
**SUSAN G.
KOMEN®**



CHARLOTTE

**2018-2019 COMMUNITY GRANTS PROGRAM
REQUEST FOR APPLICATIONS**

FOR BREAST CANCER PROJECTS

PERFORMANCE PERIOD: APRIL 1, 2018 - MARCH 31, 2019

**OUR MISSION: SAVE LIVES BY MEETING THE MOST CRITICAL NEEDS IN OUR COMMUNITIES
AND INVESTING IN BREAKTHROUGH RESEARCH TO PREVENT AND CURE BREAST CANCER**

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KEY DATES

Grant Writing Workshop	Tuesday, October 17, 2017, 9am – 12pm
Grant Writing Workshop	Friday, October 20, 2017, 9am – 12pm
Application Deadline	Thursday, December 14, 2017 at 2:00pm
Award Notification	Late March 2017
Award Period	April 1, 2018 - March 31, 2019

ABOUT SUSAN G. KOMEN CHARLOTTE

Susan G. Komen is the world's largest breast cancer organization, funding more breast cancer research than any other nonprofit outside of the U.S. government while providing real-time help to those facing the disease. Komen has set a Bold Goal to reduce the current number of breast cancer deaths by 50 percent in the U.S. by 2026. Komen was founded in 1982 by Nancy G. Brinker, who promised her sister, Susan G. Komen, that she would end the disease that claimed Suzy's life. Komen Charlotte is working to better the lives of those facing breast cancer in the local community. Through events like the Komen Charlotte Race for the Cure®, Komen Charlotte has invested more than \$15 million in community breast health programs in 13 counties and has helped contribute to the more than \$920 million invested globally in research. For more information, call 704-347-8181 or visit www.komencharlotte.org.

NOTICE OF FUNDING OPPORTUNITY AND STATEMENT OF NEED

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

The funding priority areas are listed below in no particular order.

- **Reducing Barriers to Care**

Evidence-based projects that reduce barriers to quality breast cancer care experienced by uninsured and underinsured individuals residing in the Affiliate's 13-county service area, with priority given to programs covering Cabarrus and Mecklenburg Counties. "Underinsured is defined as having some insurance coverage but not enough, or when one is insured yet unable to afford the out-of-pocket responsibilities not covered by his or her insurer" (Patient Advocate Foundation, <http://www.patientadvocate.org/resources.php?p=781>).

The Affiliate seeks to fund projects that identify and reach uninsured or underinsured populations who are currently without a primary care provider (PCP), to help them establish a PCP and enter and progress through the breast cancer/breast health continuum of care. Priority will be given to programs serving individuals that reside in Cabarrus and Mecklenburg Counties.

The Affiliate also seeks to fund projects that identify and reach populations with low screening rates and provide access to free/low-cost screening/diagnostic/treatment services, mobile mammography and transportation services. Priority will be given to

programs that provide the services to rarely or never screened individuals identified as uninsured, underinsured, homeless, and programs that reach Black/African American and/or Hispanic/Latino in Cabarrus and/or Mecklenburg Counties.

- **Breast Cancer Education**

Projects that provide evidence-based and culturally relevant breast cancer education in one-on-one and group settings. Projects must be designed to result in documented age-appropriate, breast cancer action (e.g., getting a screening mammogram, obtaining recommended follow-up after an abnormal mammogram).

Breast cancer education projects must include Komen's breast self-awareness messages and provide evidence of linkage to local breast cancer services. Health fairs and mass media campaigns are not evidence-based interventions and will not be accepted.

The Affiliate seeks to fund education programs utilizing evidence-based best practices to reach underserved individuals who do not have an adequate understanding of breast cancer nor are aware of breast health services available to them. These programs should address fears and myths, emphasize the importance of preventive care, educate on screening messages consistent with Komen's education message and make individuals aware of available resources. Priority will be given to programs that reach Black/African American and Hispanic/Latino populations in Cabarrus and Mecklenburg Counties.

- **Lymphedema Treatment Support**

Projects that provide evidence-based lymphedema therapy, garments and bandages for breast cancer survivors that reside in the Affiliate's 13-county service area.

Lymphedema programs must include clinical evaluation to determine the effectiveness of the therapy, garments or bandages. The need for lymphedema treatment support programs is based on education and data from community partner organizations in the Affiliate service area.

The Affiliate seeks to fund projects that identify and provide lymphedema treatment support services to breast cancer survivors who have a financial barrier to obtaining these services throughout the Affiliate's 13-county service area.

- **Patient Navigation**

Projects that provide evidence-based patient navigation for individuals that reside in Cabarrus or Mecklenburg Counties. Patient navigation must follow the individual from abnormal screening to diagnostic resolution and through treatment, if necessary.

Patient navigation is a process by which a trained individual- patient navigator- guides patients through and around barriers in the complex breast cancer care system. The primary focus of a patient navigator is on the individual patient, with responsibilities centered on coordinating and improving access to timely diagnostic and treatment

services tailored to individual needs. Patient navigators offer interventions that may vary from patient to patient along the continuum of care and include a combination of informational, emotional, and practical support (i.e., breast cancer education, counseling, care coordination, health system navigation, and access to transportation, language services and financial resources).

Funding Caps

- Applicants with proposed Komen-funded programs serving residents primarily (more than 50%) in Cabarrus or Mecklenburg Counties, may request funding up to \$125,000 for one year.
- Applicants with proposed Komen-funded programs serving residents primarily in Anson, Cleveland, Gaston, Lincoln, Iredell, Montgomery, Richmond, Rowan, Stanly, Union or York Counties, may request funding up to \$75,000 for one year.
- Applicants with proposed Komen-funded programs that include both direct services and patient navigation serving residents in Cabarrus or Mecklenburg Counties, may request funding up to \$150,000 for one year.

