2015-2016 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.

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

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 (NEO) is working to better the lives of those facing breast cancer in the local community. Through events like the Komen Akron & Cleveland Races for the Cure®, Komen NEO has invested nearly $14 million in community breast health programs in 22 Northeast Ohio counties and has helped contribute approximately $5 million to the more than $800 million invested globally in research. Komen-funded research has touched every breast cancer advance in the last 30 years. Komen currently manages a portfolio of over 500 active research grants totaling more over $250 million, awarded to the best minds in cancer science all over the world.

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

Our Vision: A world without breast cancer.

Our Values:
- Inclusion – to embrace the uniqueness of every individual
- Stewardship – to be accountable for our performance, individually and collectively
- Honesty – to foster a community of trust and integrity
- Openness – to seek out new ideas and new ways of thinking
- Passion – to demonstrate personal commitment to our promise
- Empowerment – to entrust others and hold ourselves accountable

ABOUT KOMEN NORTHEAST OHIO

Komen NEO was founded in 1994 to carry out the Komen promise locally. Komen NEO continually strives to fulfill our mission through education, grantmaking, advocacy, and fundraising.

Komen NEO serves 22 counties, including: Ashland, Ashtabula, Belmont, Carroll, Columbiana, Coshocton, Cuyahoga, Geauga, Harrison, Holmes, Jefferson, Lake, Lorain, Mahoning, Medina, Portage, Richland, Stark, Summit, Trumbull, Tuscarawas and Wayne. Seventy-five percent of the net proceeds raised by Komen NEO stay in this 22 county service area and are awarded to programs offering breast health and breast cancer education, screening, diagnostics, and other treatment support services through our Community Grants Program. The remaining twenty-five percent of the net proceeds support Komen National’s Research & Scientific Awards Program.

In 2009, Komen NEO was recognized as the Affiliate of the Year out of 125 Affiliate’s nationally. This award is presented to the Affiliate with the best overall effort in advancing Komen’s mission and promise. The award acknowledges creative and innovative mission-related programs within the Northeast Ohio service area. The Affiliate’s signature event is the Race for the Cure series, which now takes place in Cleveland and Akron. The Race series gathers over 15,000 people annually and thousands more fundraise for each event. The money raised through our Race series supports our large Community Grants Programs.

Komen NEO is a leader in grantmaking and has invested over $20 million to national research initiatives and a wide variety of local nonprofits that provide breast health and breast cancer services to the medically underserved in our service area. The Affiliate is currently funding 10 projects, totaling nearly $800,000 in support. Komen NEO also conducts internal education and advocacy initiatives aimed at ensuring quality care for all. More information on these programs can be found at www.komenneohio.org.

* - Please see Appendix A: Glossary of Terms for specific definitions throughout the Grantmaking Guide
GUIDING PRINCIPLES IN GRANTMAKING

Susan G. Komen is committed to fulfilling our promise to save lives and end breast cancer forever through empowering people, ensuring quality care for all, and energizing science to find the cures. Our Guiding Principles in Grantmaking assist in holding the Affiliate and our grantees to the highest standards of accountability. With funds raised at Komen NEO, we provide financial support to local agencies through large community grants that support evidence-based strategies and promising practices aimed at reducing disparities in breast cancer mortality within our 22 county service area. Grant funding is prioritized according to needs as identified by the Komen Northeast Ohio Community Profile.

The Guiding Principles in Grantmaking provide a framework for all potential grant applicants. Grants are awarded to organizations that exhibit the following principles:

**Impact** – Komen NEO strongly supports programs that impact individuals, groups, families and/or communities with large populations of high-risk individuals. Funded projects reach high-risk populations through interventions or programs that impact multiple levels on the continuum of care.

**Collaboration** – Komen NEO and our grantees collaborate and build partnerships with key stakeholders, legislators, community members, and grassroots organizations to leverage existing resources. A strong priority is given to funding requests that include the coordination of services and information sharing among organizations to strengthen the continuum of care. Komen NEO values maximizing resources to ensure program sustainability.

**Cultural Competence** – Cultural competence in healthcare ensures a high level of care is delivered to patients with diverse values, beliefs and behaviors, including tailoring delivery to meet patients’ social, cultural, and linguistic needs. Programs initiated by Komen NEO and our grantees will promote cultural competency through information and education on the latest in breast health practices. In accordance with this principle, Komen NEO values grant programs representative of the communities they serve.

**Shared Learning** – Komen NEO fosters an environment of shared learning amongst our grantees and between the grantee and the Affiliate, allowing everyone to learn from each other’s success and experience. Komen funds evidence-based and outcome-driven programming. Sharing information on how grantees are able to impact lives or to demonstrate return-on-investment enhances the process for all and raises the probability of success for future grantees.

GRANTMAKING GUIDE

Komen NEO seeks to ensure all people regardless of race, income, geographic location, sexual orientation, or insurance status have access to screening and, if diagnosed, quality, effective treatment support services. The Affiliate* supports this by funding an array of breast health and cancer services that together create seamless delivery of care for the medically underserved* in our 22 county service area.

**Community Needs and Funding Priorities**

Komen NEO establishes strategic funding priorities by conducting a comprehensive community needs assessment, known as the Community Profile. Applicants* are strongly encouraged to review the 2011 Community Profile report to learn more about the challenges and successes specific to the areas they serve. County level and zip-code specific information is included on breast cancer incidence, mortality, screening rates, insurance status, and other key statistics. The full report can be viewed here on the Komen NEO website.

Please refer to the Community Profile to locate the areas of highest need within each of Komen NEO’s 22 counties.

* - Please see Appendix A: Glossary of Terms for specific definitions throughout the Grantmaking Guide
For the April 1, 2015 – March 31, 2016 grant cycle, funding for programs that have demonstrated a commitment to the Affiliate’s Guiding Principles in Grantmaking in their day-to-day practices will be given strong preference. Programs must also specifically address one of the following funding priorities:

**Priority 1: Systemic Issues** – Develop and strengthen relationships with stakeholders and non-traditional partners along the continuum of care to increase access and reduce systemic barriers. Examples of services/programs include, but are not limited to:

- Through provider education, increase breast health provider’s understanding of cultural competency, breast cancer screening recommendations supported by Komen, and/or knowledge of resource referral processes to better navigate patients through the continuum of care.
- In at least one priority area, create an advocacy model for engaging strong community partners to address administrative barriers to care. The model should facilitate patient progression through the continuum of care. Administrative barriers to care are defined as, but not limited to: financial assistance, program eligibility, reduced co-pays and out of pocket expenses, insurance eligibility, etc.
- Establish a provider consortium in at least one priority area to advocate for continued funding of the BCCP and/or issues surrounding a fragmented continuum of care.
- Increase awareness and availability of financial assistance services for women in treatment.
- Promote interagency collaboration and partnerships with organizations along the continuum of care to facilitate screening, diagnosis, and treatment support services. Increase patient navigation to ensure efficiency of services and timely delivery of care.

**Priority 2: Education/Awareness** - Increase breast health awareness and education programs, including early detection and screening information, for women most in need of services with a focus on underserved populations. Examples of services/programs include, but are not limited to:

- Utilize evidence-based approaches, e.g. peer to peer or small group education sessions and culturally tailored programs, to breakdown fear surrounding mammography and emphasize the importance of early detection through screening.
- Establish partnerships that utilize non-traditional venues, such as churches or beauty salons, to increase awareness of available screening programs.
- Diversify early detection and education interventions to include programs focused on genetics, women under the age of 40, and education for employers.
- Support post treatment educational initiatives, including individual/family counseling, lymphedema classes, and information on recurrence risk.

