



2017-2018 Community Grant Request for Applications

Komen Northeast Ohio's community grants program offers funding for innovative projects in the areas of breast health and/or breast cancer education, outreach, screening, and treatment support services not otherwise available to medically underserved populations of Northeast Ohio, including the following counties: Ashland, Ashtabula, Belmont, Carroll, Columbiana, Coshocton, Cuyahoga, Geauga, Harrison, Holmes, Jefferson, Lake, Lorain, Mahoning, Medina, Portage, Richland, Stark, Summit, Trumbull, Tuscarawas, and Wayne Counties.

Komen Northeast Ohio
5350 Transportation Blvd., Ste. 22
Garfield Heights, OH 44125
www.komenNortheastOhio.org
(216) 292-CURE

For information specific to the community grants program, please contact Gina Chicotel at gchicotel@komenneohio.org

SUSAN G. KOMEN® AFFILIATE COMMUNITY GRANTS

Because breast cancer is everywhere, **SO ARE WE.**

At Susan G. Komen, we are committed to **ENDING** breast cancer forever by **ENERGIZING SCIENCE** to find the cures and ensuring **QUALITY CARE** for all.

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Key Dates and Training Calendar

Date	Time	Location	Description	In-Person or Web	Optional or Mandatory
August 1, 2016	9:00am	Komen Northeast Ohio website	Grant Request for Applications released	Web	
August 1, 2016	9:00am	Komen Northeast Ohio website	Grant Writing 101 and Monitoring & Evaluation 101	Web	Optional
September 1, 2016	9:00am	Komen's Grants eManagement System (GeMS)	Online grant application available	Web	
September 15, 2016	10:00am-12:30pm	Garfield Heights Library 5409 Turney Road Meeting Room A Cleveland, OH 44125	Grant Writing Workshop: RFA Updates, Systems Change, & Evidence-Based Strategies	In-person	Strongly Encouraged
October 3, 2016	5:00pm	Email	Application pre-review materials due to Komen Northeast Ohio		Optional
October 17, 2016	5:00pm	Email	Application pre-review comments returned to applicant		Optional
November 1, 2016	5:00pm	Komen's Grants eManagement System (GeMS)	All grant applications due to Komen Northeast Ohio		Mandatory
November 2-7, 2016		Email	Internal Compliance Review		Mandatory
March 10, 2017	5:00pm	Email	Award Notification		

About Susan G. Komen Northeast Ohio

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 Northeast Ohio is working to better the lives of those facing breast cancer in the local community. Through events like the Komen Akron Race for the Cure® and the Cleveland Race for the Cure®, Komen Northeast Ohio has invested more than \$15 million in community breast health programs in our 22 county service area and has helped contribute to the more than \$800 million invested globally in research.

Notice of Funding Opportunity and Statement of Need

Komen Northeast Ohio will award community grants to organizations that will provide breast health and breast cancer projects that address the Affiliate funding priorities, which were selected based on data from the 2015 Komen Northeast Ohio Community Profile Report. The 2015 Community Profile Report can be found on our website at www.komenneohio.org.

The funding priority areas for the 2017-2018 grant year are listed below. Priorities are not weighted and/or ranked; all are considered equal. Those applications that address one or more of the following priority areas in Ashtabula, Cuyahoga, Harrison, Jefferson, Lorain, and/or Mahoning Counties will be prioritized. (Please see [Appendix A: Glossary of Terms](#) for more specific information related to each priority area.)

- Education - Using evidence-based programs to motivate and lead to long-term behavior change, educate low-income, uninsured, underinsured, and/or working poor women on breast self-awareness messaging, risk reduction, personal risk, and genetic/inherited mutations in an effort to dispel myths, increase awareness of existing resources, and reduce fears surrounding breast cancer screenings and outcomes.
- Screening and Diagnostics – Reduce financial and logistical barriers to screening and diagnostic services for the low-income, uninsured, underinsured, and/or working poor through the use of mobile mammography, co-pay assistance, coverage of out of pocket costs, genetic testing costs, transportation and childcare assistance, etc. to ensure timely access to quality, affordable services.
- Treatment – Reduce financial and logistical barriers to breast cancer treatment for the low-income, uninsured, underinsured, and/or working poor through the use of lay and clinical patient navigation programs that address service/care coordination, childcare and transportation assistance, social work and community-based referrals, financial assistance for cost of living expenses, and the promotion of patient self-advocacy materials
- Survivor Support – Increase access to psychosocial support resources for survivors to promote the emotional, social, financial, and spiritual well being for those diagnosed and their family members, including education on existing resources, assistance with prosthesis and wigs, assistance with cost of living expenses, and survivor/family support groups.
- Systems Performance Improvement – Use evidence-based practices to implement strategic changes at the systems level to promote access to and seamless progression through the continuum of care, including strategic collaborations, cultural competency and emotional intelligence trainings for providers, extended clinic hours, weekend appointment availability, shared medical appointments, cross functional workgroups/teams, internal trainings on protocols and programs for uninsured and underinsured, the creation of internal checklists and protocols, etc.

