

# 2015-2016- Access Grants Request for Applications Columbus Affiliate of Susan G. Komen

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Susan G. Komen Columbus - 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 of 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 Columbus Race for the Cure®, we have invested more than \$20 million in local breast health and breast cancer awareness projects in 30 counties. Up to 75 percent of net proceeds generated by the Komen Columbus stays in the Central and Southeastern Ohio 30-county 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 \$800 million in research and provided more than \$1.7 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. Visit [komen.org](http://komen.org) or call 1-877 GO KOMEN. Connect with us on Facebook at [facebook.com/susankomen](https://facebook.com/susankomen) and Twitter @SusanGKomen.

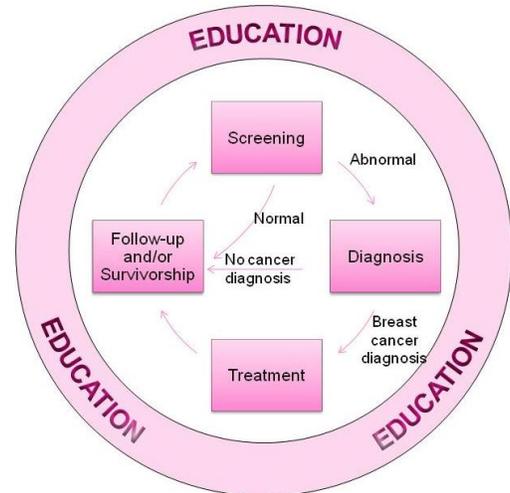
## Important Dates

Grant writing Workshop	October 31, 2014, TIME TBD. (Attendance is strongly recommended due to significant changes in the RFA, RSVP to <a href="mailto:juliemcmahon@komencolumbus.org">juliemcmahon@komencolumbus.org</a> by October 20)
Question Period	September 30- November 18 <sup>th</sup> , 2014 (Questions and proposal ideas may be submitted for comments, discussion and guidance from staff)
Application Deadline	January 6, 2015, 5 p.m.
Revision Period	January 6- January 12, 2015
Award Notification	March 2015
Award Period	April 1, 2015- March 31, 2016

## Statement of Need

Preliminary findings from the 2015 Community Profile highlight a need to remove financial and other barriers to access to quality care. Major barriers to entering the continuum of care through recommended screening include educational needs (addressed in the Education RFA), financial, transportation, child care, work schedules, distance from facilities and availability of services like patient navigation. Specific needs for areas that lack accredited facilities offering screening, diagnostic, or treatment are discussed in detail in the Health Systems and Policy section of the 2015 Profile.

The goal of the Access RFA is to fund programs that provide access by addressing barriers to entering the continuum of care, address barriers that keep women from moving quickly and seamlessly through the continuum of care, and improve the quality of the care received throughout that continuum. This continuum includes survivorship needs. The personalization of treatment, survivorship care planning and patient navigation are all options for programs seeking to improve quality, especially in Rural, Appalachian and Suburban areas where these services may not be prominent. For more information about the needs in the service area, preliminary sections of the 2015 Community Profile can be found on our website at <http://komencolumbus.org/grants/applying-for-community-grants/funding-priorities-2/>.



## Patient Protection and Affordable Care Act

The Patient Protection and Affordable Care Act were passed by Congress in March 2010. This law is intended to help more Americans gain access to health care through a variety of mandates that require most U.S. citizens to have health insurance by 2014 or face a tax penalty. Implications of this legislation have been discussed in the Health Systems and Public Policy Section of the 2015 Community Profile. Please refer to that document and consider emerging policy changes when planning your grant project and drafting your proposal.

Drawing from preliminary findings from the 2015 community profile and observations of emerging healthcare legislation (ACA), Komen Columbus has identified two complementary sets of priorities:

- Education programs should focus on evidence-based practices that increase breast self-awareness education, leading to action or intent to act and link to services or resources. Collaboration with service provider grant applicants using the Access RFA through referrals or partnering to deliver mobile mammography is highly encouraged.
- **Proposed Access programs should focus on evidence-based practices that remove barriers to breast health services, enhance access to and utilization of quality breast care and survivorship services, with the goal of reducing mortality and improving quality of life. Collaboration with Education grant programs is highly encouraged. Education grants may request funding for evidence-based outreach and education, funneling women in need of services into Access programs.**

## Priorities to improve access

- Remove barriers to the continuum of care for women experiencing financial hardship and other barriers by directly providing free or low-cost services (screening mammograms, diagnostics and treatment) to women experiencing financial barriers. Provide patient assistance with barriers to diagnostics and treatment, including transportation, childcare, and medication costs.