**Priority 3: Access** – Increase access to screening and treatment services for the low-income, under/uninsured, working poor and underserved populations. Examples of services/programs include, but are not limited to:

- Provide low/no-cost screening services to target populations.
- Increase services facilitating screening, including mobile mammography, patient navigation, transportation, child care, after hours/weekend care, and appointment reminders.
- Facilitate continuation of treatment by providing direct financial assistance to women in active treatment.

Submitted grant applications MUST address at least one of the priorities above.

**Submission Requirements**

All applications must be received by 5:00pm on Monday, November 3, 2015.

- Applications are required to be submitted through Komen’s Grants eManagement System (GeMS).
- Late or incomplete applications will not be accepted by the system.

* - Please see Appendix A: Glossary of Terms for specific definitions throughout the Grantmaking Guide
• Komen NEO will not accept any paper copies of applications.
• The grant application consists of the following segments that must be completed in their entirety:
  o Project Profile
  o Organization Summary
  o Project Abstract
  o Project Narrative
  o Target Demographics
  o Key Personnel
  o Project Work Plan – goals* and objectives*
  o Project Budget – salaries, consultants, supplies, travel, patient care, indirect and various other costs
• All attachments should be in Word, Excel, or PDF format.
• Questions about the submission process should be sent to Gina Chicotel at gchicotel@komenneohio.org or (216) 292-2873 ext.112. Please allow adequate time (at least five business days) before the application deadline for response to any questions.

Grant Training Opportunities

Komen NEO will offer multiple webinars, an in-person training, and coaching opportunities during the months of August and September to acquaint all applicants with Komen NEO grant funding priorities, grant writing tips and tricks, and the grant submission process.

On August 4, 2014, Komen NEO will upload two recorded webinars to the grants webpage. The first webinar, RFA 101, will review the 2015-2016 RFA*, the 2011 Community Profile, and grant eligibility and submission requirements. The second webinar, Grant Writing 101, will provide an overview of the grant writing process specific to Komen NEO’s grant application and submission requirements, funding priorities, and GeMS. Applicants can review these optional webinar trainings online at any point during the application process.

Komen NEO will host one in-person Grant Writing Workshop focused on evidence-based programs, health literacy, and program evaluation on Wednesday, August 27, 2014 at the Cuyahoga County Library – Independence Branch from 1:00pm – 4:00pm. This training will feature Dr. Cyleste Collins, PhD, Senior Research Associate at Case Western Reserve University, a recognized local expert on program development and evaluation. The in-person training is not required, but all applicants are strongly encouraged to send at least one organizational representative to attend. Applicants can RSVP for the in-person training session by emailing Gina Chicotel at gchicotel@komenneohio.org. More specific information related to the in-person training is available on the Komen NEO website.

Due to Komen NEO’s recent switch from a paper application process to an electronic grants system (GeMS), **all new applicants, any organizations that have not applied for funding in the last three years, and/or new program staff for returning applicants/grantees are required to attend one mandatory, in-person GeMS training with Affiliate staff.** This mandatory training will be offered at the Komen NEO office from 12:00pm-2:00pm on Tuesday, September 17, 2014, and Wednesday, September 18, 2014. Applicants can choose the date that works best for their schedule, but they MUST attend at least one training session. Conference call capabilities will be available for those who have to travel long distances. To RSVP for a GeMS training session, please email Gina Chicotel at gchicotel@komenneohio.org.

Komen NEO will also offer a virtual webinar training series in September to highlight local best practices in breast health programming. Specific topics, dates, and times are TBD. More specific information related to the best practice webinars will be communicated via email and on the Komen NEO website.
Komen staff will also be available by appointment during the months of September and October to address any unique concerns and/or issues an applicant may have during the application process. Please contact Gina Chicotel at gc Wichotel@komenneohio.org to schedule a convenient time to meet.

Grant Application Pre-Review

An optional grant application 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 will be required to submit a portion of their application to be reviewed by Komen NEO 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 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 gc Wichotel@komenneohio.org no later than 5:00pm on October 3, 2014. Application feedback and comments will be returned to all participating applicants no later than 5:00pm on October 17, 2014. 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 program development and grant writing process.

Eligibility

Qualifying Organizations - Any United States nonprofit, federally exempt organization may apply for a grant from Komen NEO, assuming the applicant meets all other requirements as stated in these guidelines. Eligible organizations include nonprofit organizations, nonprofit hospitals and hospital systems, governmental entities, Indian tribes, and nonprofit educational institutions. Organizations who plan to use a fiscal sponsor must contact Komen NEO prior to submitting a grant application.

If the 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 the applicant is not eligible to apply for a grant until 12 months after the conviction. After such 12 month period, applicant must demonstrate in its application that appropriate remedial measures have been taken to ensure that any criminal misconduct does not recur.
Focus – Komen NEO will only fund projects focused exclusively on breast health and/or breast cancer for uninsured, underinsured, and low income individuals. Please refer to Appendix C: Income Levels for information on federal poverty guidelines. If a project is a combined breast and cervical cancer project, funding may only be requested for the breast cancer portion.

Service Area – All grant applicants must be located in and/or provide services in 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.

General Restrictions and Conditions

Partial Funding – Komen NEO may fund your application only after requesting and approving budget modifications or may fund only a portion of the application. If you feel partial funding would be an impediment to your project, please note this in your budget justification. The GeMS system will detect any errors in budget calculations.

Rates – Direct services are reimbursed based on the current Medicare part B rate plus 10%. Please refer to Appendix D: Medicare Reimbursement Rates for a list of the current Medicare reimbursement rates.

Past and Current Grantees - All past and current Komen-funded grants or awards made to the applicant must be up-to-date and in compliance with Komen requirements.

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 prior year (Form: Komen Grants Review Committee Proposal Feedback). 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 require a copy of your most recent Grant Review Committee feedback, please contact Gina Chicotel at gchicotel@komenneohio.org or (216) 292-2873 ext.112.

Returning grantees must also provide a PDF copy of their most recent progress/final report for the last year they received Komen NEO funding. This is only a requirement for grants that were awarded in the last five years (after 2010) and should not be overlooked. Please contact Gina Chicotel at gchicotel@komenneohio.org or (216) 292-2873 ext. 112 if you are unable to locate a copy of your most recent progress/final report.

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 NEO strives to fund programs that do not duplicate services, but we realize some duplication will exist. Therefore, the Affiliate recommends the applicant demonstrate collaboration and partnership with similar programs within the Northeast Ohio service area to optimize strengths and enhance the impact of the program.

If the proposal relates to a collaborative project between or among agencies, the applicant should document that stated relationship with a letter of support. For example, Agency A states it will actively work with Agency B to complement each other’s programs 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 that are requesting funds for screenings MUST have a letter of support from the appropriate regional BCCP office to demonstrate that 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

* - Please see Appendix A: Glossary of Terms for specific definitions throughout the Grantmaking Guide
support from the appropriate BCCP regional office will be returned to project directors for correction during the initial compliance review period (please see the Review Process section of the RFA for more information on the initial compliance period).

_Educational Messages and Materials_ – Susan G. Komen is a source of information about breast health and breast cancer for people all over the world. To reduce confusion and reinforce learning, we only fund programs that involve educational messages and materials that are consistent with those promoted by Komen, including promoting the messages of breast self-awareness—know your risk, get screened, know what is normal for you and make healthy lifestyle choices. The consistent and repeated use of the same messages will improve retention and the adoption of the actions we think are important. Please visit the following webpage before completing your application and be sure that your organization can agree to promote these messages: [http://ww5.komen.org/BreastCancer/BreastSelfAwareness.html](http://ww5.komen.org/BreastCancer/BreastSelfAwareness.html).

