

Susan G. Komen Colorado 2018-19 Community Grant Letter of Inquiry Information

Susan G. Komen Colorado's local Community Grants program is made possible through individual donations, corporate support, and events such as the Colorado Race for the Cure®, Pink Tie™ Affair, and Snowshoe for the Cure®. With the funds raised, community grants are made to support evidence-based strategies or promising practices to reduce disparities in breast cancer mortality in our community. Komen Colorado is currently accepting letters of inquiry for breast health or breast cancer projects that support and promote access to and utilization of services provided in the following counties: Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Eagle, Garfield, Gilpin, Jefferson, Larimer, Logan, Morgan, Park, Phillips, Pitkin, Sedgwick, Summit, Washington, Weld and Yuma. Interested applicant organizations are required to first submit a Letter of Inquiry to indicate interest in Komen Colorado funding by **5:00 p.m. on October 20, 2017**. If the Colorado Affiliate finds the request appropriate and within the scope of our funding priorities, applicants selected will be notified by November 20, 2017, and invited to submit a request for application. Projects must be implemented from April 1, 2018, to March 31, 2019.

Key Dates in 2018-19 Community Grant Cycle

Grant Process Webinar	Wednesday, September 20, 2017 – 1:00 – 2:00 p.m.
Connect here (<i>no need to pre-register</i>)	https://komen.zoom.us/j/222353693
LOI Deadline	October 20, 2017 - 5:00 p.m.
Invitations to Apply Issued	November 20, 2017

Applicants selected to apply must submit full application using the Komen Grants e-Management System (GeMS): <https://affiliategrants.komen.org>.

Grant Writing Support (pending LOI approval)	Requests due by December 11, 2017.
Application Deadline (pending LOI approval)	January 5, 2018, 5:00 p.m.
Award Notification	On or around March 30, 2018
Award Period	April 1, 2018 - March 31, 2019
Mandatory Grantee Orientation	May 2018

How to Submit LOI: *Submit an electronic copy of the following in one PDF document to mcoleman@komencolorado.org by **5:00 p.m. on October 20, 2017**:*

- Completed “Cover Page” Form (one page)
- Completed “Organization Capacity” Form (one page)
- Completed “Project Information” Form
- Supporting documents:
 - Signed, submitted 990s for the last 2 years
 - Audited fiscal year-end financial statements for the last 2 years
 - Unaudited financial statement for the last quarter
 - Board of directors list with occupations and/or community affiliation

Questions:

All questions related to the Letter of Inquiry process should be directed to the Senior Program Coordinator, Mary Coleman, at mcoleman@komencolorado.org. All questions will be responded to within two business days, please plan accordingly.

STATEMENT OF NEED

Analysis of data from the Colorado Behavioral Risk Factor Surveillance System administered biannually by the Colorado Department of Public Health & the Environment reveals the following social determinants of health or healthcare-seeking behaviors have consistently correlated to women not completing a screening mammograms within the last 2 years:

- Race (African American, Asian/Pacific Islander, Native American)
- Ethnicity (Hispanic)
- Being uninsured
- Having a household income below 200% of the federal poverty level
- Not having a regular health care provider
- Not having a regular checkup within the last year

For longitudinal data from 2006-2014 tracking characteristics of women who have not had mammograms in the last 2 years, see <http://www.komencolorado.org/kdwp/wp-content/uploads/2016/09/Charts-of-Women-Not-Having-Mammograms-in-Colorado.pdf>.

Further, the following summarize key findings of substantive analysis of breast cancer data, demographic projections, and socioeconomic indicators tied to adverse breast health outcomes discussed in Susan G. Komen Colorado's 2015 Community Profile located at <http://www.komencolorado.org/kdwp/wp-content/uploads/2016/09/Komen-Colorado-2015-Community-Profile-Report.pdf>:

Comprehensive discussion is available in the following sections:

- Relevant breast cancer data: "Quantitative Data: Measuring Breast Cancer Impact in Local Communities"
- Analysis of the health care system: "Health Systems and Public Policy Analysis"
- Insight from affected communities: "Qualitative Data: Ensuring Community Input"

Hispanic/Latina Women

The late-stage diagnosis rate for Hispanic/Latina women in Komen Colorado's service area is increasing at 5.9% annually compared to just 1.8% for non-Hispanic/Latina women and 2.0% for the service area as a whole. An analysis of the health system that serves the Affiliate's service area found that while more than 80% of screening, diagnostic and treatment providers that served Hispanic/Latina patients had Spanish-language translation services available, fewer than 40% of all providers within the Affiliate's service area offered that support, indicating a need for Spanish-speaking patients to be able to easily identify which providers can meet their linguistic needs. Health care providers that serve Hispanic/Latina patients indicated that while Hispanic/Latina women faced the same systemic barriers to care as their non-Hispanic/Latina counterparts in various regions of the Affiliate service area, immigration status and language/cultural barriers exacerbated those challenges.

Women in Rural Northeast Colorado

Breast cancer death rates are increasing at an annual rate of 9.9% in rural northeast Colorado. The health system analysis found that breast cancer services were not readily available throughout the region. As a result, difficulties securing transportation to breast health providers and securing time off from work were identified as recurring barriers to care. Interviews with breast health providers indicated that lack of education about breast health and the scope of coverage for breast health services in insurance plans, as well as the prevalence of a predisposition against seeking preventive health care, exacerbated by the scarcity of providers, were significant barriers to improved breast health outcomes.

Women in Resort and Mountain Towns

Higher costs of living and income gaps in mountain and resort communities often result in lower-income residents earning too much to qualify for Medicaid coverage but not enough to afford out-of-pocket expenses that come with commercial health insurance. As a result, cost of care remains a substantial barrier in the community. Moreover, limited breast health providers in the region accept Medicaid or provide charity care. In a region with limited providers overall, securing transportation to travel to those that do serve Medicaid clients or provide financial support adds another barrier to access. For the region's Spanish-speaking or foreign-born populations, language and immigration status also present challenges. These factors contribute to a region with substantially lower screening percentages than the Affiliate service area.

