Susan G. Komen
CENTRAL AND SOUTH JERSEY

2017-18
Request for Applications (RFA)

Thank you for your interest in applying for a grant from the Central and South Jersey (CSNJ) Affiliate of Susan G. Komen. Our grantees are our partners in achieving our promise and we look forward to the opportunity to work with your organization.

Please review the RFA very carefully. If you have applied to our Affiliate in the past, please note that there have been significant changes to all sections. Failure to meet eligibility criteria and funding requirements will deem an application ineligible for review.

Important Dates

Mandatory Training	September 14 & 22, 2016
Application Deadline	November 18, 2016 (by 5pm)
Award Notification	March 2017
Award Period	April 1, 2017 - March 31, 2018

Organization Overview

Nationally, Susan G. Komen is the world's largest private funder of breast cancer research and community-based programs in the world. The organization was founded in 1982 by Nancy Brinker to honor the memory of her sister, Susan G. Komen, who died of breast cancer at the age of 36. For more information about our work on the national level, visit www.komen.org.

Locally, the CSNJ Affiliate was founded in 2005 to make a difference in the central and southern portion of the state and carry out the promise of Susan G. Komen to save lives and end breast cancer forever by empowering people, ensuring quality care for all, and energizing science to find the cures. By increasing access to care for underserved women in the counties of: *Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Hunterdon, Mercer, Middlesex, Monmouth, Ocean, Salem* and *Somerset*, we are committed to keeping the promise alive at the local level. For more information about the work of our Affiliate, visit www.komencsnj.org.

Funding Opportunities and Eligibility Criteria

The Affiliate is accepting proposals from federally tax-exempt 501(c)(3) nonprofit organizations that provide breast health/breast cancer projects in the following New Jersey counties: *Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Hunterdon, Mercer, Middlesex, Monmouth, Ocean, Salem* and *Somerset*.

Grants are available for a one-year time period (April 1, 2017-March 31, 2018).

Funding is competitive and limited, and the re-funding of programs previously supported is not guaranteed.

Requests must not exceed $75,000, unless submitting a collaborative application. Collaborative applications cannot exceed $150,000. A collaborative application is one that includes a lead organization and at least one partner organization that will be responsible for administering key aspects of the grant. An example of a collaborative application would be a hospital system as the lead applicant and a smaller, grassroots nonprofit specializing in outreach as the collaborator. Proof of the formal partnership must be demonstrated in the Project Profile section of the application in the form of a formal memorandum of understanding (MOU) from the proposed collaborator(s). An MOU must be included for each collaborator. Additionally, justification for the partnership and clear role delineation for each partner must be evident throughout the application (e.g. the narrative and budget).

2015 Community Profile: Addressing priorities and eligibility criteria

The *Community Profile* presents a compelling look at the state of breast cancer in the Affiliate's 13-county service area, and is an invaluable tool for those working on the issue of breast cancer in New Jersey. It presents a comprehensive look at an array of breast cancer and demographic statistics, the distribution of health services by county, as well as the individual and systemic barriers patients face in navigating the Continuum of Care (CoC). Ultimately, the goal of this needs assessment is to drive the strategic operations of the Affiliate's mission work by targeting the areas of greatest need and establishing measurable goals and objectives for the Affiliate's work in these areas. Your application must address the findings of the *Profile*. The *Profile* can be found on the Affiliate's website under the Community Grants Program tab (under the Community Impact section). Applicants are strongly encouraged to review the *Community Profile* prior to developing a program proposal.

Addressing Key Affiliate Priorities

Programs must address a minimum of one of the Affiliate's mission priorities outlined below, as identified in the *2015 Community Profile,* to be considered for funding. However, programs addressing multiple priorities (and providing sufficient evidence of doing so throughout the application) will be awarded additional points during the grant review process:

- Address the lack of awareness about and existence of clear, consistent, accurate, and complete breast health and breast cancer information and existing community resources in order to empower patients to more effectively navigate the continuum of care.
- Meet the unique needs of minorities and other at-risk populations and decrease barriers to care by utilizing tailored messaging and strategies as well as partnerships with trusted community institutions to provide culturally and linguistically appropriate educational programs.
- Develop collaborative solutions for increasing access to providers at all phases of the Continuum of Care.
- Enhance provider and patient communication as it relates to linguistic challenges as well as the importance of connecting with a primary care home as a regular source of care.
- Address the awareness about and availability of transportation to screening, diagnostic, and treatment services in order to improve access to vital services integral to improving health outcomes.
- Provide support for services beyond screening, including diagnostics and out-of-pocket costs (including co-pays, deductibles, prescriptions, and premiums) for un- and under-insured, working poor populations in order to decrease disparities in care.
- Support financial navigation for those needing financial assistance in order to decrease barriers to care in un- and under-insured populations.

