



PROJECT PROFILE

Please provide requested information below. All fields with a red asterisk are a required field. To avoid loss of data, save your work often and remember to press "Save" before leaving the page.

Organization

If the organization information is not complete, please click on the My Organization tab on the upper right hand side of the page (you must save the page before clicking on my organization or none of your information will be saved). Complete all fields within the organization section.

Federal Tax ID Number

Legal Name

Organization Name

Street Address

City

State

Zip Code (9 digit)

Organization Website

Organization Type

Department/Unit/Area	<input type="text"/>	
Project Director	<input type="text"/>	*
Project Director Phone #	<input type="text"/>	*
Project Director Email	<input type="text"/>	*
Preferred Contact Method	<input type="radio"/> Phone <input type="radio"/> Email	
Primary Contact	<input type="text"/>	*
Primary Contact Phone #	<input type="text"/>	*
Primary Contact Email	<input type="text"/>	*
Community Contact	<input type="text"/>	*
Community Contact Phone #	<input type="text"/>	*
Community Contact Email	<input type="text"/>	*
Financial Contact	<input type="text"/>	*
Financial Contact Phone #	<input type="text"/>	
Financial Contact Email	<input type="text"/>	*




Project Overview

Title of Project (100 Characters or Less)

Indicate any accreditations your organization has earned. Check all that apply.



- American College of Radiology – Accredited (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 - Commission on Cancer (CoC)
- American College of Surgeons - National Accreditation Program for Breast Centers (NAPBC)
- National Cancer Institute - Designated Cancer Center (NCI)
- None of the above

How is the organization involved with [National Breast and Cervical Cancer Early Detection Program?](#) * 

- Not involved with my state BCCEDP program
- CDC NBCCEDP Grantee 
- State BCCEDP Health Care Provider 
- State BCCEDP Contractor 
- Refer individuals to BCCEDP
- Other (please specify):

Project Partners:

Include all project partners assisting with the proposed project. All supporting documentation must be current, signed and relevant specifically to the proposed project.

Organization	Services Provided 	Partner #	Years	Attach letters of support, letter of collaboration, MOU, etc. 
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input type="button" value="Browse..."/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input type="button" value="Browse..."/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input type="button" value="Browse..."/>

Previous Support From This Affiliate Of Susan G. Komen® (last 5 Years):

If there is an error in the previous support section, please contact your Affiliate Grant Representative.

Date	Title of Project	Affiliate	Amount
From: To:			
From: To:			
From: To:			
From: To:			
From: To:			

ORGANIZATION SUMMARY



Please provide requested information below. All fields with a red asterisk are a required field. To avoid loss of data, save your work often and remember to press "Save" before leaving the page.

Provide a brief description of the organization's history and mission.

0 of 750

Describe current programs and accomplishments.

0 of 750

State of Incorporation	<input type="text" value="v"/>
# Paid Full-Time Staff	<input type="text" value="v"/> 
# Paid Part-Time Staff	<input type="text" value="v"/> 
# Volunteers	<input type="text" value="v"/>
Organization Total Annual Budget	<input type="text" value="v"/>

Provide Facebook and Twitter accounts in the textbox, if utilized.

Official Facebook Page	<input type="text"/>
Official Twitter Account	<input type="text"/>


PROJECT PRIORITIES AND ABSTRACT

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.

Please provide requested information below. All fields with a red asterisk are a required field. To avoid loss of data, save your work often and remember to press "Save" before leaving the page.

Select one or more of the below funding priorities from the RFA that will be addressed:

- Place priority 1 text here
- Place priority 2 text here
- Place priority 3 text here
- Place priority 4 text here
- Place priority 5 text here
- Place priority 6 text here
- Place priority 7 text here
- Place priority 8 text here
- Place priority 9 text here
- Place priority 10 text here

Abstract (limit 1,000 characters) 

Provide a brief description of the project including the following:

- The need to be addressed by the project
- List target population(s) served
- List description of key activities
- The expected number of individuals served
- The expected or resulting change(s) your project will likely bring in your community (outcomes) and how you will measure them (what metrics will be used)

0 of 1000

PROJECT NARRATIVE

This is the core piece of the application divided into the subsections below. After reading the project narrative, independent review panel members should understand what is being requested to be funded from Komen.



Please provide requested information below. All fields with a red asterisk are a required field. To avoid loss of data, save your work often and remember to press "Save" before leaving the page.

