

**Request for Applications**

**Community Grants 2016-2017**

**Grant Applications Now Being Accepted for**

**Breast Health and/or Breast Cancer Services**

**Our Promise***To save lives and end breast cancer forever by empowering people,
ensuring quality care for all and energizing science to find the cures.*

**Our Mission***To enable the women and men of metro Atlanta to detect and survive breast cancer.*

Komen Atlanta is currently offering grants for innovative, non-duplicative projects that address breast health and/or breast cancer services. Projects should target services that are not otherwise available to the medically underserved populations of Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton and/or Rockdale counties. Grants are available for up to one year.

**About Susan G. Komen Greater Atlanta**

Susan G. Komen® Greater Atlanta (Komen Atlanta) —along with those who generously support us with their talent, time and resources—is working to better the lives of those facing breast cancer in our community. We join hundreds of thousands breast cancer survivors and activists around the globe as part of the world’s largest and most progressive grassroots network fighting breast cancer. Through events like the Komen Greater Atlanta Race for the Cure®, we have invested over $30 million in local breast health and breast cancer awareness programs in our 13 county service area. 75 percent of net proceeds generated by Komen® Atlanta stay in our service area. The remaining income goes to the Susan G. Komen Research Program, which supports grants and scientific partnerships to find the cures.

**About Susan G. Komen**

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. Since its founding in 1982, Komen has funded more than $847 million in research and provided more than $1.8 billion in funding to screening, education, treatment and psychosocial support programs serving millions of people in more than 30 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.

Notice of Funding Opportunity and Statement of Need

Komen Atlanta will award community grants to local non-profit organizations that will provide breast health and breast cancer projects between May 1, 2016 to March 31, 2017.

**Funding Priorities**

Komen Atlanta has identified the following funding priority areas. Funding priorities were selected based on data from the 2015 Komen Atlanta Community Profile Report. The 2015 Community Profile can be found on our website at www.komenatlanta.org.

* Programs that increase access to and improve affordability of screening and diagnostic procedures for medically underserved populations, particularly for African-American, Latina, recent immigrant and lesbian, gay, bisexual, transgender and questioning (LGBTQ) populations.
	1. Projects must break down systems-level barriers to care, including through the provision of free/low-cost screening and diagnostic services, assistance with co-pays and deductibles, non-traditional clinic hours, and weekend appointment availability.
	2. Priority will be given to projects that support services for the medically underserved in Cherokee, Clayton, DeKalb, Fulton and Henry counties.
	3. Priority will be given to projects that support the development and expansion of mobile mammography and/or provide transportation assistance.
* Culturally competent programs that eliminate structural or cultural barriers that preclude populations from receiving breast health information and breast health services, particularly with respect to African-American, Latina, recent immigrant and LGBTQ populations.
* Programs that incorporate evidence-based strategies for breast health care, including screening, diagnosis, treatment support, patient navigation, survivorship and education (with an education program being funded only if it is in conjunction with one or more of the other service categories - *e.g*., a targeted education program for a priority population that is coupled with the provision of a screening voucher).

**Available funding categories include:**

* Screening
* Diagnosis
* Treatment Support
* Patient Navigation
* Survivorship
* Education (an education project will be funded only if it is in conjunction with one or more of the other service categories – *e.g.,* a targeted education program for a priority population that is coupled with the provision of a screening voucher)

**Applicants may request funding up to $150,000 (combined direct and indirect costs), with exceptions as provided below, for one year.**

* First-time Applicants are limited to $75,000 (“First-time Applicants” is defined as applicants that have never received Komen Atlanta funding or have not received Komen Atlanta funding during the past 2 grant cycles (2014/2015 or 2015/2016))
* There is a $50,000 funding limit for proposals in the following categories: Education, Treatment Support, and Survivorship
* There is a $75,000 funding limit for proposals in the Patient Navigation category
* For grants addressing Screening and/or Diagnostics, at least 75% of costs must be allocated to direct care
* Funded programs must be designed to ensure a continuum of care for a patient, from screening through diagnosis and treatment.