Examples of successful projects Komen Northeast Ohio seeks to fund include those that:

- Increase the number of women that utilize regular breast cancer screening;
- Decrease time from referral to mammography screening;
- Reduce the number of women “lost to follow-up;”
- Reduce time from abnormal screening to diagnostic procedures;
- Reduce time from diagnostic finding to treatment;
- Increase treatment compliance; and
- Increase mammography capacity through the development of process improvements and relationship building efforts.

Applicants may request funding up to \$75,000 (combined direct and indirect costs) for one year.

Grant Training Opportunities

Komen Northeast Ohio will offer multiple webinars, in-person trainings, and coaching opportunities from August through October to acquaint all applicants with Komen Northeast Ohio’s grant funding priorities, the 2015 Community Profile, grant writing tips and tricks, and the grant submission process.

Training Webinars

On August 1, 2016, Komen Northeast Ohio will upload two presentations to www.komenneohio.org. The first, Grant Writing 101, will provide an overview of the grant writing process specific to Komen NORTHEAST OHIO’s grant application and submission requirements, funding priorities, and how to use Komen’s Grants eManagement System (GeMS). The second, Monitoring & Evaluation 101, will provide an overview of program evaluation, data collection and analysis methods, and the expectations of grant reporting for a Komen Northeast Ohio grant. Applicants can review these presentations online at any point during the application process.

In-Person Trainings

Komen Northeast Ohio will offer one in-person training on September 15, 2016 from 10:00am-12:30pm focused on systems change and evidence-based programming. This session will also focus on updates to the 2017-2018 Request for Applications (RFA) and new requirements for grant application compliance. The training will be held at Garfield Heights Library (5409 Turney Road, Meeting Room A, Cleveland, OH 44125). Grant applicants are **strongly encouraged** to attend this in-person training opportunity. To RSVP for the in-person training session, please email Gina Chicotel at gchicotel@komenneohio.org.

GeMS Assistance

Komen Northeast Ohio will only accept grant applications submitted through Komen's Grants eManagement System (GeMS). GeMS can be accessed at affiliategrants.komen.org. All new applicants and/or new program staff for returning applicants are **strongly encouraged** to review the GeMS training materials on www.komenneohio.org. Affiliate staff will be available throughout the RFA period for questions and consultation. Please allow adequate time (at least 5-10 business days) for issues and/or questions with GeMS to be resolved.

Grant Application Pre-Review

An optional grant pre-review period will be available to all applicants in the month of October. Applicants who wish to participate in the optional pre-review process are required to submit a portion of their grant application to be reviewed by Komen Northeast Ohio staff, grant writing experts, and former Grant Review Committee members. Segments of the application eligible for pre-review are: Project Summary Information (to include the Project Profile, Project Abstract, and Project Target Demographics); the Project Narrative; the Project Work Plan; and/or the Project Budget. Feedback and comments from pre-reviewers will be summarized in a written document and returned to participating applicants via email.

Applicants who wish to participate in the pre-review process must submit eligible sections of the application electronically to Gina Chicotel at gchicotel@komenneohio.org no later than 5:00pm on October 3, 2016. Application feedback and comments will be returned to all participating applicants no later than 5:00pm on October 17, 2016. If the applicant has further questions related to the pre-review feedback, in-person appointments and/or conference calls can be scheduled on an as-needed basis.

Coaching (including consultation prior to, during, or following the grant pre-review period) is independent of the grant review process. **Feedback received at any point in the application process does not predict a final funding decision nor does it guarantee funding.**

Please see [Appendix B: Grant Writing Resources](#) for a list of available online resources that may assist in the project development and grant writing process.

