

2012 Funding Request for Applications

Release Date: July 1, 2011
Submission Deadline: August 26, 2011
Notification of Awards: December 1, 2011



BREAST HEALTH OUTREACH PROGRAM

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Introduction

Dear Colleague:

We are pleased to provide you this Request for Applications (RFA) for organizations seeking grant funding from the **Avon Breast Health Outreach Program (Avon BHOP)**. The mission of the Avon BHOP is to link medically underserved women to breast health education and screening services. Medically underserved women – including low income, un- or under-insured, and other marginalized populations – need targeted, customized approaches to enable them to obtain regular mammograms and clinical breast exams. Successful programs have: culturally-competent educational strategies; dedicated staff with specialized language and communications skills; and participation from members of the targeted community who can reach women where they live, work and worship, and who offer personalized assistance to women for whom it is often difficult to access healthcare.

The **Avon Foundation for Women** has funded community-based programs designed to improve utilization of regular breast cancer screening by at-risk populations (minority and under-insured) since 1993. Despite improvements in the availability of free and low-cost screening services supported through programs such as the National Breast and Cervical Cancer Early Detection Program (NBCCEDP)¹, disparities in utilization of mammography persist. Socioeconomically disadvantaged women and recent immigrants have lower rates of mammography screening, and may be less likely to receive proper treatment of follow-up care.²

Therefore, the Avon BHOP will seek to support programs that:

- recruit women for both first time screening *and* annual screening;
- develop partnerships between community-based outreach providers and local medical providers;
- work with healthcare providers to ensure proper clinical follow-up of abnormal screening results; and
- educate older women about Medicare coverage of annual screening mammograms and assist them in obtaining the service from providers who accept Medicare.

The Avon BHOP encourages programs to implement evidence-based strategies to increase utilization of breast cancer screening. In addition to reducing out-of-pocket expenses by linking women with free or low-cost screening services, these strategies include the use of client reminders (letters, postcards, or phone calls); small media (videos, brochures, or newsletters); one-to-one education (in person or by phone, in clinical or non-clinical settings); and strategies

¹ CDC National Breast and Cervical Cancer Early Detection Program. <http://www.cdc.gov/cancer/nbccedp>

² Harper S, Lynch J, Meersman SC, Breen N, Davis WW, Reichmann ME. Trends in area-socioeconomic and race-ethnic disparities in breast cancer incidence, stage at diagnosis, screening, mortality, and survival, 1987-2005. *Cancer Epidemiol Biomarkers Prev* 2009;18:121-131.

to remove structural barriers (such as providing transportation, mobile screening, flexible hours, interpretation or translation, and/or childcare assistance).³

The Avon BHOP plans to award **1-year grants** covering the funding period from January 1, 2012 through December 31, 2012. Approximately **\$5 million** in competitive grant funds will be awarded to approximately 125 community-based programs and/or healthcare agencies. The majority of the grants will range from \$30,000 to \$60,000 per year, with most grants averaging \$45,000 per year. Each applicant’s proposed scope of work must be consistent with the requested funding level. (See “Annual Commitment” table, page 7).

Only one application for funding will be reviewed per organization.

To ensure that smaller community-based organizations receive funding through this RFA process, the Avon BHOP will seek to award at least 40% of the grants to organizations with operating budgets under \$2,000,000.

In addition, the Avon BHOP plans to award at least one grant in every state and two grants in every state where there is an Avon Walk for Breast Cancer (www.avonwalk.org). The following cities and/or states are designated as priority areas for 2012 funding:

1) Avon Walk Cities:

Boston, MA	Rocky Mountains, CO	New York, NY
Charlotte, NC	Houston, TX	San Francisco, CA
Chicago, IL	Santa Barbara, CA	Washington, DC

2) States with highest rates of breast cancer incidence and/or deaths:⁴

Alaska	Maine	Ohio
Arkansas	Maryland	Oklahoma
Connecticut	Massachusetts	Oregon
Delaware	Minnesota	Rhode Island
District of Columbia	New Hampshire	Vermont
Illinois	New Jersey	Virginia
Kentucky	North Carolina	

Note that while applications from priority areas are especially encouraged, applications will be considered from all eligible jurisdictions as defined in the eligibility guidelines below.