**Important Dates**

For Applicants:

Grant Writing Briefing/Workshop (online)…………………………….Available by Friday, September 18, 2015

*\*\*EVERY applicant is required to view the briefing/workshop*

Application Available in GeMS…………………………………………by September 30, 2015

Application Deadline…………………………………………………….November 8, 2015 by 5 pm

*\*\*In order to ensure there is appropriate time for applicants to complete the application process in the Komen GeMS system, applications MUST be initiated by November 5, 2015 by 5 pm*

Award Notification……………………………………………………….by April 19, 2016

Award Period…………………………………………………………….May 1, 2016-March 31, 2017

For Awarded Grants:

Progress Report Due – First-time Applicant (as defined above) Grantees Only……………………July 30, 2016

Progress Report Due – All Grantees…………………………...........October 30, 2016

Final Reports Due – All Grantees……………………………………..May 15, 2017

**Eligibility**

Individuals are not eligible for funding. Grants will be awarded only to eligible non-profit organizations. Applicants must meet the following eligibility criteria to be considered for funding:

* Program must be specific to breast health and/or breast cancer. If a program includes other health issues along with breast cancer, such as a breast and cervical cancer program, funding may only be requested for the breast cancer portion.
* Applicant is up-to-date and in compliance with Komen requirements with respect to all past and current Komen-funded grants or awards.
* Applicant has an unrevoked determination letter from the Internal Revenue Service confirming the applicant’s tax-exempt status under Section 501(c)(3) of the Internal Revenue Code.

* Applicant must be a non-profit organization located in or providing services to individuals living in one or more of the following locations:

	+ Cherokee County
	+ Clayton County
	+ Cobb County
	+ Coweta County
	+ DeKalb County
	+ Douglas County
	+ Fayette County
	+ Forsyth County
	+ Fulton County
	+ Gwinnett County
	+ Henry County
	+ Newton County
	+ Rockdale County
* More than one application may be submitted by each 501(c)(3) organization, but *applicants are strongly encouraged to only submit applications for programs that are the most closely aligned with the funding priorities as defined in this RFA*.
* If applicant, or any of its key employees, directors, officers or agents, has been 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.

**Allowable Expenses**

Funds may be used for the following types of expenses, provided they are directly related to the program:

* Clinical services or patient care costs (\*\*See Appendix B for acceptable reimbursement rates for screening and diagnostic services. Grant submissions that reflect a price higher than the rate provided in Appendix B for any service will not be accepted)
* Treatment support services (including, but not limited to, legal aid, transportation, translation, lymphedema services, physical therapy and mental health services)
* Salaries for program staff, provided that salaries, if requested, must be for personnel directly associated with the project for which a grant is sought and must be reasonable and consistent with salaries generally paid by non-profit organizations for similar work. The reasonableness of salaries will be evaluated based on the type of work provided and not based on the qualifications of the persons providing the services.
* Consultant fees
* Meeting costs
* Supplies
* Reasonable travel costs related to execution of the program within the Komen Atlanta 13-county service area
* Other direct program expenses
* Equipment that is essential to the breast health‐related program to be conducted (limited to $5,000)
* Indirect costs, not to exceed 7.5% percent of direct costs

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

Research grants are provided by Susan G. Komen Headquarters. Information about research grants can be found at: http://ww5.komen.org/ResearchGrants/GrantPrograms.html

* Cancer treatment (including, but not limited to, surgeries, radiation or chemotherapy)
* Education regarding breast self-exams/use of breast models
* Genetic testing or counseling
* Development of educational materials or resources
* 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)
* Education via mass media (*e.g.*, television, radio, newspapers, billboards)
* Event sponsorships
* Projects completed before the date of grant approval
* Payments/reimbursement made directly to individuals
* Land acquisition
* Program-related investments/loans
* Scholarships
* Thermography
* Travel outside of the Komen Atlanta service area
* Conferences or certifications

Important Granting Policies

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

* No expenses may be accrued against the grant until the agreement is fully executed.
* Any unspent funds over $28.00 must be returned to Komen Atlanta.
* 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 report on services using metrics as provided in Appendix A. Additional reports may be requested.
* At the discretion of Komen Atlanta, the grantee may request one no cost extension of no more than six months for each grant.
* 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 $500,000.
	+ Excess/umbrella insurance with a limit of not less than $5,000,000.
	+ In the event any transportation services are provided in connection with a program, $1,000,000 combined single limit of automobile liability coverage.
	+ 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.
	+ Grantees are also required to name Susan G. Komen Breast Cancer Foundation, Inc., Susan G. Komen Greater Atlanta, and their officers, employees and agents as Additional Insured on the above policies.

