode Excision Procedure (LEEP)**	F S			$289.70
58100	Endometrial Sampling (Biopsy) **with** or **without** endocervical sampling (Biopsy), without cervical dilation**	F S			$119.31
58110	Endometrial Sampling (Biopsy) performed in conjunction with colposcopy**	F S			$53.48
58558	Hysteroscopy with Endometrial Biopsy**	S			$1446.31
76856	Ultrasound, pelvic (nonobstetric), real time with image documentation; complete**	S	$80.72	$37.12	$117.84
CERVICAL - Diagnostic Codes (continued)					
87624	HPV (Human Papillomavirus) testing • Hybrid Capture II from Digene (High Risk Typing, only) • Cervista HPV HR	F S			$43.33
CERVICAL - Treatment Codes					
57460	Endoscopy with Loop Electrode Biopsy(s) of the cervix **	S			$304.93
57461	Endoscopy with Loop Electrode Conization biopsy of the cervix**	S			$346.34
57511	Cryocautery of the cervix**	S			$158.91
57520	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair, cold knife or laser**	S			$340.78
57522	Loop Electrode Excision Procedure (LEEP)**	S			$289.70

****Use of these codes is restricted. They are reimbursed in special circumstances with prior approval only.**

CPT Code	Description and Payers (F = Federal/BCCP, S = State)	Fees		
		TC	26	Total

CPT Code	Description and Payers (F = Federal/BCCP, S = State)		Fees		
			TC	26	Total
Pathology Fees					
88172	Evaluation of FNA of Breast(s) to determine specimen adequacy	F S	$21.91	$39.45	$61.36
88173	Interpretation and report of FNA of Breast(s)	F S	$86.63	$77.09	$163.71
88305	Surgical pathology, breast **(does not evaluate surgical margins)** or cervical biopsy specimens	F S	$31.59	$41.26	$72.85
88307	Surgical pathology, breast **(evaluates surgical margins)**	F S	$188.99	$90.62	$279.61
88331	Frozen section, first tissue block, single specimen (cervical)	F S	$34.57	$68.71	$103.28
88332	Frozen section, each additional specimen **(Limit 2)** (cervical)	F S	$22.65	$33.64	$56.30
88342	Immunohistochemistry or immunocytochemistry, per specimen; 1st stain** **(cervical only)**	F S	$77.00	$38.70	$115.70
88341	Immunohistochemistry or immunocytochemistry, per specimen; each additional stain** **(cervical only)**	F S	$67.00	$30.69	$97.69
88630	Morphometric analysis, tumor immunochemistry, per specimen; manual (**breast only**)	F S	$93.01	$48.21	$141.24
88631	Morphometric analysis, tumor immunochemistry, per specimen; using computer-assisted technology (**breast only**)	F S	$51.12	$102.31	$153.43
****Use of these codes is restricted. They are reimbursed in special circumstances with prior approval only.**					

CPT Code	Description and Payers (F = Federal/BCCP, S = State)		Fees		
			TC	26	Total
Preoperative Testing					
71045	Chest x-ray, 1 view	F S	$11.49	$9.83	$21.32
71046	Chest x-ray, 2 views	F S	$20.79	$11.65	$32.45
80048	Basic metabolic panel	F S			$10.44
80053	Comprehensive metabolic panel	F S			$13.04
84520	BUN (Assay of Urea Nitrogen)**	FS			$4.88
82565	Creatinine Assay**	FS			$6.33
81001	Urinalysis	F S			$3.92
81025	Pregnancy test	F S			$8.61
85014	Hematocrit	F S			$2.93
85018	Hemoglobin	F S			$2.93
85025	CBC with differential WBC count	F S			$9.59
85027	CBC without differential	F S			$7.98
36415	Venipuncture	F S			$3.00
93000	EKG	F S			$18.35
****Use of these codes is restricted. They are reimbursed in special circumstances with prior approval only.**					
Additional Procedure Fees					
99152	Conscious Sedation	S			$200.00
00400	General Anesthesia	F S			$300.00
99070	Surgical supplies (not covered in the above CPT codes)	F S			$500.00

APPENDIX F: GRANTS EMANAGEMENT SYSTEM (GEMS) USER ROLES

Project Director:

The role of Project Director should be assigned to an individual at an applicant organization that will serve as the project's lead contact. This individual is responsible for validating all new users when they register for the system under their organization. This is the highest level applicant user and they will have all of the applicant administrative functions available. One per organization.

