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**SUSAN G.  
KOMEN®**



**NORTH CAROLINA  
TRIANGLE TO  
THE COAST**

Where the end of breast cancer begins.™

## **FY 20 COMMUNITY GRANTS REQUEST FOR APPLICATIONS**

**APPLICATION DEADLINE: DECEMBER 3, 2019**

**PERFORMANCE PERIOD: APRIL 1, 2020 – MARCH 31, 2021**

**AWARD NOTIFICATION: BY MARCH 9, 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® North Carolina Triangle to  
the Coast**

600 Airport Blvd., Suite 100  
Morrisville, NC 27560  
[www.komennc.org](http://www.komennc.org)

**Questions:**

Lolita Smith-Moore  
919-493-2873  
[lsmithmoore@komenctc.org](mailto:lsmithmoore@komenctc.org)

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## **ABOUT SUSAN G KOMEN® AND KOMEN NORTH CAROLINA TRIANGLE TO THE COAST**

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 North Carolina Triangle to the Coast has invested over \$14.5 million in community breast health programs in our 29 County Affiliate Service Area 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.
- Current Komen funded grantees are eligible to apply but are not guaranteed continued funding. Grantees should strongly consider their progress towards meeting their program's current objectives prior to making the decision on whether to apply for continued funding.
- Current grantees who have not met half of their objectives and/or spent half of their 2019-2020 grant funds by November 30, 2019 will not be considered for continued funding for the 2020-2021 funding cycle.

- Current grantees who request no-cost extensions for the 2019-2020 funding cycle and are awarded a 2020-2021 grant, will receive funding, less the amount being utilized to complete their no-cost extension.
- Current grantees may not be eligible for funding in the 2021-2022 grant cycle if they request a no-cost extension, for a duration of more than 3 months, for their 2020-2021 grants or they return more than 10% of their funds following the completion of their grants on March 31, 2020 without having requested guidance and/or support from Komen North Carolina Triangle to the Coast staff.
- All previous and current grantees deemed not in good standing as described in Appendix C are not eligible.

## ELIGIBLE SERVICE AREA

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

Bladen, Brunswick, Caswell, Chatham, Columbus, Duplin, Durham, Edgecombe, Franklin, Granville, Halifax, Harnett, Johnston, Lee, Moore, Nash, New Hanover, Northampton, Onslow, Orange, Pender, Person, Pitt, Sampson, Scotland, Vance, Warren, Wake, and Wilson Counties.

## FUNDING PRIORITIES

Komen North Carolina Triangle to the Coast 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 [www.komenctc.org](http://www.komenctc.org).

Applications will be accepted for programs providing services to uninsured and underinsured individuals in the 29 County Affiliate service area.

Underinsured can be 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.

Projects may provide evidence-based and culturally relevant breast cancer education in one-on-one and group settings as a component of a Patient Navigation and/or Reducing Barriers to Care Project to make certain of linkages to local breast cancer services and follow up with participants. Applicants' decision to include breast cancer education in their project should directly correlate with their community needs and link to the proposed patient navigation or reducing barriers to care services in your proposal.

To ensure that funding is distributed throughout our 29 County Affiliate service area, the Komen North Carolina Triangle to the Coast Grant Review Team will take the top ranked and fundable applications from each of our regions: A, B, C, and D (see Appendix A) and place them at the top of the ranking list for funding. This process helps to guarantee that our Affiliate funds at least one grant per region in our service area.

In order to best meet the community need, Susan G. Komen North Carolina Triangle to the Coast selected three target counties in the North Central, Eastern region of the service area: Edgecombe, Halifax and Wilson. Target communities were prioritized based on the time needed

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to reach Healthy People 2020 objectives for breast cancer deaths and late-stage incidence. The targeted counties are: Edgecombe, Halifax, and Wilson. Additionally, Tier One counties within the Affiliate service area are also targeted as they are classified by the North Carolina Department of Commerce as being most economically distressed in North Carolina.

Priority will be given to programs that propose to provide 50% or more of Komen funded services to uninsured individuals from:

- one or more of the Prioritized Counties: Edgecombe, Halifax, and/or Wilson.
- one of more of the Tier One Counties in our Affiliate service area: Bladen, Caswell, Columbus, Edgecombe, Halifax, Northampton, Person, Scotland, Vance, and/or Warren.