Medically Underserved Women in Front Range Counties

Adams, Arapahoe, Broomfield, Denver, Douglas, Larimer and Weld Counties will be home to 70.1% of women aged 40-64 within the Affiliate service area by 2020. Rising late-stage diagnosis rates in the first six counties and a rising breast cancer mortality rate in Weld County are cause for concern because of the large number of women who reside in these counties. Moreover, the late-stage diagnosis rate for Black/African-American women in Komen Colorado's service area is increasing at a rate of 8.9% annually - compared to an annual increase of 2.0% for the service area. Throughout Colorado, Black/African-American women have a higher breast cancer mortality rate than all other racial or ethnic groups in the state, and a 24.5% higher rate than white/Non-Hispanic women.¹ Among Asian/Pacific Islanders, the late-stage diagnosis rate is increasing at 27.6% annually. Among American Indian/Alaska Native populations, just 52.8% of women aged 40-74 reported receiving a mammogram within the preceding two years. The health system analysis found more providers that provided services for the full continuum of care compared to other regions, but qualitative research indicated there was insufficient capacity to meet the need of the region's medically underserved communities. Interviews with health care providers identified lack of knowledge about breast cancer risk and how to navigate the health care system as top barriers contributing to late-stage diagnosis rates in their communities, but noted that transportation needs, fear, difficulty securing time off work, and lack of sufficient culturally competent providers for immigrant and refugee communities also contributed to late-stage diagnoses.

The Affiliate will only consider projects that seek to address barriers that make it difficult for target communities to enter and remain in the breast cancer continuum of clinical care for each target community, as identified in the 2015 Community Profile. A summary of most commonly identified barriers, by target community, follows:

¹ "Female Breast Cancer Average Annual Age-Adjusted Mortality Rates by County/Region and Race/Ethnicity, Colorado, 2008-2012," Colorado Vital Statistics program, provided upon request by the Colorado Department of Public Health & Environment in January 2015; and "Female Breast Cancer Average Annual Age-Adjusted Late Stage Incidence Rates by County/Region and Race/Ethnicity, Colorado, 2008-2012," Colorado Central Cancer Registry, provided upon request by the Colorado Department of Public Health & Environment in January 2015

Barriers by Phase of Continuum of Care		
Screenings	Diagnostics	Treatment
Medically Underserved Women in Front Range Counties		
<ul style="list-style-type: none"> • Lack of knowledge about breast health • Fear of the diagnosis and/or treatment • Immigration status • Lack of knowledge that screenings are free for people with insurance • Prioritizing other family members' health 	<ul style="list-style-type: none"> • Lack of insurance • Perceived cost of care • Fear of the diagnosis and/or treatment • Securing time off work • Transportation 	<ul style="list-style-type: none"> • Lack of insurance • Perceived cost of care • Transportation • Securing time off from work • Immigration status
Rural Northeast Colorado		
<ul style="list-style-type: none"> • Knowledge about breast health • Lack of knowledge that screenings are free for people with insurance • Immigration status • Lack of insurance, and • Transportation 	<ul style="list-style-type: none"> • Fear of diagnosis and/or treatment • Lack of insurance • Distance to travel for specialty services • Immigration status • Lack of understanding of medical terminology • Securing time off from work 	<ul style="list-style-type: none"> • Lack of insurance • Immigration status • Perceived cost of care • Transportation • Distance to travel for specialty services
Resort and Mountain Communities		
<ul style="list-style-type: none"> • Knowledge about breast health • Fear of diagnosis and/or treatment • Perceived cost of care • Lack of knowledge that screenings are free for people with insurance • Lack of insurance 	<ul style="list-style-type: none"> • Lack of insurance • Fear of diagnosis and/or treatment • Perceived cost of care • Transportation • Securing time off from work 	<ul style="list-style-type: none"> • Lack of insurance • Transportation • Distance to travel for specialty services • Perceived cost of care • Securing time off from work
Hispanic/Latina Women		
<ul style="list-style-type: none"> • Immigration status • Fear of diagnosis and/or treatment • Lack of knowledge that screenings are covered without a co-pay or deductible for people with insurance • Lack of knowledge about breast health • Lack of insurance 	<ul style="list-style-type: none"> • Securing time off work • Lack of insurance • Immigration status • Fear of the diagnosis and/or treatment • Perceived cost of care 	<ul style="list-style-type: none"> • Immigration status • Lack of insurance • Perceived cost of care • Securing time off work • Transportation

Full discussion of other barriers that make it difficult for target communities to enter and remain in the breast cancer continuum of care are found in the “Qualitative Data: Ensuring Community Input” section of the 2015 Community Profile report at <http://www.komencolorado.org/kdwp/wp-content/uploads/2016/09/Komen-Colorado-2015-Community-Profile-Report.pdf>

FUNDING PRIORITIES

Agencies may submit multiple letters of intent to apply. Komen Colorado has identified the following funding priorities:

Priority 1: Removing cost or other barriers that prevent Colorado women and men from entering or proceeding through the breast cancer clinical continuum of care.²

Projects should be designed to support the Affiliate’s long-term goal of reducing population-based disparities in breast cancer outcomes by increasing adherence to screening mammography guidelines based on individual risk to reduce the proportion of cancers diagnosed at a late stage and reduce breast cancer mortalities. Eligible applicants will provide direct clinical services, including breast cancer screenings, diagnostics, or if a patient is diagnosed with the disease, diagnostics and staging, chemotherapy, radiation, surgery, patient navigation and complementary therapies. Health clinics that do not provide imaging services are eligible to apply if they demonstrate capacity to connect patients to clinical providers where screening mammograms and diagnostic procedures can be completed.

Preferred projects will demonstrate capacity to ensure completion of:

- a. screening and medically necessary diagnostic procedures³ for individuals living in mountain/resort communities in Clear Creek, Eagle, Garfield, Gilpin, Park, Pitkin and Summit counties
- b. screening, medically necessary diagnostic procedures, and treatment for individuals living in Colorado Health Statistics Region 1 (Logan, Morgan, Phillips, Sedgwick, Washington & Yuma counties)
- c. screening, diagnostic procedures, and treatment for medically underserved, uninsured, underinsured, linguistically isolated and/or foreign-born women living in urban Front Range and Northern Colorado communities, including the following counties: Adams, Arapahoe, Broomfield, Denver, Douglas, Larimer and Weld

Desired outcomes of funded projects:

- Breast cancer screenings completed based on individual risk
- At least 45% of people completing breast cancer screenings will not have been screened in at least 2 years
- Receive definitive diagnostic determination within 60 days of abnormal screening result

² Applicants can request support for surveillance testing that follow evidence-based clinical guidelines.