<u>Interventions to list in workplan:</u>	<u>Outcomes to report:</u>
Reminder systems directed at patients	Other
Reminder systems directed at providers	Number of individuals who were referred for a low cost clinical breast exams
Outreach programs (that result in new appointments, new patients)	Number of individuals who were referred for a low cost clinical breast exams
In-reach programs (that result in getting existing patients to get a mammogram)	Number of individuals who were referred for a low cost clinical breast exams
Reduce costs to patient for mammography (e.g. free or low cost mammography)	Number of individuals who completed low-cost clinical breast exams with your Komen funds, whether stationary or mobile
Expand hours for breast health services to evenings and weekends	Other
Reduce other barriers to mammography (e.g. transportation, childcare)	Number of individuals who received childcare assistance for a screening and/or diagnostic appointment, Number of individuals who received rides/ gas cards/ bus passes/ taxi vouchers to or from screening and/or diagnostic appointments
Provide translation/ interpretation services	Number of individuals who received translation/ interpretation throughout screening and/or diagnostics
Accessible facilities for screening	Other
Reduce costs to patient for diagnostic services (ultrasound, biopsies)	Number of individuals who completed diagnostic services with Komen funds (e.g. ultrasounds, biopsies)
Reduce other barriers to diagnostic services (transportation, childcare)	Number of individuals who received childcare assistance for a screening and/or diagnostic appointment, Number of individuals who received rides/ gas cards/ bus passes/ taxi vouchers to or from screening and/or diagnostic appointments

## Priorities to improve quality of care

- Provide evidence-based activities throughout the continuum of care, including patient navigation, patient/provider communication, education about diagnostic and treatment options (refer to patient navigation description in appendix)
- Implement quality improvement strategies to improve quality of screening, diagnostics and/or treatment

<b><u>Interventions to list in workplan:</u></b>	<b><u>Outcomes to report</u></b>
Genetic testing	Number of individuals who completed genetic testing with Komen funds, Number of individuals who were referred for genetic testing services, Number of individuals who received genetic counseling with Komen funds
Patient navigation	Number of individuals who received navigation services throughout the duration of their treatment, Number of individuals who received navigation services through screening and diagnostic procedures, Please see appendix for patient navigation service definitions
Clinical trials education	Number of individuals who were educated about clinical trials, number of individuals who were enrolled in a clinical trial study
Reduce other barriers to treatment (transportation, childcare)	Number of individuals who received ride/ gas cards/ bus passes/ taxi vouchers to or from treatment appointments, Number of individuals who received childcare assistance for a treatment related appointment
One-on-one education (specific to treatment and diagnostic options)	Number of family units who received caregiver support while their loved one was actively undergoing treatment
Interventions to increase the quality of health care delivery	Other
Process improvement strategies	Other

## Priorities to improve survivorship support

- Directly provide side-effect management services associated with late effects or sequelae resulting from breast cancer treatment (e.g. treatment and therapy for lymphedema)
- Implement quality improvement strategies to improve quality of survivorship care
- Provide wellness programs that improve health outcomes through quality of life and/or psychosocial focus, especially in underserved populations
- Provide individual counseling, psychotherapy

<u>Interventions to list in workplan:</u>	<u>Outcomes to report</u>
Individual counseling/ psychotherapy	Number of survivors who participated in individual, professional counseling
Exercise/nutrition programs	Number of survivors who participated in complementary therapies (e.g. meditation, yoga, acupuncture, art therapy)
Complementary therapies	Number of survivors who participated in complementary therapies (e.g. meditation, yoga, acupuncture, art therapy)
Side-effect management	Number of individuals who received support related to managing treatment side effects (e.g. prosthetics, lymphedema therapy)
Interventions to increase the quality of health care delivery	Other
Process improvement strategies	Other

When determining what services present the most financial barriers and criteria for eligibility consider that the federal government mandates that insurance plans cover screening mammograms free of any co-pay to women over 40, every one or two years and that women at or below 138% Federal Poverty Level are eligible for and should utilize Medicaid before accessing grant funding.