**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 8, 2015 by 5 pm. No late submissions will be accepted.

**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 programs that involve educational messages and materials that are consistent with those promoted by Komen, including promoting the messages of breast self-awareness-- 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 will improve retention and the adoption of the actions we think are important. **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***

**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 programs that teach or endorse the use of monthly breast self-exams or use breast models. As an evidence-based organization, e**ngaging in activities that are not supported by scientific evidence 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 Atlanta Grantees must use/distribute only Komen-developed or Komen-approved 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 safe, accurate, based on evidence and consistent and to avoid expense associated with the duplication of effort to develop educational resources. If applicants/grantees intend to develop educational materials that are otherwise not provided by Komen, they must be approved by the Affiliate and Komen Headquarters prior to development.

**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.**

*Use of Komen’s Breast Cancer Education Toolkit for Hispanic/Latina Communities and Other Resources*

Susan G. Komen has developed a Breast Cancer Education Toolkit for Hispanic/Latina communities. It is designed for educators and organizations to use in order to meet the needs of these communities. Applicants may seek funding for implementation of the Toolkit. Demonstrated need for educational outreach for Hispanic populations in the Komen Atlanta service area may be key to a successful application, but it is not necessary for access to the Toolkit, which is free online. The Toolkit is available in both English and Spanish versions. To access the Toolkit, please visit http://komentoolkits.org/. Komen has additional educational toolkits and resources, including komen.org, that may be used in community outreach and education programs.

REVIEW PROCESS

**Compliance Review:** All applications are pre-screened by the Komen Atlanta Mission Manager to ensure the required components have been submitted. Any updates to applications requested by Komen Atlanta to meet application requirements and policies must be made within 48 hours of notice from Komen Atlanta.

Complete applications will be submitted for full review by a Community Review Panel established through Komen Atlanta’s Grants Committee. Each grant application will be reviewed by at least three independent reviewers.

**Community Review Panel:** An independent group of community members are invited by Komen Atlanta to review and score all incoming grant applications. Members are selected from diverse backgrounds and include (among others) healthcare professionals, community advocates, breast cancer survivors, non-profit representatives and other professionals. After the review period, panel members meet to discuss scores and create a recommended slate for the Komen Atlanta Grants Committee. The slate will become final after approval by the Komen Atlanta Board of Directors.

**The grant reviewers will consider each of the following selection criteria (each is weighted differently):**

**Statement of Need (15%):** How closely does the program align with the funding priorities stated in the RFA?

**Program Design (20%):** Is the program culturally competent? Is the program evidence-based? How likely is it that the objectives and activities will be achieved within the scope of the funded program? Is the program well planned? Is the budget appropriate and realistic? Does the budget justification explain in detail the reasoning and need for the costs associated with the program? If the proposed program includes collaboration with other organizations, are the roles of the partners appropriate, relevant and clearly defined? Did the organization describe its present relationship with the Georgia Breast and Cervical Cancer Program and how the project it seeks to have funded will fill gaps for those not eligible for the Georgia Breast and Cervical Cancer Program?

**Impact (30%):** Will the program have a substantial positive impact on increasing the percentage of people who enter, stay in, or progress through the continuum of care? Will the program have a substantial impact on the need described in the funding priority selected? Is the impact likely to be long-term?

**Organization Capacity (15%):** Does the applicant organization, Project Director and his/her team have the expertise to effectivelyimplement all aspects of the program? Is there evidence of success in delivering services to the target population? Is the organization fiscally capable of managing the grant program, including having appropriate financial controls in place? Does the applicant organization have the equipment, resources, tools, space, etc., to implement all aspects of the program? 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 program beyond the grant term (if awarded)? Are collaborations (if proposed) likely to be sustained beyond the grant term? Does the applicant organization have long-term support from organizational leadership?