- Support free mammography screenings to decrease barriers to care and improve health outcomes through early detection.
- Provide support for special vulnerable populations identified as experiencing extensive barriers to care, including financial difficulties.

Additional Criteria for Priority Funding

While we will consider applications from all of the counties we serve (see full list on pg. 1), priority will be given to strong applications (that have met all of the other relevant eligibility criteria) from the following target counties (as identified through our 2015 *Community Profile*).
- Atlantic
- Burlington
- Camden
- Cumberland
- Gloucester
- Monmouth
- Salem

Priority will also be given to strong applications (that have met all of the other relevant eligibility criteria) that include/address the following (as identified in the Mission Action Plan of the *2015 Community Profile*) items outlined below:
- Patient navigators that are dedicated solely to provide breast cancer navigation.
- Innovative and collaborative approaches that mobilize existing resources to comprehensively address transportation issues.
- Innovative and evidence-based outreach that improves access, decreases financial barriers, and enhances outreach efforts in/for:
    o Black populations in Atlantic, Burlington, Camden, Cumberland, and Gloucester Counties.
    o Hispanic/Latina populations in Camden, Cumberland, and Monmouth Counties.
    o Undocumented populations in Camden, Cumberland, Gloucester, and Salem Counties.
    o The 65+ population in Gloucester County.
    o Casino workers impacted by recent casino closings in Atlantic City (Atlantic County).
    o Uninsured populations in Gloucester, Camden, Cumberland, Salem, and Monmouth Counties.
    o Underinsured, working poor populations in need of support for services beyond screening.

Eligibility Criteria

- All applicants must provide a detailed plan that outlines the processes in place to connect women with the necessary resources and care at every phase of the Continuum of Care. The applicant must design a system that helps ensure patients are not lost during their transition between phases.
- All programs that target linguistically isolated populations must outline a plan which demonstrates their ability to provide all program services (e.g. presentations, materials, and care) in the appropriate language.
- All patients who are referred for care (either directly on-site or through referrals to sites) must be connected with a primary care home upon completion of their care and evidence of this connection must be documented in the program outcomes.
- All programs that make referrals (and do not screen directly on-site) must:
    o Provide a letter of agreement outlining their partnership with a referring hospital system to provide screening and follow-up care on-site.

- o Track screening outcomes for all referrals. An objective must be included in the Project Work Plan to track this outcome.
- All programs that receive funding to make referrals or directly provide care must provide a financial counseling component for those in need of financial assistance.
- All grants programs that target uninsured populations for free screenings must make an initial referral to the NJCEED program and/or to the Medicaid program to see if the patient qualifies for services through those programs first. Services will not be covered for patients who are eligible to have their care covered through these programs.
- Programs targeting uninsured populations must provide appropriate linkages to information about obtaining coverage through the Affordable Care Act.
- Unless you are a new program, you must include in your program design, Work Plan, etc. how you plan to reach a combination of both new and repeat individuals/patients.
- Applicant screening objectives must include targets for both new and repeat patients.
- Applicants must demonstrate a viable system for tracking individuals who have been educated to determine if they have sought care as a result of outreach efforts. Funding for awareness/education only programs will not be considered
- Applicants that provide education must employ targeted group education and/or one-on-one education tactics. The use of mass education (e.g. health fairs) as an outreach strategy will not be supported financially, unless patients schedule their screening and/or have a CBE at the event.
- Programs must be specific to breast health and/or breast cancer. If a program includes other health issues along with breast cancer, such as a breast and cervical cancer program, funding may only be requested for the breast cancer portion.
- All past and current Komen-funded grants to Applicant must be up-to-date and in compliance with Komen requirements.
- Applicant must provide documentation of current tax exempt status under the Internal Revenue Service code.
- Applicant must provide services in the following counties: *Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Hunterdon, Mercer, Middlesex, Monmouth, Ocean, Salem* and *Somerset*.
- Applicant must attend one of the two mandatory training sessions in September to be eligible to apply.