If unclear about which RFA best fits an application, please contact Julie McMahon (juliemcmahon@komencolumbus.org).

## Eligibility

Applicants must meet the following eligibility criteria to be considered for funding:

- All past and current Komen-funded grants or awards to applicant are up-to-date and in compliance with Komen requirements.
- Applicant is a direct service provider, or has partnered with a direct service provider in the proposal to provide all proposed direct services.
- Applicant has tax exempt status under the Internal Revenue Service code.
- Applicant must be a non-profit organization located in or providing services to one or more of the following locations:

Athens, Champaign, Clark, Delaware, Fairfield, Fayette, Franklin, Gallia, Guernsey, Hocking, Jackson, Knox, Lawrence, Licking, Madison, Marion, Meigs, Monroe, Morgan, Morrow, Muskingum, Noble, Perry, Pickaway, Pike, Ross, Scioto, Union, Vinton, and Washington .

- Project must be specific to breast health and/or breast cancer; e.g., if a project is a combined one, such as a breast and cervical cancer project, funding may only be requested for the breast cancer portion.
- 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, then applicant is not eligible to apply for a grant during this current cycle and will not be eligible to apply for a new grant until the later of 12 months after the conviction or until applicant can demonstrate that appropriate remedial measures have been taken to ensure that any criminal misconduct does not recur.

## Allowable Expenses

Applicants may request funding at an award level of \$10,000 and above for one year.

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

- Salaries and fringe benefits for program staff
  - Salaries, if requested, are for personnel related to this project only and not the general work of an employee. Salaries should only be requested for patient service oriented positions related to the grant project, not administrative roles or other grant projects.
  - Preference will be given to programs that provide matching/in-kind support of salary and personnel requests as this allows increased sustainability of the program.
  - Clearly state why additional funding is needed for the support of personnel whose salary is to be supported by the grant in the budget justification section. Salary requests will be closely evaluated and expected to be clearly justified as essential to the execution of the project.
  - We encourage you to discuss salary requests with the affiliate to ensure they are allowable before submitting your request.
  - Fringe benefits should only be included for personnel members that work 50% of their work commitment on the Komen-funded grant program. We will proportionally cover fringe benefits, not exceeding 25% of their salary for the grant program. Otherwise, it is expected that the supporting organization should maintain total fringe benefit coverage.
- Consultant fees
- Clinical services or patient care costs
- Meeting Costs
- Supplies
- Travel
- Other direct program expenses
  - Funding may be requested for costs related to the program (telephone charges, computer use, postage and printing, miscellaneous office supplies, audit and legal, administrative staff, fuel, maintenance, generator) through the "other" expense category and may not exceed 10% of total proposal costs. These costs must be listed as line items under the other category and detailed in the budget justification section.
- Equipment, not to exceed \$5,000 or 10% of the funding request, whichever is less, and should be used exclusively on this project. Upon termination of a funded grant program, any equipment will become the property of the Columbus Affiliate.

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

- Educational programming requests should be submitted through the Education RFA
- 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
- Construction or renovation of facilities
- Political campaigns or lobbying
- Endowments
- General operating funds (except indirect cost)
- Debt reduction
- Annual fund-raising campaigns
- Event sponsorships
- Projects completed before the date of grant approval
- Individuals
- Reimbursement for specific individuals' direct services
- Building/renovation
- Capital campaigns
- Employee matching gifts
- Land acquisition
- Program-related investments/loans
- Scholarships
- Education regarding breast self-exams/use of breast models
- Thermography

### **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 \$1.00 must be returned to Komen.
- 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. Additional reports may be requested.
- At the discretion of Komen Columbus, the grantee may request one no-cost extension of no more than 6 months for each grant. This request must be submitted at least 30 days before the end of the grant period. Requests submitted after that time will not be considered.
- Certain insurance coverage must be demonstrated 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; 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 name the Affiliate as an Additional Insured on the above policies.