Education programs should focus on the importance of breast self awareness and breast cancer screenings to support early detection. **Komen does not recommend monthly breast self-exams and therefore will not fund education programs that teach or endorse the use of monthly breast self-exams or use breast models.**

Education programs 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. Komen funds cannot be used in the promotion of breast self-examination or to purchase breast health models for any purposes.

Funding to purchase Komen materials should be included in your project budget. Komen NEO recommends you budget $1 per person for educational materials. Grantees are eligible to receive a discount on materials and will be enrolled in a discount program. To view our educational materials, including materials targeted to specific populations, visit [www.shopkomen.com](http://www.shopkomen.com).

Organizations 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. Please see Appendix E: Grant Reporting Requirements for more specific information related to grant reporting requirements and expectations.

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

**Contract and Contract Period** – A grant contract will be the legal mechanism for funding. The grant contract will stipulate all of the conditions listed in this document. The grant period begins April 1, 2015 and will conclude March 31, 2016.

_Proof of Insurance_* – For the grant application process, applicants will only be required to upload proof of insurance documentation that outlines the current commercial general liability insurance levels for the organization.

During the contract period for applications approved for funding, grantees must agree to and provide documentation that shows the following insurance coverage limits:

1. Maintain and provide evidence of 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.
2. Workers’ compensation insurance in the amount required by the law in the state of OH and professional liability insurance with limits of not less than $1,000,000.
3. Excess/umbrella insurance, excess to the insurance set forth above, with a limit of not less than $5,000,000.

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* - Please see Appendix A: Glossary of Terms for specific definitions throughout the Grantmaking Guide
4. In the event the grantee provides any transportation services in connection with the Breast Cancer Project, the grantee will also need to maintain $1,000,000 combined single limit automobile liability coverage.

5. If the grantee provides or facilitates any medical services (other than referrals), the grantee will maintain medical malpractice coverage with combined limits of not less than $1,000,000 per occurrence and $3,000,000 in the aggregate.

6. Name the Northeast Ohio Affiliate of Susan G. Komen as an additional insured under its general liability insurance policy solely with respect to funded project and any additional policies and riders entered into by the organization in connection with the funded project.

All insurance required of the grantee shall be primary and non-contributory to any of Komen NEO’s insurance coverage.

Payments and Reporting – Grants will be paid in two equal installments. The first installment is generally paid within 30 days of receiving the fully executed grant contract; however, Komen NEO is unable to process first grant payments until ALL grant contracts for all grantee organizations are signed and submitted to the Affiliate. If one grantee does not sign their contract within thirty days of award notification, the whole process may be moved back. If non-receipt of payment within the first thirty days is burdensome for the grantee, the Affiliate will work with your organization to resolve the issue(s).

The second grant payment will be paid after Komen NEO receives and accepts the first progress report. The first progress report is due in GeMS no later than 45 days after the first six months of the grant period. The six-month report provides information about progress made according to the approved Project Work Plan and how grant funds have been spent. If the grantee’s performance is poor or the grantee does not submit the required report, Komen NEO may not issue additional payments until corrective action is taken.

A final report is also required. Within 45 days of completion of the grant period, as specified in the grant contract, each grantee will submit a final written report in GeMS. The final report will include cumulative numbers for each objective listed in the grantee’s approved Project Work Plan, an evaluation of the program’s cumulative accomplishments, and a summary of the impact in the community. It should also include a full accounting of grant funds awarded (actual versus budgeted expenses) for the entire grant year.

Grantees are expected to report on all components of the project that are funded by Komen NEO. A list of program components will be generated from the objectives the applicant lists on the approved Project Work Plan. Please see Appendix E: Grant Reporting Requirements for more specific information related to grant reporting requirements and expectations. Any additional reporting templates for the 2015-2016 Grant Year will be posted online by April 1, 2015. GeMS must be utilized for all report submissions.

Grantee Celebration – All approved grant organizations for the 2015-2016 Grant Year are required to send at least one representative to attend Komen NEO’s Annual Grantee Celebration, to take place in May 2015 (exact date TBD and announced during the grant contract period).

Race for the Cure – All approved grant organizations for the 2015-2016 Grant Year are required to send at least one representative to at least one Race for the Cure event in Northeast Ohio. Tables at the Race(s) must be staffed at all times and should be as interactive as possible (giveaways, sign-up sheet for women to receive your services, information about your program, teach women what breast changes to look out for, etc.). Dates for the 2015 Akron and Cleveland Races are TBD and will be provided to all funded organizations during the award notification process in April 2015.

Funding Amount and Allowable Expenses

Program Expenses – Funds may be used for the following types of program expenses:
- Salaries for any employee the program is requesting funds for
- Consultant fees
- Clinical services or patient care costs

* - Please see Appendix A: Glossary of Terms for specific definitions throughout the Grantmaking Guide
• Meeting costs
• Supplies
• Travel
• Other direct program expenses
• Equipment costs, if applicable, may not exceed $5,000 and should be used exclusively on the proposed project
• Indirect costs, if applicable, may not exceed 15% of direct costs

Funds may not be used for the following purposes:
• Medical or scientific research
• Scholarships or fellowships
• Construction or renovation of facilities
• Political campaigns or lobbying
• Endowments
• Debt reduction

Review Process

Komen NEO’s grantmaking process is competitive. Funding for previous grant recipients is never guaranteed. Each submitted application will be reviewed by Komen NEO staff for compliance and adherence to the RFA and grant eligibility guidelines. An application may be returned to project directors in the two weeks following submission to correct minor non-compliance issues. Compliant applications will then be passed on to the Grant Review Committee to be reviewed and scored by at least three independent reviewers.

The Grant Review Committee is comprised of a minimum of eight volunteers from Northeast Ohio. The Affiliate makes every effort to have representation on the Committee that is diverse geographically, socioeconomically and culturally. The members are chosen from a wide range of backgrounds, which include experience in the medical profession, program development & evaluation, the non-profit arena, and grant oversight and administration. At least one reviewer has also been directly affected by breast cancer.

The Grant Review Committee will review each application using the following specific criteria:
• The extent to which the applicant responds to the Community Profile priorities and the Guiding Principles in Grantmaking.
• The populations targeted by the program reside in priority counties and/or zip codes as determined by the most recent Community Profile.
• The application has a realistic timeline* and clear, achievable goals and objectives.
• The organization has adequate capacity to carry out the program.
• The program has a specific evaluation plan*, high likelihood of success, and, for current and past Komen NEO grantees, prior grant compliance and performance.
• The depth and breadth of services provided (e.g., referral process in order to coordinate diagnostic services for women with abnormal screenings).

Each Grant Review Committee member is required to sign a confidentiality agreement and to disclose all potential conflicts of interest. Any Grant Review Committee member that reports a conflict of interest with an applicant organization will not be involved in reviewing, discussing, or voting on approval of the application(s) from the organization(s) with whom the conflict(s) exists. The Grant Review Committee will use standard scoring rubrics* when scoring your application. The Grant Review Committee’s funding recommendations are presented to Komen NEO’s Board of Directors, who either approve or reject the entire slate of grants.

Award Announcement

Announcement of grants awarded will be made to all applicants on March 13, 2015 and to the general public on April 1, 2015. Project directors listed on the application will be notified regarding the outcome of the review via email and in writing.