Additional Points to Consider

- Collaborative efforts designed to increase program efficiency and impact are strongly encouraged.
- Evidence-based/informed projects are strongly encouraged. Please consult the *Guide for Community Preventive Services*, the *National Cancer Institute's Research-tested Intervention Programs (RTIPs)*, and the Affiliate's *Community Profile*.
- Programs must demonstrate they are not duplicating efforts in their community and why they are uniquely able to provide services not otherwise available to medically underserved populations.
- Applications must demonstrate and reflect knowledge of changing healthcare landscape related to the Affordable Care Act.

Allowable Expenses

- Salaries for program staff.
  - o A description of all job responsibilities must be provided for each role. If a detailed justification is not provided, funding for the position will not be considered. Applicants are cautioned against requesting support for multiple roles with similar responsibilities. Only positions with distinct responsibilities integral to the program will be considered.

- Fringe benefits for program staff of an organization with an annual operating budget of *less than $2 million* only.
- Consultant fees. A detailed justification for the need for consultant assistance must be provided in the budget justification for funding to be considered.
- Clinical services or patient care costs for patients who are not eligible for the NJCEED program and/or Medicaid (screening and diagnostic service reimbursement rates can be located in Appendix A).
- Meeting costs: Applicants are strongly encouraged to use the following as a guideline:
  o Up to $25 per educational event for snacks (e.g. presentation, outreach, etc.)
  o No more than $5-7pp for lunch/brunch activities.
- Supplies (e.g. educational materials): Supplies necessary for the facilitation of outreach events and/or mammogram reminders/follow-up (e.g. appointment/reminder cards, outreach flyers, etc.) will be considered for funding.
- Reasonable travel costs related to the execution of the program: Mileage rates will be accepted up to the standard IRS mileage reimbursement rate.
- Patient transportation.
- Equipment essential to breast health-related program to be conducted.
- Indirect costs for an organization with an annual operating budget of *less than $2 million* only.
  o Indirect costs must be no more than 25% of direct costs. Indirect costs are defined as rent, telephone, Internet costs, and general office supplies.

Funds may not be used for the following purposes:
- Administrative support staff
- Supervisory/managerial roles already on staff at the organization (e.g. someone who may not work directly in the community and may be referred to as a Program Director or Manager) whose sole responsibility is basic program oversight (e.g. supervising staff executing project and ensuring program compliance by reviewing reports)
- Fringe benefits for program staff of an organization with an annual operating budget of *greater than $2 million*.
- Indirect costs for an organization with an annual operating budget of *greater than $2 million*.
- Breast cancer treatment
- Gift card incentives, door prizes, and giveaways
- Mass distribution of educational materials at health fairs (applicants may not request funding for materials or staff time to participate in health fairs)
- Education regarding breast self-exams/use of breast models
- Development of educational materials or resources
- Education via mass media (e.g. television, radio, newspapers, and billboards)
- Refreshments for staff meetings and trainings
- Medical or scientific research
- Scholarships or fellowships
- Construction or renovation of facilities
- Political campaigns or lobbying
- General operating funds (in excess of allowable indirect costs)
- Endowments
- Debt reduction
- Fundraising
- Event sponsorships
- Land acquisition
- Program-related investments/loans
- Thermography

Application Submission

- *Applications must be received on or before 5:00 PM on November 18th, 2016. No late submissions will be accepted.*
- The application will be completed and submitted entirely online using the Grants e-Management System (GeMS). Go to https://affiliategrants.komen.org to register (if you are a new grantee) and/or to apply (if you are an existing grantee, please use current login information). Paper applications will not be accepted.
- Please refer to the *GeMS Applicant User Guide (available at: http://komencsnj.org/grants/how-to-apply-for-community-grants/) f*or detailed instructions on how to register, access the application in the system, and for submission steps for all user roles.

Application Review

Compliance Review

After receipt, the application is reviewed by Affiliate staff to verify its compliance with the published guidelines and that the governance, management, and financial position of the applicant organization are sound. Applications with non-compliance issues will be returned to applicants, who are given limited time to correct before review. If appropriate changes do not ensure compliance, the application will not be reviewed, and therefore, is not eligible for funding. *If your application is determined to be out of compliance, you will be notified within 2 weeks of the date of submission.* Applicants will be notified by the GeMS system with the message, "Application Modifications Required." *The GeMS Applicant User Guide* provides step-by-step instructions on the application modification process using the GeMS system.