ELIGIBILITY REQUIREMENTS

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

- Individuals are not eligible to apply.
- Applications will only be accepted from governmental organizations under Section 170(c)(1) or nonprofit organizations under Section 501(c)(3) of the Internal Revenue Service (IRS) code. Applicants must prove tax-exempt status by providing a letter of determination from the IRS.
- Applicant organizations must provide services to **residents** of one or more of the following locations:
 - North Carolina Counties: Anson, Cabarrus, Cleveland, Gaston, Iredell, Lincoln, Mecklenburg, Montgomery, Richmond, Rowan, Stanly and Union
 - South Carolina Counties: York
- Proposed projects must be specific to breast health and/or breast cancer and address the priorities identified within this RFA. If a project includes other health issues along with breast cancer, such as a breast and cervical cancer project, funding may only be requested for the breast cancer portion.
- All past and current Komen-funded grants to an applicant must be in compliance with Komen requirements.
- If applicant, or any of its key employees, directors, officers or agents is convicted of fraud or a crime involving any other financial or administrative impropriety in the 12 months prior to the submission deadline for the application, then applicant is not eligible to apply for a grant until 12 months after the conviction. After such 12-month period,

applicant must demonstrate in its application that appropriate remedial measures have been taken to ensure that any criminal misconduct will not recur.

- If there is reason to believe that an applicant organization is experiencing financial instability, this may impact the review panel's decision to present the application to the Board for Directors for funding consideration.
- Screening grantees must use Komen funding as a "last resort" by screening women for the BCCCP, other government programs and private insurance before ever using Komen funding. Additionally, if your organization is requesting funding for screening services, you must have a written agreement in place with a mammography provider in advance of submitting your application.
- Salaries, if requested, are for personnel related to this project only. Salaries will be paid for the type of work being provided, not for the qualifications of person providing the service. (Example – A physician is the project director of an education program. The salary that may be requested should be that of a health educator and not a physician). In the budget justification, please indicate if this grant is the only source of salary (i.e., the position is NOT funded by the institution). If the position is funded by the institution, clearly state why additional funding is needed. Also, include a long-term plan to sustain salary for personnel not funded by the institution.
- Personnel expenses for the proposed Komen-funded program must not exceed 25% of the total grant budget. This restriction does not apply to programs with an evidence-based education focus (see education funding priority on page 6) or programs that include costs for a patient navigator. Please consult the Affiliate if you need clarification.
- The budget must be clear and adequately support the objectives of the project. Be as specific as possible. Broad, general categories will be denied. Komen Charlotte strongly encourages programs for screenings or treatment to be applied for at or below 2017 CMS/Medicare rates.

ALLOWABLE EXPENSES

Funds may be requested for the following types of expenses, provided they are **directly attributable** to the project:

- Clinical services or patient care costs
- Key personnel / salaries
- Supplies
- Reasonable travel costs related to the execution of the project
- Equipment, including software, not to exceed \$5,000 total, essential to the breast health-related project to be conducted
- Other direct project expenses

For more information, please refer to the descriptions in the Budget Section below.

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

- Research, defined as any project or program with the primary goal of gathering and analyzing data or information.
 - Specific examples include, but are not limited to, projects or programs designed to:
 - Understand the biology and/or causes of breast cancer
 - Improve existing or develop new screening or diagnostic methods
 - Identify approaches to breast cancer prevention or risk reduction
 - Improve existing or develop new treatments for breast cancer or to overcome treatment resistance, or to understand post-treatment effects
 - Investigate or validate methods or tools
- Education regarding breast self-exams/use of breast models
- Development of educational materials or resources that either duplicate existing Komen materials or for which there is not a demonstrated need
- Education via mass media (e.g. television, radio, newspapers, billboards), health fairs and material distribution. Evidence-based methods such as one on one and group sessions should be used to educate the community and providers.
- Construction or renovation of facilities
- Political campaigns or lobbying
- General operating funds
- Debt reduction
- Fundraising (e.g., endowments, annual campaigns, capital campaigns, employee matching gifts, events)
- Event sponsorships
- Projects completed before the date of grant approval
- Land acquisition
- Project-related investments/loans
- Scholarships
- Thermography
- Equipment over \$5,000 total
- Projects or portions of projects not specifically addressing breast cancer
- Consultant fees
- Conference travel and related costs
- Indirect costs

