



Susan G. Komen® Houston

## 2017-2018 COMMUNITY GRANTS PROGRAM

FOR BREAST HEALTH PROGRAMS

TO BE HELD BETWEEN APRIL 1, 2017 AND MARCH 31, 2018

### **SUSAN G. KOMEN® AFFILIATE COMMUNITY GRANTS**

TO SAVED LIVES BY MEETING THE MOST CRITICAL NEEDS OF OUR COMMUNITIES AND INVESTING IN BREAKTHROUGH RESEARCH TO PREVENT AND CURE BREAST CANCER.

Susan G. Komen® Houston  
602 Sawyer St., Suite 201  
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Komen-houston.org

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## KEY DATES

Grant Writing Workshop	September 9 or 13, 2016
Letters of Intent	September 30, 2016
Application Deadline	November 11, 2016
Award Notification	By March 31, 2017
Award Period	April 1, 2017 - March 31, 2018

## ABOUT SUSAN G. KOMEN HOUSTON

Susan G. Komen is the world's largest breast cancer organization, funding more breast cancer research than any other nonprofit while providing real-time help to those facing the disease. Komen was founded by Nancy G. Brinker, who promised her sister, Susan G. Komen, that she would end the disease that claimed Suzy's life. Komen Houston is working to better the lives of those facing breast cancer in the local community. Through events like the Komen Houston Race for the Cure®, Komen Houston has invested \$38 million in community breast health programs in Brazoria, Chambers, Fort Bend, Galveston, Harris, Liberty and Montgomery counties and has helped contribute to the more than \$889 million invested globally in research.

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## NOTICE OF FUNDING OPPORTUNITY AND STATEMENT OF NEED

Komen Houston will award community grants to organizations that will provide breast health and breast cancer projects that address funding priorities, which were selected based on data from the 2015 Komen Houston Community Profile Report. The 2015 Community Profile Report can be found on our website at [www.komen-houston.org/apply-for-funding-from-susan-g-komen-houston/](http://www.komen-houston.org/apply-for-funding-from-susan-g-komen-houston/).

The funding priority areas are listed below in order of importance.

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While applications will be accepted for programs providing services within the Affiliate service area, priority will be given to applicants that demonstrate benefit to one or more of the following target communities/populations:

### First Priority

- Galveston County - specifically Bacliff, Dickinson, Friendswood, Gilchrist, High Island, La Marque, League City, Port Bolivar, Santa Fe, and Texas City.
- African-Americans (all counties in the Komen Houston service area)
- Chambers and Liberty counties
- Selected areas of Harris County that have higher rates of late stage breast cancer diagnosis (please see the Komen Houston Community Profile Executive Summary, page 10 for county maps)

### Second Priority

- Selected areas of Brazoria, Fort Bend, and Montgomery counties that have higher rates of late stage breast cancer diagnosis (please see the Komen Houston Community Profile Executive Summary, page 10 for county maps)

Komen Houston has identified the following funding priority areas, in order of importance.

1. Programs that use innovative or evidence-based collaborative approaches that result in documented linkages to local breast cancer screening, diagnostic, treatment, survivorship, follow up care, end of life services and breast cancer clinical trials enrollment.

Examples of successful projects funded by Komen in the past include those that:

- Increased the number of women that utilize regular breast cancer screening;
- Decreased time from referral to mammography screening;
- Reduced the number of women “lost to follow-up;”
- Reduced time from abnormal screening to diagnostic procedures;
- Reduced time from diagnostic finding to treatment;
- Reduced “no show” rate for screening and diagnostic procedures,
- Increased treatment compliance; and
- Increased mammography capacity, through development of process improvements and relationship building efforts.

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- Increased enrollment of underserved and minority patients in breast cancer clinical trials by allaying fears, dispelling misconceptions and addressing cultural barriers
2. Development of a patient navigation tool to assist those with ACA insurance find breast health services. The tool would be used to reduce the number of patients not getting screened or are delaying care due to financial barriers and/or confusion about where to get care using the Affordable Care Act.

Applicants may request funding up to \$300,000 for one year.

