



Milwaukee Affiliate Susan G. Komen for the Cure® 2010-2011 Community Health Grant Request for Applications

The Milwaukee Affiliate of Susan G. Komen for the Cure® is currently accepting grant applications for evidence-based strategies and promising practices to reduce breast cancer mortality in our eight-county service area which includes Milwaukee, Waukesha, Racine, Kenosha, Jefferson, Walworth, Washington and Ozaukee counties.

Priority consideration will be given to applicants proposing services for individuals in Milwaukee, Racine and Waukesha counties. Within our eight-county service area, these three counties have the most number of women being diagnosed and dying from breast cancer. This decision was based on incidence and mortality data that were presented in the 2009 Komen Milwaukee Community Profile. The Komen Milwaukee Community Profile Report is located at www.komenmilwaukee.org (click on grants>funding priorities).

Non-profit organizations interested in providing innovative and non-duplicative breast health intervention and implementing a process to effectively link women to screening services and follow-up care in partnership with local medical providers are strongly encouraged to apply. Grants are available for up to one (1) year.

Applicants should utilize the 2009 Komen Milwaukee Community Profile to guide program development to meet the priorities in the statement of need on the following pages. Priority consideration will also be given to applications that are in alignment with the current Wisconsin Comprehensive Cancer Control Plan. The full plan can be viewed at www.wicancer.org.

Application Deadline: Friday, November 13, 2009 by 5:00 PM

Please submit one electronic copy of all application documents in a PDF file. Once the application has been checked for compliance with the Affiliate grant guidelines, you will be asked to submit 10 copies for the independent review panel.

Grant Writing Workshop

All potential applicants are strongly encouraged to attend the Affiliate Grant Writing Workshop. At the workshop, we will be discussing the current gaps that exist relative to breast health in our eight-county service area. Information presented during this workshop will be key to an applicant's success. This workshop focuses on designing a program for a grant application that is in alignment with Komen priorities. This is not a basic grant-writing workshop. If you are unable to attend the workshop or the workshop date has passed, contact Jennifer at (414) 805-4904 for an overview of the workshop.



Grant Writing Workshop: Tuesday, August 25, 2009 beginning at 11:30 – 4:00 PM

Location: Froedtert Clinical Cancer Center
Conference Room M – Room C3100
9200 W. Wisconsin Ave.
Milwaukee, WI 53226

Inquiries in advance of the deadline can be directed to Jennifer Frahm at (414) 805-4904 or jenniferfrahm@komenmilwaukee.org. *Applicants are strongly encouraged to submit their proposals for review and feedback from Affiliate staff prior to November 6, 2009.* Please allow adequate time before the deadline for response to any inquiry.

Milwaukee Affiliate of Susan G. Komen for the Cure®
Attention: Jennifer Frahm
9200 W. Wisconsin Ave.
Milwaukee, WI 53226
www.komenmilwaukee.org

**Milwaukee Affiliate
Susan G. Komen for the Cure®
2010-2011 Statement of Need**

Through this statement of need, the Milwaukee Affiliate of Susan G. Komen for the Cure® has identified the following key breast health needs for our eight-county service area.

- Priority One: Provide free and reduced cost screening (mammography and clinical breast exams) and diagnostic services with an emphasis on Milwaukee, Waukesha and Racine counties.**

Last resort funding for screening and diagnostic services is available from the Milwaukee Affiliate of Komen. Ability to provide a specific number of free or low-cost screening mammograms and clinical breast exams must be documented within proposal. Programs must clearly identify how they will apply evidence-based outreach/intervention within uninsured and underinsured communities. These uninsured and underinsured individuals may not have access to primary care and are rarely or never screened for breast cancer. Individuals identified through education efforts must be successfully navigated through the screening process. In addition, program must identify how they will work with clients to obtain any needed follow-up services should an abnormal screening occur. Preference is given to programs that facilitate referrals by follow-up contact with individuals identified through education efforts.