Authorized Signer:

The role of Authorized Signer should be assigned to the individual at an applicant organization that has the authority to sign legal documents on behalf of the organization. This individual is responsible for electronically signing the application before submission and the grant contract if the organization is awarded funds. One per organization.

Viewer:

The role of viewer should be assigned to any individual at the applicant organization that needs access to view the organization's information but does not need the functionality to save, add, edit, or change anything within the organization's information. Unlimited number per organization.

Writer:

The role of writer should be assigned to any individual that needs access to an organization's application process to help complete the application but does not have the authority to complete the submission process. This individual cannot change the status of an application and will not have administrative function availability. Unlimited number per organization.

APPENDIX G: SAMPLE MEMORANDUM OF UNDERSTANDING

[INSERT Grantee Name]

And

[INSERT Screening/Treatment Partner]

Purpose: Throughout the Chicagoland Affiliate of Susan G. Komen for the Cure® 5 county service area, medically underserved communities face barriers to breast cancer screening services which can provide early detection of the disease when it is more treatable and less likely to have spread to other regions. Culturally and linguistically appropriate educational services are a crucial component of informing women of the importance of annual screening and in turn providing them a referral to a screening facility that can offer them appropriate services.

Background: [INSERT Grantee Name] and [INSERT Screening/Treatment Partner] agree to collaborate to ensure that medically underserved women in [INSERT the region(s) covered by applicant] are provided the education and knowledge about the importance of early detection of breast cancer and, following this, the appropriate medical screening services and, if needed, diagnostic services. It is imperative that women who are provided this education are linked with a screening provider that is able to provide appropriate services and provide follow up to [INSERT Grantee Name] on the number of women screened and those that require follow up care or services. Specific objectives of the collaboration are (EXAMPLES):

Objective 1: Establish a tracking mechanism for [INSERT Grantee Name] to provide to [INSERT Screening/Treatment Partner] with pertinent information on patients that were referred for screening through education and outreach activities

Objective 2: Follow up with all patients referred for screening to ensure they schedule a screening appointment

Objective 3: Provide appropriate screening services to women referred and follow up services to those with abnormal findings

Objective 4: Create a reporting structure where [INSERT Screening/Treatment Partner] will inform [INSERT Grantee Name] of the number of referred woman who were provided screening services and those that require follow up care

Objective 5: Provide appropriate screening or diagnostic services to a Women's Wellness Connection provider [INSERT Screening/Treatment Partner] if a woman is eligible to receive services under this program.

Specific Responsibilities:

Both parties will respect patient privacy according to HIPAA regulations in their reporting mechanisms.

Both parties will provide culturally and linguistically appropriate services to patients served.

[INSERT Grantee Name]:

Provide XXX patients with a referral to screening services at [INSERT Screening/Treatment Partner]

Create a [weekly] report for [INSERT Screening/Treatment Partner] with the appropriate contact information on the women who were referred for screening

Follow up via phone, email, or mail with patients referred for screening to ensure they schedule and attend their screening session

Receive weekly report from [INSERT Screening/Treatment Partner] regarding, the outcome of screening, and whether any patients require follow up services

[INSERT Screening/Treatment Partner]:

Receive [weekly] report from [INSERT Grantee Name] with the appropriate contact information on women who were referred for screening

Provide appropriate screening services to referred patients including Clinical Breast Exams, Mammograms, and diagnostic procedures

Create a weekly report for [INSERT Grantee Name] with appropriate contact information on patients that received screening, including the outcome, and any follow up services recommended

Work with [INSERT Grantee Name] to follow up with patients in need of additional services and schedule appropriate appointments

Terms of Understanding:

Key Personnel: Each organization shall identify one key contact to represent their organization in this collaboration

Period of Effectiveness: This MOU shall expire March, 31 2017.