³ “Screening and medically necessary diagnostic procedures” applies to individual risk-based assessments to initiate breast cancer screenings for women at average risk (see: <http://ww5.komen.org/BreastCancer/BreastCancerScreeningforWomenatAverageRisk.html>), women at increased risk (see: <http://ww5.komen.org/BreastCancer/BreastCancerScreeningForWomenAtHigherRisk.html>) or men at increased risk (see: <http://ww5.komen.org/BreastCancer/BreastCancerScreeningForMenAtHigherRisk.html>). Medically recommended diagnostic procedures should follow appropriate use guidelines of the American College of Radiology and/or the National Comprehensive Cancer Network.

- Removal of identified barriers to receive treatment to promote adherence to medically recommended treatment plan appropriate for diagnosis
- Receipt of survivorship care plan if treatment completed during grant term

Ineligible expenses:

- Prophylactic surgery
- Adjuvant therapy to prevent recurrence
- Reconstructive surgery
- Fertility assistance
- Genetic testing and counseling services that are available through other clinical payment sources or patient-assistance programs

Priority 2: Culturally competent programs that identify and educate medically underserved women and facilitate connecting them to clinical care, with an emphasis on reaching women who have not had a mammogram in at least 2 years.

The Affiliate is seeking proposals for projects utilizing evidence-based best or promising practices to provide culturally responsive breast health education and health literacy about Colorado's health care system to diverse populations. Projects must focus on mitigating barriers to screening and follow-up in the event of abnormal screening results. Projects should be designed to support the Affiliate's long-term goal to change individuals' knowledge of and decision-making about breast cancer risk, screening recommendations, and screening behaviors.

Breast cancer education projects must include Komen's breast self-awareness messages and provide evidence of linkage to local breast cancer services. 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).

Preference given to projects that:

- a. provide culturally and linguistically appropriate education about:
 - breast cancer risk;
 - breast cancer screening guidelines based on individual risk;
 - availability and utilization of health insurance and free/reduced-cost breast cancer screening and diagnostic programs;
 - role of preventive care in detecting breast cancer early; and
 - how to complete screenings and medically recommended diagnostic procedures.

(Note: programs reaching Hispanics/Latinas must demonstrate capability to provide Spanish-dominant, bilingual education and navigation based on targeted population)

- b. work with clients to actively identify barriers to completing clinical services and collaborate to identify solutions; and
- c. track mammogram completion, percent of completed mammograms among women who have not had a mammogram in at least 2 years, and change in clients' knowledge and behaviors about key concepts listed in (a) above.

Priority populations include:

- Black/African American women in Arapahoe, Denver, Douglas, Jefferson and Larimer counties;

- low-income Hispanic/Latina women in Adams, Denver, Eagle, Garfield, Larimer, Logan, Morgan, Phillips, Sedgwick, Summit, Washington, Weld and Yuma counties

Projects serving other communities experiencing breast cancer disparities also will be considered with justification provided by the applicant, including those targeting Asian/Pacific Islander women in Broomfield County.

Desired outcomes of associated projects:

- Completed mammograms
- At least 45% of people completing mammograms will not have been screened in at least 2 years
- Individuals connect to primary care provider if patients/clients do not have current primary care provider
- Increased understanding of breast cancer risk factors and screening guidelines
- Increased understanding how to obtain & utilize health insurance
- Increased understanding of insurance coverage for preventive breast cancer screening, including genetic testing/counseling
- Identify & mitigate barriers to completing mammograms

ALLOWABLE EXPENSES

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

- Direct Costs
 - Salaries and fringe benefits for key program staff related to this project only and not general work of applicant, and must be in line with nonprofit salaries in the Affiliate's service area. Salary expenses may be requested to attend relevant meetings, including for the Colorado Cancer Coalition or coordinating task forces and regional breast or women's health coalitions
 - Consultant or sub-contract costs
 - Clinical services or patient care costs; costs for screening or diagnostic procedures may not exceed the published Women's Wellness Connection Medicare Rates and CPT Codes - Updated June 2017, listed in Appendix C and costs for surgery, chemotherapy or radiation to treat the disease may not exceed Medicare rates
 - Meeting costs, including venue fees if needed to be at events to deliver 1:1 or group education interventions
 - Supplies
 - Reasonable travel costs related to the execution of the program calculated at the current federal rate: transport of patients to/from medical care must use federal medical reimbursement rate; travel expenses for relevant meetings may be requested.
 - Other direct program expenses
 - Equipment, not to exceed \$5,000 total, essential to the breast health-related project to be conducted
- Indirect costs, not to exceed 5% of total of requested direct costs; indirect costs are defined as expenses that are not direct expenses related to your program; for example, rent, telephone, or Internet costs.

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

- Research, defined as any project or program with the primary goal of gathering and analyzing data or information. Specific examples include, but are not limited to, projects or programs designed to:

- Understand the biology and/or causes of breast cancer
- Improve existing or develop new screening or diagnostic methods
- Identify approaches to breast cancer prevention or risk reduction
- Improve existing or develop new treatments for breast cancer or to overcome treatment resistance, or to understand post-treatment effects
- Investigate or validate methods
- Education regarding breast self-exams/use of breast models
- Development of educational materials or resources
- Education via mass media (e.g. television, radio, newspapers, billboards), health fairs and material distribution. These methods may be used to promote projects, but evidence-based methods such as 1-1 and group sessions should be used to educate the community and providers.
- Construction or renovation of facilities
- 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
- Payments/reimbursement made directly to individuals
- Land acquisition
- Project-related investments/loans
- Scholarships
- Thermography
- Equipment over \$5,000 total
- Projects or portions of projects not specifically addressing breast cancer
- Facility fees

ELIGIBILITY REQUIREMENTS

Applicants must conform to the following eligibility criteria to apply. Eligibility requirements for the applicants must be met at the time of Application submission.

- Individuals are not eligible to apply. Applications will only be accepted from a non-profit organization with 501(c)3 status (such as an educational institution, hospital or other medical facility, or a community organization) or a local/state government entity with or Section 170(c) status located in or providing services to one or more of the following counties: Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Eagle, Garfield, Gilpin, Jefferson, Larimer, Logan, Morgan, Park, Phillips, Pitkin, Sedgwick, Summit, Washington, Weld or Yuma.
- Applicant has documentation of (a) current tax-exempt status under Section 501(c)(3), or (b) recognition as a governmental organization described in Section 170(c), of the Internal Revenue Service code.
- Proposed projects must be specific to breast health and/or breast cancer and address the priorities identified in the Affiliate's 2015 Community Profile. If a project includes other health issues along with breast cancer, such as a breast and cervical cancer project, funding may only be requested for the breast cancer portion.

