



Where the end of breast cancer begins.™

COMMUNITY GRANTS REQUEST FOR APPLICATIONS

APPLICATION DEADLINE: November 8, 2019 (by 11:59pm)

PERFORMANCE PERIOD: April 1, 2020 – March 31, 2021

AWARD NOTIFICATION: March 2020

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

OUR BOLD GOAL: REDUCE THE CURRENT NUMBER OF BREAST CANCER DEATHS BY 50% IN THE U.S. BY 2026.

Susan G. Komen® Central and South Jersey
2 Princess Road
Suite D
Komencsnj.org

Questions:
LaToya Norman
609-896-1201 x130
lnorman@komencsnj.org

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ABOUT SUSAN G KOMEN® AND KOMEN CENTRAL AND SOUTH JERSEY

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. Since its founding in 1982, Komen has funded more than \$956 million in research and provided more than \$2.1 billion in funding to screening, education, treatment and psychosocial support programs. Komen has worked in more than 60 countries worldwide. Komen was founded by Nancy G. Brinker, who promised her sister, Susan G. Komen, that she would end the disease that claimed Suzy's life. Komen Central and South Jersey has invested over \$16 million in community breast health programs in Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Hunterdon, Mercer, Middlesex, Monmouth, Ocean, Salem and Somerset Counties and has helped contribute to the more than \$988 million invested globally in research.

ELIGIBILITY REQUIREMENTS

- 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.
- 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 projects 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.
- 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 projects that target linguistically isolated populations must outline a plan which demonstrates their ability to provide all project 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 project outcomes.
- All projects 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.
 - Track screening outcomes for all referrals. An objective must be included in the Project Objectives (as part of the Narrative section) to track this outcome.
- All projects that request funding to make referrals or directly provide care must provide a financial counseling component for those in need of financial assistance.
- All grant projects 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.
- Projects targeting uninsured populations must provide appropriate linkages to information about obtaining coverage through the Affordable Care Act.
- Returning applicants must include a clear plan to reach and screen (or refer) a combination of both new and repeat individuals/patients. This plan must be appropriately documented in the Narrative section.
- 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 projects 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.

ELIGIBLE SERVICE AREA

Applicants must provide services to **residents** of one or more of the following Counties:

- | | |
|---------------------|--------------------|
| ○ Atlantic County | ○ Mercer County |
| ○ Burlington County | ○ Middlesex County |
| ○ Camden County | ○ Monmouth County |
| ○ Cape May County | ○ Ocean County |
| ○ Cumberland County | ○ Salem County |
| ○ Gloucester County | ○ Somerset County |
| ○ Hunterdon County | |

FUNDING PRIORITIES

Komen Central and South Jersey supports breast cancer projects that address the funding priorities below, which were selected based on data from our current Community Profile Report, found on our website at komencsnj.org.

The funding priority areas are listed below **in no particular order**:

- **Patient Navigation**

Projects that provide evidence-based patient navigation for breast cancer patients that reside in Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Hunterdon, Mercer, Middlesex, Monmouth, Ocean, Salem and Somerset 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).

Key Affiliate Priorities for Patient Navigation

Priority consideration will be given to strong applications that have met all of the other relevant eligibility criteria, and include the following (as identified in the Mission Action Plan of the 2015 Community Profile) item(s) outlined below:

- Patient navigators who are dedicated solely to providing evidence-based breast cancer navigation for patient populations in the following target Counties:
 - Atlantic
 - Burlington
 - Camden
 - Cumberland
 - Gloucester
 - Monmouth
 - Salem

- **Reducing Barriers to Care**

Evidence-based projects that reduce barriers to quality breast cancer care experienced by uninsured and underinsured individuals residing in Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Hunterdon, Mercer, Middlesex, Monmouth, Ocean, Salem and Somerset 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.

Komen Central and South Jersey seeks to fund projects that provide no cost or low-cost screening/diagnostic services, mobile mammography, diagnostic/treatment co-pay and deductible assistance, transportation, interpreter services, childcare/eldercare, financial assistance for daily living expenses.