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

**Target Populations (5%):** Does the program provide services to one or more of the target communities described in the Affiliate’s Community Profile?

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

GRANT AWARDS

**Contract and Grant Period:** If your organization is selected to receive a grant from Komen Atlanta, you will be required to comply with Komen Atlanta’s Grant Contract and Management Policies. The grant contract will be the legal mechanism for funding and outlines the terms and conditions of the award. The grant cycle begins May 1, 2016 and will conclude on March 31, 2017.

**Payment and Reporting:**  Grants will be paid in two equal installments. The first payment will be made no later than 30 days after receipt of the fully executed contract. The first progress report is due at the end of the first three months (July 30, 2016) for First-time Applicant grantees (as defined in this RFA), and the end of the first six months (October 30, 2016) for all grantees. Reports will include the metrics provided in Appendix A.

The second half of funding will be mailed upon satisfactory review of the six-month progress report. A final report is due within 45 days of completion of the grant period. Final reports must be received by May 15, 2017 at 5:00 PM.

**Site Visits:** A Komen Atlanta Board Member, staff member and/or other representative will conduct at least one site visit during the grant cycle, but additional visits might occur. Prior notice will be given for all visits.

APPLICATION INSTRUCTIONS IN GeMS

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 Komen Atlanta Grants webpage, <http://komenatlanta.org/communityimpact/applying-for-community-grants/> or contact the Komen Atlanta Mission Manager at 404-814-0052. When initiating an application on GeMS, please make sure it is a **Community** **Grants** application, designated “CG”.

**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 to classify the focus of the project, 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 program will likely bring in your community. The abstract is typically used by Komen Atlanta 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 the population to be served.
* Describe evidence of the risk/need within that population, using the RFA funding priorities and the 2015 Community Profile as a guide.
* Provide population characteristics (race, ethnicity, economic status, and breast cancer statistics) specific to the target population.
* Describe how this program aligns with Komen Atlanta’s target communities and/or RFA funding priorities.

**Program Design (limit- 5,000 characters)**

* Explain the program’s goal and objectives, as outlined in your Project Work Plan.
* Explain how the program will increase the percentage of people who enter, stay in, or progress through the continuum of care.
* Explain how the program is culturally competent.
* Explain if and how the program is evidence-based and/or uses promising practices (please cite references). **Applicants are required to specifically state which evidence-based model they are using for their project in the Project Narrative section of the grant application.**
* 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 your relationship with the Georgia Breast and Cervical Cancer Program (if applicable) and how the project you seek to have funded will fill gaps for those not eligible for the Georgia Breast and Cervical Cancer Program?

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

* Explain why the applicant organization, Project Director and staff are best-suited to lead the program and accomplish the goals 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 program.
* Describe fiscal capability to manage the delivery of the proposed goals 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 program at the conclusion of the grant period.
* Describe the efforts you will take to communicate this program to your organizational leadership to ensure long-term support/buy-in.

**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, best practice example, story from an individual that was served with the funding and number of individuals served for each objective (county, race and ethnicity, age and population group). Additional community health metrics to be included in grantee reports are provided in Appendix A.

* Describe in detail how the organization(s) will measure progress against the stated program goal and objectives. Please include any templates, logic models, or surveys as attachments in the Project Work Plan – Objectives page.
* Describe how the organization(s) will assess how the program had an effect on the selected priority. Please include any templates, logic models, or surveys as attachments in the Project Work Plan – Objectives page.
* Describe how the organization(s) will assess program delivery. Please include any templates, logic models, or surveys as attachments in the Project Work Plan – Objectives page.
* 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 program. Specify if these resources are requested as part of this grant, or if they are existing organizational resources.

**PROJECT TARGET DEMOGRAPHICS**

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

**PROJECT WORK PLAN**

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

* **Goals** are high level statements that provide overall context for what the program is trying to achieve.
* **Objectives** are specific statements that describe what the program is trying to achieve to meet the Goal. An objective should be evaluated at the end of the program to establish if it was met or not met.

