



Komen Lowcountry

## 2017-2018 COMMUNITY GRANTS PROGRAM

**FOR BREAST HEALTH PROGRAMS  
HELD BETWEEN APRIL 1, 2017 AND MARCH 31, 2018**

### **SUSAN G. KOMEN® LOWCOUNTRY 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 Lowcountry  
50 Folly Rd.  
Charleston, SC 29407  
[www.komenlowcountry.org](http://www.komenlowcountry.org)

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## KEY DATES

Grant Writing Workshops	Sept.-Oct. 2016 (check website for details)
Application Initiation Deadline	November 19, 2016 (12 a.m. EST)
Application Deadline	December 2, 2016 (12 p.m. EST)
Award Notification	March 2017
Award Period	April 1, 2017 - March 31, 2018

## ABOUT SUSAN G. KOMEN LOWCOUNTRY

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 Lowcountry is working to better the lives of those facing breast cancer in our local communities. Through events like the Komen Lowcountry Race for the Cure®, Komen Lowcountry has invested more than \$7 million in community breast health programs in 17 counties and has helped contribute to the more than \$889 million invested globally in research.

## NOTICE OF FUNDING OPPORTUNITY AND STATEMENT OF NEED

Komen Lowcountry will award community grants to non-profit organizations that will provide breast health and breast cancer projects that address funding priorities. Funding priorities were selected based on data from the 2015 Komen Lowcountry Community Profile Report. The 2015 Community Profile Report can be found at [www.komenlowcountry.org/grants](http://www.komenlowcountry.org/grants).

Programs **must** include access to breast health screening and/or diagnostic services for the following priority populations identified in the 2015 Komen Lowcountry Community Profile Report: Blacks/African-Americans, Hispanics/Latinos and/or rural residents.

In addition, priority will be given to applicants that demonstrate benefit to one or more of the following target communities identified in the 2015 Community Profile Report:

- Allendale
- Barnwell
- Bamberg
- Calhoun
- Colleton
- Jasper
- Hampton
- Marion
- Orangeburg

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

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1. Programs that will reduce financial barriers to evidence-based breast cancer services for the working poor (250% of federal poverty level or below), underinsured (high deductibles, co-pays or out of pocket costs), and uninsured. All programs **must** also link

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patients to the next level of care, as appropriate. Patients diagnosed with breast cancer must have access to treatment at low or no cost. Example programs include:

- a. Evidence-based screening and diagnostic services that are not available through the Healthy Check-Ups or Family Planning initiatives (e.g., free or low-cost breast cancer screening and/or diagnostic services).
  - b. Evidence-based treatment support services including financial assistance for out-of-pocket medical costs, transportation, lodging and childcare for breast cancer treatment appointments.
2. Programs fostering collaborations that demonstrate increased access to the full breast health continuum of care. Example collaborations include:
- a. Employer/provider (e.g., worksite education and screenings on mobile mammography unit)
  - b. Provider/community (e.g., training of local patient navigators)
  - c. For-profit/non-profit (e.g., community screenings at local businesses)
3. Programs providing evidence-based dissemination of trusted breast health care education and information about Best Chance Network (BCN), local breast health providers and financial aid resources leading to a documented increase in patient access to care. Example programs include:
- a. Evidence-based education of providers about breast health screening recommendations, Best Chance Network, and/or potential financial aid resources for patients.
  - b. Evidence-based education of patients about locally available resources (e.g. group education or one-on-one education)
  - c. Evidence-based education of the general public about BCN, breast self-awareness and potential breast health resources (e.g. group educational sessions or one-on-one education).

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;
- Increased treatment compliance

Applicants may request funding from \$5,000 up to \$70,000 for one year.

Applicants seeking funding less than \$5000 and for programs that do not include medical services should refer to the Komen Lowcountry Small Grants program.

## **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.

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- 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:
    - Allendale
    - Bamberg
    - Barnwell
    - Beaufort
    - Berkeley
    - Calhoun
    - Charleston
    - Colleton
    - Dorchester
    - Florence
    - Georgetown
    - Hampton
    - Horry
    - Jasper
    - Marion
    - Orangeburg
    - Williamsburg
  - 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.
  - All requests must provide a plan for access to the full continuum of care. Please note that the applicant does not have to provide all services in the continuum of care but must have a clear plan for access. Grant requests for education programs must include documented access to screening. All programs providing screening or diagnostic services must include a plan for documented access to the full continuum of care, including treatment. Patients diagnosed with breast cancer must have access to treatment at low or no cost. Partners/collaborators must be identified and Letters of Support or MOUs are required.

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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
- 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

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 April 1, 2017 and March 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 Lowcountry.
- 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. Additional reports may be requested.
- At the discretion of Komen Lowcountry, 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 Lowcountry with a Certificate of Insurance with Susan G. Komen Breast Cancer Foundation, Inc., Susan G. Komen Lowcountry, 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.
  - If applicable, the SC Tort Claims Act supersedes the insurance requirements listed above. If Grantee is an entity protected under the South Carolina Tort Claims Act, S.C. Code §§15-78-10 et. seq., the Grantee must maintain commercial general liability insurance and professional liability insurance in amounts consistent with the limits of liability for governmental entities under the South Carolina Tort Claims Act.

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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 Lowcountry 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 [25%]:** 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 [25%]:** 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 [10%]:** 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)?

**Monitoring and Evaluation [10%]:** 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?

**Collaboration [10%]:** Did the applicant provide supporting documentation (Letters of Support or MOUs) from all named partners? Did the applicant describe in detail:

- Each partner's responsibilities to the program and services they will be providing. Letters of Support or MOUs are required for all named partners.
- Patient's cost to access full continuum of care (biopsies, treatment, etc.). For example, if patient is screened at worksite, does she lose pay during screening appointment? If patient is provided treatment services, is transportation included?
- How the collaboration will strengthen access to care for the target population.
- Are collaborations (if proposed) likely to be sustained beyond the grant term?