Applications must provide clear descriptions of program's complete continuum of care by providing a link to the next appropriate level of service. We believe in a system of breast health that allows an individual to move from outreach > education > screening > diagnosis/treatment > support seamlessly. Programs must be able to track and document how many individuals they screen through clinical breast exams and how many they screened through mammography services. Applicant must clearly demonstrate that a mutual referral and enrollment process has been agreed to with the local Wisconsin Well Woman Program Coordinator. Applicants will be asked to submit a mutually signed letter of commitment, which will solidify the partnership between applicant and local Well Woman Program Coordinator.

In accordance with priorities identified in the 2009 Komen Milwaukee Community Profile, priority consideration will be given to programs who are reaching individuals 40 and older (younger if showing a sign or symptom of breast cancer or are at high-risk*) within Milwaukee, Waukesha and Racine counties that have not had a regular screening mammogram or clinical breast exam in the last two years. Applications will be considered for the entire eight-county service area

**NOTE: Applicants proposing to screen women under age 40 must provide strong population-specific data to justify the need, and utilize the National Comprehensive Cancer Network Breast Cancer Screening and Diagnosis Guidelines (www.nccn.org) to determine if an individual is at increased risk for breast cancer.*

Successful programs will have: culturally-competent outreach and educational strategies; evidence-based/promising practices intervention strategies (application must cite evidence-based/promising practice literature sources); dedicated staff and/or volunteers with specialized language and communications skills; and will collaborate with key community members within targeted communities who have experience reaching women where they live, work, and/or worship and who are trusted.

Please Note:

Komen funding is last resort funding. All avenues of funding, such as Wisconsin Well Woman, Medicare, BadgerCare, etc., must be exhausted before Komen funding can be used to provide screening and diagnostic testing.

When constructing an application, it will be important to have a clear understanding of what coverage the state offers for preventive health screening services such as mammography. After review of the eligibility guidelines for these programs, applicants may find that 75% of their target population actually qualifies for state funding, therefore they only need to ask for screening and diagnostic dollars to cover the other 25% of their target population needs.

□ **Priority Two: Earlier Diagnosis & Complete Continuum of Care Through Treatment**

Uninsured and underinsured individuals face significant barriers when they are trying to connect to breast health resources to learn about breast health, attend a screening appointment or get treatment. Komen is working to address barriers that delay or prevent some women from entering the continuum of care, or contribute to their failure to complete the continuum of care.

In order to increase breast cancer survival rates it is crucial to decrease the time it takes a person to move through the breast cancer continuum of care (outreach > education > screening > diagnosis/treatment > support). This includes increasing mammography rates, enhancing knowledge through appropriate outreach and intervention strategies with the hope of changing behaviors, and improving the quality of life for people going through treatment. According to the National Cancer Institute, evidence shows that in addition to unequal access to health care, racial/ethnic minorities and underserved populations do not always receive timely, appropriate advice and care when confronted with a cancer diagnosis.

Many women, particularly those who are underserved, find the health care system difficult to navigate. This difficulty is only heightened in the wake of a breast cancer diagnosis. Furthermore, accessing breast cancer screening and treatment is incredibly challenging for those who are uninsured and underinsured. A key to a successful program that will lead to an earlier diagnosis is collaboration with persons or community groups that have trusted connections to individuals who have not accessed breast health services in the past.

Applications will be considered for the eight-county service area. Priority consideration will be given to Milwaukee, Waukesha and Racine counties programs. Programs must document the process to ensure individuals receive prompt follow-up care for abnormal screening results and facilitation for re-screening at appropriate intervals through high quality and complete care.

□ **Priority Three: Safety Net Funding**

As co-payments, out-of-network fees and insurance premiums increase, many women are struggling to find other ways to supplement their insurance coverage and cover the costs of their breast cancer screening, diagnostic, treatment procedures and other rising costs. While charity dollars or grant funding for treatment may be available from breast cancer organizations or hospitals, the search for these funds may delay treatment and potentially increase stress and anxiety. In addition, individuals may exceed the current hospital income guidelines for charity care – the newly underinsured. Komen is committed to providing some safety net funding for these women.

Komen is seeking applications from organizations that can administer the *Komen Breast Cancer Patient Assistance Fund*. This Patient Assistance Fund will improve access to breast screening, re-screening, diagnostic services and access to treatment by providing financial assistance to individuals who are at 400% or below the Federal Poverty Level. The Federal Poverty Level is defined by the United States Department of Health & Human Services.