IMPORTANT GRANTING POLICIES

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

- The project must occur between April 1, 2018 and March 31, 2019.
- Recipients of services must reside in the Affiliate Service Area.
- The effective date of the grant agreement is the date on which Komen fully executes the grant agreement and shall serve as the start date of the grant. **No expenses may be accrued against the grant until the contractual agreement is fully executed.** *The contracting process can take up to six weeks from the date of the award notification letter.*
- Any unspent funds over \$1.00 must be returned to Komen Charlotte.
- Grant payments will be made in installments pending execution of grant agreement and compliance with terms and conditions of grant agreement.
- Grantee will be required to submit a minimum of one semi-annual progress report and one final report that will include, among other things, an accounting of expenditures and a description of project achievements. Additional reports may be requested.
- At the discretion of Komen Charlotte, the grantee may request one no-cost extension of no more than six months per grant. Requests must be made by grantee no later than 30 days prior to the end date of the project.
- Certain insurance coverage must be demonstrated through a certificate of insurance at the execution of the grant agreement, if awarded. Grantee is required at minimum to hold:
 - Commercial general liability insurance with combined limits of not less than \$1,000,000 per occurrence and \$2,000,000 in the aggregate for bodily injury, including death, and property damage;
 - Workers' compensation insurance in the amount required by the law in the state(s) in which its workers are located and employers' liability insurance with limits of not less than \$1,000,000; and
 - Excess/umbrella insurance with a limit of not less than \$5,000,000.
 - In the event any transportation services are provided in connection with project, \$1,000,000 combined single limit of automobile liability coverage will be required.
 - If any medical services (other than referrals) are provided or facilitated, medical malpractice coverage with combined limits of not less than \$1,000,000 per occurrence and \$3,000,000 in the aggregate will be required.
 - Grantees are also required to provide Komen Charlotte with a Certificate of Insurance with Susan G. Komen Breast Cancer Foundation, Inc., Susan G. Komen Charlotte, its officers, employees and agents named as Additional Insured on the above policies solely with respect to the project and any additional policies and riders entered into by grantee in connection with the project.
- Grantee or representative of Grantee organization must make all reasonable effort to participate in the "Grantee/Education Village" at the Komen Charlotte Race for the Cure, the first Saturday in October. Grantee organizations are required to submit written justification at least 60 days prior to the event if unable to attend.

EDUCATIONAL MATERIALS AND MESSAGES

Susan G. Komen is a source of information about breast cancer for people all over the world. To reduce confusion and reinforce learning, we only fund projects that use educational messages and materials that are consistent with Komen messages, including our breast self-awareness

messages - know your risk, get screened, know what is normal for you and make healthy lifestyle choices. The consistent and repeated use of the same messages can reduce confusion, improve retention and lead to the adoption of actions we believe are important for quality breast care. Please visit the following webpage before completing your application and be sure that your organization can agree to promote these messages:

<http://ww5.komen.org/BreastCancer/BreastSelfAwareness.html>.

Breast self-exam must not be taught or endorsed

According to studies, teaching breast self-exam (BSE) has not been shown to be effective at reducing mortality from breast cancer. Therefore, **Komen will not fund education projects that teach or endorse monthly breast self-exams or use breast models**. As an evidence-based organization, we do not promote activities that are not supported by scientific evidence or that pose a threat to Komen's credibility as a reliable source of information on the topic of breast cancer.

Creation and Distribution of Educational Materials and Resources

Komen grantees are encouraged to use Komen-developed educational resources, including messages, materials, Toolkits or other online content during their grant period. This is to ensure that all breast cancer messaging associated with the Komen name or brand is current, safe, accurate, consistent and based on evidence. In addition, this practice will avoid expenses associated with the duplication of existing educational resources. Grantees can view, download and print all of Komen's educational materials by visiting <http://ww5.komen.org/BreastCancer/KomenEducationalMaterials.html>. If a grantee intends to use other supplemental materials, they should be consistent with Komen messages.

Komen materials should be used and displayed whenever possible.

If an organization wants to develop educational resources, they must discuss with Komen Charlotte prior to submitting an application and provide evidence of need for the resource.

Use of Komen's Breast Cancer Education Toolkits for Black and African-American Communities and Hispanic/Latino Communities and Other Resources

Komen has developed breast cancer education toolkits for Black and African-American communities and Hispanic/Latino communities. They are designed for health educators and organizations to use to meet the needs of their communities. The Hispanic/Latino Toolkit is available in both English and Spanish. To access these Toolkits, please visit <http://komentoolkits.org/>. Komen has additional educational resources on [komen.org](http://www.komen.org), that may be used in community outreach and education projects. Check with Komen Charlotte for resources that may be used in programming.

REVIEW PROCESS

Each grant application will be reviewed by at least three reviewers from the community. Reviewers will consider each of the following selection criteria:

Impact 20%: How successful will the project be at increasing the percentage of people who enter, stay in or progress through the continuum of care, thereby reducing breast cancer mortality? To what extent has the applicant demonstrated that the project will have a substantial impact on the selected funding priority?

Statement of Need 20%: How well has the applicant described the identified need and the population to be served, including race, ethnicity, economic status and breast cancer mortality statistics? How closely does the project align with the funding priorities and target communities stated in the RFA?

Project Design 20%: How likely is it that proposed activities will be achieved within the scope of the project? How well has the applicant described the project activities to be completed with Komen funding? To what extent is the proposed project designed to meet the needs of specific communities including the cultural and societal beliefs, values and priorities of each community? How well does the applicant incorporate an evidence-based intervention and/or a promising practice? To the extent collaboration is proposed, how well does the applicant explain the roles, responsibilities and qualifications of project partners? How well does the budget and budget justification explain the need associated with the project?

Organization Capacity 20%: To what extent does the applicant's staff have the expertise to effectively implement all aspects of the project and provide fiscal oversight, including the appropriate licenses, certifications, accreditations, etc. to deliver the proposed services? How well has the applicant demonstrated evidence of success in delivering services to the target population described? To what extent has the applicant demonstrated they have the equipment, resources, tools, space, etc., to implement all aspects of the project?

Monitoring and Evaluation 20%: To what extent will the documented evaluation plan be able to measure progress against the stated project goal and objectives, and the resulting outputs and outcomes? To what extent are the applicant's monitoring and evaluation (M&E) resources/expertise likely to adequately evaluate project success?

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

Applicant Support: Questions should be directed to:

Sarah Bailey, MPH, CHES
s.bailey@komencharlotte.org
704-817-4078

SUBMISSION REQUIREMENTS

All proposals must be submitted online through the Komen Grants eManagement System (GeMS): <https://affiliategrants.komen.org>. All applications must be submitted before the Application Deadline listed in the Key Dates section above. Applicants are strongly encouraged to complete, review and submit their applications with sufficient time to allow for technical difficulties, human error, loss of power/internet, sickness, travel, etc.