Community Review Panel

Each application is reviewed by the Community Review Panel. The Community Review Panel is an independent panel whose members are invited by Central and South Jersey Affiliate to review all incoming grant applications. It is comprised of health care professionals, breast cancer survivors, educators, advocates, community members, representatives from other nonprofits, and other professionals who volunteer their time to serve as grant reviewers.

All applications are reviewed and scored by at least three independent reviewers. The Community Review Panel convenes for one face-to-face session to discuss and to approve proposals for funding. Reviewers discuss how best to address the priority areas identified in the *Community Profile* and how best to meet the needs and gaps of the service area by the programs proposed. A list of grants is then compiled from the highest score to the lowest score. Based on the funding available, the panel submits a slate of the most promising programs to the Board of Directors for final decisions on funding. The Board decides whether the slate is approved or rejected based on the reviewers' recommendations and after a preview of each application's abstract and budget forms.

Reviewers will consider each of the following selection criteria:

*Statement of Need***:**
How well does the application justify the community's need for the proposed program? How clear is the case presented that the community, and the target population, would benefit from Komen funds? Does the program provide services to one or more of the target communities described in the Affiliate's Community Profile? Is evidence of the risk/need provided in detail, using population statistics? Are the barriers the target population faces adequately identified?

*Program Design***:**
Is the budget appropriate and realistic? Does the budget justification explain in detail the reasoning and need for the costs associated with the program? How likely is it that the objectives and activities will be achieved within the scope of the funded program? If the proposed program includes collaboration with other organizations, are the roles of the partners appropriate, relevant and clearly defined? Is the program culturally competent? Is the program evidence-based? Is the program well planned?

*Impact***:**
Will the program have a substantial positive impact on increasing the percentage of people who enter, stay in, or progress through the continuum of care? Will the program have a substantial impact on the need described in the funding priority selected? Is the impact likely to be long-term?

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

Monitoring and Evaluation:
Is there a documented plan to measure progress against the stated program goal and objectives, and the resulting outputs and outcomes? How strong is the plan? Is there sufficient monitoring and evaluation (M&E) expertise for the program? Are there sufficient resources in place for M&E efforts? Are M&E efforts implemented throughout the program year?

Meeting Affiliate Priorities:
How does the program align with one or more of the key Affiliate priorities (identified on pg. 2)? Does the program meet one or more of the additional criteria for priority funding (outlined on pg. 3)? How well does the program meet the key Affiliate priorities and additional criteria for priority funding?

Meeting Affiliate Eligibility Criteria:
Has the applicant provided a detailed plan that outlines the processes in place to connect women with the necessary resources and care at every phase of the Continuum of Care? Has the applicant designed a system that helps ensure patients are not lost during their transition between phases? If the program targets linguistically isolated populations, have they outlined a solid plan which demonstrates their ability to provide all program services (e.g. presentations, materials, and care) in the appropriate language? Is there a plan in place to connect patients with a primary care home? Is there a financial counseling component in place for those in need of financial assistance? If the program targets uninsured populations, have they made provisions to refer potential patients to NJCEED, Medicaid, and/or provide appropriate linkages to information about obtaining coverage through the Affordable Care Act? If a returning grantee, have they included sufficient justification for how they intend to reach a combination of both new and repeat individuals/patients?

Announcement of Award

- Applicants will receive a final decision on or around *March 1, 2017*
- Applicants will be notified through the GeMS system regarding their application status.
- Affiliate staff will also generate a personal email to the applicant once the funding decision is made. Applicants can expect to receive this email before receiving a notification from the GeMS system.

Important Granting Policies

Please note these policies before submitting a proposal. These policies are non-negotiable.
- No expenses may be accrued against the grant until agreement (in the form of a signed contract) is fully executed.
- Any unspent funds over $1.00 must be returned to Komen CSNJ within 45 days of the completion of the grant period. Failure to do so will preclude an organization from applying for funding for the next cycle.
- At the discretion of Komen CSNJ, the grantee may request one no-cost extension of no more than six months.
- 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. Failure to submit reports by the established deadlines will preclude an organization from applying for funding for the next cycle.
- The GeMS system must be used for all administrative grant functions, including contract submission, reporting, and amendments. No email, fax or paper copies of documents will be accepted.
- 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:
  o 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;
  o Workers' compensation insurance in the amount required by the law in the state(s) in which its workers are located and employer's liability insurance with limits of not less than $500,000; and
  o Excess/umbrella insurance with a limit of not less than $5,000,000.
  o In the event any transportation services are provided in connection with program, $1,000,000 combined single limit of automobile liability coverage will be required.
  o 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.
  o Grantees are also required to name Susan G. Komen Breast Cancer Foundation, Inc., Susan G. Komen Central and South Jersey, its officers, employees and agents as Additional Insured on the above policies.