Federal Poverty Levels (FPL) Annual Income Guidelines *(effective April 1, 2009)*

| Group Size | 100%FPL | 185% | 250% | 350% | 400% |
|------------|----------|-------------|----------|----------|-----------|
| 1 | \$10,830 | \$20,035.50 | \$27,075 | \$37,905 | \$43,320 |
| 2 | \$14,570 | \$26,954.50 | \$36,425 | \$50,995 | \$58,280 |
| 3 | \$18,310 | \$33,873.50 | \$45,775 | \$64,085 | \$73,240 |
| 4 | \$22,050 | \$40,792.50 | \$55,125 | \$77,175 | \$88,200 |
| 5 | \$25,790 | \$47,711.50 | \$64,475 | \$90,265 | \$103,160 |

Last resort funds may only be used for uninsured and underinsured (400% or below the Federal Poverty Level) individuals who are in need of breast cancer screening, diagnostics and access to treatment services. Financial assistance for individuals who have incurred bills related to breast cancer screening, diagnostics and access to treatment services must have received service during the current grant cycle.

Funds may be used to pay for:

- Bills related to a breast cancer diagnosis and access to treatment like medication, nutritional supplements, etc.
- Expenses incurred in order to complete treatment or to receive medical services – transportation, childcare, etc.
- To supplement personal income to pay for household costs such as; rent/mortgage, utilities, food, transportation, due to lost of income because of treatment and or side-effects of treatment

****Note – Komen Breast Cancer Patient Assistance Fund must be paid to a vendor or provider (not directly to patients).***

The organization(s) selected will act as a fiscal agent for the Komen Patient Assistance Funds, and will promote the program Komen Breast Cancer Patient Assistance Funds to local stakeholders. Applicants must have the ability to provide assistance to eligible individuals within the entire eight-county service area, review for eligibility and process Komen provided patient application form, directly pay providers in a timely manner and manage the Komen funds. Eligible patients may receive up to \$2,500 in assistance per grant cycle.

Applicants must demonstrate experience in administering funds for similar programs. Description of quality assurance measures (ensuring prompt payment to providers, managing funds, reporting to Komen, etc.) that will be taken for the execution of the program must be included in application. A description of how applicant will collaborate and disseminate information about the fund to the community, oncology social workers/health care workers, etc. is essential.

Milwaukee Affiliate of Susan G. Komen for the Cure®
COVER PAGE
 Request For Funding 4/1/2010 – 3/31/2011

| | |
|---|--|
| TITLE OF PROJECT (SHORT AND CONCISE) | |
| INSTITUTION OR ORGANIZATION | |
| TOTAL AMOUNT REQUESTED FROM KOMEN | |

| | | |
|--|--|--|
| <input type="checkbox"/> EDUCATION Percent of total grant request allocated to education: _____ Dollar amount equal to that percentage: _____ | <input type="checkbox"/> SCREENING Percent of total grant request allocated to screening (includes diagnostic): _____ Dollar amount equal to that percentage: _____ | <input type="checkbox"/> ACCESS TO TREATMENT Percent of total grant request allocated to elimination of access barriers (co-pay, deductible, etc.) or patient financial assistance _____ Dollar amount equal to that percentage: _____ |
|--|--|--|

TOTAL OF PERCENTS FROM EACH CATEGORY SHOULD TOTAL 100%

LIST NUMBER OF SERVICES TO BE PROVIDED WITH KOMEN FUNDING (MUST BE CONSISTENT WITH YOUR PROPOSAL NARRATIVE):

| | | |
|---------------------|---------------------|------------------------------|
| _____ MAMMOGRAMS | _____ CBES | _____ EDUCATIONAL ENCOUNTERS |
| _____ % NEW CLIENTS | _____ % NEW CLIENTS | _____ % NEW CLIENTS |

IS YOUR AGENCY A WISCONSIN WELL WOMAN PROVIDER?

Yes
 No

DOES YOUR AGENCY RECEIVE FUNDS FROM THE WISCONSIN WELL WOMAN PROGRAM?