- All past and current Komen-funded grants or awards to applicant are up-to-date and in compliance with Komen requirements. Applicants that have partnered with the Affiliate in the past must be considered to be “in good standing” with the Affiliate grants program.
- None of Applicant organization’s key employees, directors or officers have been convicted of fraud or a crime involving any other financial or administrative impropriety within the 12 months prior to submission of this application.
- Grantee has not received notice of any proposed or pending revocation of its tax-exempt status by the Internal Revenue Service; and (ii) has not been assessed penalties, excise taxes, or other intermediate sanctions by the Internal Revenue Service within the past 12 months.
- The Applicant is in good standing with the Colorado Secretary of State.

EDUCATIONAL MATERIALS AND MESSAGES

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 projects that use educational messages and materials that are consistent with Komen messages, including our breast self-awareness messages -- know your risk, get screened, know what is normal for you and make healthy lifestyle choices. The consistent and repeated use of the same messages can reduce confusion, improve retention and lead to the adoption of actions we believe are important for quality breast care. ***Please visit the following webpage before submitting your letter of inquiry and be sure that your organization can agree to promote these messages:***

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

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

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

Appendix A: Expectations for Full Application Submission

The following information is not required at time of LOI submission. However, applicants selected to apply should be expected to demonstrate the following in their full applications, based on priority selected:

Priority 1: Removing cost or other barriers that prevent Colorado women and men from entering or proceeding through the clinical continuum of care.

- Clear indication of how much of total requested budget will be used toward screening expenses, diagnostic expenses, and clinical treatment expenses
- If applications do not request funding for all phases of the clinical continuum of care, how applicant organizations will ensure patients receive continuous care between screening, diagnostics and treatment
- If seeking funding for screening and/or diagnostic procedures, discussion of agency processes to:
 - Identify and enroll women who have not had a screening in at least 2 years that differs from processes to acquire clients/patients who are up-to-date in their breast cancer screenings.
 - Assess individual breast cancer risk to facilitate informed decision-making by patient about when to begin and how frequently to have screening mammography and to refer eligible patients for genetic testing and counseling
- If seeking funding for treatment procedures, discussion of agency processes to:
 - Publicize availability of resources to primary care and/or diagnostic providers not associated with your agency
 - Use patient-assistance programs offered by pharmaceutical companies, replacement drugs, internal charity care, or community assistance programs and how you will ensure patients are deemed ineligible for use of these programs prior to use of Komen support.
- If seeking funds for screening services at a location that would require an individual with abnormal screening results to travel over 60 miles one-way to receive follow-up care should have memoranda of understanding (MOUs) or other agreements in place with hospitals, imaging centers, or facilities in patients' local community to prevent distance to follow-up care or costs from becoming a barrier to patients' receipt of recommended diagnostic or treatment care. The MOU or letter of support should outline the partnership for a timely referral process to where the individual can choose to receive follow-up diagnostics to ensure partner agencies will accept the WWC or Medicare rates for procedures.

Priority 2: Culturally competent programs that identify and educate medically underserved women and facilitate connecting them to clinical care

- If seeking funding for established programs, curriculum for culturally appropriate education intervention that address breast cancer risk; screening guidelines based on individual risk; availability and utilization of health insurance and free/reduced-cost breast cancer screening and diagnostic programs; role of preventive care in detecting breast cancer early; and how to complete screenings and medically recommended diagnostic procedures
- If seeking funding for new programs, curriculum outline that addresses above topics
- Pre- and post-intervention evaluation tools to measure change in participant knowledge about above topics
- Description of processes to:

- track and document how many clients/patients are navigated into clinical breast exams, how many are navigated into mammography screening, how many individuals complete appropriate screenings, and what percentage of those completing screenings had not been screened in the last 2 years
- ensure individuals are navigated to appropriate providers based on eligibility for insurance or free/reduced-cost breast cancer screening & diagnostic programs:
 - If below 138% of the federal poverty level and meets Medicaid residency requirements, is referred to a provider that can assist with Medicaid enrollment. See “Am I Eligible” on the Peak Colorado Web site at <http://coloradopeak.force.com>.
 - If a woman between 138-250% of the federal poverty level, meets state residency requirements, between 40-64 years old, and uninsured or underinsured, is referred to a Women’s Wellness Connection (WWC) provider. See “Client Eligibility and Enrollment” under the WWC Toolkit on the WWC page of the Colorado Department of Public Health & Environment’s Web site at <https://www.colorado.gov/cdphe/wwc-toolkit>
 - If not eligible for Medicaid or WWC due to age or gender, receives information to make informed decision about purchasing private health insurance through Connect for Health Colorado, including open-enrollment periods, qualifying life-change events, criteria to receive financial assistance, and enrollment-assistance resources. See “New Customers” on the Connect for Health Colorado Web site at <http://connectforhealthco.com/get-started/new-customers/>.
- identify and enroll women who have not had a screening in at least 2 years that differs from processes to acquire clients/patients who are up-to-date in their breast cancer screenings.
- Discussion of how intervention method will assist clients in becoming self-sufficient with regard to seeking routine mammography screenings without the repeated assistance of an intervention program. Setting up dependence on an intervention program for scheduling future screenings does not help individuals become empowered to take charge of their own health care.
- Applicants must provide documentation in the form of a memorandum of agreement or (sub)contract or letter of support between your organization and partnering primary care, screening and/or diagnostic providers, including mobile mammography units, to ensure navigated patients will receive care. This agreement should focus on how the applicant plans to capture the actual number of women assisted through the project that are actually screened by a medical provider and which party/parties are responsible for determining and securing payment source if patient/client is uninsured. Applicants must take measures to conceal patient identification according to HIPAA regulations.

Appendix B: Grant Administration Policies if Grant Awarded

Please note these policies before submitting a letter of inquiry. If awarded funding, these policies are non-negotiable.