The funding priority areas are listed below:

- **Patient Navigation**

Projects that provide evidence-based patient navigation for uninsured and underinsured that reside in Affiliate 29 County service area. 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). Evidence-based and culturally relevant Breast Cancer Education may be provided as a component of Patient Navigation Projects, not to exceed \$10,000.

- **Reducing Barriers to Care**

Evidence-based projects that reduce barriers to quality breast cancer care experienced by uninsured and underinsured individuals residing in the Affiliate 29 County service area. 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 seeks to fund projects that provide no cost or low-cost screening/diagnostic/treatment services, mobile mammography, diagnostic/treatment co-pay and deductible assistance, transportation, interpreter services, childcare/eldercare, financial assistance for daily living expenses or medical treatment assistance for those receiving breast cancer treatment. Evidence-based and culturally relevant breast cancer education may be provided as a component of Reducing Barriers to Care Projects, not to exceed \$10,000.

## **ALLOWABLE COSTS**

Applicants may request funding from \$10,000 up to \$60,000 (direct costs) for one year. All requested costs must be directly attributable to the project, provide an estimated cost

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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.
- **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.
- **Supplies**  
Resources needed to achieve project objectives.
- **Travel**  
Conference registration fees/travel or mileage reimbursement by project staff or volunteers necessary to achieve project objectives.
- **Patient Care**  
Costs for providing direct services for a patient to achieve project objectives.
- **Other Direct Costs**  
Direct costs directly attributable to the project that cannot be included in existing budget sections.

## 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.

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- Construction or renovation of facilities/ land acquisition
  - Political campaigns or lobbying
  - General operating funds
  - Debt reduction
  - Fundraising (e.g., endowments, annual campaigns, capital campaigns, employee matching gifts, events)
  - Event sponsorships
  - Projects completed before the date of grant approval
  - Project-related investments/loans
  - Scholarships
  - Thermography
  - Equipment over \$5,000 total
  - Projects or portions of projects not specifically addressing breast cancer
  - Indirect costs
  - Support groups, wigs/scarves, care packages, theatre programs, and alternative complementary and/or integrative therapies.

## 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>.

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## 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.

### 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.
- Will your proposed program provide more than 50% of Komen funded services to uninsured, underinsured and/or minority individuals from the following Prioritized Counties: Wilson, Edgecombe and/or Halifax? Yes or No.
- If yes, please provide a (%) breakdown for each Prioritized County that you propose to serve (the sum total must be between 51%-100%)
- Will your proposed program provide more than 50% of Komen funded services to uninsured, underinsured and/or minority individuals in the following Tier 1 Counties: Bladen, Caswell, Columbus, Edgecombe, Halifax, Northampton, Person, Scotland, Vance and/or Warren? Yes or No.
- If yes, please provide a (%) breakdown for each Tier 1 County that you propose to serve (the sum total must be between 51%-100%)
- If requesting funding to support direct services (ex: one on one or group education, screening, and/or diagnostic services): Describe the low/no cost resources available to the uninsured and underinsured individuals you will serve as they progress to the next steps on the breast cancer continuum of care. **(See Appendix B)**
- If requesting funding for out of pocket expenses (childcare/eldercare, financial assistance for daily living expenses, transportation, co-pays/deductibles): Describe your plan to provide uninsured and underinsured individuals with information about additional low/no cost resources that they may access once they have reached your program's funding limits.
- If requesting funding for patient navigation services: Describe the low/no cost resources available to the uninsured and underinsured individuals that you will serve as they progress through the breast cancer continuum of care. **(See Appendix B)**

### Partners and Sustaining the Project

- Explain how collaboration strengthens the project.



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- 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.
  - All applicants: Describe similar programs/services (to the ones you plan to provide) that are available to uninsured and underinsured individuals in you proposed service area(s) and how you plan to coordinate services with these providers.

### **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.

## **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?

### **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?
- How knowledgeable is the applicant on available low/no-cost resources for the uninsured or underinsured individuals they propose to serve?
- How well has the applicant demonstrated that the individuals they serve will have access to additional low/no-cost resources that will help them to remain in the breast cancer continuum of care?