Eligibility Requirements

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

- Individuals are not eligible to apply. Applications will only be accepted from a non-profit organization with 501(c)3 status (such as an educational institution, hospital or other medical facility, or a community organization) or a local/state government located in or providing services to one or more of the following locations: Ashland, Ashtabula, Belmont, Carroll, Columbiana, Coshocton, Cuyahoga, Geauga, Harrison, Holmes, Jefferson, Lake, Lorain, Mahoning, Medina, Portage, Richland, Stark, Summit, Trumbull, Tuscarawas and/or Wayne Counties.
- Proposed projects must be specific to breast health and/or breast cancer and address the funding priorities identified in the 2017-2018 RFA. If a project includes other health issues along with breast cancer, such as a breast and cervical cancer project, funding may only be requested from Komen Northeast Ohio 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 any criminal misconduct does not recur.
- Applicant must ensure Komen Northeast Ohio funds are leveraged in conjunction with existing resources and go towards helping those most in-need. Therefore, all organizations that provide referrals to and/or direct breast health services, including mammograms, diagnostic procedures, and breast cancer treatment, MUST have a relationship with Ohio's Breast & Cervical Cancer Project (BCCP). Please refer to the following chart to determine which source of funding should be utilized for specific patients.

Age	Insurance and Financial Status	Funding Source
Under 40 with or without a breast health problem [†]	Uninsured and underinsured, [#] low-income	Komen Northeast Ohio
40-49 without a breast health problem [†]	Uninsured and underinsured, [#] low-income	Komen Northeast Ohio
40-49 with a breast health problem [†]	Uninsured with an income at or below 200% of the FPL [±]	Breast and Cervical Cancer Project
40-49 with a breast health problem [†]	Underinsured, [#] low-income	Komen Northeast Ohio
50+ with or without a breast health problem [†]	Uninsured with an income at or below 200% of the FPL [±]	Breast and Cervical Cancer Project
50+ with or without a breast health problem [†]	Underinsured, [#] low-income	Komen Northeast Ohio

[†]A breast health problem is defined as a physician noted abnormality.

[#]Underinsured includes any individual with insurance coverage (Medicaid, Medicare, private insurance, health savings accounts, etc.) whose out-of-pocket deductibles and co-pays are a financial burden.

[±]Federal Poverty Level; determined annually by the [US Department of Health and Human Services](http://www.hhs.gov).

General Restrictions and Conditions

Partial Funding

Komen Northeast Ohio may fund an application only after requesting and approving budget modifications or may fund only a portion of the application. If partial funding would be an impediment to the project, please note this in the budget justification section.

Reimbursement Rates

Direct services are reimbursed based on the current OH Medicaid reimbursement rates (plus 10% for those organizations who do not follow Medicaid rates). OH BCCP Medicaid Reimbursement Rates can be [downloaded online](#) and provide more information on allowable costs and expenses related to breast cancer screenings and treatments. For any services not covered by BCCP Medicaid, please refer to the standard [OH Medicaid rates available online](#). Rates for services must be justified within the grant application. Requests for rates higher than allowed will be returned to the applicant for correction during the internal compliance review period.

The Patient Protection and Affordable Care Act

Under The Patient Protection and Affordable Care Act (PPACA) guidelines, most Americans now have access to health insurance that covers a portion or all of the costs related to breast cancer services. Komen Northeast Ohio requires any application focused on screening, diagnostic, and/or treatment for breast cancer to assist those who qualify for Medicaid or premium assistance in enrolling into these

programs. Every effort should be made to demonstrate how your project will help facilitate enrollment for the eligible uninsured. This may be accomplished through a partnership with organizations who offer navigation services. Those applications that fail to address this point will be returned for correction during the internal compliance review period.

Past and Current Grantees

Returning grant applicants must provide a letter that acknowledges and responds to all points outlined in the written feedback of the Grant Review Committee from the last application submission. This letter should be uploaded in the Project Budget Summary section of the grant application. This is a requirement and should not be overlooked. If you need a copy of your most recent Grant Review Committee feedback, please contact Gina Chicotel at gchicotel@komenneohio.org or (216) 292-2873 ext.112.

Collaborative Grants

Sub-grant agreements are not permitted; however, collaborative grants are acceptable. Collaborative grants consist of a consortium of organizations applying for Komen funding together to conduct specific activities or services under the grant.

Letters of Collaboration

Komen Northeast Ohio strives to fund projects that reduce duplication of services, but we realize some duplication will exist. Therefore, Komen Northeast Ohio recommends the applicant demonstrate collaboration and partnership with similar projects to optimize strengths and enhance the impact of the project.

If the proposal relates to a collaborative project between or among agencies, the applicant should document the stated relationship with a letter of support. For example, Agency A states it will actively work with Agency B to complement each other's projects and ensure they are not providing duplicative health services. Agency A should therefore secure a letter of support from Agency B confirming the collaboration. These letters of collaboration will be expected and factored into the application's score as part of the grant review process.