- The project must occur between April 1, 2018 and March 31, 2019.
- The effective date of the grant agreement is the date on which Komen fully executes the grant agreement and shall serve as the start date of the grant. No expenses may be accrued against the grant until the contractual agreement is fully executed. *The contracting process can take up to six weeks from the date of the award notification letter.*
- Any unspent funds over \$1.00 must be returned to Komen Colorado.
- Grant payments will be made in installments pending compliance with terms and conditions of grant agreement and receipt of satisfactory progress reports.
- 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 Colorado, the grantee may request one no cost extension of no more than six months per grant. Requests must be made by grantee no later than 30 days prior to the end date of the project.
- Certain insurance coverage must be demonstrated through a certificate of insurance at the execution of the grant agreement, if awarded. Grantee is required at minimum to hold:
 - Commercial general liability insurance with combined limits of not less than \$1,000,000 per occurrence and \$2,000,000 in the aggregate for bodily injury, including death, and property damage;
 - Workers' compensation insurance in the amount required by the law in the state(s) in which its workers are located and employers liability insurance with limits of not less than \$1,000,000; and
 - Excess/umbrella insurance with a limit of not less than \$5,000,000.
 - In the event any transportation services are provided in connection with program, \$1,000,000 combined single limit of automobile liability coverage will be required.
 - If any medical services (other than referrals) are provided or facilitated, medical malpractice coverage with combined limits of not less than \$1,000,000 per occurrence and \$3,000,000 in the aggregate will be required.
 - Grantees are also required to provide Komen Colorado with a Certificate of Insurance with The Denver Metropolitan Affiliate of the Susan G. Komen Breast Cancer Foundation DBA Susan G. Komen Colorado, 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.
 - Sub-contractors/sub-grantees completing substantial work toward completion of funded projects are required to evidence relevant levels of coverage and name The Denver Metropolitan Affiliate of the Susan G. Komen Breast Cancer Foundation DBA Susan G. Komen Colorado, its officers, employees and agents as Additional Insureds with respect to the Project and any additional policies and riders entered into in connection with the Project.
 - At its sole discretion, the board of directors of Susan G. Komen Colorado may authorize variances in level(s) of required coverage upon request.
- Grant recipients must include the Affiliate's name and logo on all materials created through their Komen grant award or in advertising services offered through grant funds. Likewise, the Affiliate reserves the right to use Grantees' name and logo on public relations materials, at the discretion of the Affiliate. The Affiliate also strongly

recommends that each grantee participate in local fundraising events that benefit Komen Colorado, including Susan G. Komen Race for the Cure®, Pink Tie Affair™, Snowshoe for the Cure, and other events. Grantees are encouraged to participate either individually on an agency staff team, or on the Komen Colorado Team. The funds raised at these events are used to support the Affiliate's grants program and without support of the community, including our Grantees, we cannot provide funding for your programs.

- Grants will be paid in two equal installments. The first installment is generally paid within 30 days of Komen executing the grant contract, which includes acceptance of required certificates of insurance for required lines of coverage. The second grant payment will be paid after timely submission of a 6-month progress report using GeMS and subsequent Affiliate approval of the report. In addition to the 6-month report, the Affiliate also requires report submission via e-mail after 9 months or 75% progress toward project completion, to include an updated budget and project work plan, and a final report.
- All grantees must be able to track and report the following demographic information about individuals served:
 - County of residence
 - Age
 - Race and ethnicity
 - Relevant socioeconomic qualifiers, i.e. uninsured; underinsured; lawfully present refugee, asylum-seeker or immigrant; undocumented immigrant; etc.
- Grantees will be required to report on the following outputs and outcomes in progress and final reports:
 - accomplishments
 - challenges
 - upcoming tasks
 - lessons learned
 - a compelling story from an individual that was served with Komen funding and
 - demographics of individuals served and types of services offered.

Depending on the type of funding grantees receive, grantees also will be required to report on the following:

- *If funded to remove cost or other barriers that prevent Colorado women and men from entering or proceeding through the clinical continuum of care:*
 - Number of breast cancer screenings completed based on individual risk
 - Number and percentage of people completing breast cancer screenings that had not been screened in at least 2 years
 - Percent of patients with abnormal screening results that received definitive diagnostic determination within 60 days
 - Percent of patients treated for breast cancer who adhered to medically recommended treatment plan appropriate for diagnosis
 - Percent of patients treated using grant support who received survivorship care plan
- *If funded to provide Culturally competent programs that identify and educate medically underserved women and facilitate connecting them to clinical care:*
 - summary of changes in individuals' understanding about: breast cancer risk; screening guidelines based on individual risk; availability and utilization of health insurance and free/reduced-cost breast cancer screening and diagnostic programs; role of preventive care in detecting breast cancer early; and how to complete screenings and medically recommended diagnostic procedures;
 - summary of barriers preventing clients/patients from completing screening mammograms and medically recommended diagnostic procedures

- summary of solutions to remove identified barriers
 - Number of breast cancer screenings completed based on individual risk
 - Number and percentage of people completing breast cancer screenings that had not been screened in at least 2 years
 - Number of individuals connected to health clinic if patients/clients do not have regular health care provider
- *Funding Allocation & Partial Funding: Based on available funds and applications approved for funding, the Affiliate may fund your application only after requesting and approving budget modifications or may fund only a portion of the application. Applicants are responsible for all arithmetic in the budget submission. Incorrect submissions may not be funded or found to be non-compliant.*
- ***Breast Self-Exam - must not be taught or endorsed using Komen funding, if awarded***

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 projects that teach or endorse the use of monthly breast self-exams or use breast models. As an evidence-based organization, we do not promote activities that are not supported by scientific evidence or that pose a threat to Komen's credibility as a reliable source of information on the topic of breast cancer.

Creation and Distribution of Educational Materials and Resources

Komen Affiliate Grantees are encouraged to use Komen-developed 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 current, safe, accurate, consistent, based on evidence, and to avoid expense associated with the duplication of existing educational resources. Komen Grantees can purchase Komen educational materials at the Affiliate preferred price. If a grantee intends to use other supplemental materials, they should be consistent with Komen messages.