Educational Materials and Messaging:
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.

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

Creation and Distribution of Educational Materials and Resources
Komen Affiliate Grantees must use/distribute only Komen-developed or Komen-approved educational resources, including messages, materials, toolkits or online content during their grant period. This is to ensure that all breast cancer messaging associated with the Komen name or brand are safe, accurate, based on evidence and consistent and to avoid expense associated with the duplication of effort to develop educational resources. If applicants/grantees intend to develop educational materials that are otherwise not provided by Komen, they must be approved by the Affiliate and Komen Headquarters prior to development.

Komen grantees are eligible to receive preferred pricing for Komen educational materials. Komen materials should be used and displayed whenever possible. To view our educational materials, visit www.shopkomen.com.

Mammography Screening Guidelines
Komen (along with most other breast cancer organizations) continues to recommend annual mammography screening for all women ages 40+ (and earlier for those with additional risks). We require that you abide by this guideline in your Komen programs and communicate this message to women during your educational activities to help dispel some of the myths and confusion about the screening guidelines. Komen can provide copies of Komen's official statement on this issue upon request.

Overview of Key Application Components

The required sections/pages of the application as they appear in GeMS are listed in ALL CAPS and described below. The information provided below is meant to supplement what appears in GeMS.

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

*REQUIRED attachments for the Project Profile section:
- *Memoranda of understanding from proposed collaborators:* To describe the nature of the collaboration and the services/expertise/personnel to be provided through the collaboration. Collaborators include anyone who is executing a key component of the project work, in partnership with the main applicant.
- *Letter of agreement:* All programs that make referrals (and do not screen directly on-site) must provide a letter of agreement outlining their partnership with a referring hospital system to provide screening and follow-up care on-site.

ORGANIZATION SUMMARY
This section collects detailed information regarding your organization's history, mission, programs, staff/volunteers, budget, and social media.

PROJECT PRIORITIES AND ABSTRACT *(limit – 1,000 characters)*
This section collects important information to classify the focus of the project, 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 program will likely bring in your community. The abstract is typically used by the Affiliate in public communications about funded projects.

PROJECT NARRATIVE
This section is the core piece of the application. On the Project Narrative page of the application on GeMS, please address the requests below for each section.

Statement of Need (limit- 5,000 characters)
This section should justify the community's need for the proposed program. It should provide a clear picture for grant reviewers, who may not know your community well, why your community and the target population would benefit from these funds. Use demographic and breast cancer statistics to tell your story. References (in APA style) can be uploaded as a separate attachment in the Project Budget Summary Section.
- Identify the population to be served.
- Describe, in detail, evidence of the risk/need within that population, using the *2015 Community Profile* findings:
  o Provide population characteristics (race, ethnicity, economic status, and breast cancer statistics) specific to the target population.
  o Describe the barriers the target population faces in your community.

Program Design (limit- 5,000 characters)
- Briefly explain the project (including the geographic focus, target population, and major program goals), key activities, and anticipated results of your program.
- Explain how you intend to meet the program's goal and objectives, as outlined in your Project Work Plan.
- Explain how the program will increase the percentage of people who enter, stay in, or progress through the continuum of care.
- Explain how the program is culturally competent.
- Explain if and how the program is evidence-based and/or uses promising practices. Please cite references here in APA style. References can be uploaded as a separate attachment in the Final Budget Summary Section.
- Describe program collaboration and the roles and responsibilities of all organizations or entities participating in the program.
- Explain how the collaboration strengthens the program and why partnering organizations are best suited to assist in carrying out the program and accomplishing the goal and objectives set forth in this application.

Organization Capacity (limit- 5,000 characters)
- Explain why the applicant organization, Project Director and staff are best-suited to lead the program and accomplish the goals and objectives set forth in this application. Please include appropriate organization or staff licenses, certifications and/or accreditations.
- Describe evidence of success in delivering breast health/cancer services to the proposed population. If the breast health/cancer program is newly proposed, describe relevant success with other programs.
- Describe the equipment, resources, tools, space, etc., that the applicant organization possesses or will utilize to implement all aspects of the program.