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## ELIGIBILITY REQUIREMENTS

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

- Individuals are not eligible to apply. Applications will only be accepted from a non-profit organization with 501(c)3 status (such as an educational institution, hospital or other medical facility, or a community organization) or a local/state government located in or providing services to one or more of the following locations:
  - Brazoria
  - Chambers
  - Fort Bend
  - Galveston
  - Harris
  - Liberty
  - Montgomery
- Proposed projects must be specific to breast health and/or breast cancer and address the priorities identified in the Affiliate's 2015 Community Profile. If a project includes other health issues along with breast cancer, such as a breast and cervical cancer project, funding may only be requested for the breast cancer portion.
- All past and current Komen-funded grants or awards to applicant are up-to-date and in compliance with Komen requirements.
- Applicant has documentation of current tax exempt status under the Internal Revenue Service code.
- If applicant, or any of its key employees, directors, officers or agents is convicted of fraud or a crime involving any other financial or administrative impropriety in the 12 months prior to the submission deadline for the application, then applicant is not eligible to apply for a grant until 12 months after the conviction. After such 12 month period, applicant must demonstrate in its application that appropriate remedial measures have been taken to ensure that any criminal misconduct does not recur.
- For medical services, Komen Houston will fund projects that focus on medically underserved, uninsured, underinsured and low-income individuals with household incomes at or below 200% of the federal poverty level living in the seven county service area. Grant applicants may use up to 10% grant funds to assist individuals that have household incomes outside of the guidelines.
- Komen Houston defines the medically underserved as people who either; do not have health insurance; who have health insurance that does not include coverage for breast health services; or who have insurance that requires prohibitively expensive out-of-pocket payments to access care. Additionally, we recognize that some individuals may not receive adequate care because of barriers such as language, cultural differences, economics, violence, and fear.
- Applicant must develop a policy to determine eligibility for medical services.

- A patient's primary insurance is billed first, but if it doesn't cover the patient's expenses or the patient's out-of-pocket expenses are cost-prohibitive, Komen Houston will allow Komen funds to be used so that the patient continues through the continuum of care.
- For applications to provide patient navigation:
  - Patient navigation is defined a process by which an individual—a patient navigator—guides patients through and around barriers in the complex cancer care system, to help ensure timely diagnosis and treatment.
  - Applicants will report on measures during the time intervals they navigated the patients in the Breast Health Continuum of Care. Time intervals prior to your first navigation encounter or after your last encounter with the patients do not need to be reported. Applicants must be able to demonstrate that they can identify, measure, and report on:
    - Number of patients entering the Breast Health Continuum of Care through this program.
    - No show rate appointments for breast health services.
    - Number of patients that receive breast health services within 30, 60, and 90 days of entering the Continuum of Care.
    - Number of patients that did not receive recommended breast health services within 90 days.
    - Reasons why and/or barriers experienced by patients that did not receive recommended breast health services within 90 days.
    - Number of patients that initiated treatment within 30, 60, and 90 days of a breast cancer diagnosis.
    - Number of patients that did not initiate recommended treatment within 90 days.
    - Reasons why and/or barriers experienced by patients that did not initiate treatment within 90 days.
    - Number of patients that self-report fully understanding their treatment recommendation.
    - Number of patients that complete the entire recommended treatment within the grant term.
    - Number of patients that are currently adhering to the recommended treatment, but will not complete treatment within the grant term.
    - Number of patients who receive a survivorship care plan.
    - Number of patients whose breast cancer records were provided to their primary care provider (e.g., private physicians, public clinics).
- For applications to increase enrollment of underserved and minority women in clinical trials:
  - A clinical trial is defined as a type of research study that tests how well new medical approaches work in people. Eligible studies test new methods of screening, prevention, diagnosis, treatment and follow up care of breast cancer.
  - Projects associated with National Cancer Institute (NCI) or Department of Defense (DOD) sponsored breast cancer clinical trials will be given priority for funding. This includes studies through the Clinical Trials Cooperative Group Program including, but not limited to, ACOSOG, ECOG, SWOG, NSABP, ACRIN and RTOG.

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- Exceptions for a project that is not DOD or NCI approved clinical research may be considered.