³ The Guide to Community Preventive Services. Cancer prevention & control, client-oriented screening interventions: client reminders. <http://www.thecommunityguide.org/cancer/index.html>

⁴ Centers for Disease Control and Prevention Division of Cancer Prevention and Control. Female Breast Cancer Rates by State, 2007. <http://www.cdc.gov/cancer/breast/statistics/state.htm>

The application deadline is 11:59 pm Eastern Time on Friday, August 26, 2011 with funding decisions to be announced by December 1, 2011.

Please review the entire application packet before you begin to work on your application. An Application Checklist is provided in Appendix A.

All application materials are available online from www.avonbhop.org/applyforfunding.htm

If you need further assistance, please contact us by email, phone or fax:

Avon BHOP Coordinating Center

Email: admin@avonbhop.org

Tel: 212.244.5368

Fax: 212.695.3081

Or visit us online at www.avonbhop.org

About the Avon Foundation for Women

The Avon Foundation for Women, the world's largest corporate-affiliated philanthropy focused on issues that matter most to women, was founded in 1955 to improve the lives of women. Through 2010, Avon global philanthropy has donated more than \$800 million in more than 50 countries for causes most important to women. Today, Avon philanthropy focuses its funding on breast cancer research and access to care through the Avon Breast Cancer Crusade, and efforts to reduce domestic and gender violence through its Speak Out Against Domestic Violence program. Avon also responds generously to provide support for relief and recovery efforts in times of major natural disasters and emergencies.

DIVERSITY:

The Avon Breast Health Outreach Program seeks to encourage candidates for grants to recognize the importance of diversity and, accordingly, will make no contribution to any organization that cannot demonstrate a sincere commitment to individual diversity.

***Thank you for your interest in the
Avon Breast Health Outreach Program***

Application Instructions

I. Funding Objectives

The Avon Breast Health Outreach Program provides financial support in the form of grants to community-based programs and/or healthcare agencies (e.g. community health centers, cancer centers, and women’s health centers) that conduct outreach, provide breast health education and link medically underserved women to breast cancer screening services and follow-up care. Small community-based organizations are encouraged to apply.

The Avon Foundation for Women continues to support the guidelines recommended by expert groups – American Cancer Society⁵, American College of Radiology and others – including annual screening mammography and clinical breast exams (CBEs) for women 40 years of age and older, and requires applicants to target women in this age group. Experts now recommend breast self-exam (BSE) as optional but encourage all women to become familiar with their own bodies and watch for changes. All programs must utilize these approaches to strive for breast cancer early detection. *Ensuring that medically underserved women receive regular screening in accordance with recommended screening guidelines and proper follow-up care are primary objectives of the program.* Systems to promote re-screening of women served must also be a part of your program plan.

NOTE: Applicants proposing to screen women under age 40 must provide compelling population-specific data to justify the need.

While national breast cancer screening guidelines focus specifically on women’s health, we recognize that anyone – including males – can get breast cancer. Programs that conduct outreach with and/or provide services to non-female clients should describe this in their program narrative where indicated.

II. Guidelines on Use of Funds

The Avon BHOP does not pay for the cost of medical services, such as mammograms, CBEs or fees to healthcare professionals performing these examinations or interpreting results. In partnership with CDC’s National Breast and Cervical Cancer Early Detection Program (NBCCEDP)⁶, many state-sponsored breast cancer screening programs and other programs exist that provide free or low-cost screening mammography and clinical breast exams to eligible individuals. Medicare covers annual screening mammography for eligible women (65 years of age and older). In addition, Medicaid legislation may increase access to treatment services for

⁵ American Cancer Society Guidelines for the Early Detection of Breast Cancer.