## Educational Materials and Messages

Breast Self-Awareness and early detection education proposals should follow the guidelines and apply to the separate Education RFA. Susan G. Komen® is a source of information about breast cancer for people all over the world. To reduce confusion and reinforce learning, we require that grantees provide 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>.

**We do not recommend monthly breast self-exam and therefore will not fund education programs that teach monthly breast self-exam or use breast models.**

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).

We suggest that each program plan to spend no more than \$1 per person when the program includes education or outreach activities. If you have questions about specific discounted costs of educational materials, please contact the Komen Columbus office.

## Submission Requirements

All proposals must be submitted online through the Grants e-Management System (GeMS):

<https://affiliategrants.komen.org>.

Applications must be received on or before January 6, 2015 at 5 p.m. Eastern Time. No late submissions.

User guides are available at <http://www.komencolumbus.org/grants/how-to-apply-for-funding/> and upon request to the Director of Mission and technical assistance is available.

Failure to adhere to these instructions will result in applications being administratively withdrawn from consideration prior to peer review, without appeal.

## Review Process

Applications will first be evaluated for eligibility, submission of all required application materials, adherence to formatting requirements, and responsiveness to the program focus specified in this RFA. Applications that do not pass a compliance check will be notified of required changes to be compliant, and will be given at least 48 hours to make those changes and re-submit their application. Applications that still do not meet these requirements will be administratively withdrawn and will not undergo review.

Each qualified application is then reviewed by local volunteer grant reviewers. Prior to the review, each reviewer must read and accept the Code of Ethics and the Komen staff and committee chairmen will maintain a record of reviewers who report a potential conflict of interest. Each grant application will be reviewed by at least three independent reviewers. They will consider each of the following selection criteria:

30%	<b>Impact:</b> Will the project have a substantial positive and measurable impact on increasing the percentage of people who enter, stay in, or progress through the continuum of care? Will the project have a substantial and measurable impact on the priority selected? How closely does the project align with the funding priorities, target populations and counties stated in the RFA? Does the project have a sufficient and documented plan to evaluate its impact?
15%	<b>Feasibility:</b> How likely is it that the objectives and activities will be achieved within the scope of the funded project? Is the project 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 project?
15%	<b>Capacity:</b> Does the organization, Project Director and his/her team have the expertise to effectively implement all aspects of the project? Is the organization respected and valued by the target population? Is it culturally competent?
15%	<b>Collaboration:</b> Does this project enhance collaboration among organizations with similar or complementary goals without duplicating services? Are the roles of the partners appropriate and relevant? Does the partnership efficiently benefit the partner(s) by sharing a service that would not otherwise be available? Is overlap in the system minimized so as to effectively use funds to the maximum benefit?
10%	<b>Sustainability:</b> Is the project likely to be sustained? Are partnerships likely to be sustained past project period? Is the impact likely to be long-term?
15%	<b>Evidence-base:</b> Does the project demonstrate awareness of and/or potential replication of best practice models in the design and delivery of the stated priorities for funding? Does the grant application clearly articulate the best practice and evidence-based methods for successful implementation of states goals and objectives? What lessons learned from other projects are being applied to this project?

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

## Application Support

Questions should be directed to:

Julie McMahon, Director of Mission

[juliemcmahon@komencolumbus.org](mailto:juliemcmahon@komencolumbus.org)

614-297-8155 x 204

# Application Instructions

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The application will be completed and submitted on GeMS, <https://affiliategrants.komen.org>. For an application instruction manual, please visit the Affiliate's Grants webpage, <http://www.komencolumbus.org/grants/how-to-apply-for-funding/>, or contact Julie McMahon, [juliemcmahon@komencolumbus.org](mailto:juliemcmahon@komencolumbus.org), 614-297-8155 x204). When initiating an application on GeMS, make sure it is a Community Grants application, corresponding to the Access RFA, and not a Small Grants application.

Each project will have a project director (project's lead contact, responsible for validating new users from your organization and all administrative functions in GeMS) and an authorized signer (authority to sign legal documents on behalf of the organization, responsible for electronically signing applications and contracts). Viewer and writer roles are also available for you to use.

## Organization Summary

This section collects detailed information regarding your organization, including in-depth information regarding your organization background and structure. Provide a brief description of:

- the organization's history. If your program is part of a larger organization, briefly explain the mission of the larger entity and your relationship to it;
- the mission of the organization;
- current programs and accomplishments;
- how your organization seeks to be diverse and inclusive; and
- the number of paid full time staff, volunteers and total annual organization budget.