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## ALLOWABLE EXPENSES

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

- Salaries and fringe benefits for project staff
- Consultant fees
- Clinical services or patient care costs
  - Screening services will be funded up to Medicare rates
  - Diagnostic, treatment, palliative and end-of-life services will be funded up to Medicare rates plus 10%
- Meeting costs
- Supplies
- Reasonable travel costs related to the execution of the program
- Other direct program expenses
- Equipment, not to exceed \$5,000 total, essential to the breast health-related project to be conducted

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

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

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## IMPORTANT GRANTING POLICIES

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

- The project must occur between 4/1/2017 to 3/31/2018.
- The effective date of the grant agreement is the date on which Komen fully executes the grant agreement and shall serve as the start date of the grant. No expenses may be accrued against the grant until the contractual agreement is fully executed. *The contracting process can take up to six weeks from the date of the award notification letter.*
- Any unspent funds over \$1.00 must be returned to Komen Houston.
- Grant payments will be made in installments pending compliance with terms and conditions of grant agreement and receipt of satisfactory progress reports.
- Grantee will be required to submit a minimum of one semi-annual progress report and one final report that will include, among other things, an accounting of expenditures and a description of project achievements. Grantees funding patient navigation will be required to submit a tracking form, which will be provided, with the progress and final reports. Additional reports may be requested.
- At the discretion of Komen Houston, the grantee may request one no cost extension of no more than six months per grant. Requests must be made by grantee no later than 30 days prior to the end date of the project.
- Certain insurance coverage must be demonstrated through a certificate of insurance at the execution of the grant agreement, if awarded. Grantee is required at minimum to hold:
  - Commercial general liability insurance with combined limits of not less than \$1,000,000 per occurrence and \$2,000,000 in the aggregate for bodily injury, including death, and property damage;
  - Workers' compensation insurance in the amount required by the law in the state(s) in which its workers are located and employers liability insurance with limits of not less than \$1,000,000; and
  - Excess/umbrella insurance with a limit of not less than \$5,000,000.
  - In the event any transportation services are provided in connection with program, \$1,000,000 combined single limit of automobile liability coverage will be required.
  - If any medical services (other than referrals) are provided or facilitated, medical malpractice coverage with combined limits of not less than \$1,000,000 per occurrence and \$3,000,000 in the aggregate will be required.
  - Grantees are also required to provide Komen Houston] with a Certificate of Insurance with Susan G. Komen Breast Cancer Foundation, Inc., Susan G. Komen Houston, 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.
- All funded applicants serving individuals in Galveston County must participate in the coalition. For more information about the coalition, please contact Ginny Kirklin at [gkirklin@komen-houston.org](mailto:gkirklin@komen-houston.org).

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## EDUCATIONAL MATERIALS AND MESSAGES

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

<http://ww5.komen.org/BreastCancer/BreastSelfAwareness.html>.

*Breast Self-Exam- must not be taught or endorsed*

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

*Creation and Distribution of Educational Materials and Resources*

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

Komen grantees are eligible to receive preferred pricing for Komen educational materials. Komen materials should be used and displayed whenever possible. To view our educational materials, visit [www.shopkomen.com](http://www.shopkomen.com).

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

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

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## REVIEW PROCESS

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

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

**Statement of Need [10%]:** Does the project address at least one of the funding priorities stated in the RFA and the Affiliate's 2015 Community Profile? Does the project provide services to one or more of the target communities described in the Affiliate's 2015 Community Profile?

**Project Design [20%]:** Do the goal and objectives described in the Project Work Plan align with the project description and activities? Is it clear what, specifically, is being done through this project? Is the project designed to meet the needs of specific communities including the cultural and societal beliefs, values, and priorities of each community? Is the project evidence-based? Is the budget appropriate and realistic? Does the budget justification explain in detail the reasoning and need for the costs associated with the project? If the proposed project includes collaboration with other organizations, are the roles of the partners appropriate, relevant and clearly defined? How likely is it that the objectives and activities will be achieved within the scope of the funded project?

**Organization Capacity [15%]:** Does the applicant organization, Project Director and his/her team have the expertise to effectively implement all aspects of the project? Is there evidence of success in delivering services to the target population? Is the organization fiscally capable of managing the grant project, including having appropriate financial controls in place? Does the applicant organization have the equipment, resources, tools, space, etc., to implement all aspects of the project? Does the organization or staff have appropriate licenses, certifications, accreditations, etc. to deliver the proposed services? Does the organization have a plan to obtain the resources (financial, personnel, partnerships, etc.) needed to sustain the project beyond the grant term (if awarded)? Are collaborations (if proposed) likely to be sustained beyond the grant term?