Applicants should demonstrate an understanding of and a working relationship with their respective Breast and Cervical Cancer Project (BCCP) regional office, if applicable. Organizations requesting funds for screenings MUST have a letter of support from the appropriate regional BCCP office to demonstrate patients in need of screenings will be vetted for BCCP eligibility and be seen by a BCCP contracted provider. Applications with a screening component that do not contain a letter of support from the appropriate BCCP regional office will be returned for correction during the initial compliance review period (please see the [Review Process](#) section of the RFA for more information on the initial compliance review period).

Screening Projects

Screening projects must facilitate access to breast cancer diagnostic and treatment services. Screening projects must also demonstrate a working relationship with Ohio's BCCP to ensure women are not inadvertently disqualified from the project. Funding will not be provided for breast cancer screenings WITHOUT also providing referral to, and tracking of, diagnostic care and treatment, if necessary.

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 to be conducted

- Indirect costs, not to exceed 15 percent of total 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
- 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 one-on-one 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

Important Granting Policies

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

- The project must occur between April 1, 2017 to March 31, 2018.
- The effective date of the grant agreement is the date on which Komen Northeast Ohio 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 Northeast Ohio. All unspent funds will be invoiced to the grantee. Unspent funds must be returned to the Affiliate within 30 days of receipt of the invoice.
- Grant payments will be made in two 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 any time.
- At the discretion of Komen Northeast Ohio, 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 Northeast Ohio with a Certificate of Insurance with Susan G. Komen Breast Cancer Foundation, Inc., Susan G. Komen Northeast Ohio, 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.

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 <http://www.shopkomen.com/>.

Applications that have an education component and are approved for funding will be required to submit any PowerPoint presentations, education materials, and/or a summary of key points covered during any education sessions during the grant reporting process.

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 on

komen.org that may be used in community outreach and education projects. Check with Komen Northeast Ohio for resources that may be used in programming.

Intent to Action

Education projects should increase knowledge about breast health and breast cancer to empower people to make informed decisions and take action. Effective education efforts do more than simply raise awareness about breast cancer; they equip individuals to take action by providing in-depth information on breast cancer; breast cancer risk; screening options; knowing when, where, and how to seek care (including risk assessment, screening, diagnosis, treatment, and survivorship); community resources; and how to incorporate positive health practices into their daily lives. Projects should:

- Provide culturally competent education and outreach focused on vulnerable and at-risk populations, such as the elderly, racial minorities, low socio-economic populations, rural populations, those with limited or no health literacy skills, and/or LGBT communities.
- Focus on evidence-based practices that increase knowledge and encourage informed breast care decision making. **A clear explanation of how the project will lead to action or intent to act should be included in all applications requesting funds for education initiatives.**

Education projects must facilitate access to breast cancer screening services. Funding will not be provided for breast health/cancer education WITHOUT also providing referral to and tracking of screening and/or diagnostic breast care.

Review Process

Each grant application will be reviewed by at least three independent reviewers. They will consider each of the following weighted selection criteria (percentages below reflect the weight applied to each specific 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 [15%]: 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?

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

Monitoring and Evaluation [15%]: Is there a documented plan to measure progress against the stated project goal/objectives and the resulting outputs/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%]: Does the proposed project enhance collaboration among organizations with similar or complementary goals? Are the roles of the partners (if applicable) appropriate and relevant? Are collaborations (if applicable) likely to be sustained beyond the term of the grant?

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

Applicant Support: Questions should be directed to:

Gina Chicotel, Director of Mission

gchicotel@komenneohio.org

(216) 292-2873 x112

Submission Requirements

All proposals must be submitted online through the Komen Grants eManagement System (GeMS): <https://affiliategrants.komen.org>. Applications must be received on or before 5:00pm on Tuesday, November 1st, 2016. No late submissions will be accepted.

Application Instructions

The application must be completed and submitted via the Komen Grants eManagement 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](#) or contact Gina Chicotel at (216) 292-2873 x112 or gchicotel@komenneohio.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.

PROJECT PROFILE

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

Attachments for the Project Profile page (if applicable):

- **Letters of support or memoranda of understanding from proposed collaborators** – 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 the applicant 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 in GeMS, please specifically address the requirements of each section listed below.