### **Partners and Sustaining the Project 25%:**

- How well does the applicant explain the roles, responsibilities and qualifications of project partners?

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- 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?
  - How well does the project align with the needs identified in the 2015 Community Profile Report? Does the applicant propose to provide more than 50% of services to Prioritized Counties or Tier 1 Counties?

#### **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?

#### **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](http://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,

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increasing access to quality and timely care, and/or improving outcomes through patient navigation.

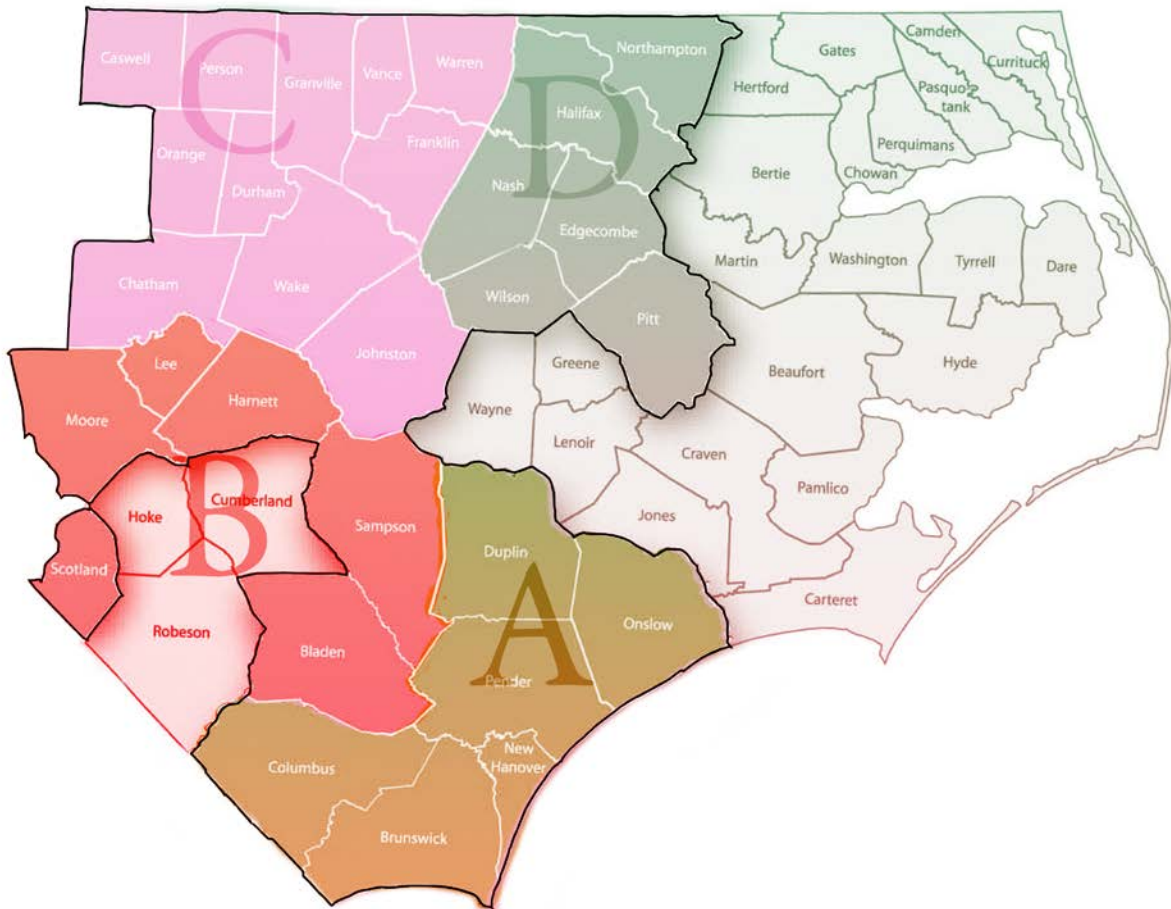
- **Proof of Tax-Exempt Status** – To document the applicant’s **federal tax-exempt status**, provide a letter of determination from the Internal Revenue Service. Evidence of state or local exemption will not be accepted. Please do not provide a Federal tax return.
- **Resume/Job Description** – For 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.