Yes
 No

| | |
|--|--|
| INSTITUTION OR ORGANIZATION STREET ADDRESS | |
| CITY, STATE, ZIP | |
| TAX ID NUMBER | |
| PROJECT DIRECTOR NAME & TITLE | |
| PROJECT DIRECTOR PHONE AND EMAIL | |
| GRANT WRITER NAME & TITLE | |
| GRANT WRITER PHONE AND EMAIL | |
| SIGNATURE & TITLE OF APPROVING PERSONNEL – OTHER THAN PROJECTOR DIRECTOR | |
| TYPED NAME & TITLE OF APPROVING PERSONNEL | |
| DATE | |

CLIENT DEMOGRAPHICS

| | | |
|--|---|---|
| Ethnic/Racial Groups <input type="checkbox"/> African American <input type="checkbox"/> American Indian / Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> East Indian <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White / Caucasian | Special Populations <input type="checkbox"/> Co-Survivors <input type="checkbox"/> College Students <input type="checkbox"/> Elderly (>65) <input type="checkbox"/> High School Students <input type="checkbox"/> Incarcerated <input type="checkbox"/> Lesbian / Gay / Bisexual / Transgender <input type="checkbox"/> Men <input type="checkbox"/> Persons with Disabilities | Medically Underserved <input type="checkbox"/> Homeless <input type="checkbox"/> Recent Immigrants <input type="checkbox"/> In a Shelter <input type="checkbox"/> Migrant Workers <input type="checkbox"/> Refugees <input type="checkbox"/> Rural <input type="checkbox"/> Low Literacy <input type="checkbox"/> Low Income |
| Health Professionals <input type="checkbox"/> Health Educators <input type="checkbox"/> Healthcare Providers | Patients <input type="checkbox"/> Breast Cancer Patients <input type="checkbox"/> Breast Cancer Survivors <input type="checkbox"/> Lymphedema Patients <input type="checkbox"/> Recently Diagnosed Patients | Age Less than 20: 20-39: 40-49: 50-64: 65 and older: |
| Estimate how many women served will have family income between: | 0-100% of poverty: 100-250% of poverty: 250-350% of poverty: 350-339% of poverty: 400% of poverty: | |



In what settings will your program conduct outreach? (check all that apply)

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Health Fairs | <input type="checkbox"/> Community Clinics | <input type="checkbox"/> Grocery Stores | <input type="checkbox"/> Laundromats |
| <input type="checkbox"/> Hair/Nail Salons | <input type="checkbox"/> Hospitals | <input type="checkbox"/> Client Residences | <input type="checkbox"/> Community Centers |
| <input type="checkbox"/> Senior Centers | <input type="checkbox"/> Nursing Homes | <input type="checkbox"/> Places of Worship | <input type="checkbox"/> Shelters |
| <input type="checkbox"/> Jails/Prisons | <input type="checkbox"/> Drug Treatment | <input type="checkbox"/> Worksites | <input type="checkbox"/> Food Pantry/Soup Kitchen |
| <input type="checkbox"/> Other (please specify): | | | |

PARTNERS (List partnering organizations and the services they will provide.)

| <u>Organization</u> | <u>Service to Be Provided</u> | <u>Letter of Commitment Attached</u> |
|---------------------|-------------------------------|--------------------------------------|
| _____ | | <input type="checkbox"/> |
| _____ | | <input type="checkbox"/> |
| _____ | | <input type="checkbox"/> |

PROJECT ABSTRACT

In the space below, please provide a short abstract not to exceed 800 words. Abstract should be written in lay terms for release to the general public should this application be chosen for funding. The reader should deem a comprehensive understanding of the project based upon the abstract alone.