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 Northeast Ohio funding.
- Describe how this project aligns with Komen Northeast Ohio 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. Demonstrate which specific techniques under the stated priority/priorities you are using to achieve your goal and objectives.
- Describe in detail what will be done and how the project will increase the percentage of people who enter, stay in, or progress through the continuum of care.
- Explain how the project is designed to meet the needs of specific communities including the cultural and societal beliefs, values, and priorities of each community.
- Explain if and how the project is evidence-based and/or uses promising practices (please cite references and include a full list of citation sources in the Project Budget Summary section in APA format).

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, a promising practice example, a compelling story from an individual that was served with Komen funding and number of individuals served through Komen funding for each objective (county, race and ethnicity, age, and population group).

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

The Monitoring and Evaluation narrative must address the following items:

- 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.

A strong evaluation plan measures both the quantity and quality of strategy implementation and outcomes. This includes both impact and process evaluation measures.

- Impact Evaluation: Assesses the changes that can be attributed to a particular intervention, such as a project or policy. Impact evaluation also helps answer key questions such as what works, what doesn't, where, why, and for how much.
- Process Evaluation: Assesses the delivery of projects. Process evaluation verifies what the project is and whether it is being implemented as designed. It answers the questions of what is delivered in reality and where gaps exist between project design and delivery.

Collaboration (limit – 5,000 characters)

- Describe project collaboration and the roles and responsibilities of all organizations or entities participating in the project. 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.

PROJECT TARGET DEMOGRAPHICS

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

PROJECT WORK PLAN

In the Project Work Plan component of the application in GeMS, applicants 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.

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:

Specific
Measurable
Attainable
Realistic
Time-bound

A guide to crafting SMART objectives can be located in [Appendix C](#) or at <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 the project 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 Northeast Ohio.** 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 C.](#))

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 the project is requesting funds, if applicable. **All key personnel must be listed in this section even if salary is not being requested for that position(s).**

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 the 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 the applicant organization. Direct Patient Care services, even if subcontracted, should not be included in this section; those funds should be included in the Patient Care budget section.

Supplies

This section should include office supplies, education supplies, and any other type of supplies the 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.

Travel

This section should be completed if the project is requesting funds for any type of travel including conference travel, registration fees, and/or 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 budget section.)

Patient Care

This section should include all funds requested for providing a direct service for a patient. This should be the cost the applicant organization 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.

Other

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

Indirect Costs

This section collects the allowable indirect costs. Komen Northeast Ohio allows requests for indirect costs up to 15 percent of the total direct costs.

PROJECT BUDGET SUMMARY

This section includes a summary of the total project budget. Other sources of funding, including in-kind contributions, internal fundraising, and/or other foundation dollars, must 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 organization's 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: <https://www.irs.gov/charities-non-profits/eo-operational-requirements-obtaining-copies-of-exemption-determination-letter-from-irs>.

- **Returning Applicant Cover Letter** – Any applicant that has applied to Komen Northeast Ohio must submit a cover letter outlining responses to the most recent feedback your organization received from the Grant Review Committee. If you need a copy of your most recent Grant Review Committee feedback, please contact Gina Chicotel at (216) 292-2873 x112 or gchicotel@komennehio.org.
- **Previous Grant Reports (Optional)** – Former/Returning grantees may upload a copy of their most recent six month or final report to demonstrate successful program outcomes and return on investment. If you would like to include this information, upload a copy here. (Reviewers will have access to prior numbers of individuals served for previous grantees.)



APPENDICES

Appendix A: Glossary of Terms

- **Collaborative Grants:** A consortium of organization may apply for Komen funding to conduct specific activities or services under the grant. For Komen purposes, a consortium is defined as two or more organizations that individually have the capacity and experience to carry out the activities under the grant award and enter into an agreement to submit a single application under this RFA.

The collaborative grant must set forth each organization's specific role in carrying out the activities under the grant award, and such roles must be neither nominal nor duplicative. One organization within the collaborative must be designated as the lead entity. The lead entity must submit the application and, if selected, execute the Grant Contract with Komen and assume responsibility for the award on behalf of the entire consortium. In addition, a Consortium Agreement must be executed and dated by all consortium members for the purpose of applying for and using Komen funding. The Consortium Agreement must be submitted with the grant application.

If awarded, the lead entity must enter into a sub-recipient agreement with each individual consortium member. The sub-recipient agreement must include the requirements of the Komen Grant Contract between Komen and the lead entity as well, and set forth the individual consortium member's responsibilities for compliance with Komen's grant agreement and all other Komen guidelines and policies.

Komen does not allow sub-contracts defined as contract entered between the grant recipient and a third party, not approved by Komen, to perform any portion of the grant in part or in whole.