Extensions to the submission deadline will not be granted.

APPLICATION INSTRUCTIONS

The application must be completed and submitted via the Komen Grants eManagement System (GeMS), <https://affiliategrants.komen.org>. The required sections/pages in GeMS are listed in ALL CAPS and described below. For an application instruction manual, please visit the Affiliate's Grants webpage, www.komencharlotte.org, or contact Sarah Bailey at 704-817-4078 or s.bailey@komencharlotte.org. When initiating an application in GeMS, make sure it is a

Community Grants application, designated “CG”, and not a Small Grants (“SG”) application to apply to this RFA.

PROJECT PROFILE

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

Attachments for the Project Profile page (if applicable):

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

ORGANIZATION SUMMARY

This section collects information regarding your organization’s history, mission, programs and accomplishments, staff/volunteers, budget and social media.

PROJECT PRIORITIES AND ABSTRACT (limit 1,000 characters)

This section collects information about the priorities to be addressed and a summary of the project (abstract). This abstract should include the target communities to be served, the need to be addressed, a description of activities, the expected number of individuals served and the expected change your project will likely bring in your community. The abstract is typically used by the Affiliate in public communications about funded projects.

PROJECT NARRATIVE

This is the main content section of the application divided into the following subsections:

Statement of Need (limit 5,000 characters)

- Describe evidence of the risk/need within the identified population.
- Describe the target population to be served with Komen funding (e.g., Black/African American, low-income, rural) using race, ethnicity, socioeconomic and breast cancer mortality statistics.
- Describe how this project aligns with the RFA funding priorities.

Project Design (limit 5,000 characters)

- Describe how the project will increase the percentage of people who enter, stay in or progress through the continuum of care and thereby reduce breast cancer mortality.
- Explain what specifically will be accomplished using Komen funding and how the project’s goal and objectives align with the selected funding priorities.
- Explain how the project is designed to meet the needs of specific communities and reflects the cultural and societal beliefs, values, and priorities of each community.
- Explain how the project incorporates an evidence-based intervention (please cite references). References should be cited in the Project Design textbox in citation format of your choice.
- Explain how collaboration strengthens the project, including roles and responsibilities of all organizations and why partnering organizations are qualified to assist in

accomplishing the goal and objectives. Organizations mentioned here should correspond with those providing letters of support/collaboration or MOUs on Project Profile page.

Organization Capacity (limit 5,000 characters)

- Explain why the applicant organization and associated project staff are suited to lead the project and accomplish the goal and objectives. Include appropriate organization or staff licenses, certifications and/or accreditations.
- Describe evidence of success in delivering breast cancer services to the proposed population. If the breast cancer project is new, describe relevant success with other projects.
- Describe the equipment, resources, tools, space, etc., that the applicant organization possesses or will utilize to implement all aspects of the project.
- Describe the organization's current financial state and fiscal capability to manage all aspects of the project to ensure adequate measures for internal control of grant dollars. If the organizational budget has changed over the last three years, explain the reason for the change.

Monitoring and Evaluation (limit 5,000 characters)

Grantees will be required to report on the following outputs and outcomes in the progress and final reports:

- Accomplishments
- Challenges
- Upcoming tasks
- Lessons learned
- A compelling story from an individual that was served with Komen funding
- Demographics of individuals served through Komen funding (see Appendix A)
- Types of services offered (see Appendix A)

The Monitoring and Evaluation (M&E) narrative must address the following items:

- Describe how the organization(s) will measure progress against the stated project goal and objectives, including the specific evaluation tools that will be used to measure progress. These tools can include client satisfaction surveys, pre- and post-tests, client tracking forms, etc. Please include any templates, logic models or surveys as attachments in the Project Work Plan page(s).
- Describe the specific outcomes that will be measured as a result of proposed project activities. Outcomes reported can include number of days to diagnostic resolution after an abnormal imaging test, number of days from diagnosis to first day of treatment, etc.
- Describe the resources and expertise available for M&E during the project period. Specify if the expertise and resources are requested as part of this project, or if they are existing organizational resources.

PROJECT TARGET DEMOGRAPHICS

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

PROJECT WORK PLAN

In the Project Work Plan component of the application on GeMS, you will be required to submit SMART objectives in order to meet the universal goal:

Reduce breast cancer mortality by addressing disparities, increasing access to quality and timely care, and/or improve outcomes through patient navigation.

The project must have at least one objective. While there is no limit to the number of objectives allowed, the number of objectives should be reasonable, with each able to be evaluated. Please ensure that all objectives are SMART objectives:

Specific
Measurable
Attainable
Realistic
Time-bound

A guide to crafting SMART objectives is found in Appendix B or at <http://ww5.komen.org/WritingSMARTObjectives.html>.

You will also be required to submit the timeline and the anticipated number of individuals to be served.

Write your Project Work Plan with the understanding that each objective must be reported on in progress reports. **The Project Work Plan must include measureable objectives that will be accomplished with funds requested from Komen Charlotte.** Objectives that will be funded by other means should **not** be reported here, but instead, can be included in your overall project description.

Example Work Plan (For additional examples and a SMART objective checklist, please refer to Appendix B).

OBJECTIVE 1: By February 1, 2019, the patient navigator will have contacted 100 percent of all women with an abnormal screening result in Green County within three business days to schedule a follow-up appointment.

OBJECTIVE 2: By March 31, 2019, the project will provide 30 uninsured/underinsured Green County women free/reduced cost diagnostic procedures within 30 days of an abnormal screening.