- **Start entering text here**

| <u>ORGANIZATIONAL OVERVIEW</u> | |
|---|--|
| <i>Limit responses for this section to two pages.</i> | |
| ORGANIZATION'S MISSION STATEMENT | |
| ORGANIZATION'S BREAST HEALTH ANNUAL BUDGET EXCLUDING KOMEN FUNDS | |
| NUMBER OF PEOPLE ON STAFF (FULL AND PART-TIME) | |
| LIST SOURCES SOLICITED IN ADDITION TO KOMEN FUNDING FOR PROPOSED PROGRAM. INCLUDE DOLLAR AMOUNTS AND WHETHER SOURCES ARE COMMITTED OR PENDING. | |
| IDENTIFY A PAST PROJECT THAT HIGHLIGHTS YOUR ORGANIZATION'S BREAST HEALTH EXPERTISE | |
| DESCRIBE THE ORGANIZATION'S EXPERIENCE SERVING THE TARGET POPULATION | |
| PAST KOMEN RECIPIENTS (COMPLETE ONLY IF YOU HAVE RECEIVED KOMEN FUNDING IN THE PAST) | |
| LIST DATE OF FUNDING LEVEL OF FUNDING CONTRACTUAL OBLIGATIONS PRIOR TO ANY PROGRAM CHANGES (E.G. MAMMOGRAMS, CLINICAL BREAST EXAMS, AND EDUCATIONAL CONTACTS) ACTUAL NUMBER REACHED | |

ORGANIZATIONAL CAPABILITY

Limit responses for this section to two pages.

ORGANIZATION SHALL DEMONSTRATE THAT THEY ARE CAPABLE OF PROVIDING EFFECTIVE,
 HIGH QUALITY BREAST HEALTH/BREAST CANCER SERVICES.

| | |
|---|--|
| <p>BREAST HEALTH/BREAST CANCER SERVICES CURRENTLY PROVIDED</p> | |
| <p>DISCUSS PREVIOUS SUCCESSFUL EFFORTS THAT SUPPORT YOUR ABILITY TO EFFECTIVELY DELIVER SERVICES TO PROPOSED POPULATION.</p> | |
| <p>EXPLAIN YOUR ABILITY TO CONDUCT PROGRAM EVALUATION AND QUALITY MANAGEMENT.</p> | |
| <p>EXPLAIN HOW YOU WILL COORDINATE ACTIVITIES WITH OTHER PROVIDERS OF RELATED SERVICES.</p> | |
| <p>FISCAL CAPABILITY TO MANAGE THE PROMISED SERVICES AND ENSURE AN ADEQUATE AUDIT TRAIL</p> | |
| <p>EXPLAIN WHY YOUR ORGANIZATION IS BEST- SUITED TO CARRY OUT THIS PROGRAM.</p> | |

**BRIEF EXPLANATION OF NEEDS TO BE
ADDRESSED AND TARGET POPULATION TO BE REACHED**

Limit responses for this section to four pages.

In the space below (outside of text box) indicate how your program will address one of or all of the priorities listed below:

- ✓ **Priority One: Provide free and reduced cost screening (mammography, clinical breast exams) and diagnostic services with an emphasis on Milwaukee, Waukesha and Racine counties.**
- ✓ **Priority Two: Early Diagnosis & Complete Continuum of Care Through Treatment**
- ✓ **Priority Three: Safety Net Funding**

BRIEF EXPLANATION OF NEEDS TO BE ADDRESSED AND TARGET POPULATION TO BE REACHED

- **Start entering text here**

QUALITY ASSURANCE

Description of how applicant will ensure that the majority of the individuals touched through proposed program have not had a mammogram or CBE in the last two years.

- **Start entering text here**

INTERVENTION STRATEGIES

Limit responses for this section to four pages.

In the space below (outside of text box) describe how the evidence-based strategies or “emerging best practices” program will be utilized to reach uninsured and underinsured women and recruit them into regular screening. Evidenced-based strategies for outreach and intervention activities have been implemented, 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.

In order to track measurable outcomes, applicants will need to develop a system for obtaining screening results from clinical providers, with client consent as required by HIPAA privacy laws. In addition to other reporting criteria, applicants will be required to report to Komen:

- ♀ Number of women educated one-on-one and in groups
- ♀ Number of women referred for screening
- ♀ Number of referred women who received screening
- ♀ Number of women with abnormal screening results

INTERVENTION STRATEGIES

- Start entering text here

CITE SOURCE(S) IDENTIFYING EVIDENCED BASED STRATEGY OR EMERGING BEST PRACTICES THAT WILL BE UTILIZED IN PROGRAM.

**The description must identify the program using the complete APA or MLA citation.*

- Start entering text here

FOLLOW-UP SERVICES

Limit responses for this section to two pages.