- **Consortium:** An association or a combination of health care agencies, health care providers, community leaders, community members, government agencies, and/or grassroots organizations engaging in a joint venture to address breast health disparities.
- **Continuum of Care:** The continuum of care refers to the range of services available within the health care sector, and to some extent, outside of it, that address services and access to breast health, breast screening, diagnostics, breast cancer treatment, and survivorship services. The continuum of care is a theoretical model rather than an actual system of care delivery.
- **Cultural Competency:** Cultural competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or amongst professionals that enables the system, agency, or those professionals to work effectively in cross-cultural situations. The word culture refers to the integrated pattern of human behavior that includes thoughts, communications, actions, customs, beliefs, values, and institutions of a racial, ethnic, or religious group. The word competence refers to the capacity to function effectively. A culturally competent system of care acknowledges and incorporates—at all levels—the importance of culture, the assessment of cross-cultural relations, vigilance towards the dynamics that result from cultural difference, the expansion of cultural knowledge, and the adaptation of services to meet culturally-unique needs. (Definition adapted from *Toward a Culturally Competent System of Care: Vol. 1*, Terry Cross, et al. (1989).)
- **Education:** Defined for the purposes of this RFA as evidence-based activities targeted at improving overall understanding about breast health/breast cancer, promoting action toward early detection, increasing awareness about sources of care, and how to initiate the screening process. (May also include a Patient Navigation (see definition below) component.)
- **Evidence-Based Practices:** Strategies that have been tested, evaluated, and found to be effective in improving access, promoting behavioral change, and/or empowering individuals to make good breast health decisions. Evidence-based strategies are peer reviewed and usually published in a public health or medical journal. Please see our list of applicant and grantee resources in [Appendix B](#).
- **Funding Slate:** Rank order listing of grant applications as determined by the Grant Review Committee.

- **Grant Review Committee:** The Grant Review Committee is an independent group comprised of health care professionals, breast cancer survivors, co-survivors, educators, advocates, community members, representatives from other nonprofits, and other types of professionals (including accountants, attorneys, financial professionals, etc.), who are invited by the Affiliate to review all incoming grant applications and make funding recommendations to the Affiliate's Board of Directors.
- **Goal:** A goal is a broad-based statement of the ultimate result of the project being undertaken. *For example:* Project plans to increase access to breast cancer screening in XYZ County. Educate women 40 and older in at risk zip codes, 44444, 44443, 44442 in XYZ County.
- **Measurable Objectives:** Project proposals must include a detailed evaluation plan that outlines proposed outcome measures that are relevant to project services and include the number of services provided as well as individuals served and more qualitative measures like changes in a patient's ability to better engage in everyday life or satisfaction with services provided. These projections may be derived from previous, comparable project outcomes, from data from projects providing similar services, and/or from information provided by a community needs assessment. Funded applicants must report how many actual services were provided during the grant cycle, as compared to the estimates made in this application.
- **Outreach:** For the purposes of this RFA, outreach is defined as reaching out to various communities to find individuals who do not use or who underuse medical services. Outreach is making meaningful contacts with individuals on their terms in their natural settings within well-defined communities, while also providing any service that facilitates entry into the screening cycle. May also include Patient Navigation component (see definition below).
- **Objective:** A measurable, time-specific result the organization expects to accomplish as part of the grant. Objectives are specific approaches to achieve the goal. *For example:* a) Provide screening mammograms to 150 medically underserved women; b) Will educate 500 women in breast health; c) X number of women out of the 500 will obtain a mammogram within six months of project.
- **Patient Navigation:** For breast health, Patient Navigation refers to guidance provided to persons needing access to screening, re-screening, and, in the case of abnormal findings, accessing the cancer care system and overcoming barriers to quality, standard care. Patient Navigation services may be considered education, outreach, or both.
- **Provider:** HIPPA law defines provider, for the purposes of health care, as a provider of medical or health services and any other person or organization who furnishes, bills, or is paid for health care in the normal course of business. This can include, but is not limited to: breast health or breast cancer surgeons, oncologists, radiologists, nurses, patient navigators, social workers, mammographers, primary care physicians, medical billing staff, medical administrative staff, etc.
- **Provider Education:** For the purposes of this RFA, all proposed projects addressing provider education should increase provider knowledge and understanding of breast cancer screening recommendations supported by Susan G. Komen®, the various local resources available to the uninsured, breast cancer survivors and co-survivors, internal/external referral processes, and/or cultural competency issues so their patients can better navigate through the continuum of care. Please see the definition of providers above. Partnerships and/or collaborations are encouraged, but not required. Education/training must include appropriate CEU/CMUs for attendance.
- **RFA:** Request for Applications.
- **Scoring Rubric:** The template used by the Grant Review Committee that is used to objectively score RFA responses in a consistent manner. All Applicants have access to the scoring rubric, which can be found [here](#) on Komen Northeast Ohio's website.