* - Please see Appendix A: Glossary of Terms for specific definitions throughout the Grantmaking Guide
Important Dates and Times

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>August 1, 2014</td>
<td>9:00am</td>
<td>RFA and electronic grant application available to the public</td>
</tr>
<tr>
<td>August 4, 2014</td>
<td>9:00am</td>
<td>Grant Writing 101 and Komen RFA 101 recorded webinars available online</td>
</tr>
<tr>
<td>August 27, 2014</td>
<td>1:00pm-4:00pm</td>
<td>Developing Effective Breast Health Programs: A Grant Writing Workshop (Independence Library, 6361 Selig Dr., Independence, 44131) – in-person training</td>
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<tr>
<td>September 2014</td>
<td>TBD</td>
<td>Best practice webinar trainings - training topics, speakers, and specific dates and times are TBD</td>
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<tr>
<td>September 17 &amp; 18, 2014</td>
<td>12:00pm – 2:00pm</td>
<td>GeMS training for new applicants and new program staff at the Komen Northeast Ohio office</td>
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<tr>
<td>October 3, 2014</td>
<td>5:00pm</td>
<td>Pre-review materials due to Affiliate</td>
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<tr>
<td>October 17, 2014</td>
<td>5:00pm</td>
<td>Pre-review comments sent back to participating applicants</td>
</tr>
<tr>
<td>November 3, 2014</td>
<td>5:00pm</td>
<td>Full applications due to Affiliate in GeMS</td>
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<tr>
<td>November 4-15, 2014</td>
<td></td>
<td>Initial compliance review</td>
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<tr>
<td>November 15, 2014 – January 2015</td>
<td></td>
<td>Grant review period</td>
</tr>
<tr>
<td>February 2015</td>
<td>5:00pm</td>
<td>Grant funding slate* submitted for Board approval</td>
</tr>
<tr>
<td>March 13, 2015</td>
<td>5:00pm</td>
<td>Award notification sent to project directors via email and in writing</td>
</tr>
<tr>
<td>April 1, 2015</td>
<td>9:00am</td>
<td>Award announcements made to the public</td>
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<tr>
<td>May 2015</td>
<td>TBD</td>
<td>Grantee reception and celebration</td>
</tr>
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APPLICATION INSTRUCTIONS

Grants eManagement System (GeMS)

All grant applicants are required to submit proposals electronically through the Grants eMangement System (GeMS). Komen NEO will not accept any printed copies of grant applications. The GeMS site can be accessed using the following link: https://affiliategrants.komen.org.

Komen NEO has created a GeMS User Manual which can be accessed here. In-person training on the web-based system will be required for any new applicants and/or new program staff (please see the Grant Training Opportunities section of the RFA for more specific information related to this mandatory training). If you encounter any problems with accessing the system, registering, or the application process, please contact Gina Chicotel at gchicotel@komenneohio.org or (216) 292-2873 x112. Please allow adequate time (at least five business days) before the application deadline for response to any questions.

The Grant Application

The Komen NEO 2015-2016 Grant Application consists of the following sections:

1. *Project Profile* – The Project Profile contains basic organization and project information, including:
   - The Department/Unit/Area of the organization under which program supervision falls.
   - Name and contact information for the Project Director, Primary Contact, and Community Contact.
   - Number of years you have received Komen funding for the proposed project.
   - Title of project.
   - Information related to the organization’s relationship with the State’s Breast and Cervical Early Detection Program.

* - Please see Appendix A: Glossary of Terms for specific definitions throughout the Grantmaking Guide
• Names, contact information, and letters of support from all organizations applicant will collaborate with.

2. **Organization Summary** – The Organization Summary collects detailed information regarding the applicant’s organization. Please be prepared to provide in-depth information regarding your organization background and structure. The information given should be relative to the organization as a whole, not one specific department or initiative. The Organization Summary includes:

- A brief description of the organization’s history; if your organization is part of a larger organization, briefly state the mission of the larger entity and your relationship to it (750 characters).
- The mission of the organization (500 characters).
- Current programming and accomplishments (750 characters).
- Number of paid full-time staff.
- Number of volunteers.
- Organization total annual budget.
- Description of efforts made by the organization to be diverse and inclusive (750 characters).

3. **Project Abstract** – The Project Abstract asks for information regarding the main focus of the proposed project. The abstract should be detailed and address the reason for the program, important project activities, methods for evaluation, and the impact the program will make on breast cancer in the communities served. The Project Abstract includes:

- Primary, secondary, and tertiary project categories. Project categories are:
  - Education
  - Screening
  - Diagnosis
  - Treatment
  - Treatment support
  - Survivorship
  - Healthcare delivery/systems change
- Identification of Community Profile priority the application addresses.
- Abstract Narrative – a brief description of the proposal to include the following (1500 characters):
  - The purpose of the program.
  - A description of key activities.
  - A summary of evaluation methods.
  - The likely impact of the program.

Project Abstracts will be published in various media outlets and will be available to the public. Please take great care when crafting this section of your application to make sure it is written at an eighth grade reading level.

4. **Project Narrative** – Detailed information is required in this section to assure enough information is included for reviewers to fully understand the specifics of your program. After reading the Project Narrative, an individual should fully understand the components of your program and what the program intends to accomplish. The Project Narrative consists of the following sections:

- **Organizational Capacity** (3500 characters)
  - Explain why the applicant organization is best-suited to lead the project and accomplish the goals and objectives set forth in the application.
  - Provide evidence of previous success in delivering breast health/cancer services to the proposed population.
  - Describe fiscal capability of organization to manage the delivery of the proposed goals and objectives and ensure adequate measures for internal control of grant dollars are in place.

- **Statement of Need** (3500 characters)
  - Describe the population to be served by the program.

* - Please see Appendix A: Glossary of Terms for specific definitions throughout the Grantmaking Guide
- Describe evidence of the risk/need within that population.
- Provide statistics specific to the target population.

- Project Description (3500 characters)
  - Explain how the project’s goals and objectives, as outlined in your Project Work Plan, address one or more of the priorities outlined in the Affiliate’s Community Profile/Statement of Need.

- Collaboration (3500 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* (3500 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 (3500 characters)
  - Describe in detail how the organization(s) will measure achieving project goals and objective. Describe how the project will impact the priority selected.
  - 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.

- **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.

- **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 gaps exist between program design and delivery.
5. **Project Target Demographics** – This section collects information regarding the various demographic groups the project intends to target. This does not include every demographic group your program will serve, but should be based on the individuals the program plans to focus attention on. Applicants also have to identify which counties in the Northeast Ohio service area the program will target.

6. **Key Personnel** – Key Personnel includes anyone needed to complete the previously described project. Any individual playing a key role in the project implementation, management, or evaluation should be included in this section even if Komen funds will not be used to support the staff person and the agency is offering the support in-kind. If the position is currently occupied by personnel, please include that individual’s resume and/or CV. If the position is currently vacant, please include the job description and recruitment plan for the position. Applicants are required to include the personnel’s resume and/or current job description. Resumes, CVs, and job descriptions may only be two pages long. If you run into any issues classifying key personnel based on the options provided in GeMS, please email gchicotel@komenneohio.org to determine the most appropriate option.

7. **Project Work Plan** – This section includes the main goals, objectives, and activities for the entire project. Goals are the highest level statements that provide the overall context for what the project is trying to achieve.

Objectives are 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. Each project goal should have at least one objective, but can have an unlimited number of objectives (no more than 4 objectives per goal is recommended by the Affiliate). Please assure objectives are SMART objectives:
- Specific
- Measurable*
- Attainable
- Realistic
- Timely

Within the Project Work Plan in GeMS, applicants will be required to assign a name to each objective they create. 2015-2016 Grant Year applicants should choose an objective name from the following approved list of objective names:
- Education
- Clinical breast exams
- Mammograms
- Diagnostics
- Treatment
- Patient Navigation
- Survivor Support
- Transportation

Applications that include objective names other than what is included on the above approved list will be returned to project directors for correction during the initial compliance review period. If you have more than one objective related to the above categories like education, for example, please use Education I, Education II, Education III, etc., when assigning names.