- Describe fiscal capability to manage the delivery of the proposed goals and objectives and ensure adequate measures for internal control of grant dollars.
- Describe the organization's current financial state. How has your organizational budget changed over the last three years? Please explain increase or decrease.
- Describe the plan to secure and allocate resources (financial, personnel, partnerships, etc.) to sustain the program at the conclusion of the grant period.
- Describe the efforts you will take to communicate this program to your organizational leadership to ensure long-term support/buy-in.
- Upload (under the Project Budget Summary section) an attachment which lists other sources of funding for this program, and funding amounts received from each funder, if relevant.

Monitoring and Evaluation (limit- 5,000 characters)
This section should provide the metrics that will be collected in order to measure and demonstrate success (i.e. outputs and outcomes of the program), as well as when and how this data will be collected (i.e. the tools and processes that will be used) throughout the program year.

The Monitoring and Evaluation section is one of the most critical pieces of the application. It should provide a detailed overview of how you intend to measure program accomplishments, and thus when executed well should clearly illustrate how you intend to assess the potential impact of the program to reviewers. A thorough and well-composed Monitoring and Evaluation plan is indicative of the strength of the potential program and the applicant.

Please note that grantees will be required to report on the following outputs and outcomes in the progress and final reports in the GeMS system: successes and accomplishments, challenges, lessons learned, best practice example, story from an individual that was served with the funding and number of individuals served for each objective (by county, race and ethnicity, age and population group). A list of additional outputs and outcomes the Affiliate intends to collect from grantees at reporting time can be found in Appendix B.

- Describe in detail how the organization(s) will measure progress against the program goal and objectives. Please include any templates, logic models, or surveys as attachments in the Project Work Plan – Objectives page.
- Describe how the organization(s) will assess how the program had an effect on the selected priorities. Please include any templates, logic models, or surveys as attachments in the Project Work Plan – Objectives page.
- Describe how the organization(s) will assess program delivery. Please include any templates, logic models, or surveys as attachments in the Project Work Plan – Objectives page.
- Describe the monitoring and evaluation (M&E) expertise that will be available for this purpose.
- Describe the resources available for M&E during the course of the program. Specify if these resources are requested as part of this grant, or if they are existing organizational resources.

Meeting Affiliate Priorities (limit 5,000 characters)
Provide a detailed discussion of how the program aligns with the funding priorities stated in the RFA on pg. 2. This section should provide a sense of the overall impact your program will make with respect to the identified need(s).
- Discuss in detail the priority area(s) your program addresses and provide a high level overview of the key strategies, activities, etc. your program will undertake to meet each of the priorities identified.

- Priorities areas discussed should include:
  - Key Affiliate priorities (pg. 2)
  - Additional criteria for priority funding (pg. 3-4).

Meeting Affiliate Eligibility Criteria (limit 5,000 characters)
For each of the eligibility criteria outlined below, discuss in detail how you intend to address it in/with your program (e.g. key strategies, activities, etc.):
- Provided a detailed plan that outlines the processes in place to connect women with the necessary resources and care at every phase of the Continuum of Care, ensuring that patients are not lost during their transition between phases.
- If targeting linguistically isolated populations, outline a plan which demonstrates your ability to provide all program services (e.g. presentations, materials, and care) in the appropriate language.
- Discuss how you intend to connect patients with a primary care home.
- Discuss how you will provide financial counseling for those in need of financial assistance.
- If the program targets uninsured populations, discuss your plan for referring potential patients to NJCEED, Medicaid, and/or provide appropriate linkages to information about obtaining coverage through the Affordable Care Act.
- If you are a returning Komen grantee, discuss how you intend to reach a combination of both new and repeat individuals/patients.

PROJECT TARGET DEMOGRAPHICS
This section collects information regarding the various groups you intend to target with your program. This does not include every demographic group your program will serve but should be based on the groups on which you plan to focus your program's attention. You can select up to 6 target populations between all of the subsections combined, not per subsection.

PROJECT WORK PLAN
In the Project Work Plan component of the application on GeMS, you will be required to submit an overall project goal, as well as detailed objectives. The project goal should have at least one objective, but there is no limit to the number of objectives. You will also be required to submit the timelines, the anticipated number of individuals to be served, and the evaluation method you will utilize for each objective.

The Project Work Plan is one of the most critical pieces of the application. It should provide a detailed overview of all intended program accomplishments, and thus should clearly illustrate the potential impact of the program. A thorough and well-composed Work Plan is indicative of the strength of the potential program and the applicant.