In the space below (outside of text box), discuss the process that will be utilized if an abnormality or breast cancer is found through your program. How will applicant ensure appropriate navigation and support for all follow-up care? Through program efforts, a woman may be diagnosed with breast cancer. For example, the “working poor” do not qualify for public medical assistance programs. Consequently, they can be extremely burdened by the costs of cancer screening, diagnosis and treatment; or they do not end up getting these services at all. Applicants should discuss how they would navigate individuals such as the “working poor” through the complexities of paying for diagnostic and treatment services. Women may not comply with recommended diagnostic or treatment plans for fear of costs. Any women served through program must be provided access to treatment should cancer be diagnosed.

FOLLOW-UP SERVICES

- Start entering text here

STAFFING

List name, background, time commitment and responsibilities of all program personnel. If you propose to have a new position created, describe the position, indicate the hiring process within your organization and the anticipated time to hire the individual. It is usually unreasonable to assume the program and expenses will start on day one if new staff is needed. Please adjust funding request accordingly.

Completed biosketch form (available at www.komenmilwaukee.org) (click on grants > how to apply for funding) is required for all individuals receiving funding (including stipend) from proposed program.

- Start entering text here

PROJECT GOALS, ACTIVITIES AND TIMELINE

Limit responses for this section to two pages.

Use table below. Fill in and add space or delete space as needed. When writing goals, differentiate between the numbers of clients who are already enrolled in your program who will be served again this grant period.

| PROJECT GOAL | | | |
|-------------------------------|---|--|---|
| MEASURE OF SUCCESS | | | |
| S.M.A.R.T. OBJECTIVE 1 | ACTIVITIES PLANNED TO ACHIEVE THIS OBJECTIVE | TIMELINE FOR ASSESSING PROGRESS OF THIS OBJECTIVE | PROJECTED WOMEN REACHED THROUGH THIS OBJECTIVE |
| | | | |
| S.M.A.R.T. OBJECTIVE 2 | ACTIVITIES PLANNED TO ACHIEVE THIS OBJECTIVE | TIMELINE FOR ASSESSING PROGRESS OF THIS OBJECTIVE | PROJECTED WOMEN REACHED THROUGH THIS OBJECTIVE |
| | | | |
| S.M.A.R.T. OBJECTIVE 3 | ACTIVITIES PLANNED TO ACHIEVE THIS OBJECTIVE | TIMELINE FOR ASSESSING PROGRESS OF THIS OBJECTIVE | PROJECTED WOMEN REACHED THROUGH THIS OBJECTIVE |
| | | | |

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

EVALUATION

Limit responses for this section to one page.

Discuss how program will monitor progress towards project goal. How will the program document improvements in knowledge, attitudes and behaviors among program participants? Indicate what process and impact information will be collected to measure and demonstrate success (i.e., the number of mammograms completed). How will you determine that the program has had a positive impact on the breast health needs of your identified program’s primary target populations?

- **Start entering text here**

| <u>PROGRAM DETAILS AT A GLANCE</u> <i>Limit responses for this section to one page.</i> | |
|--|--|
| NUMBER OF WOMEN TO BE SERVED | |
| NUMBER OF NEW (NOT CURRENTLY CLIENTS AT YOUR ORGANIZATION) WOMEN SERVED THROUGH THIS PROGRAM | |
| GEOGRAPHIC REGION INCLUDING COUNTY, CITY AND ZIP CODE | |
| IS THIS PROGRAM A NEW OR EXISTING ACTIVITY OF YOUR ORGANIZATION? | |
| HOW WILL YOU CONFIRM WHETHER A WOMAN REFERRED FOR SCREENING AS A RESULT OF PROGRAM EFFORTS KEPT HER APPOINTMENT? | |
| WHERE WILL SCREENING SERVICES TAKE PLACE? | |

LONG-TERM SOURCES AND STRATEGIES FOR FUNDING THIS PROJECT

Applicants should demonstrate that other sources of funding (e.g. United Way, local foundations, community funds, etc.) would also be sought and used to support this project. The financial welfare of your agency should not be dependent upon this funding. Priority will be given to applications that identify a secured funding source to support program.