<http://www.cancer.org/Healthy/FindCancerEarly/CancerScreeningGuidelines/index>

⁶ CDC National Breast and Cervical Cancer Early Detection Program. <http://www.cdc.gov/cancer/nbccedp>

individuals who qualify for these services. However, these programs alone do not eliminate barriers (transportation, translation services, psycho-social support, etc.) to actual use of these services by many women.

Therefore, the Avon BHOP supports non-medical expenses incurred by funded programs to link underserved women with free or low-cost breast cancer screening services and follow-up care.

Examples of expenses supported by the Avon BHOP include:

- Salaries for Program Coordinators and Outreach Workers
- Costs of production and distribution of educational materials
- Program-specific materials
- Local transportation

Avon BHOP funds may not be used to pay for:

- Medical supplies
- Travel, lodging and registration for conferences
- Fund raising events
- Mobile vans and other medical equipment
- Medical services (i.e., clinical breast exams, mammograms, follow-up care)
- Professional dues or membership fees
- Liability insurance

Because funding from the Avon BHOP cannot be used to support medical expenses, applicants must secure referral commitments for medical services – including clinical breast exams, mammograms, and follow-up care (e.g. surgery/oncology). Applicants must provide Medical Provider Commitment Forms reflecting a level of commitment equal to the level of screening proposed. The Avon BHOP strongly prefers to fund programs that have established relationships with providers of free or low-cost medical services. The Medical Provider Commitment Form can be found here: <http://www.avonbhop.org/applyforfunding.htm>.

Applicants should demonstrate that other sources of funding (e.g. United Way, Susan G. Komen, the American Cancer Society, state and/or community funds, etc.) will also be sought and used to support this project. Funding from the Avon Breast Health Outreach Program should not constitute the majority (>50%) of an organization's program operating budget. The financial welfare of your organization should not be dependent upon this funding.

Avon BHOP funds should not be used to supplant existing funded services. Therefore, applicants are expected to recruit new clients (at least 15%) annually into screening.

The majority of the grants will range from \$30,000 to \$60,000 per year, with most grants averaging \$45,000 per year. Each applicant's proposed scope of work must be consistent with the requested funding level. Applicants should use the chart below to establish their screening commitments for the year:

Annual Commitment	
Annual Funding Amount Requested 1/12 – 12/12	Suggested # of Navigated Mammograms/CBEs Per Year
\$20,000 to \$29,999	200-350
\$30,000 to \$39,999	350-500
\$40,000 to \$49,999	500-650
\$50,000 to \$59,999	650-850
\$60,000 to \$69,999	850-1500+

The indirect cost rate should not exceed 10%; the fringe rate should not exceed 25%; and no more than 5% (or up to \$2,500) of your Avon request may be used for incentives.

The Program Budget and Budget Justification must be prepared and submitted using the Microsoft Excel template provided (See Appendix B). A sample Program Budget is available in Appendix D. In addition, detailed instructions for preparing the Budget Justification are provided in Appendix E. Budget justifications must clearly explain how the funds will be used.

If you are receiving in-kind support from your institution, please also provide a letter from a senior official at your organization confirming the type and value in dollars. This letter should be uploaded as an attachment on page 6 of the online application form, under “Additional Letters of Support”.

III. Eligibility Requirements

Organizations may receive only one Access to Care Program grant from the Avon Foundation for Women at one time⁷. Therefore, organizations are not eligible for Avon BHOP funding if they are currently a beneficiary of the Avon Foundation through its Safety Net Program. For further information, contact Marc Hurlbert, Ph.D. at the Avon Foundation (marc.hurlbert@avonfoundation.org).

To be eligible for Avon BHOP funding, applicants must be based in the United States, Guam, Puerto Rico, or the U.S. Virgin Islands and be private, non-government, non-profit organizations (with Federal non-profit status). Proof of non-profit status is required. Both community-based organizations and medical service provider organizations (community clinics, hospitals, etc.) with mammography screening capacity are welcome to apply.