Key Affiliate Priorities for Reducing Barriers to Care

Priority consideration will be given to strong applications that have met all of the other relevant eligibility criteria and include/address the following (as identified in the Mission Action Plan of the 2015 Community Profile) item(s) outlined below:

- Projects with innovative and evidence-based strategies that improve access to breast cancer care, decrease financial barriers, and enhance outreach efforts for:
 - Black populations in Atlantic, Burlington, Camden, Cumberland, and Gloucester Counties.
 - Hispanic/Latina populations in Camden, Cumberland, and Monmouth Counties.
 - Undocumented populations in Camden, Cumberland, Gloucester, and Salem Counties.
 - The 65+ population in Gloucester County.
 - Uninsured populations in Gloucester, Camden, Cumberland, Salem, and Monmouth Counties.
 - Underinsured, working poor populations in need of support for services beyond screening.

- Projects with innovative and collaborative approaches that mobilize existing resources to comprehensively address transportation issues in the Affiliate's target counties.
- Projects that 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 the Affiliate's target counties in order to empower patients to more effectively navigate the continuum of care.
- Projects that develop collaborative solutions for increasing access to providers in the Affiliate's target counties at all phases of the Continuum of Care.
- Projects that 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.
- Projects that address the awareness about and availability of transportation to screening, diagnostic, and treatment services in the Affiliate's target counties in order to improve access to vital services integral to improving health outcomes.
- Projects that 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 the Affiliate's target counties in order to decrease disparities in care.
- Projects that support financial navigation for those needing financial assistance in order to decrease barriers to care in un- and under-insured populations in the Affiliate's target counties.

- Projects that support free mammography screenings to decrease barriers to care in the Affiliate's target counties and improve health outcomes through early detection.
- Projects that provide support for special vulnerable populations identified as experiencing extensive barriers to care in the Affiliate's target counties, including financial difficulties.

- **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 should include Komen's breast self-awareness messages, if appropriate, based on the need, audience and purpose of the educational project. Projects must provide evidence of linkage to local breast cancer services and include follow up with participants.

Key Affiliate Priorities for Breast Cancer Education

Priority consideration will be given to strong applications that have met all of the other relevant eligibility criteria and include the following (as identified in the Mission Action Plan of the 2015 Community Profile) item(s) outlined below:

- Projects that 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 projects for:
 - Black populations in Atlantic, Burlington, Camden, Cumberland, and Gloucester Counties.
 - Hispanic/Latina populations in Camden, Cumberland, and Monmouth Counties.
 - Undocumented populations in Camden, Cumberland, Gloucester, and Salem Counties.
 - The 65+ population in Gloucester County.
 - Uninsured populations in Gloucester, Camden, Cumberland, Salem, and Monmouth Counties.
 - Underinsured, working poor populations in need of support for services beyond screening.

ALLOWABLE COSTS

Applicants may request funding up to \$75,000 (combined direct and indirect costs) for one year. All requested costs must be directly attributable to the project, provide an estimated cost calculation and include a brief justification explaining why the costs are necessary to achieve project objectives:

- **Salaries and Fringe Benefits**

Project staff responsible for achieving project objectives with salary and fringe benefits adjusted to reflect the percentage of effort on the project. Fringe benefits will be provided to organizations with an annual operating budget of *less than \$2 million* only.

- 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 project will be considered.

- **Consultants/ Sub-contracts**

Consultants are persons or organizations that offer specific expertise for achieving project objectives not provided by project staff and are usually paid by the hour or day. Subcontractors have substantive involvement with a specific portion of the project for achieving project objectives, often providing services not provided by the applicant.

- A detailed justification for the need for consultant assistance must be provided in the budget justification for funding to be considered.

- **Supplies**

Resources needed to achieve project objectives (e.g. appointment/reminder cards, outreach flyers, etc.).