Appendix C: Medicare Rates and CPT Codes

Medicare Rates and CPT Codes - Updated June 2017						
Women's Wellness Connection Clinical Services						
Reimbursable Services and Procedures for June 30, 2017-June 29, 2018						
Listed below are allowable procedures and the corresponding CPT codes for use in the Women's Wellness Connection Clinical Services program. These rates are based on information found on the Centers for Medicare and Medicaid website, https://www.cms.gov/apps/physician-fee-schedule/ . Rates are incorporated into the program's Bundled Payment System (BPS) at the beginning of each fiscal year. Codes are provided to show what services are covered through WWC Clinical Services and to aid in negotiating subcontracts. Reimbursement for treatment services is not allowed.						
CPT CODES	OFFICE VISITS	End Notes	2017 CO Rates	2017 Prof (26)	2017 Tech (TC)	2016 CO Rates
99203	New Patient; <i>detailed</i> history, exam, straightforward decision-making; 30 minutes		\$110.61			\$109.91
99204	New Patient; <i>comprehensive</i> history, exam, moderate complexity decision-making; 45 minutes	1	\$167.75			\$167.62
99214	Established Patient; <i>detailed</i> history, exam, moderately complex decision-making; 25 minutes		\$109.75			\$109.01
99213	Established Patient; <i>expanded</i> history, exam, straightforward decision-making; 15 minutes		\$74.65			\$74.02
CPT CODES	BREAST SCREENING AND DIAGNOSTIC SERVICES	End Notes	2017 CO Rates	2017 Prof (26)	2017 Tech (TC)	2016 CO Rates
76098	Radiological examination, surgical specimen		\$17.07	\$8.31	\$8.76	\$17.01
76641	Ultrasound, complete examination of breast including axilla, unilateral	11	\$110.80	\$37.56	\$73.24	\$109.90
76642	Ultrasound, limited examination of breast including axilla, unilateral	11	\$91.16	\$35.04	\$56.12	\$90.73
76942	Ultrasonic guidance for needle placement, imaging supervision and interpretation		\$62.00	\$33.21	\$28.80	\$62.14
19000	Puncture aspiration of cyst of breast		\$116.32			\$116.18
19001	Puncture aspiration of cyst of breast, each additional cyst, <i>used with 19000</i>		\$27.91			\$27.85
19100	Breast biopsy, percutaneous, needle core, not using imaging guidance		\$155.75			\$155.25
19101			\$352.94			\$352.31
19120	Excision of cyst, fibroadenoma or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion; open; one or more lesions		\$512.61			\$512.38
19125	Excision of breast lesion identified by preoperative placement of radiological marker; open; single lesion		\$568.32			\$568.42
19126	Excision of breast lesion identified by preoperative placement of radiological marker, open; <i>each additional lesion separately identified by a preoperative radiological marker</i>		\$170.16			\$170.23
19081	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion	8	\$714.33			\$712.91
19082	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; each additional lesion	8	\$589.94			\$589.19
19083	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; first lesion	8	\$692.89			\$689.32
19084	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; each additional lesion	8	\$566.99			\$566.73
19085	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; first lesion	8	\$1,052.92			\$1,058.86
19086	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; each additional lesion	8	\$842.62			\$838.84
19281	Placement of breast localization device, percutaneous; mammographic guidance; first lesion	9	\$247.69			\$245.87
19282	Placement of breast localization device, percutaneous; mammographic guidance; each additional lesion	9	\$171.93			\$172.19
19283	Placement of breast localization device, percutaneous; stereotactic guidance; first lesion	9	\$279.80			\$276.72
19284	Placement of breast localization device, percutaneous; stereotactic guidance; each additional lesion	9	\$210.59			\$208.81
19285	Placement of breast localization device, percutaneous; ultrasound guidance; first lesion	9	\$533.78			\$529.03
19286	Placement of breast localization device, percutaneous; ultrasound guidance; each additional lesion	9	\$465.61			\$464.70

19287	Placement of breast localization device, percutaneous; magnetic resonance guidance; first lesion	9	\$893.35			\$884.39
19288	Placement of breast localization device, percutaneous; magnetic resonance guidance; each additional lesion	9	\$718.98			\$713.27
10021	Fine needle aspiration without imaging guidance		\$126.03			\$126.31
10022	Fine needle aspiration with imaging guidance		\$145.26			\$144.66
88172	Cytopathology, evaluation of fine needle aspirate; immediate cytomorphologic study to determine adequacy of specimen(s)		\$58.70	\$38.28	\$20.42	\$58.45
88173	Cytopathology, evaluation of fine needle aspirate; <i>interpretation and report</i>		\$157.44	\$74.71	\$82.73	\$156.69
88305	Surgical pathology, gross and microscopic examination		\$70.32	\$40.07	\$30.25	\$74.72
88307	Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins		\$273.19	\$88.46	\$184.72	\$315.19
G0202	Screening Mammogram, Digital, Bilateral		\$139.33	\$37.91	\$102.01	\$136.33
G0204	Diagnostic Mammogram, Digital, Bilateral		\$173.35	\$49.84	\$123.51	\$166.70
G0206	Diagnostic Mammogram, Digital, Unilateral		\$136.64	\$40.09	\$96.55	\$130.90
400	Anesthesia for procedures on the integumentary system, anterior trunk, not otherwise specified. Medicare Base Units = 3	3	(see end note)			
77053	Mammary ductogram or galactogram, single duct		\$60.33	\$18.78	\$41.55	\$59.31
77058	Magnetic Resonance Imaging, breast, with and/or without contrast, unilateral REQUIRES WWC PREAPPROVAL.	7	\$556.31	\$84.16	\$472.15	\$547.74
77059	Magnetic Resonance Imaging, breast, with and/or without contrast, bilateral REQUIRES WWC PREAPPROVAL.	7	\$552.67	\$84.16	\$468.51	\$544.84
77065	Diagnostic Mammography, unilateral, includes CAD	12	Use G0202			N/A
77066	Diagnostic Mammography, bilateral, includes CAD	12	Use G0204			N/A
77067	Screening Mammography, bilateral	12	Use G0206			N/A
Various	Pre-operative testing; CBC, urinalysis, pregnancy test, etc. These procedures should be medically necessary for the planned surgical procedure.					
CPT CODES	CERVICAL SCREENING AND DIAGNOSTIC SERVICES	End Notes	2017 CO Rates	2017 Prof (26)	2017 Tech (TC)	2016 CO Rates
88164	Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening under physician supervision		\$14.49			\$14.39
88165	Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening and rescreening under physician supervision		\$14.49			\$14.39
88141	Cytopathology (conventional Pap test), cervical or vaginal, any reporting system, requiring interpretation by physician		\$33.32			\$33.19
88142	Cytopathology (liquid-based Pap test) cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision		\$27.79			\$27.60
88143	Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening and rescreening under physician supervision	10	\$27.79			\$27.60
88174	Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision	10	\$39.31			\$29.11
88175	Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system and manual rescreening, under physician supervision	10	\$36.34			\$36.09
87624	Human Papillomavirus (HPV) high-risk types	4	\$48.14			\$47.80
87625	Human Papillomavirus, types 16 and 18 only	4	\$48.14			\$47.80
57452	Colposcopy of the cervix		\$112.48			\$111.83
57454	Colposcopy of the cervix, with biopsy and endocervical curettage		\$157.35			\$156.61
57455	Colposcopy of the cervix, with biopsy		\$146.92			\$146.16
57456	Colposcopy of the cervix, with endocervical curettage		\$138.58			\$137.84
57460	Colposcopy with loop electrode biopsy(s) of the cervix Requires WWC Preapproval Unless Done After HSIL or AIS Pap test.	5	\$290.52			\$289.10