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- Grantees are also required to provide Komen with a certificate of insurance with Susan G. Komen Breast Cancer Foundation, Inc., Susan G. Komen North Carolina Triangle to the Coast, 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 project must occur between April 1, 2020 and March 31, 2021.

## APPENDIX A: AFFILIATE REGIONS

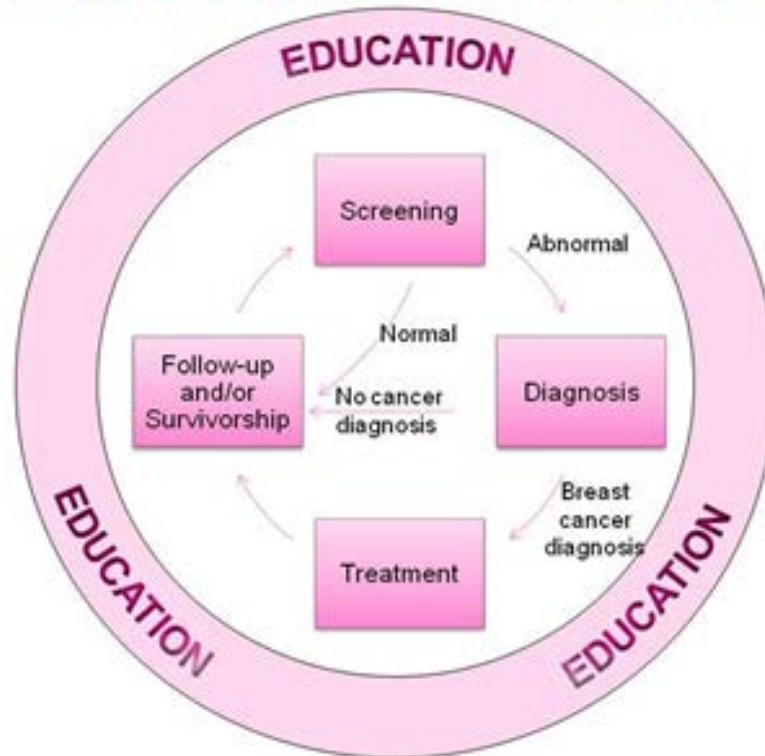
To ensure that funding is distributed throughout our 29 County Affiliate service area, the Komen North Carolina Triangle to the Coast Grant Review Team will take the top ranked and fundable applications from each of our regions A, B, C, and D and place them at the top of the ranking list for funding. This process helps to guarantee that our Affiliate funds at least one grant per region in our service area.

Please note that Cumberland, Hoke and Roberson Counties are not part of our Affiliate service area.



## APPENDIX B: CONTINUUM OF CARE

### Breast Cancer Continuum of Care (COC)



The Breast Cancer Continuum of Care (CoC) is a model that shows how a woman typically moves through the health care system for breast care. A woman would ideally move through the CoC quickly and seamlessly, receiving timely, quality care in order to have the best outcomes. Education can play an important role throughout the entire CoC.

While a woman may enter the continuum at any point, ideally, a woman would enter the CoC by getting screened for breast cancer – with a clinical breast exam or a screening mammogram. If the screening test results are normal, she would loop back into follow-up care, where she would get another screening exam at the recommended interval. Education plays a role in both providing education to encourage women to get screened and reinforcing the need to continue to get screened routinely thereafter.

If a screening exam resulted in abnormal results, diagnostic tests would be needed, possibly several, to determine if the abnormal finding is in fact breast cancer. These tests might include a diagnostic mammogram, breast ultrasound or biopsy. If the tests were negative (or benign) and breast cancer was not found, she would go into the follow-up loop, and return for screening at the recommended interval. The recommended intervals may range from 3 to 6 months for some women to 12 months for most women. Education plays a role in communicating the importance of proactively getting test results, keeping follow-up appointments and

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understanding what it all means. Education can empower a woman and help manage anxiety and fear.

If breast cancer is diagnosed, she would proceed to treatment. Education can cover such topics as treatment options, how a pathology reports determines the best options for treatment, understanding side effects and how to manage them, and helping to formulate questions a woman may have for her providers.