⁷ Avon Foundation for Women Breast Cancer Funding Guidelines: Access to Care Programs for the Underserved. <http://www.avonfoundation.org>

Any publicly-funded government agency wishing to apply may do so only by partnering with a private, non-profit organization or educational institution that will assume fiscal responsibility for and collaborate fully with the proposed program.

Native American Tribes are encouraged to apply to the Avon BHOP and may do so through or in partnership with Native American non-profit organizations that will assume fiscal responsibility for and commit to the reporting and screening requirements of Avon BHOP grants.

All organizations applying for funds must have been in existence for at least two years.

Every funding cycle from the Avon Breast Health Outreach Program is a competitive process for all applicants, whether or not they were previously funded. Therefore, please note that re-funding of programs previously supported by the Avon BHOP is never guaranteed.

IV. Responsibilities of Funded Programs

The Avon BHOP awards grants to community-based organizations and/or healthcare agencies (e.g. community health centers, cancer centers, and women’s health centers) that link **medically underserved women age 40 and older, including women age 65 and older** with breast health education, annual breast cancer screening services and prompt follow-up care.

Applicants must:

- Propose to reach a specific population of medically underserved women age 40 and older, and demonstrate (through current, locally relevant data) an understanding of the target population’s demographics, education and service needs;
- Deliver accurate, culturally competent educational information on breast health;
- Assist clients in navigating the screening and treatment process, and advocate for quality care;
- Ensure that clinical breast exams (CBEs) and screening mammograms are received by a specific number of women as a direct result of the program;
- Facilitate logistical and emotional support of medically underserved women being served by the program;
- Track client outcomes to ensure clients receive annual mammography screening, screening results, and any needed follow-up services;
- Ensure that women receive prompt follow-up care for abnormal findings; and
- Facilitate re-screening at appropriate intervals.

V. Data Collection and Project Reporting

Every grantee is required to submit three Quarterly Progress Reports, a Final Project Report, and a Final Expenditure Report, following the guidelines in the *Avon Breast Health Outreach Program Implementation Guide*. Quarterly reports include program monitoring data regarding the number of clients educated and linked with breast cancer screening services, as per contracted screening goals.

In addition, all Avon BHOP projects are required to collect a standardized set of de-identified client level data (demographic and healthcare information) for individuals receiving services as a result of outreach. Funded programs may submit this data monthly using the two-sided, paper-based Client Intake Form (available in multiple languages: English, Spanish, Chinese, Creole, Korean, Vietnamese, Arabic, Portuguese, Russian, French, Hindi, Gujarati, Tagalog, and Amharic). An image of the 2011 Client Intake Form is provided in Appendix F for reference purposes only. No changes to the form are planned for 2012.

Funded programs may request approval to submit client level data quarterly as an electronic line-listed database, in lieu of paper forms. The Avon BHOP will review all such requests and grant approval to organizations demonstrating sufficient technical and programmatic capacity to collect and submit client level data electronically.

A Final Project Report is due within thirty days of the end of the project year. The Final Report should be a summary of the project's accomplishments. In addition, a final Expenditure Report is required by February 15, 2013 and any unexpended project funds must be returned to the Avon BHOP.

Upon receipt of grant funding, projects will be given an agency identification number to be included with each data report or Client Intake Form (CIF) submitted. Further details regarding reporting requirements will be discussed on a conference call with newly funded projects.

VI. Online Application Instructions

Please review the entire application packet, including the Commonly Asked Questions section of this document (Appendix C) before preparing your proposal. **The Program Narrative template provides detailed guidance on the content of your proposal, as well as grant application review and scoring criteria** (See Appendix B).

The Avon Foundation for Women uses an online grant application process. **All application materials and attachments must be submitted electronically.** A tutorial on how to use the online system is posted on our website: <http://www.avonbhop.org/applyforfunding.htm>.

