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### **PROGRESS REPORT - NARRATIVE**

Progress Report- Narrative: This section will collect the information required to capture the project's overall progress made during the reporting period.

Reporting Period:  To \*

**Please provide a summary of your progress by responding to the questions below.**

How did your project have an impact on the priority you selected in your application?

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Describe overall project successes and/or accomplishments. Examples include, increased collaboration, decreased time between screening and diagnosis and/or diagnosis and treatment and increasing the percentage of people who enter, stay in, or progress through the continuum of care.

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List any unforeseen challenges encountered during the implementation of this project and how you have addressed them to meet the goal and objectives set forth in your application.

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Identify lessons learned from the planning, implementation or evaluation of the project and how you will incorporate those lessons into future projects and programs moving forward.

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Please include an example of a promising practice (a method or technique that showed success) from your project that can be shared with other grantees.

0 of 1500

Provide a story of an individual who has been served by this project with Komen funding. Please share this story in a general way and do not include any personally identifiable information. Elements of a compelling success story include a general description of the circumstances that led to the patient/client needing your organization's assistance, quotes from the patient/client and the need your organization fills in your community that is displayed by this patient/client's story. These stories are vital for Komen to share the impact of its funding in local communities.

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Provide contact information for the person at your organization who can be reached for further information about this individual's story

Name \*

Phone \*

Email \*

Affiliate Category -

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Affiliate Category -

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Upload required documentation as outlined by the Affiliate

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### PROGRESS REPORT - BREAST CANCER FOLLOW-UP AND DIAGNOSES

Progress Report – Breast Cancer Follow-Up and Diagnoses: This section will collect information on timely progression through the breast cancer continuum of care, as well as the number of breast cancers diagnosed through the Komen project.

Please report on the timeframe for individuals receiving care, if information is available:

Time Service Received	Number of individuals who had diagnostic resolution after abnormal screening results	Number of Individuals who initiated treatment after diagnosis
Less than 30 days	<input type="text"/>	<input type="text"/>
31-60 days	<input type="text"/>	<input type="text"/>
61-90 days	<input type="text"/>	<input type="text"/>
91 days or more	<input type="text"/>	<input type="text"/>

Individuals Diagnosed with Breast Cancer and Stage of Diagnosis							
County of Residence	Number of Individuals Diagnosed with Breast Cancer	Unknown	Stage 0	Stage I	Stage II	Stage III	Stage IV
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Subtotal	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<b>Total number of breast cancers diagnosed</b>	Total number of these columns should equal "Total number of breast cancers diagnosed"					
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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<b>Subtotal</b>																		
<b>Total number of services provided</b>	Total number of these columns should equal "Total number of services provided":							Total number of these columns should equal "Total number of services provided":					Total number of these columns should equal "Total number of services provided":					

Special Populations	Total Number
Amish, Mennonite	<input type="text"/>
Appalachian	<input type="text"/>
Armed Forces, Military	<input type="text"/>
Breast cancer survivors living with metastatic disease	<input type="text"/>
Co-survivors	<input type="text"/>
Frontier	<input type="text"/>
Health care providers	<input type="text"/>
Homeless, Residing in Temporary Housing (i.e., shelter)	<input type="text"/>
Immigrants, Newcomers, Refugees, Migrants	<input type="text"/>
Inmates, Ex-offenders	<input type="text"/>
Jewish	<input type="text"/>
LGBTQ	<input type="text"/>
Males that received direct services (i.e., screening, diagnostic or treatment services)	<input type="text"/>
People with disabilities	<input type="text"/>
Rural	<input type="text"/>
Other (text box)	<input type="text"/>
<input type="text"/>	<input type="text"/>
Other (text box)	<input type="text"/>
<input type="text"/>	<input type="text"/>

- Summarize the results of this specific objective including, but not limited to:
- Describe how this objective was implemented
  - Explain how the effect of these activities (implementing the objective) was measured (e.g., what tools were used, how data were gathered)
  - Describe the results of these activities including the impact on the target community

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Attach any additional documentation required by the Komen Affiliate here

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### PROGRESS REPORT - BUDGET

Progress Report – Budget: This section will collect information on the current budget. Please report on the actual Komen project expenses, and Cash and In Kind received to date.