Activities refer to the intervention(s) done to accomplish the objectives. Applicants will be required to choose from a list of pre-approved interventions for each objective within GeMS. Applications that do not have at least one intervention selected under each objective will be returned to project directors for correction during the initial compliance review period.

The Project Work Plan section also requires a realistic timeline for all objectives and activities, as well as the key personnel responsible for achieving the objectives. Applicants will also need to identify the number of individuals they intend to serve under each objective.

* - Please see Appendix A: Glossary of Terms for specific definitions throughout the Grantmaking Guide
Applicants are required to evaluate their progress in achieving the set goals and must attach the evaluation documents/tools they will utilize to measure success for each objective. Evaluation documents/tools should be comprehensive and reflective of the work listed in each objective, e.g., if an applicant proposes to use a pre/post-test to measure knowledge gained through group education, a blank copy of the pre/post-test should be attached along with any tracking sheets/tools the applicant will use to analyze the information collected in the pre/post-test.

All approved applicants will be required to provide specific numbers for every objective listed on the Project Work Plan in their progress and final reports, so choose and structure your objectives wisely. Please see Appendix E: Grant Reporting Requirements for specific information related to grant reporting requirements and expectations.

8. Project Budget – This portion of the application includes all of the financial information related to the requested funding. A Budget Justification must be provided for each section, which includes:

- Salaries, if requested, must be for personnel related to this project only and not general work of applicant, and must be in line with nonprofit salaries in Komen NEO’s service area. Applicants are required to include information on each staff member’s current role and responsibilities specific to the project within the grant application.
- Fees for any consultants that will help with a piece of the program or the entire program.
- Office supplies, education supplies, and any other type of supplies your organization will need to complete the project. Equipment costs, if applicable, may not exceed 30% of direct costs and should be used exclusively on the proposed project. Komen funds cannot be used towards the purchase of breast health models.
- Any type of travel related to the project, including conference travel and mileage reimbursement.
- Patient care costs encompass all funds requested for providing a direct service to a patient. This should be the cost you will need to provide the services mentioned in the goals and objectives portion of the application. Navigation or referral programs should not include the program costs in this section.
- Sub-contracts are not allowable by Komen NEO.
- The “Other” section should include any allowable expenses that do not fit the previously mentioned budget categories. This section should only be used if the item cannot be included on any of the other various budget sections.
- Indirect costs include building fees/rent, depreciation, non-capital furniture costs, utilities, etc, and are limited to 15% of the total direct costs.

9. Project Budget Summary – This section allows the applicant to identify additional sources of funding for the program and generates a complete summary of the overall project budget. Applicants will need to identify what percentage of the total budget goes towards each Project Category. Applicants are also required to upload the required insurance documentation as outlined in the RFA.

Returning grant applicants must provide a letter acknowledging and responding to all points outlined by the Grant Review Committee from the prior year. Returning grantees must also include a PDF copy of their most recent progress and/or final report. These are strict requirements and should not be overlooked. These documents are to be uploaded in the Project Budget Summary section along with the organization’s financial and insurance information. If you require a copy of your most recent Grant Review Committee feedback or progress/final report, please contact Gina Chicotel at gchicotel@komenneohio.org or (216) 292-2873 ext. 112.

2015-2016 GRANT APPLICATION CHECKLIST

The Grant Application Checklist is a tool applicants can utilize to ensure their application will not be denied or returned for modifications during the initial grant compliance review.

* - Please see Appendix A: Glossary of Terms for specific definitions throughout the Grantmaking Guide
**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 prior year (Form: Komen Grants Review Committee Proposal Feedback). 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 require a copy of your most recent Grant Review Committee feedback, please contact Gina Chicotel at gchicotel@komenneohio.org or (216) 292-2873 ext.112.

**RETURNING GRANTEES** must provide a PDF copy of their most recent progress/final report for the last year they received Komen NEO funding. This is only a requirement for grants that were awarded in the last five years (after 2010) and should not be overlooked. Please contact Gina Chicotel at gchicotel@komenneohio.org or (216) 292-2873 ext. 112 if you are unable to locate a copy of your most recent progress/final report.

- Application must be submitted in English.
- Program must be located and/or provide services that benefit people residing within the 22 counties of the Northeast Ohio service area.
- Education programs should focus on the importance of breast self awareness and breast cancer screenings to support early detection. Education programs 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. Komen NEO funds cannot be used in the promotion of breast self-examination or for the purchase of breast models/forms.
- Screening programs must facilitate access to breast cancer diagnostic and treatment services. Screening programs must also demonstrate a working relationship with Ohio’s BCCP to ensure women are not inadvertently disqualified from the program. Funding will not be provided for breast cancer screenings WITHOUT also providing referral to, and tracking of, diagnostic care and treatment, if necessary.
- Applicants must demonstrate an understanding of and a working relationship with their respective Breast and Cervical Cancer Project regional office.
- Applications that propose to perform breast cancer screenings MUST include a letter of support from the appropriate Breast and Cervical Cancer Project regional office(s).
- Applications MUST be submitted electronically via Komen’s Grants eManagement System (GeMS). Komen NEO will not accept any printed copies of grant applications.
- The Authorized Signer (the approving organization/institution personnel responsible for signing legal documents) cannot be the same person as the Project Director and is responsible for submitting the completed application.
- The Federal Tax ID information entered in the Organization Information section of GeMS is correct and up-to-date.
- Proof of non-profit status for applicant’s organization is uploaded in the Organization Details section of GeMS. Proof of non-profit status includes a copy of an IRS determination letter indicating nonprofit or 501(c)(3) tax-exempt status. Organization must have U.S. Nonprofit – Federally Tax Exempt status. Eligible organizations include nonprofit organizations, nonprofit hospitals and hospital systems, governmental entities, Indian tribes, and nonprofit educational institutions.
- All letters of collaboration are uploaded in the Project Profile section of the application.

* - Please see Appendix A: Glossary of Terms for specific definitions throughout the Grantmaking Guide
☐ The Project Abstract provides a clear overview of the proposed project (1500 character limit) and is written at least at an eighth grade reading level.

☐ The Project Title in the Project Narrative section of the application is descriptive and concise.

☐ Resume information for all personnel involved in the implementation, management, and evaluation of the project is uploaded in the Key Personnel section of the application (CVs and resumes provided are limited to two pages).

☐ All evaluation and tracking tools are uploaded in the Project Work Plan – Objectives section of the application.

☐ The required financial information is complete once it includes the following:
  • Budget for requested funds
  • Budget justification
  • Other sources of current funding for proposed project (if applicable)

☐ Required insurance documentation as outlined in the RFA is uploaded in the Project Budget Summary section of the application.

☐ Application MUST be received by 5:00pm on Monday, November 3, 2014.
Appendix A: Glossary of Terms

- **Affiliate:** The Northeast Ohio Affiliate of Susan G. Komen; Komen Northeast Ohio; Komen NEO.

- **Applicant:** Agency, foundation or organization responding to this RFA. All Applicants must provide proof of non-profit status.

- **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 Patient Navigation (see definition below) component.)