## Project Abstract and Narrative

The Project Abstract should provide a brief description of the proposal including the purpose of the program, a description of key activities, a summary of evaluation methods and the expected or resulting change(s) your program will likely bring in your community.

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

### **Organization Capacity (limit- 3,500 characters)**

- Explain why the applicant organization is best-suited to lead the project and accomplish the goals and objectives set forth in this application
- Describe evidence of success in delivering breast health/cancer services to the proposed population
- Describe fiscal capability to manage the delivery of the proposed goals and objectives and ensure adequate measures for internal control of grant dollars.

### **Statement of Need (limit- 3,500 characters)**

- Describe the population to be served
- Describe evidence of the risk/need within that population
- Provide population characteristics (race, ethnicity, economic status, and breast cancer statistics) specific to the target population

### **Project Description (limit- 3,500 characters)**

- Explain how the project's goals and objectives, as outlined in your Project Work Plan addresses one or more of the priorities outlined in the Affiliate's Community Profile/Statement of Need.
- Explain how the project will increase the percentage of people who enter, stay in, or progress through the continuum of care in context of the priorities of the Access RFA.
- Please provide an estimate of the overall cost per woman served by your grant, including your calculation for this figure (i.e. total budget dedicated to patient service divided by number of women served by the project).
- Clearly state eligibility criteria for who the program will serve, and how you will recruit audience and participants. Reviewers want to see a very targeted approach for identifying the appropriate gaps and target audience, and a plan for reaching them.

### **Collaboration (limit- 3,500 characters)**

- Describe the roles and responsibilities of all organizations or entities participating in the project.
- Explain how the collaboration strengthens the project and why these organizations are best suited to carry out the project and accomplish the goals and objectives set forth in this application.

### **Sustainability (limit- 3,500 characters)**

- What resources (financial, personnel, partnerships, etc.) will be needed to sustain the effort over time? How will those resources be secured by the end of the funded project period?
- What are your organization's plans to support the project lead to implement, manage and oversee all aspects of the proposed project?
- What efforts will you take to communicate this project to leadership to ensure buy-in?
- Describe the organization's current financial state. Has your organizational budget increased or decreased from last year? Please explain why.

### **Evaluation**

- Describe in detail how the organization (s) will measure achieving project goals and objectives and how will the impact of the project on the priority selected will be assessed.
- Describe the evaluation expertise that will be available for this purpose.
- What resources are allocated for evaluation in the project budget?
- A strong evaluation plan measures both the quantity and quality of strategy implementation and outcomes.
  - a. **Impact Evaluation:** Assesses the changes that can be attributed to a particular intervention, such as a project, program or policy. Impact Evaluation helps us to answer key questions such as, what works, what doesn't, where, why and for how much?
  - b. **Process Evaluation:** Assesses the delivery of programs. Process evaluation verifies what the program is and whether it is being implemented as designed. It answers the questions of what is delivered in reality and where are the gaps between program design and delivery?
- Applicants must be able to demonstrate that they can identify, measure and report on:
  - a. Number of interventions conducted
  - b. Number of people participating in each intervention
  - c. Demographics of people attending each intervention
  - d. Recommended: Of those participants that indicated they intended to take a specific action, the number of people that acted on their intention within 30 days, 31-60 days, 61-90 days, and 91+ days.

- e. Appropriate quality indicators or participant evaluations

**Evidence-base**

- A clear explanation of how the program will lead to action or intent to act should be included. Evidence-based practices refer to an intervention/activity that has been tested and shown to be effective through repeated, rigorous, quantitative/ empirical data collection and analysis. The following websites are examples of resources of evidence-based interventions:

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?

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.

The Community Tool Box: (<http://ctb.ku.edu>) This comprehensive resource offers more than 7000 pages of practical guidance on a wide range of skills essential for promoting community health. Tool kits (under the “Do Work” tab) provide outlines, examples, and links to tools for topics such as community assessment and evaluation.

Applications that propose health fairs, the development of educational materials, or unsupported outreach via mass media as the sole mechanism of intervention will not be accepted.