Provisions for Review and Change: This Memorandum of Understanding may be revised by approval of all parties and may be terminated by a 60-day advance notification from any party.

_____	___
NAME	NAME
TITLE	TITLE
Grantee Name	Screening/Treatment Partner

APPENDIX H: GRANTMAKING CATEGORY DEFINITIONS AND CORRESPONDING INTERVENTIONS

Education

- Development of communication tools and methods to include e-communications and social networking
- Education of patients, health care providers, at-risk populations, and the general population about breast cancer
- Communication to patients regarding therapeutic options
- Educational interventions to promote self-care and symptom management
- Communicating breast cancer risk to underserved populations, at-risk populations, and the general public
- Communication of lifestyle models that reduce breast cancer risk, such as communication of nutritional interventions
- Special approaches and considerations for underserved and at-risk populations
- Education, information, and prevention/screening/assessment systems for the general public, primary care professionals, or policy makers

Interventions

- Public education (e.g. radio, television, newspaper, e-communications, social networking) Group education (e.g. lectures, workshops, seminars, webinars)
- One-on-one education
- Material development and dissemination (multi-cultural, and in accessible and alternative formats)
- Events (e.g. health fairs) in accessible venues
- Health care professional training and provider education

Screening

- Interventions to change attitudes and beliefs that affect behavior related to breast cancer control and breast cancer outcomes
- Influences of attitudes and beliefs on compliance to treatment and prevention protocols

Interventions

- Reminder systems directed at patients (e.g. letters, phone calls)
- Reminder systems directed at health care providers (e.g. chart reminders) Outreach programs (that result in new appointments, new patients, etc.)
- In-reach programs (result in getting existing patients to get a mammogram) Reduce costs to patient for mammography (e.g. free or low-cost mammography) Expand hours for breast health services to evenings and weekends.
- Provide free or low-cost screenings (clinical breast exams and/or screening mammograms) Reduce other barriers to mammography (e.g. transportation, childcare)
- Provide translation/interpretation services to include sign language interpreters Genetic testing
- Patient navigation
- Accessible facilities for screening (education, awareness)

Diagnosis

- Interventions to change attitudes and beliefs that affect behavior related to breast cancer control and breast cancer outcomes
- Influences of attitudes and beliefs on compliance to treatment and prevention protocols
- Psychological or educational interventions to promote behaviors that lessen treatment-related morbidity and promote psychological adjustment to the diagnosis of breast cancer and to treatment effects

Interventions

- Provide translation/interpretation services
- Reduce costs to patient for diagnostic services (e.g. ultrasound, biopsies) Patient navigation
- Reduce other barriers to diagnostic services (e.g. transportation, childcare)

Treatment

- Interventions to change attitudes and beliefs that affect behavior related to breast cancer control and breast cancer outcomes
- Influences of attitudes and beliefs on compliance to treatment and prevention protocols
- Psychological or educational interventions to promote behaviors that lessen treatment-related morbidity and promote psychological adjustment to the diagnosis of breast cancer and to treatment effects
- Clinical trial groups

Interventions

- Reduce out-of-pocket costs for treatment (e.g. co-pay or prescription drug assistance) Reduce costs for treatment services (e.g. free chemotherapy, radiation, surgery) Clinical trials
- Patient navigation

Treatment Support

- Pain management
- Psychological impacts of breast cancer survivorship
- Rehabilitation
- Reproductive issues
- Symptom management
- End-of-life care issues, including palliative care, psychological interventions with families at end of life, hospice care, and pain management for terminally ill patients
- Influences of attitudes and beliefs on compliance to treatment and prevention protocols

Interventions

- Provide financial assistance for day-to-day costs during treatment (e.g. housing, utilities) Reduce other barriers to treatment (e.g. transportation, childcare)
- Support groups
- Individual counseling/psychotherapy
- Side-effect management (e.g. prosthesis, wigs, lymphedema therapy)