- **Screening and Diagnosis:** For the purposes of this RFA, defined as a complete breast health screening cycle that includes a Clinical Breast Exam (CBE) and/or mammography. Screening and diagnosis may also include medical services not covered by the BCCP. Komen Northeast Ohio does not pay for breast cancer treatment.

Komen Headquarters defines screening and diagnosis as:

- Interventions to change attitudes and beliefs that affect behavior related to breast cancer control and breast cancer outcomes.
 - Influences of attitudes and beliefs on compliance to treatment and prevention protocols.
 - Psychological or educational interventions to promote behaviors that lessen treatment-related morbidity and promote psychological adjustment to the diagnosis of breast cancer and to treatment effects.
- **Sustainability:** How a project and its impact will be sustained in the long-term. What resources (financial, personnel, partnerships, etc.) will be needed to sustain this effort over time? How will those resources be secured? Could the organization(s) sustain the project three to five years from now without funds from Komen?
 - **Systemic Issues/Health Care Delivery:** Komen Headquarters describes this as:
 - Centers, consortia, and/or networks.
 - Analysis of health service provision, including interaction of primary and secondary care.
 - Impact of organizational, social, and cultural factors on access and quality of care.
 - **Survivor Support:** Komen Headquarters defines survivor support as interventions addressing: quality of life issues, pain management, psychological impacts of breast cancer survivorship, rehabilitation, reproductive issues, and/or long-term morbidity.
 - **Treatment:** Projects focusing on treatment are those that reduce out-of-pocket costs for treatment related expenses, such as co-pay or prescription drug assistance, chemotherapy, clinical trials, etc.
 - **Treatment Support:** Refers to projects addressing quality of life issues and/or support during treatment or after diagnosis for breast cancer patients and/or their families. A person is considered a breast cancer survivor from the point of diagnosis. Projects addressing treatment support issues may assist with cost-of-living expenses for individuals in active treatment for breast cancer; provide support groups or counseling/psychotherapy for breast cancer patients and their families; complementary therapy (e.g. meditation, yoga, acupuncture, etc.) education; end of life care; legal services; and/or side-effect management (e.g. prosthesis, wigs, lymphedema care, etc.).

Appendix B: Grant Writing Resources

Research-tested Intervention Programs (RTIPs) – Evidence-based Breast Cancer Screening Intervention Programs

<http://rtips.cancer.gov/rtips/programSearch.do>

This searchable database of cancer control interventions and program materials is designed to provide program planners and public health practitioners easy and immediate access to research-tested materials.

Cancer Control P.L.A.N.E.T.

<http://cancercontrolplanet.cancer.gov/>

This portal provides access to Web-based resources that can assist in: assessing the cancer and/or risk factor burden within a given state, identifying potential partner organizations that may already be working with high-risk populations, understanding the current research findings and recommendation, accessing and downloading evidence-based programs and products, and finding guidelines for planning and evaluating your program.

The Community Guide

<http://www.thecommunityguide.org/index.html>

The Guide to Community Preventive Services is a free resource to help you choose programs and policies to improve health and prevent disease in your community. Systematic reviews are used to answer these questions:

- Which program and policy interventions have been proven effective?
- Are there effective interventions that are right for my community?
- What might effective interventions cost; what is the likely return on investment?

Foundation Center's Proposal Writing Short Course

<http://foundationcenter.org/getstarted/tutorials/shortcourse/index.html>

The Foundation Center offers a short online course on proposal writing that covers gathering background information, the components of a proposal, the executive summary, statement of need, project description, budget, organizational information, and letter proposal.

CDC Evaluation Working Group

<http://www.cdc.gov/eval/>

The CDC Evaluation Working Group provides guidelines for program evaluation to help organizations use science as a basis for decision-making and action, expand the quest for social equity, perform effectively as a service agency, make efforts outcome-oriented and be accountable.

W. K. Kellogg Foundation Evaluation Handbook

<http://www.wkkf.org/knowledge-center/resources/2010/W-K-Kellogg-Foundation-Evaluation-Handbook.aspx>

The W. K. Kellogg Foundation believes that evaluation is useful to document impact and demonstrate accountability and that evaluation should also lead to more effective programs, greater learning opportunities, and better knowledge of what works. This handbook provides a framework for thinking about evaluation as a relevant and useful program tool and is designed to encourage dialogue about the role evaluation should play at the project level.