- To start a new Avon BHOP 2012 grant application, go to:
https://www.GrantRequest.com/SID_1102?SA=SNA&FID=35019
- To return to an existing Avon BHOP 2012 grant application, go to:
https://www.grantrequest.com/SID_1102/Default.asp

When accessing an application for the first time you will be prompted to create a grant application account using your email address as the user id and a password of your choosing. It is imperative that you use your functional work email address as your log-in email, as that is the address that will be recorded in the system to receive email correspondence.

Completed applications and all attachments must be submitted via the online system **on or before Friday, August 26, 2011 by 11:59 pm Eastern Time**. Extensions will not be granted, and incomplete applications or those received after the deadline will not be considered. You will receive a confirmation email shortly after you submit your application to the online system.

In order for an application to be considered complete, it must include the following components:

A. Online Application Form

The online application form collects information about your organization, contact information, and the program you propose for funding. The online application can be accessed using the links above. You may utilize the Online Application Form Template in Microsoft Word, which illustrates all of the information that is collected through the online Avon BHOP funding application form (excluding required attachments). This template is available from our website (<http://www.avonbhop.org/applyforfunding.htm>). However, please note this document is provided for proposal development and planning purposes only. All applications must be submitted through the online system. If you decide to use this template, you will need to cut and paste the information into the online form for submission.

B. Attachments

Page 6 of the online application asks for the applicant to upload a number of documents. Templates for all required attachments can be found on our website. See Appendix B for more information.

Required attachments include:

- 1 - Program Narrative
- 2 - Organizational Profile Form
- 3 - Program Budget with Budget Justification Narrative
- 4 - Medical Provider Commitment Forms
- 5 - Biographies for Key Personnel (No more than two pages per person)
- 6 - IRS Letter of Determination of Non-Profit Status for Applicant Organization

In addition, you are welcome to upload:

7 - Additional Letters of Support (optional)

Each attachment (Medical Provider Commitment Forms, Biographies of Key Personnel, and Additional Letters of Support) must be uploaded as a single file. For example, if you are uploading biographies for more than one person, please combine all bios into one file and upload that one file to the biography category. Similarly, all Medical Provider Commitment Forms should be combined into a single .pdf before uploading to the Medical Provider Commitment Form category.

Each attachment should be no more than 1MB in file size.

The Program Narrative, Organizational Profile, and Biographies for Key Personnel should be uploaded as Microsoft Word documents (.doc or .docx) or as portable document format (.pdf) files. The Program Budget with Budget Justification should be uploaded as a Microsoft Excel worksheet (.xls or .xlsx) using the template provided. Other attachments may be scanned and uploaded as .pdf files. **Image files will not be accepted (e.g. jpg, .gif, .bmp, .tif).**

APPENDIX A:

Application Checklist

- ✓ **Review entire application packet, funding guidelines and eligibility requirements**
- ✓ **Review Tutorial**
- ✓ **Complete Online Application Form**
 - ✓ **Upload Required Attachments**
 - ✓ Program Narrative
 - ✓ Organizational Profile Form
 - ✓ Program Budget with Budget Justification Narrative
 - ✓ Medical Provider Commitment Forms
 - ✓ Biographies for Key Personnel (No more than two pages per person)
 - ✓ IRS Letter of Determination of Non-Profit Status for Applicant
 - ✓ Additional Letters of Support (optional)
- ✓ **Verify receipt of email confirmation after online application submission**

APPENDIX B:

Links to Templates for Required Attachments

Program Narrative

<http://www.avonbhop.org/files/2012ProgramNarrative.doc>

Organizational Profile Form

<http://www.avonbhop.org/files/2012OrganizationalProfile.doc>

Program Budget with Budget Justification Narrative

<http://www.avonbhop.org/files/2012ProgramBudget.xls>

Medical Provider Commitment Form

<http://www.avonbhop.org/files/2012MPCform.doc>

These templates are also available from our website: <http://www.avonbhop.org/applyforfunding.htm>

APPENDIX C:

Commonly Asked Questions

This section includes some additional details to assist you in completing your application. It is very important that you read this section prior to completing and submitting your application.