- *Goals* are high level statements that provide overall context for what the program is trying to achieve. These are not quantifiable statements. Only one, overarching program goal can be included.
- *Objectives* are specific statements that describe what the program is trying to achieve to meet the Goal. An objective should be evaluated at the end of the program to establish if it was met or not met.

Objectives must be "SMART":
Specific
Measurable
Attainable
Realistic
Time-bound

Write your Project Work Plan with the understanding that each item must be accounted for during progress reporting. The Project Work Plan should only include a goal that will be accomplished with funds requested from Komen CSNJ. Objectives that will be funded by other means should not be reported here, but instead, can be included in your overall program description.

Example Work Plan
GOAL: Provide patient navigation to women with screening abnormalities in order to reduce delays in and barriers to diagnostic care.
OBJECTIVE 1: During grant period, patient navigator will contact all women with an abnormal screening within three business days to schedule follow-up appointment.
OBJECTIVE 2: By end of grant period, provide 30 uninsured/underinsured women free/reduced cost diagnostic procedures.

GeMS will automatically create a complete Work Plan in one concise document with the information entered into the goals and objectives section. This full Work Plan will be available under the Project Work Plan Summary section once all goals and objectives have been entered.

*REQUIRED Attachments for the Project Work Plan section:
▪ Monitoring and Evaluation forms, surveys, logic model, etc. – To monitor progress and determine the effectiveness of the proposed program.

BUDGET
Provide a detailed total program budget for the entire requested grant term. Please consult the Allowable Expenses section of the RFA (pg. 4-5), which outlines funding restrictions in detail.

Budget sections include Key Personnel/Salaries, Consultants, Supplies, Travel, Patient Care, Sub-Contracts, Indirect and Other:
▪ The Other category should be used sparingly.
▪ Items such as educational materials, refreshments, etc. belong under the Supplies subsection.
▪ Travel for program staff (e.g. mileage reimbursement) should be included under the Travel section.
▪ Patient transportation costs should be included under Patient Care, not Travel.
▪ Subcontracts should include any organization your program will have a contractual agreement or partnership that includes payment for the organization's assistance.

*IMPORTANT: For each line item in the budget, you are required to provide a brief justification for how the funds will be used and why they are programmatically necessary. If a sufficient justification is not provided, the application will be returned once for clarification. If a sufficient justification is still not provided at that time, the application may not move forward for review.

GeMS will automatically create a Final Budget Summary in one document with the information entered into the budget subsections.

*REQUIRED 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*. For new or vacant positions, provide a job description *(Two-page limit per individual)*.

*REQUIRED 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

*REQUIRED Attachments Needed for the Project Narrative Section (Program Design)
- References (Upload to Project Budget Summary Section)

*REQUIRED Attachments Needed for the Project Narrative Section (Organizational Capacity)
- List of other sources of funding for this program, and funding amounts received from each funder. (Upload to Project Budget Summary Section)

Assistance

The GeMS applicant guide, FAQs, and other resources relevant to the application process will be posted on Komen CSNJ's website:
http://komencsnj.org/grants/how-to-apply-for-community-grants/

Please review the materials provided on this website before contacting the Affiliate with questions.

Komen CSNJ staff are available to applicants throughout the application process. We welcome your questions and are happy to provide feedback, when requested. However, given the volume of applicants and requests, we will not be able to meet requests for assistance made at the last minute. Thus, we strongly encourage getting started on your application, and working out an issues with GeMS (e.g. registering relevant staff) as early as possible.

All questions should be directed to:

LaToya Norman, MPH
Mission Manager
609-896-1201 ext. 130
lnorman@komencsnj.org

Appendix A:
Screening and Diagnostic Service reimbursement rates

Below are the most common procedures found in grant applications, including prices based on Medicare 2015B rates. While Komen Central and South Jersey realizes that some providers may have negotiated rates that are higher or lower than listed below, we expect applicants to seek competitive rates. This chart reflects the average costs of the procedures in our service area AND **the maximum amount that Komen Central and South Jersey will pay for each procedure. If the budget reflects a price higher than the rate provided in this chart, the cost will not be accepted.**