- **Travel**

Conference registration fees/travel or mileage reimbursement by project staff or volunteers necessary to achieve project objectives. Mileage rates will be accepted up to the standard IRS mileage reimbursement rate.

- **Meeting Costs**

Applicants are strongly encouraged to use the following as a guideline:

- Up to \$25 per educational event for snacks (e.g. presentation, outreach, etc.)
- No more than \$5-7pp for lunch/brunch activities.

- **Patient Care**

Costs for providing direct services for a patient to achieve project objectives. Services for patients who are not eligible for the NJCEED program and/or Medicaid (service reimbursement rates can be located in Appendix A) will be considered for funding.

- **Patient Transportation**

Costs for providing transportation for a patient to receive services included in the project narrative. Payments/reimbursement cannot be made directly to individuals.

- **Equipment**

Equipment, including software, essential to the breast health-related project to be conducted, not to exceed \$5,000 total.

- **Other Direct Costs**

Direct costs directly attributable to the project that cannot be included in existing budget sections.

- **Indirect Costs, not to exceed 25 percent of direct costs**

These include costs for supporting the project such as, allocated costs such for facilities, technology support, communication expenses and administrative support. Indirect costs for organizations with an annual operating budget of less than \$2 million will be funded.

NON-ALLOWABLE COSTS

- Research, defined as any project activity 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. According to studies, teaching breast self-exam (BSE) has not been shown to be effective at reducing mortality from breast cancer
- Development of educational materials or resources that either duplicate existing Komen materials or for which there is not a demonstrated need. Applicants can view, download and print all of Komen's educational materials by visiting <http://ww5.komen.org/BreastCancer/KomenEducationalMaterials.html>. If an applicant intends to use supplemental materials, they should be consistent with Komen messages.
- 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/ land acquisition
- Political campaigns or lobbying
- General operating funds (in excess of allowable indirect costs)
- Debt reduction
- Fundraising (e.g., endowments, annual campaigns, capital campaigns, employee matching gifts, events)
- Event sponsorships
- Projects completed before the date of grant approval
- Project-related investments/loans
- Scholarships
- Thermography
- Equipment over \$5,000 total
- Projects or portions of projects not specifically addressing breast cancer
- Payments/reimbursement made directly to individuals
- 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 project oversight (e.g. supervising staff executing project and ensuring compliance by reviewing reports)

- Fringe benefits for project 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
- Refreshments for staff meetings and trainings

BREAST CANCER EDUCATION

To reduce confusion and reinforce learning, Komen will only fund projects that use approved educational messages and materials that are consistent with Komen messages. Please be sure that your organization can agree to promote the messages listed here: <http://ww5.komen.org/BreastCancer/BreastSelfAwareness.html>.

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

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 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/>.

PROJECT OBJECTIVES

All applicants are required to develop project objective(s) to:

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

All projects must have at least one **Specific Measurable Attainable Realistic Time-bound (SMART)** objective that will be accomplished with Komen funding and can be evaluated including an estimated timeline and the anticipated number of individuals to be served. Guidance on crafting SMART objectives is located here: <https://ww5.komen.org/WritingSMARTObjectives.html>.

PROJECT NARRATIVE

Statement of Need

- Describe the need for the project and explain the target population (including age, race, ethnicity, geographic location) to be served using demographic and breast cancer mortality statistics.
- Explain how project objectives will address the stated funding priorities.
- Demonstrate how your project is unique and will not duplicate efforts in your community.

Project Design

- Describe what will be accomplished with project funding and the strategy to reduce breast cancer mortality and increase the percentage of people who enter, stay in or progress through the continuum of care.
- Explain how the project incorporates evidence-based practices providing citations for all references.
- Explain how the requested budget and budget justification support the project objectives.
- Explain how project staff are best suited to accomplish project objectives.
- If targeting linguistically isolated populations, outline a plan which demonstrates your ability to provide all project 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 project 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 applicant, discuss how you intend to reach a combination of both new and repeat individuals/patients. If targeting linguistically isolated populations, outline a plan which demonstrates your ability to provide all project services (e.g. presentations, materials, and care) in the appropriate language.