Attachments to support the Project Work Plan page may include, but are not limited to:

- **Evaluation forms, surveys, logic models, etc.,** that will be used to assess the progress and/or the effectiveness of these objectives.

BUDGET SECTION

For each line item in the budget, applicant must **provide an estimated expense calculation and a brief justification** explaining how the funds will be used and why they are necessary to achieve proposed objectives. A description of each budget category follows:

PATIENT CARE

This section should include all funds requested for providing direct services for a patient. This should be the cost needed to provide the direct services mentioned in the objectives section of the application. Navigation costs should not be included in this section but can be included in Key Personnel/Salaries.

KEY PERSONNEL/SALARIES

This section collects information regarding the personnel that will be needed to complete the project. Any individual playing a key role in the project should be included in this section. This section should also include information for any employee's salary for which your project is requesting funds, if applicable. If no funds are requested from Komen for key personnel salary, enter \$0 in the salary request fields to properly complete an application.

Attachments Needed for Key Personnel/Salaries Section:

- **Resume/Job Description** – For key personnel that are currently employed by the applicant organization, provide a resume or *curriculum vitae* that includes education level achieved and licenses/certifications obtained. For new or vacant positions, provide a job description (*Two-page limit per individual*).

SUPPLIES

This section should include office supplies or any other type of supplies the applicant will need to complete the project.

Note 1: Please do NOT include party supplies such as paper products or decorations. The Affiliate will not fund these items and recommends you ask for in-kind donations.

Note 2: Komen grant funds may not be used for the development of educational materials or resources that either duplicate existing Komen materials or for which there is not a demonstrated need. Only Komen-developed or Komen-approved educational resources may be used/ distributed.

TRAVEL

This section should be completed if travel expenses such as mileage reimbursement by organization staff or volunteers related to project activity is necessary to complete the project. (This section is NOT for transportation assistance for patients/clients – this expense should be recorded on the “Patient Care” page.)

OTHER

This section should only be used for items that are directly attributable to the project but cannot be included in the existing budget sections.

PROJECT BUDGET SUMMARY

This section includes a summary of the total project budget. Other sources of funding for this project must also be entered on this page.

Attachments Needed for the Project Budget Summary Section:

- **Proof of Tax-Exempt Status** – To document your **federal tax-exempt status**, attach your determination letter from the Internal Revenue Service. Evidence of state or local exemption will not be accepted. Please do not attach your Federal tax return. To request verification of your organization's tax-determination status, visit the following page on the IRS Web site:

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

APPENDIX A: FY18 REPORTING METRICS

Grantees will be required to report on the below metrics in FY18 Progress/Final Reports. All grantees will report on Demographics of those served. The remaining categories will only need to be reported on if a grantee offers those services in their Project Workplan. For example, if a grantee has only an education objective, they will only have the option to report metrics for the Education & Training category.

** Indicates data must be provided by race & ethnicity (only by Hispanic/Latino and non-Hispanic/Latino – not by specific Hispanic/Latino/Spanish origin)*

Demographics

- State of residence
- County of residence
- Age
- Gender
 - Female, Male, Transgender, Other, Unknown
- Race
 - American Indian or Alaska Native, Asian, Black/African-American, Middle Eastern or North African, Native Hawaiian or Pacific Islander, White, Unspecified
- Ethnicity
 - Colombian, Cuban, Dominican, Mexican/Mexican-American, Chicano, Puerto Rican, Salvadoran, Other Hispanic/Latino/Spanish origin, Not of Hispanic/Latino/Spanish origin
- Special Populations
 - Amish/Mennonite, Breast cancer survivors, Healthcare providers, Homeless/residing in temporary housing, Immigrant/Newcomers/Refugees/Migrants, Living with metastatic breast cancer, Individuals with disabilities, Identifies as LGBTQ, Rural residents

Breast Cancers Diagnosed

- Staging of breast cancers diagnosed resulting from
 - Screening services*
 - Diagnostic services*
 - Community navigation into screening*
 - Diagnostic patient navigation*

Education & Training

- Type of session
 - One-on-one, Group
- Topic of session
 - Breast self-awareness, available breast health services and resources, clinical trials, treatment, survivorship and quality of life, metastatic breast cancer
- Number of individuals reached by topic area

-
- Follow-up completed
 - Action taken
 - If healthcare provider training, total number of providers trained in each session (one-on-one, group) and number by provider type (Community health workers, lay educators, patient navigators, social workers, nurses, technicians, nurse practitioners/physician assistants, doctors)

Screening Services

- First time to facility
- Number of years since last screening
- Screening facility accreditation*
 - American College of Radiology - Breast Imaging Center of Excellence (BICOE)
 - American College of Surgeons - National Accreditation Program for Breast Centers (NAPBC)
- Count of screening services provided*
- Screening result*
- Referred to diagnostics*

Diagnostic Services

- Time from screening to diagnosis*
- Diagnostic facility accreditation*
 - American College of Radiology - Breast Imaging Center of Excellence (BICOE)
 - American College of Surgeons - National Accreditation Program for Breast Centers (NAPBC)
- Count of diagnostic services provided*
- Referred to treatment*

Treatment Services

- Time from diagnosis to beginning treatment*
- Treatment facility accreditation*
 - American College of Radiology - Breast Imaging Center of Excellence (BICOE)
 - National Cancer Institute-Designated Cancer Center (NCI)
 - American College of Surgeons - Commission on Cancer (CoC)
- Count of treatment services provided*
- Count of patients enrolled in a clinical trial*