- **Start entering text here**

LETTERS OF COMMITMENT

Applicants must secure referral commitments for medical services – including clinical breast exams, mammograms, and follow-up care (surgery/oncology) – and provide specific documentation that those services have been secured. It is essential that these letters of commitment be included in your application and that the level of commitment is equal to the level of screening you are proposing.

A proposed outreach and education program must have a letter of collaboration from a screening facility detailing how a woman will be followed-up with to ensure they change behavior and get a mammogram.

- **Start entering text here**

COMPARABLE PROGRAMS

Offer an evaluation of comparable programs offered in the Komen Milwaukee Affiliate's service area. Komen would prefer not to fund duplicative services, but we realize that some duplication will exist. Therefore, the Affiliate recommends that the applicant demonstrate collaboration and partnership with similar programs within the Milwaukee Affiliate of Susan G. Komen for the Cure service area to optimize strengths and enhance the impact of each program.

- **Start entering text here**

PROGRAM BUDGET

Limit responses for this section to three pages.

A well-prepared budget is one where each line item is explained with detailed assumptions. For instance, if you request \$3,300 for postage, your assumptions might show 10,000 pieces X \$0.44 per piece.

THE FOLLOWING ITEMS ARE NOT ELIGIBLE FOR FUNDING:

- Treatment costs (such as a combination of surgery, radiation therapy, chemotherapy, hormonal therapy and/or targeted therapy) are not eligible for funding.
- Indirect costs will not be funded (including rent, internet, cell phones, beepers, etc.)
- Funding for clinical breast exams and mammograms for individuals eligible for government sponsored health benefits such as Wisconsin Well Woman, BadgerCare, Medicare, etc.

| Detailed Budget for April 1, 2010 – March 31, 2011 | In-Kind Contributions | Total Amount Requested from Komen |
|--|---|--|
| Personnel (detail required in justification narrative) | | |
| Supplies (itemization required in justification narrative) | | |
| Patient Care Costs – Screening | | |
| Patient Care Costs – Diagnostic | | |
| Patient Care Costs – Access to Treatment | | |
| Other Expenses (itemize by category) | | |
| Total Funding Request from the Komen Milwaukee Affiliate | | |



NARRATIVE – BUDGET JUSTIFICATION FORM

Provide written explanations for all items listed on the budget form.

- **Start entering text here**

Personnel

Salaries, if requested, must be for personnel related to this project only and not general work of applicant, and must be generally in line with not-for-profit salaries.

- **Start entering text here**

| Name | Role on Project | % Effort on Project | Base Salary | Salary Requested | Fringe Benefit | TOTAL |
|------|-----------------|---------------------|-------------|------------------|----------------|-------|
| | | | | | | |
| | | | | | | |

Supplies

- **Start entering text here**

Patient Care Costs Screening

*Screening costs are reimbursed at 150% of current Medicare Level. See www.komenmilwaukee.org for a comprehensive listing of rates. Komen will not fund screening services (CBE & mammograms) for individuals eligible for government sponsored health benefits such as Wisconsin Well Woman, BadgerCare, Medicare, etc. *Please justify why funds requested for screening services would not be covered through one of those plans.*

- **Start entering text here**

Patient Care Costs Diagnostic

*Diagnostic services are reimbursed at 150% of current Medicare Level. See www.komenmilwaukee.org (click on grants > how to apply for funding) for a comprehensive listing of rates. Komen will not fund diagnostic services for individuals eligible for government sponsored health benefits such as Wisconsin Well Woman, BadgerCare, Medicare, etc. *Please justify why funds requested for screening services would not be covered through one of those plans.*

- **Start entering text here**

Patient Care Costs Access to Treatment

- **Start entering text here**

Other Expenses

- **Start entering text here**

REQUIRED ATTACHMENTS

- Copy of organization's audited (if available) financial statements for the most recent available year. Attachment should include a balance sheet, a statement of activities (or statement of income and expenses) and functional expenses.
- Applicable letters of commitment
- Copy of non-profit determination letter from the Internal Revenue Service
- Most recent grant report if you are currently receiving Komen funding.
- Listing of organization's Board for Directors/Board of Trustees including occupations and/or community affiliations.
- Completed biosketch form (www.komenmilwaukee.org > click on grants > how to apply for funding) and job description for all project personnel.