57461	Colposcopy with loop electrode conization of the cervix Requires WWC Preapproval unless done after HSIL or AIS Pap test.	5	\$328.97			\$326.73
57500	Cervical biopsy, single or multiple, or local excision of lesion, with or without fulguration (separate procedure) Use this code for cervical polyp removal		\$131.49			\$130.63
57505	Endocervical curettage (not done as part of a dilation and curettage)		\$105.29			\$104.60
57520	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser	5	\$317.62			\$315.34
57522	Loop electrode excision procedure	5	\$271.36			\$269.56
58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure). Only for diagnostic purposes following AGC Pap.		\$112.45			\$111.79
58110	Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure). Only for diagnostic purposes following AGC Pap.		\$49.29			\$49.18
88305	Surgical pathology, gross and microscopic examination		\$70.32	\$40.07	\$30.25	\$74.72
88331	Pathology consultation during surgery, first tissue block, with frozen section(s), single specimen		\$99.61	\$66.44	\$33.17	\$97.74
88332	Pathology consultation during surgery, each additional tissue block, with frozen section(s)		\$54.00	\$32.85	\$21.15	\$51.59
88341	Immunohistochemistry antibody slide		\$93.33	\$29.95	\$63.38	\$91.04
88342	Immunohistochemistry antibody slide		\$109.69	\$37.54	\$72.14	\$108.40
99070	Supplies and materials (except spectacles), provided by the physician over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided)	6				
Various	Pre-operative testing; CBC, urinalysis, pregnancy test, etc. These procedures should be medically necessary for the planned surgical procedure.					
CLINICAL SERVICES AND PROCEDURES SPECIFICALLY NOT ALLOWED						
Any	Treatment of breast cancer, cervical intraepithelial neoplasia and cervical cancer.					
77061, 77062, 77063, and G0279	Breast tomosynthesis, unilateral/bilateral. These procedures have not been approved for coverage by WWC.					
87623	Human Papillomavirus, low-risk types					
END NOTES FOR WWC CLINICAL SERVICES						
1	All consultations should be billed through the standard "new patient" office visit CPT codes 99203 or 99204. Consultations billed as 99204 must meet the CPT coding guidelines for this code. CPT code 99204 is <u>not</u> appropriate for WWC screening visits.					
2	The type and duration of office visits should be appropriate to the level of care necessary for accomplishing screening and diagnostic follow-up. Reimbursement rates should not exceed those published by Medicare. While the use of 993XX-series codes may be necessary in some programs, the 993XX Preventive Medicine Evaluation visits themselves are not appropriate for WWC programs. 9938X codes shall be reimbursed at or below the 99203 rate, and 9939X codes shall be reimbursed at or below the 99213 rate.					
3	Medicare's methodology for the payment of anesthesia services are outlined in the Medicare Claims Processing Manual, Chapter 12, pages 99-107, available here: http://www.cms.hhs.gov/manuals/downloads/clm104c12.pdf The carrier-specific Medicare anesthesia 2017 conversion rates are available here: http://www.cms.gov/Center/Provider-Type/Anesthesiologists-Center.html?redirect=/center/anesth.asp . The current rate is \$22.19 (Medicare Base Units = 3).					
4	HPV DNA testing is a reimbursable procedure if used for screening in conjunction with Pap testing or for follow-up of an abnormal Pap result or surveillance as per ASCCP guidelines. It is not reimbursable as a primary screening test for women of all ages or as an adjunctive screening test to the Pap for women under 30 years of age. Providers should specify the high-risk HPV DNA panel only. Reimbursement of screening for low-risk HPV types is not permitted. Cervista HPV HR is reimbursed at the same rate as the Digene Hybrid-Capture 2 HPV DNA Assay. HPV genotyping is allowed.					
5	A LEEP or conization of the cervix, as a diagnostic procedure, may be reimbursed based on ASCCP recommendations. Pre-approval of this procedure for reimbursement is required.					
6	This charge should be used with caution to ensure programs do not reimburse for supplies, the cost of which, has already been accounted for in another clinical charge.					
7	Breast MRI can be reimbursed in conjunction with a mammogram when a client has a BRCA gene mutation, a first-degree relative who is a BRCA carrier, or a lifetime risk of 20-25% or greater as defined by risk assessment models such as BRCAPRO that are largely dependent on family history. Breast MRI can also be used to better assess areas of concern on a mammogram or for evaluation of a client with a past history of breast cancer after completing treatment. Breast MRI should never be performed alone as a breast cancer screening tool. Breast MRI cannot be reimbursed to assess the extent of disease in a women who has just been diagnosed with breast cancer.					
8	Codes 19081-19086 are to be used for breast biopsies that include image guidance, placement of localization device, and imaging of specimen. These codes should not be used in conjunction with 19281-19288.					

WWC CLINICAL SERVICES FY2017 CPT CODE LIST

9	Codes 19281-19288 are for image guidance placement of localization device without image-guided biopsy. These codes should not be used in conjunction with 19081-19086.
10	These procedures may be reimbursed at their own Medicare rates. They no longer have to be reimbursed at the 88142 rate.
11	For a bilateral breast ultrasound, a modifier 50 should be added to either 76641 or 76642 to indicate a bilateral procedure. The Medicare Physician Fee Schedule assigns a "1" bilateral indicator to both CPT codes 76641 and 76642 which means that Medicare will allow 150 percent of the standard reimbursement rate. There should not be two CPT codes billed if a bilateral ultrasound exam is needed.
12	Due to Medicare claims processing issues, CMS will not be able to process the new mammography codes. Therefore no reimbursement fees have been assigned to these codes. Use only G0202, G0204 and G0206 until this has been resolved.

Komen Colorado Community Grant LOI Submission Materials

Cover Page

Project Title: _____

Organization Name: _____

Tax Identification #: _____

Mailing Address: _____

City/State/Zip: _____

Project Director/Title: _____

Phone Number: _____

Email: _____

Have any of the following occurred within the last 12 months?