Enter up to 10 keywords, separated by commas, that describe your project.

Statement of Need


- 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 Komen target communities and/or RFA funding priorities.


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0 of 5000

Project Design

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


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0 of 5000

Organization Capacity

- 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.

0 of 5000

Monitoring and Evaluation

- 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, 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 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.

0 of 5000

Please upload references/citations for evidence-based interventions below.

Optional Category

0 of 5000

Optional Category

0 of 5000

[Top of the Page](#)

[Privacy Policy and Legal](#)









PROJECT TARGET DEMOGRAPHICS

Please provide requested information below. All fields with a red asterisk are a required field. To avoid loss of date, save your work often and remember to press "Save" before leaving the page.

Please select up to 6 target populations from the categories of Race, Ethnicity, Age and Named Groups below. Please also select the counties/parishes your program intends to target from the Target Locations category. Please note that you are selecting populations your program intends to focus on by conducting targeted efforts to reach and serve these individuals.

Race

- American Indian or Alaska Native 
- Asian 
- Black, African American or African Descent 
- Middle Eastern or North African 
- Native Hawaiian or Other Pacific Islander 
- White 
- Other race (please specify)

Hispanic, Latino or Spanish origin


- Colombian
- Cuban
- Dominican
- Mexican, Mexican American, Chicano
- Puerto Rican
- Salvadoran
- Hispanic, Latino (no specific origin)
- Other Hispanic, Latino or Spanish origin (please specify)

Age

- 39 Years and under
- 40-49 Years
- 50-64 Years
- 65 + Years

Special Populations

- Amish, Mennonite
- Breast cancer survivors
- Healthcare Providers
- Homeless, Individuals residing in temporary housing (i.e. shelter)
- Immigrants, Newcomers, Refugees, Migrants
- Individuals living with metastatic breast cancer
- Individuals with disabilities
- Individuals who identify as LGBTQ
- Males
- Rural residents (including Appalachian and Frontier)
- Other
- Other

Target Locations 

Please select the counties that your project will target. You may select as many as you like.

Choose Counties

*

PROJECT WORK PLAN - GOAL AND OBJECTIVES

All Komen funded grants must work towards the same goal. Please develop at least one objective that describes how the project will meet the goal. The objective(s) will be evaluated at the end of the project to establish if it was met or not met.

Please provide requested information below. All fields with a red asterisk are a required field. To avoid loss of data, save your work often and remember to press "Save" before leaving the page.

1. To create the first objective for your project complete all the fields below and click the save button.
2. To add another objective, click the add button. The page will refresh and the objective fields will be empty. Complete all fields and click the save button.
3. To navigate between objectives, click on the objective name in the drop down box on the top right of the page and click the "Go" button.

Project Goal 

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

Objective Name *

Enter a SMART Objective that you will meet in order to deliver the Goal. For a guide to crafting SMART objectives, [Click Here](#)

0 of 400

Select one service that best represents this objective. [For the full list of definitions Click Here.](#)

*

Where in the Continuum of Care the service is taking place (select all that apply)

- Education Diagnosis
 Screening Treatment


What is the planned timeline for completing that objective?

Start End

* - *

Anticipated number of individuals to be served? 

*



Attach sample evaluation forms, surveys, etc., that will be used to assess the progress and/or impact of these objectives. 

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/>
<input type="text"/>	<input type="button" value="Browse..."/>
<input type="text"/>	<input type="button" value="Browse..."/>

KEY PERSONNEL/SALARIES

Please provide requested information below. All fields with a red asterisk are a required field. To avoid loss of data, save your work often and remember to press "Save" before leaving the page.

List staff below that directly contribute to the achievement of proposed project objectives. Include the portion of their salary to be requested from Komen. If no funds are requested from Komen for an individual's salary, enter 0 in the "% of Salary on Project" field. At least one individual must be listed below with a copy of their resume not to exceed 2 pages. Attach a job description ONLY if a position will be added for the proposed project or is currently vacant.

Name 	Job Title	Role on Project	Attach Resume / Job Description	Total Salary 	Benefits 	% of Salary on Project 	Total 
<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>	<input type="text" value="Browse..."/>	<input type="text"/>	<input type="text"/>	<input type="text" value="0"/> %	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>	<input type="text" value="Browse..."/>	<input type="text"/>	<input type="text"/>	<input type="text" value="0"/> %	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>	<input type="text" value="Browse..."/>	<input type="text"/>	<input type="text"/>	<input type="text" value="0"/> %	<input type="text"/>
Totals:							

If funds have been requested for salaries, a justification must be provided to include a brief description of each individual's role as it relates to the proposed project with an explanation covering why the requested salaries are necessary to achieve proposed objectives.