**Monitoring and Evaluation [15%]:** Is there a documented plan to measure progress against the stated project goal and objectives, and the resulting outputs and outcomes? Is there sufficient monitoring and evaluation (M&E) expertise for the project? Are there sufficient resources in place for M&E efforts?

**Affiliate Priority Area [10%]:** Does the projected number of individuals to be served align with the estimated need in the priority areas to be served? Were activities described to serve individuals of priority areas? Were prior experiences and successes in serving residents of priority areas described? Were challenges encountered in the past working in the defined priority areas and plans to overcome these challenges described? If addressing the priority for a patient navigation protocol to assist those with insurance under ACA find breast health services, were changes described to the mix of patients in need of breast health services due to enrollment through ACA? Were adjustments described that were made as a result of these changes in regards to ACA?

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**Collaboration [10%]:** If the proposed program includes collaboration with other organizations, are the roles of the partners appropriate, relevant and clearly defined? Were barriers described to move along patients along the continuum of care and were collaborators serving same population as identified to help remove those barriers? If serving patients in Galveston County, were key personnel identified that will participate in coalition and were participation goals described?

The grant application process is competitive, regardless of whether or not an organization has received a grant in the past. Funding in subsequent years is never guaranteed.

**Applicant Support:** Questions should be directed to:

Ginny Kirklin  
713 783-9188 X 104  
gkirklin@komen-houston.org

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## SUBMISSION REQUIREMENTS

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

Applications must be received on or before November 11, 2016 at 11:59 pm. No late submissions will be accepted.

## APPLICATION INSTRUCTIONS

The application will be completed and submitted via the Komen Grants e-Management System (GeMS), <https://affiliategrants.komen.org>. The required sections/pages in GeMS are listed in ALL CAPS and described below. For an application instruction manual, please visit the Affiliate's Grants webpage, <http://www.komen-houston.org/apply-for-funding-from-susan-g-komen-houston/>, or contact Ginny Kirklin at 713 783-9188 X 104 and/or [gkirklin@komen-houston.org](mailto:gkirklin@komen-houston.org).

## PROJECT PROFILE

This section collects basic organization and project information, including the title of the project, contact information and partner organizations.

Attachments for the Project Profile page (if applicable):

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

## ORGANIZATION SUMMARY

This section collects detailed information regarding your organization's history, mission, programs, staff/volunteers, budget, and social media.

## PROJECT PRIORITIES AND ABSTRACT (limit – 1,000 characters)

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

## PROJECT NARRATIVE

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

### **Statement of Need (limit- 5,000 characters)**

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

- Describe how this project aligns with Komen Houston target communities and/or RFA funding priorities.

### **Project Design (limit- 5,000 characters)**

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

### **Organization Capacity (limit- 5,000 characters)**

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

### **Monitoring and Evaluation (limit- 5,000 characters)**

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

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

The Monitoring and Evaluation narrative must address the following items:



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

**Priority Areas: (limit 5,000 characters)**

- Describe how your project will address the needs of the priority areas defined by the Komen Houston Community Profile.
- Specifically describe the activities you will engage in to serve the residents in priority areas.
- Describe prior experiences and successes working in the priority areas.
- Describe challenges you have encountered in the past working in the defined priority areas and how you will work to overcome these challenges in your proposed project.
- If addressing the priority for a patient navigation protocol to assist those with insurance under ACA find breast health services, describe any changes to your organization's mix of patients in need of breast health services due to enrollment through ACA and any adjustments your organization has made as a result of these changes.

**Collaboration: (limit 5,000 characters)**

- Describe program collaboration and the roles and responsibilities of all organizations or entities participating in the program.
- Explain how the collaboration strengthens the program and why partnering organizations are best suited to assist in carrying out the program and accomplishing the goal and objectives set forth in this application.
- Describe the barriers for patients to move along the breast health continuum of care in your geographic region and specific activities to reduce these barriers that would have greater impact if implemented by multiple organizations or agencies that serve the same patient populations.
- Discuss your plan to work and/or share data with other organizations that serve the same geographic area or target population.
- If serving Galveston County, identify which key personnel will represent your organization and what you seek to get out of coalition participation.