The project goal should 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

Within the Project Work Plan in GeMS, applicants will be required to assign a name to each objective they create. 2016-2017 Grant Year applicants should choose an objective name from the following approved list of objective names:

* Education - (\*\* REMINDER - education programs will only be funded if they are in conjunction with one or more of the other service categories - e.g. a targeted education program for a priority population that is coupled with the provision of a screening voucher)
* Screening
* Diagnosis
* Treatment Support
* Patient Navigation
* Survivorship

Applications that include objective names other than what is included on the above approved list will be returned to project directors for correction during the initial compliance review period.

You will also be required to submit the timelines, 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 **only** include a goal that will be accomplished with funds requested from Komen Atlanta. 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**

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

OBJECTIVE 1: During grant period, patient navigator will contact all women with an abnormal screening within three business days to schedule follow-up appointment.

OBJECTIVE 2: By end of grant period, provide 30 uninsured/underinsured women free/reduced cost diagnostic procedures.

Attachments for the Project Work Plan page:

* **Monitoring and Evaluation forms, surveys, logic model, etc.** – To monitor progress and determine the effectiveness of the proposed program.

**BUDGET**

Provide a detailed total program budget for the entire requested grant term. Budget sections include Key Personnel/Salaries, Consultants, Supplies, Travel, Patient Care, Sub-Contracts, Indirect and Other. For each line item in the budget, provide a brief justification for how the funds will be used and why they are programmatically necessary.

**\*\*IMPORTANT** - See Appendix B for acceptable reimbursement rates for screening and diagnostic services. **If the budget reflects a price higher than the rate provided in Appendix B, the cost will not be accepted.**

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

* **Resume/Job Description** – For key personnel who are currently employed by the applicant organization, provide a resume or *curriculum vitae*. For new or vacant positions, provide a job description *(two-page limit per individual)*.

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

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

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

* **Official copy of FDA certification**

**Appendix A**:

**Community Health Metrics**

The following are metrics that each grantee is required to provide in both the mid-year and final reports (as applicable to the funded project). For each metric, additional information to be collected will include race/ethnicity, age and county of residence.

**EDUCATION**

This includes one-on-one and group educational sessions and trainings.

* Number of educational/training sessions conducted.
* Number of participants that attended the educational/training sessions.
* Number and type of Komen breast health and breast cancer educational materials distributed to participants.
* Number/Percentage of participants that demonstrated an increase in breast cancer knowledge after the educational/training sessions. This data would be gathered by the participant completing a pre-test and post-test.
	+ Average percentage increase in knowledge reported by participants that attended the educational/training sessions. This data would be gathered by the participant completing a pre-test and post-test.
* Number/Percentage of participants that reported that they intended to take appropriate breast self-awareness action after attending the educational/training session. This data would be gathered by the participant answering an “intent to take breast self-awareness action” question on a survey or post-test.
	+ Number/Percentage of individuals that had intended to take action that completed the action within 3, 6 and/or 9 months after the educational/training session. This data would be gathered by contacting the participant to determine if they completed their intended action.
* Number/Percentage of participants that attended the educational/training session and reported they intend to share the information with someone else in their network. This data would be gathered by the participant answering an “intent to share information” question on a survey or post-test.
	+ Number/Percentage of participants that intended to share the information that did share the information within 3, 6 and/or 9 months after the educational/training session. This data would be gathered by contacting the participant to determine if they shared the information.

Additional educational measures could include the number/percentage that indicated the information was new, information is pertinent to their job, training developed a new skill and new skill practiced within 3, 6 and/or 9 months after training.