0 of 1000

CONSULTANTS/SUB-CONTRACTS

- 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.

Direct Patient Care services, even if subcontracted, should not be included in this section; those funds should be included in the Patient Care budget section. Physician fees for consultations should be included in the costs/fees entered in Patient Care Costs for the associated clinical service.

Please provide requested information below. All fields with a red asterisk are a required field. To avoid loss of date, save your work often and remember to press "Save" before leaving the page.

Consultant	Agency Affiliation	Cost per Service or Hour	Number of Services or Hours to be Provided	Total	Where in the Continuum of Care is the service taking place? (select all that apply)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="checkbox"/> Education <input type="checkbox"/> Diagnosis <input type="checkbox"/> Screening <input type="checkbox"/> Treatment
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="checkbox"/> Education <input type="checkbox"/> Diagnosis <input type="checkbox"/> Screening <input type="checkbox"/> Treatment
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="checkbox"/> Education <input type="checkbox"/> Diagnosis <input type="checkbox"/> Screening <input type="checkbox"/> Treatment

Total:

Sub-Contract Name	Total	Where in the Continuum of Care is the service taking place? (select all that apply)
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Education <input type="checkbox"/> Diagnosis <input type="checkbox"/> Screening <input type="checkbox"/> Treatment
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Education <input type="checkbox"/> Diagnosis <input type="checkbox"/> Screening <input type="checkbox"/> Treatment
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Education <input type="checkbox"/> Diagnosis <input type="checkbox"/> Screening <input type="checkbox"/> Treatment

Total:

Consultant and Sub-Contract Total:

Provide a brief justification explaining how the funds will be used, why they are necessary to achieve proposed objectives and how costs were estimated.

0 of 1000



SUPPLIES

Project funds may not be requested for the development of educational materials or resources that either duplicate existing Komen materials or for which there is not a demonstrated need.

Applicants can view, download and print all of Komen's educational materials by visiting www.komen.org. If an applicant intends to use other supplemental materials, they should be consistent with Komen messages.

Applicants awarded project funding are encouraged to use Komen-developed educational resources, including messages, materials, Toolkits or other online content during their grant period to ensure that all breast cancer messaging associated with the Komen name or brand is current, safe, accurate, consistent and based on evidence.

Please provide requested information below. All fields with a red asterisk are a required field. To avoid loss of data, save your work often and remember to press "Save" before leaving the page.


Supplies	Number of Items	Cost per Item 	Total 
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Other			
<input type="text"/>			<input type="text"/>
<input type="text"/>			<input type="text"/>
<input type="text"/>			<input type="text"/>
Total:			<input type="text"/>

Provide a brief justification explaining how the funds will be used and why they are necessary to achieve proposed 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.

Please provide requested information below. All fields with a red asterisk are a required field. To avoid loss of data, save your work often and remember to press “Save” before leaving the page.

Travel	Total 
Lodging	<input type="text"/>
Air Travel	<input type="text"/>
Ground Transportation	<input type="text"/>
Meals	<input type="text"/>
Mileage	<input type="text"/>
Other	<input type="text"/>
Other	<input type="text"/>
Other	<input type="text"/>
Total:	

Provide an estimated expense calculation and a brief justification explaining how the funds will be used (e.g., number of expected trips), why they are necessary to achieve proposed objectives and how costs were estimated.

0 of 1000

Additional documentation requested by Affiliate



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. Physician fees for consultations should be included in the costs/fees entered in Patient Care Costs for the associated clinical service.

Please provide requested information below. All fields with a red asterisk are a required field. To avoid loss of data, save your work often and remember to press "Save" before leaving the page.

Screening

Includes clinical screening procedures and barrier reduction services for individuals to detect breast cancer early. This would include genetic testing to assess breast cancer risk.

Screening	Number of Services to be Provided	Cost per Service	Total Costs
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Screening Total:			

Diagnostics

Includes clinical diagnostic services and barrier reduction services for individuals that have symptoms or received an abnormal mammogram. This would include genomic testing (not genetic testing) that is used to guide treatment decisions.