- Project Budget: Komen project expenses
- Cash: Any monetary funds for the program from outside sources, such as other grant awards
- In Kind: Both services and supplies provided by the organization itself (including salaries) and from outside sources (e.g. food, equipment) to support the program
- Indirect: Includes expenses not directly related to the conduct of the program, including, but not limited to, allocated costs such as facilities, technology support, communication expenses, administrative support, etc.

Changes to the original budget must be submitted and approved using the Request for Grant Change form. In order to begin this process, please change the application status to "Amendment Requested."

	Project Budget	Actual to Date	Remaining	Cash Budget	Actual to Date	Remaining	In Kind Budget	Actual to Date	Remaining
Salaries and Fringe		<input type="text"/>			<input type="text"/>			<input type="text"/>	
Consultants/ Subcontracts		<input type="text"/>			<input type="text"/>			<input type="text"/>	
Supplies		<input type="text"/>			<input type="text"/>			<input type="text"/>	
Travel		<input type="text"/>			<input type="text"/>			<input type="text"/>	
<b>Patient Care Costs</b>									
Screening		<input type="text"/>			<input type="text"/>			<input type="text"/>	
Diagnostics		<input type="text"/>			<input type="text"/>			<input type="text"/>	
Treatment		<input type="text"/>			<input type="text"/>			<input type="text"/>	
(Patient Care) Other		<input type="text"/>			<input type="text"/>			<input type="text"/>	
Transportation		<input type="text"/>			<input type="text"/>			<input type="text"/>	
Other		<input type="text"/>			<input type="text"/>			<input type="text"/>	
<b>Subtotal – Direct Costs</b>									
<b>Indirect Costs</b>		<input type="text"/>			<input type="text"/>			<input type="text"/>	
<b>Total</b>									

Please describe any discrepancies between approved amounts (for Project Budget, Cash, and In Kind) and actual amounts for each (Actual to Date). Please also include additional sources of funding, if received.

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Please describe the plan to address budget overages or shortfalls described above.

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Receipts:

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### **PROGRESS REPORT - MATERIALS**

Progress Report - Materials: If you created any materials for your project, please complete this section and upload items created. Examples: press release, event flyer, newspaper article.

Upload Materials

*Please provide the following information related to this item:*

**Name of Material**

**Purpose of Material**

Type of material

Other

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### **PROGRESS REPORT - AFFILIATE REVIEW FORM**

Affiliate Review Form: This section is where you will conduct a comparative review of the current progress of the project to the stated goals and objectives presented in the grant application.

Please note: if you select "no" for any item on the form, please provide additional details in the corresponding notes field.

Once you have completed the form below, please make sure you click the save button or no information will be saved.

Organization  
Title of Project  
Project Director

Progress Reporting Period:    To

Was their report submitted on or prior to the due date?

Yes  No

And if not, did they receive approval for a late submission?

Yes  No

Comments

0 of 500

Is the grantee on track for completing all their objectives?

Yes  No

Comments

0 of 500

Did they provide copies of materials?

Yes  No

Did they receive approval prior to releasing the materials?

Yes  No

Did they appropriately acknowledge Komen's support?

Yes  No

Comments

0 of 500

List two to three of their primary accomplishments:

0 of 1000

Was the project budget spent as approved?

Yes  No

If not, please explain.

0 of 500

Does it appear they will have any unspent funds?

Yes  No

Comments

0 of 500

**Recommended Action**

Additional information required:

0 of 100

Request return of funds

Yes  No

Schedule site visit

Yes  No

Process payment

Yes  No

**Approval**

Is this progress report approved?

Yes  No

If no, you must explain

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Name of individual reviewing report

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### GRANT PAYMENT

Grant Payment: This section is where you will input all the information required to prepare the next grant installment payment.

**Only the AGM (Affiliate Grants Manager) is permitted to update the Grant Payment form.**

Request Date	<input type="text"/>	
Grant Activity Number		
People Soft Vendor ID	<input type="text"/>	
Project Director		
Banking Institute Name	<input type="text"/>	
Last four digits of the bank account the payment should be made from	<input type="text"/>	
Payment Amount	<input type="text"/>	
Payment #	<input type="text"/>	
W9 verified during Contract Acceptance	<input type="radio"/> Yes <input type="radio"/> No	

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