Education is defined by Komen National as:
- Development of communication tools and methods to include e-communications and social networking.
- Education of patients, health care providers, at-risk populations, and the general population about breast cancer.
- Communication to patients regarding therapeutic options.
- Education interventions to promote self-care and symptom management.
- Communication breast cancer risk to underserved, at-risk, and general populations.
- Communication of lifestyle models that reduce breast cancer risk, such as communication of nutritional interventions.
- Special approaches and considerations for underserved and at-risk populations.
- Education, information, and early detection/screening/assessment systems for the general public, primary care professionals, and policy makes.

Education programs should focus on the importance of breast self awareness and breast cancer screenings to support early detection. Education programs 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.

• **Evaluation Plan:** A detailed plan of how you will measure achieving the program objectives and how the impact of the program will be assessed. It includes who will conduct data collection, when data will be collected and what methods will be used, such as surveys, intake forms, etc.

A strong evaluation plan measures the quantity (i.e. numbers served) and quality (i.e. satisfaction) of the implementation and effectiveness of the outcomes (i.e. all follow up completed within 60 days).

Staff members responsible for evaluation need the ability to:
- Assess program outcomes
- Monitor program processes and performance of program
- Analyze evaluation data and results
- Present evaluation findings

• **Evidence-Based Practices:** Strategies 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 A.

• **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 and 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.
• **Goals:** A goal is a broad-based statement of the ultimate result of the program 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.

• **Medically Underserved:** A term that refers to individuals who lack access to primary and specialty care either because they are socioeconomically disadvantaged and may live in areas with high poverty rates or because they reside in rural areas. The term also refers to individuals who reside in geographic areas where the index of Medical Underservice (IMU) is 62 or less. Health Resource Services Administration (HRSA) criteria designate a service area with an IMU of 62 or less as a “medically underserved area (MUA).” For more information go to:  

• **Measurable Objectives:** Program proposals must include a detailed evaluation plan that outlines proposed outcome measures that are relevant to program services and include the number of services provided as well as individuals served as well as 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 programs providing similar services 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 women who do not use or who underuse medical services. Outreach is making meaningful contacts with women 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 program.

• **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.

• **Promising Practices:** Innovative approaches that are likely to be effective but have not yet been fully evaluated. They may also be called “emerging best practices.”

• **Proof of Insurance:** In circumstances, such as a grant, where the Affiliate does not have direct control over an activity and cannot therefore manage the risk associated with the activity, the Affiliate should ensure that the third-party adequately manages the risk. In the grant context, the grant agreement provides that the Affiliate is only responsible for funding the grant, and all activities of the grantee and any problems that arise from those activities are the exclusive responsibility of the grantee. Therefore, we require that grantees indemnify or defend the Affiliate if someone claims that the Affiliate is responsible for the actions of the grantee, by providing proof of insurance coverage to cover any potential claims. Please see the General Restrictions and Conditions for more information.

• **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 programs 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 in Appendix C.

• **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 NEO does not pay for breast cancer treatment.

Komen National 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 program 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 National 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 National 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.

• **Timeline:** For example: a) Two breast health screenings conducted by end of Q1, Q2, Q3, Q4; b) 200 women educated by June 2013, 200 women educated by September 2013, 200 women educated by March 2014.

• **Treatment:** Programs 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 programs 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. Programs 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
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://nrepp.samhsa.gov/LearnLanding.aspx
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.

Minnesota Department of Health: Evaluation Sources
http://www.health.state.mn.us/divs/hpcd/chp/hpkit/text/eval_main.htm
The Minnesota Department of Health offers a variety of evaluation guides, including Evaluation: Why and What; The Purpose of Evaluation; Types of Evaluation; Program Evaluation Options Based on Your Resources; and Using Evaluation Tools. The website also contains examples of evaluation tracking and tip sheets on writing evaluation and progress reports.
## Appendix C: Income Levels

2014 Poverty Guidelines for the 48 Contiguous States & the District of Columbia
Effective 1/22/2014

<table>
<thead>
<tr>
<th>Persons in Family (Household)*</th>
<th>100% of DHHS Federal Poverty Guidelines (FPL)*</th>
<th>250% of FPL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Size***</td>
<td>Monthly</td>
<td>Annual</td>
</tr>
<tr>
<td>1</td>
<td>$973</td>
<td>$11,670</td>
</tr>
<tr>
<td>2</td>
<td>$1,311</td>
<td>$15,730</td>
</tr>
<tr>
<td>3</td>
<td>$1,649</td>
<td>$19,790</td>
</tr>
<tr>
<td>4</td>
<td>$1,988</td>
<td>$23,850</td>
</tr>
<tr>
<td>5</td>
<td>$2,326</td>
<td>$27,910</td>
</tr>
<tr>
<td>6</td>
<td>$2,664</td>
<td>$31,970</td>
</tr>
<tr>
<td>7</td>
<td>$3,003</td>
<td>$36,030</td>
</tr>
<tr>
<td>8</td>
<td>$3,341</td>
<td>$40,090</td>
</tr>
</tbody>
</table>

For families with more than 8 persons, add $4,060 annually or $338 monthly, 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.

Appendix D: Medicare Reimbursement Rates

Please note: These rates are taken directly from the Medicare Part B Reimbursement Rates set for the Ohio Breast and Cervical Cancer Project. Some of the items listed may include cervical cancer services; however, Komen NEO will only provide reimbursement for breast cancer services. If your organization wishes to provide services not listed below, please visit http://medicaid.ohio.gov/Portals/0/Providers/FeeScheduleRates/App-DD.pdf for a complete list of reimbursable expenses and rates.

The Ohio Department of Health
Bureau of Healthy Ohio
Ohio Breast and Cervical Cancer Project
Updated: February 2014

Listed below are the allowable procedures and the corresponding suggested CPT codes for use in the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). The following should be noted:

- All policies and procedures of the Ohio Breast and Cervical Cancer Project (BCCP) must be followed in accordance with the Ohio BCCP Provider Agreement.
- New 2014 codes indicated in bold. Deleted codes are listed at the end.
- Screening services should include CBE, pelvic exam, mammogram, and a Pap testing with or without HPV testing.
- Reimbursement for treatment services is not allowed.