Service	Code	Total Fee
Clinical Breast Exam	99212	$28
Screening Mammogram	Digital: G0202 Analog: 77057	Digital: $136 Analog: $84
Diagnostic Mammogram – Unilateral	Digital: G0206 Analog: 77055	Digital: $130 Analog: $91
Diagnostic Mammogram – Bilateral	Digital: G0204 Analog: 77056	Digital: $165 Analog: $117
Ultrasound	76641	$110
MRI (both breasts)	77059	$542
Ultrasound Guided Breast Biopsy	1st lesion: 19083 Additional lesions: 19084	$664
Stereotactic Guided Breast Biopsy	1st lesion: 19081 Additional lesions: 19082	$680
MRI Guided Breast Biopsy	1st lesion: 19085 Additional lesions: 19086	$1049
Cyst Aspiration	19000	$49
Fine Needle Aspiration (with imaging guidance)	10022	$74
Core Breast Biopsy – percutaneous, without imaging guidance	19100	$79
Excisional Biopsy (excision breast legion)	19125	$514
Pathology fee (level IV only)	88305	$73
Surgical Consultation	99204	$144

Appendix B:
Additional Community Health Metrics

The following are metrics the Affiliate intends to gather, as they relate to your program, in addition to the required data already gathered in the progress and final reports in GeMS. This data will be gathered at the same time as the progress and final reports, and will be uploaded to GeMS as a separate attachment. You will not be required to provide this data if you did not request funding for a specific component (e.g. diagnostics). These metrics should inform the objectives included in the Project Work Plan. Your Monitoring and Evaluation plan should illustrate how you intend to capture these metrics.

EDUCATION
This includes one-on-one and group educational sessions and trainings.
- Number of educational/training sessions conducted.
- Number of participants that attended the educational/training sessions.
- Number/Percentage of participants that demonstrated an increase in breast cancer knowledge after the educational/training sessions. This data would be gathered by the participant completing a pre-test and post-test.
    - o Average percentage increase in knowledge reported by participants that attended the educational/training sessions. This data would be gathered by the participant completing a pre-test and post-test.
- Number/Percentage of participants that reported that they intended to take appropriate breast self-awareness action after attending the educational/training session. This data would be gathered by the participant answering an "intent to take breast self-awareness action" question on a survey or post-test.
    - o Number/Percentage of individuals that had intended to take action that completed the action within 3, 6 and/or 9 months after the educational/training session. This data would be gathered by contacting the participant to determine if they completed their intended action.

Screening and Diagnostic Services
- Number of individuals that received a (insert service). This should be recorded regardless of whether you provide screenings directly on-site (e.g. you are a hospital) or if you make referrals for screening only (e.g. a grassroots program with no on-site screening capability).
    - o Number/Percentage of individuals that received (insert service) within 30 days or less from referral date.
    - o Number/Percentage of individuals that received (insert service) 31-60 days from referral date.
    - o Number/Percentage of individuals that received (insert service) 61-90 days from referral date.
    - o Number/Percentage of individuals that received (insert service) 91 or more days from referral date.
- Of the individuals that received a (insert service), the number of individuals that had an abnormal result.

- Of those with an abnormal result, the number of individuals that completed the referred diagnostic services.

- For screening mammograms:
  - those who have had a mammogram screening before (at any location)
  - those who have not been screened in 2 years or more
  - those who have never been screened

- New or repeat patients: Those who have been referred for screening/diagnostics through your program before vs. those who are new to your program.

  For Biopsy Only:
- Of the individuals that received a diagnostic biopsy, the number of individuals that were diagnosed with breast cancer.
  - Of the individuals diagnosed with breast cancer, the number of individuals referred onto treatment.
    - Of the individuals diagnosed with breast cancer and referred for treatment, the number that initiated treatment.

PATIENT NAVIGATION
Patient navigation is a process by which an individual—a patient navigator—guides patients through and around barriers in the continuum of care, to help ensure access to timely screening, diagnosis, treatment and survivorship services.

- Number of individuals that were navigated to a health care provider/facility for a (insert service).
  - Number of navigated individuals that received/initiated a (insert service) within 30 days.
  - Number of navigated individuals that received/initiated a (insert service) in 31-60 days.
  - Number of navigated individuals that received/initiated a (insert service) in 61-90 days.
  - Number of navigated individuals that received/initiated a (insert service) in 91 days or more.
- Number of navigated individuals that completed a (screening/diagnostic) service and had an abnormal result.
- Number of navigated individuals that had an abnormal result that were navigated to diagnostic services.
- Number of navigated individuals that were diagnosed with breast cancer that were navigated to treatment services.
- Number of navigated individuals that were diagnosed with breast cancer that were navigated to survivorship support services.