Partners and Sustaining the Project

- Explain how collaboration strengthens the project.
- Describe past accomplishments with breast cancer projects that address our funding priorities. If the proposed project is new, describe success with other breast cancer projects.
- Describe the resources to be used to implement the project.
- Describe the roles, responsibilities and qualifications of project partners.

Impact and Evaluation

- Describe how the project objectives will reduce breast cancer mortality by addressing disparities, increasing access to quality and timely care, and/or improving outcomes through patient navigation.
- Describe how specific project outcomes will be evaluated.
- Describe the resources and expertise that will be used for monitoring and evaluation during the performance period.
- Provide a high-level overview of the key strategies, activities, etc. your project will undertake to meet the Key Affiliate priorities identified in the Funding Priorities section of the RFA.

REVIEW PROCESS

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

Statement of Need 25%:

- How well has the applicant identified the need for the project and explained the target population to be served?
- To what extent do project objectives address the stated funding priorities?
- How well does the applicant demonstrate the projects unique ability to provide services not otherwise available for medically underserved populations in their community?

Project Design 25%:

- How successful was the applicant at describing the strategy to reduce breast cancer mortality?
- How well has the applicant described what will be accomplished with project funding?
- To what extent does the project include evidence-based practices?
- How well does the budget and budget justification support project objectives?
- To what extent does project staff have the expertise to effectively implement and provide fiscal oversight of the project?
- Has the applicant designed a system that helps ensure patients are not lost during their transition between phases?
- If the project targets linguistically isolated populations, have they outlined a solid plan which demonstrates their ability to provide all project 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 project 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 applicant, have they included sufficient justification for how they intend to reach a combination of both new and repeat individuals/patients?

Partners and Sustaining the Project 25%:

- How well does the applicant explain the roles, responsibilities and qualifications of project partners?
- How well has the applicant demonstrated evidence of success in delivering services consistent with the stated funding priorities?
- How well has the applicant described the resources to implement the project?
- Does the applicant have the capacity to manage the project?

Impact and Evaluation 25%:

- To what extent do project objectives reduce breast cancer mortality by addressing disparities, increasing access to quality and timely care, and/or improving outcomes through patient navigation?

- To what extent does the evaluation plan aim to collect the relevant required metrics?
- To what extent are the applicant's monitoring and evaluation resources likely to adequately evaluate project success?
- Does the project meet one or more of the key Affiliate priorities?
- How well does the project meet the key Affiliate priorities?

REQUIRED REPORTING METRICS

If awarded project funding, grantees will be required to report on the Demographics in addition to the metrics related to approved objectives listed below. For example, if the project has screening and diagnostic services objectives, the grantee will report on the Demographics, Screening Services and Diagnostic Services metrics.

Demographics

State of residence; County of residence; Age; Gender; Race; Ethnicity; Special Populations.

Education & Training

Type of session; Number of individuals reached by topic area; Follow-up completed; Action taken; If health care provider training, total number of providers trained in each session and number by provider type.

Screening Services

First time to facility; Number of years since last screening; Screening facility accreditation; Count of screening services provided; Screening result; Referred to diagnostics; Staging of breast cancer diagnosed resulting from screening services.

Diagnostic Services

Time from screening to diagnosis; Diagnostic facility accreditation; Count of diagnostic services provided; Staging of breast cancer diagnosed resulting from diagnostic services; Referred to treatment.

Treatment Services

Time from diagnosis to beginning treatment; Treatment facility accreditation; Count of treatment services provided; Count of patients enrolled in a clinical trial.

Treatment Support

Count of treatment support services provided: system management, individual or group psychosocial support, complementary and integrative therapies, palliative care, durable medical equipment.

Barrier Reduction

Count of barrier reduction assistance services provided: transportation, interpretation/translation services, co-pay/deductible assistance, daily living expenses, childcare.