**GRANTS PROVIDING SCREENING, DIAGNOSTIC, AND TREATMENT SUPPORT SERVICES**

This would include grants that provide funding for the following breast cancer services:

* Screening- including, but not limited to, clinical breast exams and mammograms
* Diagnostics- including, but not limited to, diagnostic mammograms, ultrasounds and biopsies
* Treatment Support- including, but not limited to, legal services, physical therapy, transportation and complementary/integrative therapy

Screening and Diagnostic Services

* Number of individuals that received a (insert service).
	+ Number/Percentage of individuals that received (insert service) within 30 days or less from referral date.
	+ Number/Percentage of individuals that received (insert service) 31-60 days from referral date.
	+ Number/Percentage of individuals that received (insert service) 61-90 days from referral date.
	+ Number/Percentage of individuals that received (insert service) 91 or more days from referral date.
* Of the individuals that received a (insert service), the number of individuals that had an abnormal result.
	+ Of those with an abnormal result, the number of individuals that completed the referred diagnostic services.

**For Biopsy Only:**

* Of the individuals that received a diagnostic biopsy, the number of individuals that were diagnosed with breast cancer.
	+ Of the individuals diagnosed with breast cancer, the number of individuals referred onto treatment.
		- Of the individuals diagnosed with breast cancer and referred for treatment, the number that initiated treatment.

Treatment Support Services

* Number/Percentage of individuals that self-reported that the service provided assisted them in completing their recommended treatment plan. This data would be gathered by the individual completing a survey after they received the service.
* Number/Percentage of individuals that self-report an improvement in quality of life (i.e. physical, social/family, emotional and functional) after receiving the assistance. This data would be gathered by the individual completing a survey after they received the service or a comparison between a pre/post survey about quality of life.

**PATIENT NAVIGATION**

Patient navigation is a process by which an individual—a patient navigator—guides patients through and around barriers in the continuum of care, to help ensure access to timely screening, diagnosis, treatment and survivorship services.

* Number of individuals that were navigated to a health care provider/facility for a (insert service).
	+ Number of navigated individuals that received/initiated a (insert service) within 30 days.
	+ Number of navigated individuals that received/initiated a (insert service) in 31-60 days.
	+ Number of navigated individuals that received/initiated a (insert service) in 61-90 days.
	+ Number of navigated individuals that received/initiated a (insert service) in 91 days or more.
* Number of navigated individuals that completed a (screening/diagnostic) service and had an abnormal result.
* Number of navigated individuals that had an abnormal result that were navigated to diagnostic services.
* Number of navigated individuals that were diagnosed with breast cancer that were navigated to treatment services.
* Number of navigated individuals that were diagnosed with breast cancer that were navigated to survivorship support services.

APPENDIX B:

**Screening and Diagnostic Service Reimbursement Rates**

Below are the most common procedures found in grant applications, including prices based on Medicare 2015B rates.  While Komen Atlanta realizes that some providers may have negotiated rates that are higher or lower than listed below, we expect applicants to seek competitive rates. This chart reflects the average costs of the procedures in our service area AND **the maximum amount that Komen Atlanta will pay for each procedure.** **If the budget reflects a price higher than the rate provided in this chart, the cost will not be accepted.**

|  |  |  |
| --- | --- | --- |
| **Service** | **Code** | **Total Fee**  |
| Clinical Breast Exam | 99212 | $28 |
| Screening Mammogram  | Digital: G0202Analog: 77057 | Digital: $136Analog: $84 |
| Diagnostic Mammogram – Unilateral  | Digital: G0206 Analog: 77055 | Digital: $130Analog: $91 |
| Diagnostic Mammogram – Bilateral | Digital: G0204Analog: 77056 | Digital: $165Analog: $117 |
| Ultrasound  | 76641 | $110 |
| MRI (both breasts) | 77059 | $542 |
| Ultrasound Guided Breast Biopsy | 1st lesion: 19083Additional lesions: 19084 | $664 |
| Stereotactic Guided Breast Biopsy | 1st lesion: 19081Additional lesions: 19082 | $680 |
| MRI Guided Breast Biopsy | 1st lesion: 19085Additional lesions: 19086 | $1049 |
| Cyst Aspiration | 19000 | $49 |
| Fine Needle Aspiration (with imaging guidance) | 10022 | $74 |
| Core Breast Biopsy – percutaneous, without imaging guidance  | 19100 | $79 |
| Excisional Biopsy (excision breast legion) | 19125 | $514 |
| Pathology fee (level IV only) | 88305 | $73 |
| Surgical Consultation | 99204 | $144 |