- Grantee loss of Internal Revenue Service tax exempt status _____
- Grantee loss of good standing from Colorado Secretary of State _____
- Grantee debarred from the receipt of federal or state funding _____
- Grantee, or any of its key employees, directors, officers or agents convicted of fraud or a crime involving any other financial or administrative impropriety _____
- Grantee received notice of any proposed or pending revocation of its tax-exempt status by the Internal Revenue Service or has been assessed penalties, excise taxes, or other intermediate sanctions by the Internal Revenue Service within the past 12 months _____
- Komen funded project not conducted in conformance with applicable laws, or any approvals, licenses or certifications required to conduct the Komen funded project not obtained, suspended or revoked _____

Please sign below to verify that the information provided in this letter of intent for funding is accurate and that the proposed project and project-related staff are in good standing with licensure and regulatory agencies. If there are any material issues, past, current or pending, related to your organization's current standing or related to the project, please attach information on the nature and status of these issues. This also includes operational and financial issues identified by an audit or otherwise, and any past performance issues (to include grant history) with the Komen Colorado Affiliate within the past 3 years. All stated issues will be evaluated as part of the letter of inquiry process. Failure to disclose these issues may result in grant funds being denied or rescinded.

I understand that funding decisions are made at the sole discretion of the Komen Colorado Affiliate.

Applicant Organization Designated Agent:

Signature/Date

Name/Title (Printed)

Letter of Inquiry “Organization Capacity” Form

Project Title: _____

Organization’s Annual Operating Budget: \$ _____

**Breast Health Project Annual Budget:
(Total to include all funding streams)** \$ _____

Amount Requested of Komen Colorado \$ _____

Number of People Supporting Breast Health Project	Full Time (Paid)	Part Time (Paid)	Volunteer
---	------------------	------------------	-----------

Indicate your organization’s readiness to report on the following reporting requirements

	Already Do It	New if Funded	Other / Notes
DEMOGRAPHIC INFORMATION			
County of residence			
Age			
Race			
Ethnicity			
Uninsured			
Underinsured			
Lawfully present refugee, asylum-seeker or immigrant			
Undocumented			
SERVICES OFFERED			
1:1 education			
Group education			
Referral to clinical care			
Completed CBE			
Complete mammogram			
Completed diagnostic procedure			
Completed surgical procedure			
Completed radiation			
Completed chemotherapy			
Identified barrier			
Removed barrier			
Give survivorship care plan			
QUALITATIVE / SYSTEMS CHANGES			
Date of last screening mammogram = never or >2 years			
Time between abnormal finding and diagnostic determination			
Change in individuals’ understanding of risk, screening guidelines			

Letter of Inquiry “Project Information” Form

A letter of inquiry must demonstrate understanding of the requirements of the grant project that is being applied for. Be certain your request addresses the Colorado Affiliate’s identified needs and funding priorities.

Funding Priority:

____ 1: Removing cost or other barriers that prevent Colorado women and men from entering or proceeding through the clinical continuum of care

____ 2: Culturally competent programs that identify and educate medically underserved women and facilitate connecting them to clinical care

Description of Need

1. Complete this chart by placing an “X” on the grid to indicate which populations your project will prioritize.

	Denver Metro	Front Range	Roaring Fork Valley	North and Northeast
Hispanic/Latina Women				
Women in Rural Northeast Colorado				
Women in Mountain Resort Communities				
African American Women				
Asian/Pacific Islander				
American Indian/Alaska Native				

2. In which counties will your Komen-supported project be carried out?
3. What is the problem your project will try to address? Use data about breast cancer disparities experienced by the population(s) identified above that your project will prioritize. (2 paragraphs)

Project Summary (3 paragraphs)

Describe the project, the objectives, and what activities will be implemented to address the stated issues/needs.

Clinical Continuum of Care (2 paragraphs)

If funding request does not include all aspects of the continuum (e.g., screening, diagnostics, and treatment), briefly describe how your organization will ensure patients receive continuous care between screening, diagnostics and treatment. *For example: If you are requesting funds to provide culturally competent education for uninsured people, how will you ensure cost is not a barrier for people to complete clinical care? Or, if you are requesting funds to pay for screenings, how will you ensure cost is not a barrier for diagnostics after an abnormal screening or, if diagnosed with breast cancer, treatment?*

Client/Patient Enrollment (2 paragraphs)

Describe the methods you will use to identify, recruit and enroll clients or patients into your program and how this differs from methods used for existing clients/patients and those not participating in this program?

Client/Patient Eligibility (1 paragraph)

1. Describe how you will determine eligibility for clients/patients to be supported by this Komen grant rather than other assistance programs.
2. How will financial need be assessed?
3. Given limited funding, how will all eligible clients/patients be prioritized?

Partnerships & Collaborations (chart, bulleted list, or paragraph)

1. List partnering organizations, health care providers, sub-contractors or consultants that will be used to ensure clients/patients will be able to seamlessly enter and progress through the breast cancer continuum of care.
2. Indicate formality of relationship with collaborating partners (i.e., executed MOU in force, collaborate in other capacities but no written agreement, intent to execute written agreement, etc.)

Evaluation and Expected Outcomes

1. Describe this project’s expected outcomes. (i.e., what will you measure?) (bulleted list)
2. Describe how you will evaluate success. (i.e., how will you measure it?) (1 paragraph)

Budget

Expense Type	Amount	Summary description
Salaries and Fringe		
Consultants & Sub-Contractors		
Supplies		
Travel		
Patient Care Costs		
Screening		
Diagnostics		
Treatment		
Transportation		
Other		
Subtotal - Direct Costs		
Indirect Costs		
Total		

Sustainability (1 paragraph)

Describe other sources of funding to support this project.

Liability (1 paragraph)

Describe any concerns you anticipate meeting the following requirements for insurance coverage during the implementation of this project:

- Commercial general liability insurance with combined limits of not less than \$1,000,000 per occurrence and \$2,000,000 in the aggregate for bodily injury, including death, and property damage;
- Workers' compensation insurance in the amount required by the law in Colorado and employers liability insurance with limits of not less than \$1,000,000; and
- Excess/umbrella insurance with a limit of not less than \$5,000,000.
- In the event any transportation services are provided in connection with program, \$1,000,000 combined single limit of automobile liability coverage will be required.
- If any medical services (other than referrals) are provided or facilitated, medical malpractice coverage with combined limits of not less than \$1,000,000 per occurrence and \$3,000,000 in the aggregate will be required.

Past Komen funding (if applicable) (1 paragraph)

If this project has been funded in the past, how many years has it been funded and what successes and outcomes has this project shown?