Community Tool Box

<http://ctb.ku.edu/en/default.aspx>

The Community Tool Box is a global resource for free information on essential skills for building healthy communities that offers practical guidance in creating change and improvement.

Community Health Worker Programs Materials

<http://www.cdc.gov/cancer/nbccedp/training/community.htm>

This link takes you to two handbooks created by the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). The first handbook is online and focuses on the development and management of community health programs. The second handbook is available on request and was developed to expand

existing community breast health worker programs to include breast and cervical cancer screening promotion and is used to train community health workers. Both materials have a comprehensive list of references and resources for further reading.

The Foundation Center

<http://foundationcenter.org/>

The Foundation Center is recognized as the nation's leading authority on organized philanthropy, connecting nonprofits and the grantmakers supporting them to tools they can use and information they can trust. The Center maintains the most comprehensive database on U.S. grantmakers and their grants; issues a wide variety of print, electronic, and online information resources; conducts and publishes research on trends in foundation growth, giving, and practice; and offers an array of free and affordable educational programs.

National Registry of Effective Programs and Practices (NREPP) Learning Center

<http://www.samhsa.gov/nrepp>

NREPP's Learning Center includes learning modules, research documents, and other resources on topics of interest including making evidence-based programming work for you and evidence-based theory relationships.

University of Wisconsin Extension: Program Development and Evaluation

<http://www.uwex.edu/ces/pdande/evaluation/evaldocs.html>

The University of Wisconsin Extension provides practical, easy-to-use guides designed to help agencies better plan and implement credible and useful evaluations. They also may be useful to agencies or funders who are seeking assistance with realistic evaluation strategies.

Reach Effectiveness Adoption Implementation Maintenance (RE-AIM)

http://www.re-aim.hnfe.vt.edu/about_re-aim/what_is_re-aim/index.html

The goal of RE-AIM is to encourage program planners, evaluators, readers of journal articles, funders, and policy-makers to pay more attention to essential program elements including external validity that can improve the sustainable adoption and implementation of effective, generalizable, evidence-based interventions.

Appendix C: 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
1. Is the objective SMART?		
<ul style="list-style-type: none"> • Specific: <i>Who? (target population and persons doing the activity) and What? (action/activity)</i> 		
<ul style="list-style-type: none"> • Measurable: <i>How much change is expected?</i> 		
<ul style="list-style-type: none"> • Achievable: <i>Can be realistically accomplished given current resources and constraints</i> 		
<ul style="list-style-type: none"> • Realistic: <i>Addresses the scope of the project and proposes reasonable projectmatic steps</i> 		
<ul style="list-style-type: none"> • Time-bound: <i>Provides a time frame indicating when the objective will be met</i> 		
2. Does it relate to a single result?		
3. Is it clearly written?		

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 D: Income Guidelines

2016 Poverty Guidelines for the 48 Contiguous States & the District of Columbia
Effective 1/25/2016

Persons in Family (Household)* Size***	100% of DHHS Federal Poverty Guidelines (FPL)*		250% of FPL	
	Monthly	Annual	Monthly	Annual
1	\$990	\$11,880	\$2,475	\$29,700
2	\$1,335	\$16,020	\$3,338	\$40,050
3	\$1,680	\$20,160	\$4,200	\$50,400
4	\$2,025	\$24,300	\$5,063	\$60,750
5	\$2,370	\$28,440	\$5,925	\$71,100
6	\$2,715	\$32,580	\$6,788	\$81,450
7	\$3,061	\$36,730	\$7,652	\$91,825
8	\$3,407	\$40,890	\$8,519	\$102,225

For families with more than 8 persons, add \$4,160 annually for each addition person.

*As defined by the Bureau of the Census for statistical purposes, a household consists of all the persons who occupy a housing unit (house or apartment), whether they are related to each other or not. If a family and an unrelated individual, or two unrelated individuals, are living in the same housing unit, they would constitute two family units, but only one household.

***Size of Family Unit supported by Total **Gross** Household Income. Gross income is money made by the individual **BEFORE** taxes.

SOURCE: DHHS (2016). Annual Update of the HHS Poverty Guidelines. *Federal Register*, 79(14), 3593-3594. Retrieved from <http://aspe.hhs.gov/poverty/15poverty.cfm>.