**PROJECT TARGET DEMOGRAPHICS**

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

**PROJECT WORK PLAN**

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



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

The project goal must have at least one objective; there is no limit to the number of objectives. Please ensure that all objectives are SMART objectives:

**S**pecific  
**M**easurable  
**A**ttainable  
**R**ealistic  
**T**ime-bound

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

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

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

Write your Project Work Plan with the understanding that each item must be accounted for during progress reporting. **The Project Work Plan should include a single goal that will be accomplished with funds requested from Komen Houston.** Objectives that will be funded by other means should **not** be reported here, but instead, can be included in your overall program description.

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

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

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

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

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

- **Forms, surveys, and logic models** that will be used to assess the progress and/or the effectiveness of these objectives. **A logic model is a required attachment for the Work Plan page.**

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## BUDGET SECTION

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

## KEY PERSONNEL/SALARIES

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

No salaries for patient care can be included here. Salaries, if requested, are for personnel related to this project only and not the general work of the organization. Employee fringe benefits are limited to a 25% maximum of an employee's salary. Fringe benefits and associated costs must be defined within the budget justification (for example - 25% fringe benefits for each position is 7.65% FICA Matching, 5.4% Pension Plan and 11.95% Medical, Vision, Dental, and Life).

### Attachments Needed for Key Personnel/Salaries Section:

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

## CONSULTANTS/ SUB-CONTRACTS

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

The consultant's name and MOU **must** be provided on the Project Profile page of the application. Komen Houston reserves the right not to fund this type of program expense.

## SUPPLIES

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

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

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## TRAVEL

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

## PATIENT CARE

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

**Screening:** Screening procedures are any procedure regularly used to review a patient’s current breast health status. Examples include: screening mammograms, clinical breast exams. Screening services will be funded up to the Medicare rate. Include details such as X screening mammograms at \$Y = \$Z

**Diagnostics:** Diagnostic procedures are any procedure used for persons with abnormal screening results or breast cancer symptoms. Examples include: diagnostic mammograms, biopsies and ultrasounds. Diagnostic services will be funded up to Medicare rates plus 10%. Include details such as X diagnostic mammograms at \$Y = \$Z

**Treatment:** Treatment procedures are used to treat a patient’s breast cancer. Examples include: surgery, chemotherapy and radiation. Treatment services will be funded up to Medicare rates plus 10%. Include details such as X chemotherapy at \$Y = \$Z.

**Other Patient Care:** Other patient care services are support services to include symptom management, psychosocial issues, reproductive issues, etc. Include details such as X lymphedema treatment visits at \$Y= \$Z.

**Transportation:** Transportation costs for a patient directly related to receiving patient care services, screening, diagnostic, and treatment. Include details such as X rides at \$Y = \$Z

## OTHER

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

## PROJECT BUDGET SUMMARY

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

### Attachments Needed for the Project Budget Summary Section:

- **Proof of Tax Exempt Status** – To document your **federal tax-exempt status**, attach your determination letter from the Internal Revenue Service. Evidence of state or local exemption will not be accepted. Please do not attach your Federal tax return. To request

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verification of your organization's tax-determination status, visit the following page on the IRS Web site:

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

- **References/citations** – To document your citations, please attach a separate reference page
- **Insurance** – Attach the organization's certificate of insurance coverage
- **For applicants requesting funding for activities to increase breast cancer clinical trial enrollment - Basic study information** (Not to exceed one page.) Briefly describe, in lay terms, the NCI or DOD sponsored breast cancer clinical research trial(s)/stud(ies) that will be the focus of this project. Include the title of the trials/studies, phase, types of trials/studies, eligible participants, purpose, when the trials/studies began, sponsors, and protocol IDs.

**Attachments to be emailed to Ginny Kirklin at [gkirklin@komen-houston.org](mailto:gkirklin@komen-houston.org) by November 11, 2016 by 11:59 PM:**

- **Signed Form 990 or Independent Auditor's Report** - Attach the most recent federal tax return or Independent Auditor's Report.
- **Current Balance Sheet** - Attach current balance sheet.
- **Profit & Loss Statement** - Attach current Profit & Loss Statement.