### Breast Screening and Diagnostic Procedures

<table>
<thead>
<tr>
<th>Code</th>
<th>Procedure</th>
<th>Rate</th>
<th>End Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>99201</td>
<td>History, exam, straight forward decision-making (~10 minutes)</td>
<td>$41.61</td>
<td></td>
</tr>
<tr>
<td>99202</td>
<td>Expanded history, straight forward decision-making (~20 minutes)</td>
<td>$71.83</td>
<td></td>
</tr>
<tr>
<td>99203</td>
<td>Detailed history, straight forward decision-making (~30 minutes)</td>
<td>$104.67</td>
<td></td>
</tr>
<tr>
<td>99204</td>
<td>Comprehensive history, moderate complexity decision-making (45 minutes)</td>
<td>$161.65</td>
<td>1</td>
</tr>
<tr>
<td>99205</td>
<td>Comprehensive history, high complexity decision-making (60 minutes)</td>
<td>$201.66</td>
<td>1</td>
</tr>
<tr>
<td>99211</td>
<td>Evaluation and management (~5 minutes)</td>
<td>$19.08</td>
<td></td>
</tr>
<tr>
<td>99212</td>
<td>Exam; Straight forward decision-making (~10 minutes)</td>
<td>$41.94</td>
<td></td>
</tr>
<tr>
<td>99213</td>
<td>Expanded history and exam straight forward decision-making (15 minutes)</td>
<td>$70.61</td>
<td></td>
</tr>
<tr>
<td>99386</td>
<td>Initial Evaluation and Risk Factor Reduction, 40 – 64 years</td>
<td>$41.61</td>
<td>2</td>
</tr>
<tr>
<td>99387</td>
<td>Same as 99386, 65 years and older</td>
<td>$41.61</td>
<td>2</td>
</tr>
<tr>
<td>99396</td>
<td>Periodic Evaluation and Risk Factor Reduction, 40 – 64 years</td>
<td>$41.61</td>
<td>2</td>
</tr>
<tr>
<td>99397</td>
<td>Same as 99396, 65 years and older</td>
<td>$41.61</td>
<td>2</td>
</tr>
<tr>
<td>77057</td>
<td>Screening Mammogram, bilateral (screening) [4 views -2 of each breast]</td>
<td>G -$78.66 TC - $43.38 26 - $35.27</td>
<td></td>
</tr>
<tr>
<td>77055</td>
<td>Mammography, Diagnostic Follow-up, Unilateral</td>
<td>G -$85.60 TC - $50.33 26 - $35.27</td>
<td></td>
</tr>
<tr>
<td>77056</td>
<td>Mammography, Diagnostic Follow-up, Bilateral</td>
<td>G -$109.95 TC - $66.20 26 - $43.75</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>G</td>
<td>TC</td>
</tr>
<tr>
<td>--------</td>
<td>-----------------------------------------------------------------------------</td>
<td>---</td>
<td>----------</td>
</tr>
<tr>
<td>76098</td>
<td>Radiological examination, surgical specimen</td>
<td></td>
<td>$18.44</td>
</tr>
<tr>
<td>76645</td>
<td>Ultrasound, breast(s), unilateral or bilateral, real time</td>
<td></td>
<td>$94.09</td>
</tr>
<tr>
<td>76942</td>
<td>Ultrasonic guidance for needle placement, supervision and interpretation</td>
<td></td>
<td>$70.64</td>
</tr>
<tr>
<td>19000</td>
<td>Puncture aspiration of cyst of breast</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19001</td>
<td>Code 19000 plus each additional cyst</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19100</td>
<td>Breast biopsy, percutaneous, needle core, not using imaging</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19101</td>
<td>Breast biopsy, open, incisional</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19120</td>
<td>Excision of cyst, fibroadenoma or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion; open; one or more lesions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19125</td>
<td>Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19126</td>
<td>Code 19125 plus each additional lesion separately identified by a preoperative radiological marker</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19081</td>
<td>Breast biopsy, with placement of localization devise and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion</td>
<td></td>
<td>$643.70</td>
</tr>
<tr>
<td>19082</td>
<td>Code 19081 plus each additional lesion</td>
<td></td>
<td>$514.75</td>
</tr>
<tr>
<td>19083</td>
<td>Breast biopsy, with placement of localization devise and imaging of biopsy specimen, percutaneous; ultrasound guidance; first lesion</td>
<td></td>
<td>$638.39</td>
</tr>
<tr>
<td>19084</td>
<td>Code 19083 plus each additional lesion</td>
<td></td>
<td>$507.39</td>
</tr>
<tr>
<td>19085</td>
<td>Breast biopsy, with placement of localization devise and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; first lesion</td>
<td></td>
<td>$961.56</td>
</tr>
<tr>
<td>19086</td>
<td>Code 19085 plus each additional lesion</td>
<td></td>
<td>$759.64</td>
</tr>
<tr>
<td>19281</td>
<td>Placement of breast localization device, percutaneous; mammographic guidance; first lesion</td>
<td></td>
<td>$233.66</td>
</tr>
<tr>
<td>19282</td>
<td>Code 19281 plus each additional lesion</td>
<td></td>
<td>$160.35</td>
</tr>
<tr>
<td>19283</td>
<td>Placement of breast localization device, percutaneous; stereotactic guidance; first lesion</td>
<td></td>
<td>$264.41</td>
</tr>
<tr>
<td>19284</td>
<td>Code 19283 plus each additional lesion</td>
<td></td>
<td>$191.76</td>
</tr>
<tr>
<td>19285</td>
<td>Placement of breast localization device, percutaneous; ultrasound guidance; first lesion</td>
<td></td>
<td>$441.59</td>
</tr>
<tr>
<td>19286</td>
<td>Code 19285 plus each additional lesion</td>
<td></td>
<td>$367.92</td>
</tr>
<tr>
<td>19287</td>
<td>Placement of breast localization device, percutaneous; magnetic resonance guidance; first lesion</td>
<td></td>
<td>$818.29</td>
</tr>
<tr>
<td>19288</td>
<td>Code 19288 plus each additional lesion</td>
<td></td>
<td>$646.58</td>
</tr>
<tr>
<td>10021</td>
<td>Fine needle aspiration without imaging guidance</td>
<td></td>
<td>$143.83</td>
</tr>
<tr>
<td>10022</td>
<td>Fine needle aspiration with imaging guidance</td>
<td></td>
<td>$134.68</td>
</tr>
<tr>
<td>88172</td>
<td>Cytopathology, evaluation of fine needle aspirate; immediate cythistologic study to determine adequacy of specimen(s).</td>
<td></td>
<td>$52.30</td>
</tr>
<tr>
<td>88173</td>
<td>Cytopathology, evaluation of fine needle aspirate; interpretation and report</td>
<td></td>
<td>$139.75</td>
</tr>
<tr>
<td>88305</td>
<td>Surgical pathology, gross and microscopic examination</td>
<td></td>
<td>$57.34</td>
</tr>
<tr>
<td>88307</td>
<td>Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins</td>
<td></td>
<td>$207.90</td>
</tr>
<tr>
<td>G0202</td>
<td>Screening Mammogram, Digital, Bilateral</td>
<td></td>
<td>$126.93</td>
</tr>
<tr>
<td>G0204</td>
<td>Diagnostic Mammogram, Digital, Bilateral</td>
<td></td>
<td>$154.91</td>
</tr>
<tr>
<td>G0206</td>
<td>Diagnostic Mammogram, Digital, Unilateral</td>
<td></td>
<td>$121.97</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Rate</td>
<td></td>
</tr>
<tr>
<td>--------</td>
<td>------------------------------------------------------------------------------</td>
<td>------------</td>
<td></td>
</tr>
<tr>
<td>00400</td>
<td>Anesthesia for procedures on the integumentary system, anterior trunk, not otherwise specified. Medicare Base Units = 3 ($169 max)</td>
<td>$34.94</td>
<td></td>
</tr>
<tr>
<td>77053</td>
<td>Mammary ductogram or galactogram, single duct</td>
<td>G - $169.72 TC - $101.83 26 - $67.89 3</td>
<td></td>
</tr>
<tr>
<td>77058</td>
<td>Magnetic Resonance Imaging, breast, with and/or without contrast, unilateral</td>
<td>G - $514.45 TC - $432.55 26 - $81.90 8</td>
<td></td>
</tr>
<tr>
<td>77059</td>
<td>Magnetic Resonance Imaging, breast, with and/or without contrast, bilateral</td>
<td>G - $514.45 TC - $432.55 26 - $81.90 8</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Various</td>
<td></td>
<td></td>
</tr>
<tr>
<td>88164</td>
<td>Cytopathology (conventional Pap test), slides cervical or vaginal reported in</td>
<td>$14.42</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bethesda System, manual screening under physician supervision</td>
<td></td>
<td></td>
</tr>
<tr>
<td>88165</td>
<td>Cytopathology (conventional Pap test), slides cervical or vaginal reported in</td>
<td>$14.42</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bethesda System, manual screening and rescreening under physician supervision</td>
<td></td>
<td></td>
</tr>
<tr>
<td>88141</td>
<td>Cytopathology (conventional Pap test), slides cervical or vaginal, any reporting</td>
<td>$30.79</td>
<td></td>
</tr>
<tr>
<td></td>
<td>system requiring interpretation by physician</td>
<td></td>
<td></td>
</tr>
<tr>
<td>88142</td>
<td>Cytopathology (liquid-based Pap test), slides cervical or vaginal, collected in</td>
<td>$26.99</td>
<td></td>
</tr>
<tr>
<td></td>
<td>preservation fluid, automated thin layer prep, manual screening and rescreening</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>under physician supervision</td>
<td></td>
<td></td>
</tr>
<tr>
<td>88143</td>
<td>Cytopathology cervical or vaginal, collected in preservation fluid, automated thin</td>
<td>$26.99</td>
<td></td>
</tr>
<tr>
<td></td>
<td>layer prep, manual screening under physician supervision</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>88174</td>
<td>Cytopathology cervical or vaginal, collected in preservation fluid, automated thin</td>
<td>$27.73</td>
<td></td>
</tr>
<tr>
<td></td>
<td>layer prep, screening by automated system, under physician supervision</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>88175</td>
<td>Cytopathology cervical or vaginal, collected in preservation fluid, automated thin</td>
<td>$30.97</td>
<td></td>
</tr>
<tr>
<td></td>
<td>layer prep, screening by automated system and manual rescreening, under physician</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>supervision</td>
<td></td>
<td></td>
</tr>
<tr>
<td>87621</td>
<td>Papillomavirus, Human, Amplified Probe • Hybrid Capture II from Digene – HPV Test</td>
<td>$47.87</td>
<td></td>
</tr>
<tr>
<td></td>
<td>[High Risk Typing only] • Cervista HPV HR</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>57452</td>
<td>Colposcopy of the cervix</td>
<td>$108.90</td>
<td></td>
</tr>
<tr>
<td>57454</td>
<td>Colposcopy with biopsy and endocervical curettage</td>
<td>$154.74</td>
<td></td>
</tr>
<tr>
<td>57455</td>
<td>Colposcopy with cervical biopsy</td>
<td>$143.28</td>
<td></td>
</tr>
<tr>
<td>57456</td>
<td>Colposcopy with endocervical curettage</td>
<td>$135.48</td>
<td></td>
</tr>
<tr>
<td>57460</td>
<td>Colposcopy with loop electrode biopsy(s) of the cervix</td>
<td>$277.50</td>
<td></td>
</tr>
<tr>
<td>57461</td>
<td>Colposcopy with loop electrode conization of the cervix</td>
<td>$315.23</td>
<td></td>
</tr>
<tr>
<td>57500</td>
<td>Cervical biopsy, single or multiple, or local excision of lesion with or without</td>
<td>$124.65</td>
<td></td>
</tr>
<tr>
<td></td>
<td>fulguration (separate procedure).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>57505</td>
<td>Endocervical curettage (not done as part of a dilation and curettage)</td>
<td>$100.82</td>
<td></td>
</tr>
<tr>
<td>57520</td>
<td>Conization of the cervix, with or without fulguration, with our without dilation</td>
<td>$305.17</td>
<td></td>
</tr>
<tr>
<td></td>
<td>and curettage, with or without repair; cold knife or laser</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>57522</td>
<td>Loop electrode excision procedure</td>
<td>$264.59</td>
<td></td>
</tr>
<tr>
<td>58100</td>
<td>Endometrial sampling (biopsy) with or without endocervical sampling (biopsy)</td>
<td>$109.78</td>
<td></td>
</tr>
<tr>
<td></td>
<td>without cervical dilation, any method (separate procedure)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>58110</td>
<td>Endometrial sampling (biopsy) performed in conjunction with colposcopy (separate</td>
<td>$48.52</td>
<td></td>
</tr>
<tr>
<td></td>
<td>from primary function)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>88305</td>
<td>Surgical pathology, gross and microscopic examination</td>
<td>G - $67.34 TC - $29.83 26 - $37.52</td>
<td></td>
</tr>
<tr>
<td>88331</td>
<td>Pathology consultation during surgery, first tissue block, with frozen section(s), single specimen.</td>
<td>G - $94.68 TC - $33.46 26 - $61.21</td>
<td></td>
</tr>
<tr>
<td>88332</td>
<td>Pathology consultation during surgery, each additional tissue block, with frozen section(s).</td>
<td>G - $42.11 TC - $11.64 26 - $30.46</td>
<td></td>
</tr>
<tr>
<td>99070</td>
<td>Supplies and materials (except spectacles), provided by the physician over and above the usual office visit.</td>
<td>$100 max</td>
<td></td>
</tr>
<tr>
<td>Codes Deleted in 2014</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------------</td>
<td>--</td>
<td></td>
<td></td>
</tr>
<tr>
<td>77031</td>
<td>77032</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19102</td>
<td>19103</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19290</td>
<td>19291</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PROCEDURES SPECIFICALLY NOT ALLOWED</th>
<th>End Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any Treatment of breast cancer, cervical intraepithelial neoplasia and cervical cancer.</td>
<td></td>
</tr>
<tr>
<td>Any Computer Aided Detection (CAD) in breast cancer screening or diagnostics</td>
<td></td>
</tr>
</tbody>
</table>
Appendix E: Grant Reporting Requirements