For some breast cancer patients, treatment may last a few months and for others, it may last years. While the CoC model shows that follow up and survivorship come after treatment ends, they actually may occur at the same time. Follow up and survivorship may include things like navigating insurance issues, locating financial assistance, symptom management, such as pain, fatigue, sexual issues, bone health, etc. Education may address topics such as making healthy lifestyle choices, long term effects of treatment, managing side effects, the importance of follow-up appointments and communication with their providers. Most women will return to screening at a recommended interval after treatment ends, or for some, during treatment (such as those taking long term hormone therapy).

There are often delays in moving from one point of the continuum to another – at the point of follow-up of abnormal screening exam results, starting treatment, and completing treatment – that can all contribute to poorer outcomes. There are also many reasons why a woman does not enter or continue in the breast cancer CoC. These barriers can include things such as lack of transportation, system issues including long waits for appointments and inconvenient clinic hours, language barriers, fear, and lack of information - or the wrong information (myths and misconceptions). Education can address some of these barriers and help a woman progress through the CoC more quickly



## APPENDIX C: GOOD STANDING DEFINITION

Category	Definition	Good Standing	Not In Good Standing
<b>Reporting</b>	Progress and final reports	<p>Grantee's progress and final reports were approved and submitted by the deadline, or grantee received an approved extension prior to the deadline.</p> <p>Reports are generally approved when a grantee:</p> <ul style="list-style-type: none"> <li>• Submits all documents required for the progress or final report.</li> <li>• Meets objectives outlined in the application, unless adequately justified.</li> <li>• Uses funds in accordance with the approved budget and provides adequate budget justification.</li> <li>• All unspent funds, if applicable, were returned to the Affiliate by the deadline stated in the grant contract.</li> </ul>	<p>Grantee's progress and/or final reports were <u>not</u> approved.</p> <p>Examples of reasons reports might not be approved include:</p> <ul style="list-style-type: none"> <li>• Grantee returned an excessive amount of funding.</li> <li>• Grantee did not perform the program/services described within their application and refuses to do so.</li> <li>• Grantee charged inappropriate or unapproved expenses to the budget, or there are concerns with the management of funds.</li> <li>• Grantee does not provide requested financial documentation.</li> <li>• Grantee does not comply with the Affiliate's request for information or a site visit.</li> <li>• Reports are consistently turned in past the deadline without prior approval for an extension.</li> </ul> <p>Other possible reasons for a grant being considered not in good standing:</p> <ul style="list-style-type: none"> <li>• Documented evidence of poor program management and poor patient care by the grantee.</li> <li>• Grantee or any of its key employees, directors, officers or agents is convicted of fraud or a</li> </ul>

			<p>crime involving any other financial or administrative impropriety during the grant term.</p> <ul style="list-style-type: none"> <li>• Grantee loses certification to provide key services related to their grant due to quality of care issues.</li> </ul>
<b>Category</b>	<b>Definition</b>	<b>Good Standing</b>	<b>Not In Good Standing</b>
<b>Rescinding Funding</b>	<p>Grant programs that have been identified as no longer viable for which the grant contract is terminated early and grant funds may or may not be requested for return.</p> <p>Audit findings which demonstrate misappropriation of funds.</p>	<ul style="list-style-type: none"> <li>• No history of rescinded funds due to poor performance.</li> <li>• Grantee and the Affiliate have worked together in good faith to resolve any issues, and it is determined the best course of action is to rescind grant funds.</li> </ul>	<ul style="list-style-type: none"> <li>• Funds were rescinded from the last grant cycle because the program was no longer viable and contract was terminated. Organization has not satisfactorily documented how they will improve the viability of the program.</li> <li>• Audit findings which demonstrate misappropriation of funds.</li> </ul>
<b>Category</b>	<b>Definition</b>	<b>Good Standing</b>	<b>Not In Good Standing</b>
<b>Corrective Action</b>	<p>An action taken to address grantee performance and insufficiencies that are negatively affecting grantee's ability to meet the obligations of their grant contract.</p>	<ul style="list-style-type: none"> <li>• Applicant is not currently under a written warning.</li> <li>• Applicant is currently under a written warning and is adequately addressing issues of concern.</li> </ul>	<ul style="list-style-type: none"> <li>• Applicant is currently under a written warning and is <u>not</u> adequately addressing issues of concern.</li> <li>• Applicant is currently under a written warning and has outstanding reports that have not been approved.</li> </ul>