Diagnostic	Number of Services to be Provided	Cost per Service	Total Costs
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Diagnostic Total:			

Treatment

Includes clinical treatment services and barrier reduction services for those diagnosed with breast cancer.

Treatment	Number of Services to be Provided	Cost per Service	Total Costs
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Treatment Total:			

Transportation

Transportation cost for a patient related directly to receiving a patient care service: screening, diagnostic, and/or treatment.


Transportation	Type of Assistance (e.g., gas cards, bus pass)	Number of Services to be Provided	Cost per Service	Total Costs
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Transportation Total:				

Patient Care Total:

Provide a brief justification explaining how the funds will be used, why they are necessary to achieve proposed objectives and how costs were estimated.

OTHER

Please provide requested information below. All fields with a red asterisk are a required field. To avoid loss of data, save your work often and remember to press "Save" before leaving the page.

Description	Total 
Total:	

Provide an estimated expense calculation and a brief justification explaining how the funds will be used, why they are necessary to achieve proposed objectives and how costs were estimated.

0 of 1000

Additional documentation requested by Affiliate

INDIRECT COST

Please provide requested information below. All fields with a red asterisk are a required field. To avoid loss of data, save your work often and remember to press "Save" before leaving the page.

Subtotal – Direct Costs % Indirect Requested Total

Total:

Maximum Indirect Allowed by RFA 25%

Provide a brief justification explaining how the funds will be used and why they are necessary to achieve proposed objectives.

0 of 1000

Additional documentation requested by Affiliate



PROJECT BUDGET SUMMARY

The "Requested from Komen" field will auto-populate from the information you have included in the previous budget sections. If you have an error on this page, please return to the section to make any necessary corrections.

If you are receiving cash or in kind donations to subsidize your program please include that information in the "Cash" and "In Kind" fields below. Any monetary funds for the program from outside sources, such as other grant awards, should be entered as Cash. Both services and supplies provided by the organization itself and from outside sources (e.g. food, supplies) to support the program should be entered as In Kind. If no cash or in kind is received/provided, please enter 0.

Please provide requested information below. All fields with a red asterisk are a required field. To avoid loss of data, save your work often and remember to press "Save" before leaving the page.

From Other Sources

Requested from Komen	Cash	In Kind	Total Required
Salaries and Fringe	<input type="text"/>	<input type="text"/>	
Consultants/Subcontracts	<input type="text"/>	<input type="text"/>	
Supplies	<input type="text"/>	<input type="text"/>	
Travel	<input type="text"/>	<input type="text"/>	
Patient Care Costs			
Screening	<input type="text"/>	<input type="text"/>	
Diagnostics	<input type="text"/>	<input type="text"/>	
Treatment	<input type="text"/>	<input type="text"/>	
Transportation	<input type="text"/>	<input type="text"/>	
Other	<input type="text"/>	<input type="text"/>	
Subtotal – Direct Costs			
Indirect Costs	<input type="text"/>	<input type="text"/>	
Total:			

List the source(s) of cash and/or in-kind donation(s) and explain how such donation(s) will support the project.

0 of 1000

What percentage of the organization's overall budget is the amount requested from Komen for this project?

 %*

Upload required proof of tax-exempt status, and other required financial/insurance documentation as outlined in the RFA. [?](#)

Browse...

Browse...

Please indicate the percentage of total funds allocated between categories. The total must equal 100%.

Education (e.g., group or 1-1 education sessions, trainings)	<input style="width: 50px;" type="text"/> %
Screening (e.g., provision of CBE or mammograms, lay navigation or care coordination of individuals into screening, transportation assistance to access screening services)	<input style="width: 50px;" type="text"/> %
Diagnosis (e.g., provision of diagnostic services, patient navigation or care coordination of individuals into diagnostic services, transportation assistance to access diagnostic services)	<input style="width: 50px;" type="text"/> %
Treatment (e.g., financial assistance for treatment, patient navigation or care coordination of individuals into treatment)	<input style="width: 50px;" type="text"/> %
Treatment Support (e.g., financial assistance for daily living expenses, assistance with transportation)	<input style="width: 50px;" type="text"/> %
Survivorship (e.g., support groups, complementary therapies, exercise/nutrition programs)	<input style="width: 50px;" type="text"/> %
Healthcare Delivery Improvements (e.g., newly implemented reminder systems, expansion of clinic hours, telemedicine)	<input style="width: 50px;" type="text"/> %
Total:	<input style="width: 50px;" type="text"/> %