Treatment Support

- Count of treatment support services provided

Barrier Reduction

- Count of barrier reduction assistance services provided*

- Transportation, interpretation/translation services, co-pay/deductible assistance, daily living expenses, childcare

Community Navigation, Patient Navigation & Care Coordination/Case Management

- Count of individuals receiving coordination of care to diagnostic services
- Count of individuals receiving coordination of care to treatment services
- Time from referral to screening*
- Accreditation of screening facility navigated to*
 - American College of Radiology - Breast Imaging Center of Excellence (BICOE)
 - American College of Surgeons - National Accreditation Program for Breast Centers (NAPBC)
- Time from abnormal screening to diagnostic resolution*
- Accreditation of diagnostic facility navigated to*
 - American College of Radiology - Breast Imaging Center of Excellence (BICOE)
 - American College of Surgeons - National Accreditation Program for Breast Centers (NAPBC)
- Time from diagnostic resolution to beginning treatment *
- Accreditation of treatment facility navigated to*
 - American College of Radiology - Breast Imaging Center of Excellence (BICOE)
 - National Cancer Institute-Designated Cancer Center (NCI)
 - American College of Surgeons - Commission on Cancer (CoC)
- Patient enrolled in a clinical trial*
- Individual completed physician recommended treatment*
- Survivorship care plan provided
- Breast cancer records provided to primary care provider

APPENDIX B: WRITING SMART OBJECTIVES

Project planning includes developing project objectives. **Objectives** are specific statements that describe what the project is trying to achieve and how they will be achieved. Objectives are more immediate than the goal and represent milestones that your project needs to achieve in order to accomplish its goal by a specific time period. Objectives are the basis for monitoring implementation of strategies and/or activities and progress toward achieving the project goal. Objectives also help set targets for accountability and are a source for project evaluation questions.

Writing SMART Objectives

To use an objective to monitor progress towards a project goal, the objective must be **SMART**.

A **SMART** objective is:

- **Specific:**
 - Objectives should provide the “who” and “what” of project activities.
 - Use only one action verb since objectives with more than one verb imply that more than one activity or behavior is being measured.
 - Avoid verbs that may have vague meanings to describe intended output/outcomes (e.g., “understand” or “know”) since it may prove difficult to measure them. Instead, use verbs that document action (e.g., identify three of the four Komen breast self-awareness messages).
 - The greater the specificity, the greater the measurability.
- **Measurable:**
 - The focus is on “how much” change is expected. Objectives should quantify the amount of change expected.
 - The objective provides a reference point from which a change in the target population can clearly be measured.
- **Attainable:**
 - Objectives should be achievable within a given time frame and with available project resources.
- **Realistic:**
 - Objectives are most useful when they accurately address the scope of the problem and programmatic steps that can be implemented within a specific time frame.
 - Objectives that do not directly relate to the project goal will not help achieve the goal.
- **Time-bound:**
 - Objectives should provide a time frame indicating when the objective will be measured or time by which the objective will be met.
 - Including a time frame in the objectives helps in planning and evaluating the project.

SMART Objective Examples

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

This objective is not SMART because it is not specific, measurable, or time-bound. It can be made SMART by specifically indicating who is responsible for providing the educational sessions, how many people will be reached, how many sessions will be

conducted, what type of educational sessions will be conducted, who the women are and by when the educational sessions will be conducted.

SMART objective 1: By September 30, 2017, Pink Organization will conduct 10 group breast cancer education sessions reaching at least 200 Black/African American women in Green County.

Non-SMART objective 2: By March 30, 2018, reduce the time between abnormal screening mammogram and diagnostic end-result for women in the counties of Jackson, Morse and Smith in North Dakota.

This objective is not SMART because it is not specific or measurable. It can be made SMART by specifically indicating who will do the activity and by how much the time will be reduced.

SMART objective 2: By March 30, 2018, Northern Region Hospital breast cancer patient navigators will reduce the average time from abnormal screening mammogram to diagnostic conclusion from 65 days to 30 days for women in the counties of Jackson, Morse and Smith in North Dakota.

SMART Objective Checklist

Criteria to assess objectives	Yes	No
1. Is the objective SMART?		
<ul style="list-style-type: none"> Specific: Who? (target population and persons doing the activity) and What? (action/activity) 		
<ul style="list-style-type: none"> Measurable: How much change is expected? 		
<ul style="list-style-type: none"> Achievable: Can be realistically accomplished given current resources and constraints 		
<ul style="list-style-type: none"> Realistic: Addresses the scope of the project and proposes reasonable programmatic steps 		
<ul style="list-style-type: none"> Time-bound: Provides a time frame indicating when the objective will be met 		
2. Does it relate to a single result?		
3. Is it clearly written?		

Source: Department of Health and Human Services- Centers for Disease Control and Prevention. January 2009. Evaluation Briefs: Writing SMART Objectives. <http://www.cdc.gov/healthyyouth/evaluation/pdf/brief3b.pdf>

APPENDIX C: NC BCCCP MEDICARE RATES AND SAMPLE CERTIFICATE OF INSURANCE

North Carolina Breast and Cervical Cancer Control Program
2017 Services Fee Schedule (1)
For the Period 01/01/2017 through 12/31/2017
Revised: 01/11/2017