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## APPENDIX A: WRITING SMART OBJECTIVES

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

### Writing SMART Objectives

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

A **SMART** objective is:

- **Specific:**
  1. Objectives should provide the “who” and “what” of project activities.
  2. Use only one action verb since objectives with more than one verb imply that more than one activity or behavior is being measured.
  3. Avoid verbs that may have vague meanings to describe intended output/outcomes (e.g., “understand” or “know”) since it may prove difficult to measure them. Instead, use verbs that document action (e.g., identify 3 of the 4 Komen breast self –awareness messages).
  4. The greater the specificity, the greater the measurability.
- **Measurable:**
  1. The focus is on “how much” change is expected. Objectives should quantify the amount of change expected.
  2. The objective provides a reference point from which a change in the target population can clearly be measured.
- **Attainable:**
  1. Objectives should be achievable within a given time frame and with available project resources.
- **Realistic:**
  1. Objectives are most useful when they accurately address the scope of the problem and projectmatic steps that can be implemented within a specific time frame.
  2. Objectives that do not directly relate to the project goal will not help achieve the goal.
- **Time-bound:**
  1. Objectives should provide a time frame indicating when the objective will be measured or time by which the objective will be met.
  2. Including a time frame in the objectives helps in planning and evaluating the project.

### SMART Objective Examples

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

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

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

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

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

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

**SMART Objective Checklist**

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

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

**APPENDIX B: GOOD STANDING DEFINITION FOR SUSAN G. KOMEN®  
HOUSTON**

<b>Category</b>	<b>Definition</b>	<b>Good Standing</b>	<b>Not In Good Standing</b>
<b>Reporting</b>	Progress and final reports	<p>Grantee's progress and final reports were approved and submitted by the deadline, or grantee received an approved extension prior to the deadline.</p> <p>Reports are generally approved when a grantee:</p> <ul style="list-style-type: none"> <li>• Submits all documents required for the progress or final report.</li> <li>• Meets objectives outlined in the application, unless adequately justified.</li> <li>• Uses funds in accordance with the approved budget and provides adequate budget justification.</li> <li>• All unspent funds, if applicable, were returned to the Affiliate by the deadline stated in the grant contract.</li> </ul>	<p>Grantee's progress and/or final reports were <u>not</u> approved.</p> <p>Examples of reasons reports might not be approved include:</p> <ul style="list-style-type: none"> <li>• Grantee returned an excessive amount of funding.</li> <li>• Grantee did not perform the program/services described within their application and refuses to do so.</li> <li>• Grantee charged inappropriate or unapproved expenses to the budget, or there are concerns with the management of funds.</li> <li>• Grantee does not provide requested financial documentation.</li> <li>• Grantee does not comply with the Affiliate's request for information or a site visit.</li> <li>• Reports are consistently turned in past the deadline without prior approval for an extension.</li> </ul> <p>Other possible reasons for a grant being considered not in good standing:</p> <ul style="list-style-type: none"> <li>• Documented evidence of poor program management and poor patient care by the grantee.</li> <li>• Grantee or any of its key employees, directors, officers or agents is convicted of fraud or a crime involving any other financial or administrative impropriety during the grant term.</li> <li>• Grantee loses certification to provide key services related to their grant due to quality of care issues.</li> </ul>
<b>Category</b>	<b>Definition</b>	<b>Good Standing</b>	<b>Not In Good Standing</b>
<b>Rescinding funding</b>	Grant programs that have been identified as no longer viable for which the grant contract is	<ul style="list-style-type: none"> <li>• No history of rescinded funds due to poor performance.</li> <li>• Grantee and the</li> </ul>	<ul style="list-style-type: none"> <li>• Funds were rescinded from the last grant cycle because the program was no longer viable and contract was</li> </ul>

	<p>terminated early and grant funds may or may not be requested for return.</p> <p>Audit findings which demonstrate misappropriation of funds.</p>	<p>Affiliate have worked together in good faith to resolve any issues, and it is determined the best course of action is to rescind grant funds.</p>	<p>terminated. Organization has not satisfactorily documented how they will improve the viability of the program.</p> <ul style="list-style-type: none"> <li>• Audit findings which demonstrate misappropriation of funds.</li> </ul>
<b>Corrective Action*</b>	<p>An action taken to address grantee performance and insufficiencies that are negatively affecting grantee's ability to meet the obligations of their grant contract.</p>	<ul style="list-style-type: none"> <li>• Applicant is not currently under a written warning.</li> <li>• Applicant is currently under a written warning and is adequately addressing issues of concern.</li> </ul>	<ul style="list-style-type: none"> <li>• Applicant is currently under a written warning and is <u>not</u> adequately addressing issues of concern.</li> <li>• Applicant is currently under a written warning and has outstanding reports that have not been approved.</li> </ul>