## Project Workplan

In the Project Workplan component of the application on GeMS, you will be required to submit goals (*high level statements that provide overall context for what the project is trying to achieve. E.g. improve the quality of breast care*) and objectives (*low level concrete statements that describe what the project is trying to achieve. An objective can be evaluated at the end of the project to establish if the objective was met or not met. E.g. reduce the time from screening to diagnosis by two days*). For each objective, you will outline timelines, the intended intervention to be utilized (choose ONE PER OBJECTIVE from the priorities listed), the individual responsible for completion of each objective, the anticipated number of individuals to be served, and the evaluation method you will utilize.

Please assure that your objectives are SMART objectives: Specific Measurable Attainable Realistic Timely
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At your six month report and final report, you'll be asked to list the individuals served by each intervention (as you listed in your application workplan above), demographics describing those served individuals and to report the status of each of the goals and corresponding interventions.

As you write your workplan, consider that each item must be accounted for in progress and final reporting, and that your **workplan should only include items goals that will be accomplished with funds requested from Komen Columbus**. For each objective, you will be asked to select an intervention type. Objectives that will be funded by other means should not be reported here, but instead, in your overall program description.

Your workplan will be evaluated by the reviewers and compared against your proposed budget. **Please select only one intervention type per objective, so that your later reports will match your workplan.** Workplan drafts may be submitted during the question period for staff feedback. Insufficient workplans will be returned for revision during compliance review.

## Budget

Provide a detailed total program budget. For each line item in the budget, provide a brief justification for how the funds will be used and why they are programmatically necessary.

## Attachments

1. **Information regarding Key Personnel** – For key personnel that are currently employed by the applicant, provide a resume or curriculum vitae. For new or vacant positions, provide job descriptions (*Two page limit per individual*).
2. **Proof of Non-Profit 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.
3. **Letters of support or memoranda of understanding from proposed collaborators (if applicable)** – To describe the nature of the collaboration, MOUs, etc. demonstrating your partnerships and the services/expertise/personnel to be provided through the collaboration.
4. **Evaluation forms, surveys, logic model, etc.** to demonstrate the effectiveness of your program as defined in your Project Work Plan.
5. **Scholarly articles or other resources cited as the evidence-base for your program**

**Note:** Insurance will not be required at the time of application, but will be required for execution of the grant agreement, if awarded.

## Appendix A: Resources for your program planning

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**All Patient Navigator requests should be supported with a job description and resume, including training information, included as attachments to the application.**

### **Defining Patient Navigation:**

Patient Navigators are trained, culturally sensitive health care workers who provide support and guidance throughout the cancer care continuum. They help people "navigate" through the maze of doctors' offices, clinics, hospitals, outpatient centers, insurance and payment systems, patient-support organizations, and other components of the health care system. Services are designed to support timely delivery of quality standard cancer care and ensure that patients, survivors, and families are satisfied with their encounters with the cancer care system. Patient Navigator activities designed to achieve these outcomes include:

Job duties:

- Coordinating appointments with providers to ensure timely delivery of diagnostic and treatment services.
- Maintaining communication with patients, survivors, families, and the health care providers to monitor patient satisfaction with the cancer care experience.
- Ensuring that appropriate medical records are available at scheduled appointments.
- Arranging language translation or interpretation services.
- Facilitate financial support and assist with paperwork
- Arrange transportation and/or child/elder care
- Facilitate linkage to follow-up services
- Help locate local support groups
- Help patients fill out the proper paperwork
- Assist patients with understanding of their diagnosis and available treatment options
- Coordinate multidisciplinary conferences
- Provide educational material to patients

Other Navigator activities include community outreach, providing access to clinical trials, and building partnerships with local agencies and groups (e.g., referrals to other services and/or cancer survivor support groups).

Patient Navigators can be:

- A licensed Social Worker
- A licensed Registered Nurse
- Someone with a Baccalaureate degree in health education, public health, or other health related field

A Patient Navigator should not be limited to billing, scheduling and tracking patients, but should encompass the activities and description listed above. The outcomes listed above should be reported and evaluated for any patient navigators funded through a grant project.

### **Survivorship Care Planning:**

<http://livestrongcareplan.org/>

<http://journeyforward.org/>