Breast Procedures	Code	2017 Fee	Office Fee Allowed
Screening			
Clinical Breast Examination	N/A		Yes
Screening Digital Breast Tomosynthesis (2)	77063	\$ 53.72	No
	77063TC	\$ 23.72	
	77063-26	\$ 30.01	
Screening Mammogram, Digital, Bilateral	G0202	\$ 130.16	No
	G0202TC	\$ 93.48	
	G0202-26	\$ 36.68	
Follow-Up			
Radiological examination, surgical specimen	76098	\$ 15.96	No
	76098TC	\$ 7.95	
	76098-26	\$ 8.01	
Diagnostic Mammogram, Digital, Bilateral	G0204	\$ 161.35	No
	G0204TC	\$ 113.20	
	G0204-26	\$ 48.16	
Diagnostic Mammogram, Digital, Unilateral	G0206	\$ 127.21	No
	G0206TC	\$ 88.47	
	G0206-26	\$ 38.74	
Diagnostic Digital Breast Tomosynthesis (3)	G0279	\$ 53.73	No
	G0279TC	\$ 23.72	
	G0279-26	\$ 30.01	
Ultrasound, complete examination of breast including axilla, unilateral	76641	\$ 103.36	No
	76641TC	\$ 67.09	
	76641-26	\$ 36.27	
Ultrasound, complete examination of breast including axilla, bilateral	76641-50	\$ 155.04	No
	76641-TC-50	\$ 100.64	
	76641-26-50	\$ 54.40	
Ultrasound, limited examination of breast including axilla, unilateral	76642	\$ 85.19	No
	76642TC	\$ 51.38	
	76642-26	\$ 33.81	
Ultrasound, limited examination of breast including axilla, bilateral	76642-50	\$ 127.79	No
	76642-TC-50	\$ 77.07	
	76642-26-50	\$ 50.72	
Surgical Evaluation/Consultation	N/A	(7)	Yes
Fine Needle Aspiration	10021	\$ 117.87	Yes
Fine Needle Aspiration (with imaging guidance)	10022	\$ 135.87	Yes
Ultrasonic guidance for needle placement, imaging supervision and interpretation	76942	\$ 58.51	No
	76942-TC	\$ 26.32	
	76942-26	\$ 32.18	

**North Carolina Breast and Cervical Cancer Control Program
2017 Services Fee Schedule (1)**

Breast Procedures Continued	Code	2017 Fee	Office Fee Allowed
Cytopathology, evaluation of fine needle aspirate	88172	\$ 55.62	No
	88172TC	\$ 18.64	
	88172-26	\$ 36.98	
Cytopathology, evaluation of fine needle aspirate > Interpretation and Report	88173	\$ 148.09	No
	88173TC	\$ 75.70	
	88173-26	\$ 72.39	
Puncture Aspiration	19000	\$ 108.21	Yes
- each additional procedure, use in addition to 19000	19001	\$ 26.41	Yes
Breast Biopsy (with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion) (4)	19081	\$ 661.72	Yes
Each additional lesion (4)	19082	\$ 544.34	Yes
Breast Biopsy (with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; first lesion) (4)	19083	\$ 641.75	Yes
Each additional lesion (4)	19084	\$ 523.26	Yes
Needle Core Biopsy	19100	\$ 144.08	Yes
Needle Core Biopsy (open, Incisional)	19101	\$ 326.89	Yes
Excision of cyst, fibroadenoma, or other tumor, aberrant breast tissue - duct lesion, nipple or areolar lesion, open, - 1 or more lesions.	19120	\$ 475.51	Yes
Excision of breast lesion identified by preop placement - of radiological marker, open, single lesion.	19125	\$ 527.04	Yes
- each additional lesion separately identified by a preop radiological marker (list separately)	19126	\$ 158.70	Yes
Placement of breast localization device, percutaneous; mammographic guidance; first lesion (5)	19281	\$ 231.54	Yes
Each additional lesion (5)	19282	\$ 159.87	Yes
Placement of breast localization device, percutaneous; stereotactic guidance; first lesion (5)	19283	\$ 260.73	Yes
Each additional lesion (5)	19284	\$ 195.08	Yes
Placement of breast localization device, percutaneous; ultrasound guidance; first lesion (5)	19285	\$ 493.16	Yes
Each additional lesion (5)	19286	\$ 428.81	Yes
Surgical Pathology - Level IV gross and microscopic examination	88305	\$ 66.46	No
	88305TC	\$ 27.66	
	88305-26	\$ 38.80	
Surgical Pathology - Level V gross and microscopic examination, requiring microscopic evaluation of surgical margins	88307	\$ 254.77	No
	88307TC	\$ 169.26	
	88307-26	\$ 85.51	

Cervical Procedures continued on next page

**North Carolina Breast and Cervical Cancer Control Program
2017 Services Fee Schedule (1)**

Cervical Procedures	Code	2017 Fee	Office Fee Allowed
Screening			
Pelvic Examination - Bimanual	N/A		Yes Yes
Cytopathology, cervical or vaginal, <i>requiring interpretation</i> by physician	88141	\$ 31.64	
Cytopathology (liquid based Pap test) cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	88142	\$ 27.79	
Cytopathology (liquid based Pap test) cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening and rescreening under physician supervision	88143	\$ 27.79	
Cytopathology (conventional Pap test), slides cervical or vaginal, manual screening under physician supervision	88164	\$ 14.49	
Cytopathology (conventional Pap test), slides cervical or vaginal, manual screening and rescreening under physician supervision	88165	\$ 14.49	
Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation, screening by automated system, under physician supervision	88174	\$ 29.31	
Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation, screening by automated system and manual rescreening under physician supervision	88175	\$ 35.65	
Human Papillomavirus, high-risk types (6)	87624	\$ 33.64	No
Human Papillomavirus, types 16 and 18 only (6)	87625	\$ 33.64	No
Follow-Up			
Colposcopy	57452	\$ 105.86	Yes
Colposcopy with Biopsy and endocervical curettage	57454	\$ 148.78	Yes
Colposcopy with Biopsy	57455	\$ 138.46	Yes
Colposcopy with endocervical curettage	57456	\$ 130.57	Yes
Surgical Pathology - Level IV	88305	\$ 66.46	No
	88305TC	\$ 27.66	No
	88305-26	\$ 38.80	No