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.

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

Lucy Spears, Director of Mission Programs  
(843) 266-2699  
lucy@komenlowcountry.org

## **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 12 p.m.(noon) on Friday, Dec. 2, 2016. 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, [www.komenlowcountry.org/grants](http://www.komenlowcountry.org/grants), or contact Lucy Spears, (843) 266-2699 or [lucy@komenlowcountry.org](mailto:lucy@komenlowcountry.org). When initiating an application on GeMS, please make sure it is a **Community Grants** application, designated "CG", and not a Small Grants ("SG") application to apply to this RFA.

## **PROJECT PROFILE**

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

Attachments for the Project Profile page (if applicable):

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

## **ORGANIZATION SUMMARY**

This section collects 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.

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### **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 Lowcountry 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 include a list of citations.
- 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

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ethnicity, age and population group). Number of breast cancers detected through Komen funded program. Number/Percentage of participants that reported that they intended to take appropriate breast self-awareness action after attending the educational/training session.

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:

- 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.

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

Fostering collaborations (for-profit/non-profit, employer/provider, or community provider/larger hospital system) to preserve and strengthen the breast health continuum of care are strongly encouraged. Applicant should describe in detail:

- Each partner's responsibilities to the program and services they will be providing. Letters of Support or MOUs are required for all named partners.
- How will patient access full continuum of care (biopsies, treatment, etc.)? For example, if patient is screened at worksite, does she lose pay during screening appointment? How does she access follow-up if required? If treatment services are provided, is transportation included?
- How the collaboration will strengthen access to care for the target population.

### **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:

- **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.

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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 Lowcountry.** 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.

## **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.

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### **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.

### **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).

### **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. Transportation assistance, childcare and other costs directly related to access of medical appointments should be included in this section.

### **OTHER**

This section should include any allowable expenses that do not fit the other budget categories.

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

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

## APPENDIX A: 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:

1. **Specific:**
  - Objectives should provide the “who” and “what” of project activities.
  - Use only one action verb since objectives with more than one verb imply that more than one activity or behavior is being measured.
  - Avoid verbs that may have vague meanings to describe intended output/outcomes (e.g., “understand” or “know”) since it may prove difficult to measure them. Instead, use verbs that document action (e.g., identify 3 of the 4 Komen breast self –awareness messages).
  - The greater the specificity, the greater the measurability.
2. **Measurable:**
  - The focus is on “how much” change is expected. Objectives should quantify the amount of change expected.
  - The objective provides a reference point from which a change in the target population can clearly be measured.
3. **Attainable:**
  - Objectives should be achievable within a given time frame and with available project resources.
4. **Realistic:**
  - 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.

- Objectives that do not directly relate to the project goal will not help achieve the goal.
5. Time-bound:
- Objectives should provide a time frame indicating when the objective will be measured or time by which the objective will be met.
  - Including a time frame in the objectives helps in planning and evaluating the project.

**SMART Objective Examples**

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

*This objective is not SMART because it is not specific, measurable, or time-bound. It can be made SMART by specifically indicating who is responsible for providing the educational sessions, how many people will be reached, how many sessions will be conducted, what type of educational sessions 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>		
• <b>Specific:</b> Who? (target population and persons doing the activity) and What? (action/activity)		
• <b>Measurable:</b> How much change is expected?		
• <b>Achievable:</b> Can be realistically accomplished given current resources and constraints		
• <b>Realistic:</b> Addresses the scope of the project and proposes reasonable projectmatic steps		

<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/healthyyouth/evaluation/pdf/brief3b.pdf>

## APPENDIX B: EVIDENCE BASED COMMUNITY HEALTH RESOURCES

### Evidenced-based Community Health Programs Resources:

- National Cancer Institute (<http://rtips.cancer.gov/rtips/index.do>): RTIPs is a searchable database of cancer control interventions and program materials, and is designed to provide program planners and public health practitioners easy and immediate access to research-tested materials.
- NACCHO Model Practices (<http://www.naccho.org/topics/modelpractices/>): Online, searchable database of innovative best practices across public health areas. These practices allow an individual to benefit from other professionals' experiences, to learn what works, get strategies on how to re-implement effective programs with good results, and save time and resources.
- AHRQ Innovation Exchange (<http://www.innovations.ahrq.gov/index.aspx>): The Exchange helps to solve problems, improve health care quality and reduce disparities as being a resource to find evidence-based innovations and quality tools, view new innovations and tools published, and learn from experts through events and articles.
- The Guide to Community Preventive Services ([www.thecommunityguide.org](http://www.thecommunityguide.org)): The Guide is a resource to assist organizations in selecting programs and policies to improve health and prevent disease in the community. Systematic reviews are used to answer the following questions:
  - Which program and policy interventions have been proven effective?
  - Are there effective interventions that are right for the community of interest?
  - What might effective interventions cost; what is the likely return on investment?

### Other Resource Websites:

- National Cancer Institute – Research to Reality (<https://researchtoreality.cancer.gov/>): This is an online community of practice that links cancer control practitioners and researchers, and provides opportunities for discussion, learning, and enhanced collaboration on moving research into practice.
- Cancer Control P.L.A.N.E.T. (Plan, Link, Act, Network with Evidence-based Tools) (<http://cancercontrolplanet.cancer.gov/index.html>): Web-based resource that can assist in assessing cancer and/or risk factor burden within a given state; identifying potential partners that may already be working with high-risk populations; understanding current research findings and recommendations; assessing and downloading evidence-based programs and products; and finding guidelines for planning and evaluation.