Patient Navigation, Care Coordination & Case Management

Time from referral to screening; Accreditation of screening facility navigated to; Time from abnormal screening to diagnostic resolution; Accreditation of diagnostic facility navigated to; Staging of breast cancer diagnosed resulting from community or patient navigation; Time from diagnostic resolution to beginning treatment; Accreditation of treatment facility navigated to; Patient enrolled in a clinical trial; Individual completed physician recommended treatment; Survivorship care plan provided.

SUBMISSION REQUIREMENTS

All applications must be submitted online through the Komen Grants Portal at komen.smartsimple.com before the application deadline to be considered.

Extensions to the submission deadline will not be granted, with the rare exception made for severe extenuating circumstances at the sole discretion of Komen.

The 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.

CHECKLIST FOR APPLICATION COMPLETION

- **Eligibility Requirements** – Applicant meets all eligibility requirements as stated in the Komen Grants Portal and in this Request for Applications.
- **Allowable Costs** – All proposed costs are directly attributable to the project, provide an estimated cost calculation and include a brief justification explaining why the costs are necessary to achieve project objectives.
- **Non-Allowable Costs** – non-allowable costs are not included in the application.
- **Breast Cancer Education** – Applicant can agree to promote Komen’s education messages listed here: <http://ww5.komen.org/BreastCancer/BreastSelfAwareness.html>
- **Project Narrative** – Applicant has addressed each question in the Statement of Need, Project Design, Partners and Sustaining the Project, and Impact and Evaluation sections.
- **Project Objectives** – Proposed objectives are SMART, will be accomplished with Komen funding, and aim to reduce breast cancer mortality by addressing disparities, increasing access to quality and timely care, and/or improving outcomes through patient navigation.
- **Proof of Tax-Exempt Status** – To document the applicant’s **federal tax-exempt status**, provide a letter of determination from the Internal Revenue Service. Evidence of state or local exemption will not be accepted. Please do not provide a Federal tax return.
- **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*).

- **Letters of Support / Memoranda of Understanding** – From project partners identified in the Project Narrative / Partners and Sustaining the Project section.
- **Assurances** – Applicant assures compliance with the following policies if awarded project funding:
 - 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 project. No expenses may be accrued against the project until the grant 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.
 - Grant payments will be made in installments pending acceptance of and compliance with terms and conditions of a fully executed 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, the grantee may request one no-cost extension of no more than six months per project. 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, property damage and advertising injury;
 - 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.
 - To the extent any transportation services are provided, \$1,000,000 combined single limit of automobile liability coverage will be required.
 - To the extent medical services are provided, 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 with a certificate of insurance with Susan G. Komen Breast Cancer Foundation, Inc., Susan G. Komen Central and South Jersey, 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.
- The Komen Grants Portal must be used for all administrative grant functions. No email, fax or paper copies of documents will be accepted.

APPENDIX A: SCREENING AND DIAGNOSTIC SERVICE REIMBURSEMENT RATES

Below are the most common procedures found in grant applications, including prices based on Medicare 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	77067	\$138
Diagnostic Mammogram – Unilateral	77065	\$135
Diagnostic Mammogram – Bilateral	77066	\$171
Ultrasound	76641	\$108
MRI (both breasts)	77059	\$410
Ultrasound Guided Breast Biopsy	1 st lesion: 19083 Additional lesions: 19084	\$485
Stereotactic Guided Breast Biopsy	1 st lesion: 19081 Additional lesions: 19082	\$489
MRI Guided Breast Biopsy	1 st lesion: 19085 Additional lesions: 19086	\$796
Cyst Aspiration	19000	\$45
Fine Needle Aspiration (with imaging guidance)	10022	\$100

Core Breast Biopsy – percutaneous, without imaging guidance	19100	\$73
Excisional Biopsy (excision breast lesion)	19125	\$476
Pathology fee (level IV only)	88305	\$70
Surgical Consultation	99204	\$131