**North Carolina Breast and Cervical Cancer Control Program
2017 Services Fee Schedule (1)**

Physician Visits Office Visits (7)	CPT Code	2017 Fee
New patient; history, exam, straightforward decision-making; 10 minutes	99201	\$ 42.16
New patient; <i>expanded</i> history, exam, straightforward decision-making; 20 minutes	99202	\$ 72.23
New patient; <i>detailed</i> history, exam, straightforward decision-making; 30 minutes	99203	\$ 104.35
Established patient; evaluation and management, may not require presence of physician; 5 minutes	99211	\$ 19.42
Established patient; history, exam, straightforward decision-making; 10 minutes	99212	\$ 42.00
Established patient; <i>expanded</i> history, exam, straightforward decision- making; 15 minutes	99213	\$ 70.73
Established patient; <i>detailed</i> history, exam, moderately complex decision-making; 25 minutes	99214	\$ 104.24

00400 Anesthesia for procedures on the integumentary system, anterior trunk, not otherwise specified. Medicare Base Units = 3
Not to exceed 3 Base Units plus Time Units (length of time spent providing anesthesia service in 15 minute increments)
times Conversion Rate (\$21.45) or \$325, whichever is lower.
Medicare's methodology for the payment of anesthesia services is outlined in chapter 12 of the Medicare Claims
Processing Manual at www.cms.hhs.gov/manuals/downloads/clm104c12.pdf. The carrier-specific Medicare anesthesia
conversion rates are available at www.cms.hhs.gov/center/anesth.asp.

Global and Split Fees

Both global and split fees apply to the breast procedures listed on page 1 of this fee schedule. The method
and direction of payment will determine their usage for your facility. The following are the codes and
definitions that apply:

G = Global; the all-inclusive fee for performing and interpreting the service.

TC = Technical Component; the fee for performing the service.

26 = Professional Component; the fee for interpreting the service.

**North Carolina Breast and Cervical Cancer Control Program
2017 Services Fee Schedule (1)**

NOTES:

- (1) NC BCCCP covers only the physician's fee. Any facility charges associated with these CPT codes are not covered
- (2) Code 77063 should be listed as a separate code in addition to the code for the screening mammogram code, 77057 or
- (3) Code G0279 should be listed as a separate code in addition to G0204 or G0206 for the primary mammogram.
- (4) Codes 19081-19084 are to be used for breast biopsies that include image guidance, placement of localization device, and imaging of specimen. These codes should not be used in conjunction with 19281-19286.
- (5) Codes 19281-19286 are for image guidance placement of localization device without image-guided biopsy. These codes should not be used in conjunction with 19081-19084.
- (6) HPV DNA testing is a reimbursable procedure if used for screening in conjunction with Pap testing or for follow-up of an abnormal Pap or surveillance per ASCCP guidelines. It is not reimbursable as a primary screening test for women of all ages or as an adjunctive screening test to the Pap for women under 30 years of age. Providers should specify the high-risk HPV DNA panel only. Reimbursement of screening for low-risk HPV types is not permitted. The CDC will allow for reimbursement of Cervista HPV HR at the same rate as the Digene Hybrid Capture 2 HPV DNA. CDC funds may be used for reimbursement of HPV genotyping.
- (7) All consultations should be billed through the standard "new patient" office visit CPT codes: 99201-99205. Consultations billed as 99204 or 99205 must meet the criteria for these codes, and must be pre-authorized. Codes 99204 and 99205 are not appropriate for NC BCCCP screening visits.



**CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YYYY)
3/20/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Commercial Lines - (800)-332-9256 Wells Fargo Insurance Services USA, Inc. 90 S. Cascade Ave, 2nd Floor Colorado Springs, CO 80903	CONTACT NAME: Julie Gutierrez PHONE (A/C, No, Ext): 303-863-6572 E-MAIL ADDRESS: julie.gutierrez@wellsfargo.com	FAX (A/C, No): 877-495-9032
	INSURER(S) AFFORDING COVERAGE	
INSURED Grantee Name Grantee Address	INSURER A: Travelers Casualty Ins Co of America	NAIC # 19046
	INSURER B: Chubb Group of Ins Co	
	INSURER C: Fireman's Fund Insurance Company	21873
	INSURER D: Hartford Fire Insurance Company	19682
	INSURER E: Philadelphia Insurance Company	23850
	INSURER F:	

COVERAGES**CERTIFICATE NUMBER:** 8871555**REVISION NUMBER:** See below

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		XYZ001234	7/1/2014	7/1/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	X		ABC003456	7/1/2014	7/1/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	X		LMN006789	7/1/2014	7/1/2015	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y / N <input type="checkbox"/> N / A			QRS005678	7/1/2014	7/1/2015	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
E	Professional Liability			TUV000100	7/1/2014	7/1/2015	\$1,000,000 - \$5,000,000 Deductible: (should be filled in)

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Nature of the grant provided

The Susan G. Komen Breast Cancer Foundation, Inc. and (insert affiliate name here) it's officers and employees are included as Additional Insureds' on the General Liability, Auto Liability (if applicable) and Umbrella Liability policies.

CERTIFICATE HOLDER**CANCELLATION**

The Susan G. Komen Breast Cancer Foundation, Inc. Affiliate Name Affiliate Address Affiliate City, State, Zip	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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ACORD 25 (2014/01)