Komen Northeast Ohio grantees are expected to report on all components of the project funded by Komen NEO. This means Komen NEO grantees will be required to track and report interim and final numbers for each objective they have listed in their approved Project Work Plan. A summary report of program objectives and anticipated numbers served will be generated for each organization by the Affiliate and will be provided to the grantee during the contract acceptance process. This report will be created directly from the objectives and anticipated numbers of individuals served the grantee lists in the approved Project Work Plan. An example of the summary report is provided below.

<table>
<thead>
<tr>
<th>Objective Name</th>
<th>Projected Number Served</th>
<th>Number Served to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal: Increase breast health mammography screenings among African-American women seen at Hospital X by 25% over baseline.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>By the fourth quarter of the grant year, educate 200 African-Americans on the importance of breast cancer screenings.</td>
<td>200</td>
<td></td>
</tr>
<tr>
<td>Schedule mammography appointments for at least 20% of education session attendees by the end of each session.</td>
<td>40</td>
<td></td>
</tr>
<tr>
<td>Provide bus passes or other transportation assistance to women who need help getting to their mammogram appointment at least two days prior to their scheduled appointment.</td>
<td>20</td>
<td></td>
</tr>
</tbody>
</table>

The grantees will be held accountable to reporting interim & final numbers for each objective listed in the Project Work Plan and the Affiliate generated summary report. This information will be entered into the Individuals Served section of the interim and final reports in GeMS.

Grantees will be required to evaluate their progress in achieving their set goals and objectives and must attach the evaluation documents/tools they utilized to measure success for each objective in both the interim and final reports. Evaluation documents/tools should be comprehensive and reflective of the work listed in each objective, e.g., if a grantee proposed to use a pre/post-test to measure knowledge gained through group education, a blank copy of the pre/post-test should be included in the interim and final reports along with any tracking sheets/tools used to analyze the information collected in the pre/post-test and a summary of the results from the pre/post-tests. It is expected that every grantee will include a summary of the evaluation results for each objective in the interim and final reports.

Grantees whose programs have an education component will also be expected to provide copies of all materials used during the education process, including but not limited to PowerPoint presentations, written materials, and/or a summary of key learning objectives and talking points.

Any additional reporting templates and/or guidelines for the 2015-2016 Grant Year will be communicated to the grantee during the grant contract process and posted online by April 1, 2015.