1. How do I apply to the Avon Breast Health Outreach Program?

The Avon Foundation for Women has moved to an online application process. All application materials and attachments must be submitted electronically. The link (URL) to access the 2012 Avon BHOP application forms is www.avonbhop.org/applyforfunding.htm. When accessing an application for the first time you will be prompted to create a grant application account using your email address as the user id and a password of your choosing. It is imperative that you use your functional work e-mail address as your log-in e-mail, as that is the address that will be recorded in the system to receive email correspondence. A tutorial on how to use the online system is posted on our website (see link above).

2. I previously started an application. How do I log back into my account and continue working on the application?

If you have previously created an application account for the current funding cycle use this URL to go to the account log in page: https://www.grantrequest.com/SID_1102/Default.asp

3. I am trying to log into my application management account, but the browser keeps starting a new, blank application. What do I do?

Sometimes your browser will save the URL to start a new application in its memory and default to that URL when you are trying to go to your application management account. To solve, simply close your browser, open it back up and click on the link to access your application management account.

4. When is the application due and how do we confirm that it has been received?

Completed applications and all attachments must be submitted via the online system **on or before Friday, August 26, 2011 by 11:59 pm Eastern Time**. Extensions will not be granted, and incomplete applications or those received after the deadline will not be considered. You will receive a confirmation email shortly after you submit your application to the online system.

5. What constitutes a complete application?

In order for an application to be considered complete, an applicant will need to submit the following:

- a. Complete Online Application Form
- b. Program Narrative
- c. Organizational Profile
- d. Project Budget **with** Budget Justification

- e. Medical Provider Commitment Forms (Note that the total number of screenings accounted for in the Medical Provider Commitment Forms submitted should correspond with the annual screening commitment proposed by your agency.)
- f. Biographies for Key Personnel (No more than two pages per person. Please combine all individual biographies into one document for upload)
- g. IRS Letter of Determination of Non-Profit Status for Applicant Organization

In addition, you are welcome to upload:

- h. Additional Letters of Support (optional)

Links to templates for Program Narrative, Project Budget and Medical Provider Commitment Forms can be found in Appendix B.

6. Our proposed program is part of one division of a large hospital or cancer center. Which information should we provide in the Background section?

For this question, the Avon BHOP would like to see information about the larger organization and the relationship between your program and this organization. First, give a brief overview of your parent institution (e.g. hospital/cancer center/university), followed by more detailed information about the division (e.g. Breast Cancer/Oncology/ Outreach) of which your proposed program will be a part. Please also provide strategies and affiliations as appropriate. You will have an opportunity to provide detailed information specifically about your program in the 'project description / abstract' field.

7. What are allowable budget items?

Allowable items include support for program staff salaries (the Avon BHOP prefers to support programs that have staff dedicating their time to outreach, education and navigation activities as well as project coordination; program-specific supplies (e.g. postcards and postage to mail out reminder and educational materials); transportation costs for staff; transportation or childcare to enable targeted women to obtain screening services; and computer and internet service.

Non-allowable items include the cost of medical services, including mammograms and CBEs or salaries of healthcare professionals performing these examinations or interpreting results; office furniture and equipment; medical supplies and equipment; participation in conferences; fundraising events, and post-treatment support services for women with breast cancer. While the Avon BHOP will allow for a portion of computer equipment on the budget, the entire amount of the equipment should not be attributed to the Avon BHOP.

8. Can the money from your grant be used toward a mobile clinic or mobile mammography unit?

Yes. You can use your Avon BHOP grant to support outreach and education staff working with the mobile clinic. Several of the presently funded projects use mobile vans or units. It is a good way of reaching women who live far from a clinic. The monies, however, cannot be used toward the purchase, restoration, or maintenance of a van or mobile unit.

9. What should be included on the budget / budget justification pages?

Your budget request is based on certain cost assumptions, such as personnel hours projected at a specified rate, the purchase of a quantity of educational materials at a given unit cost, the use of postage for an estimated number of mailed pieces, and travel costs for program-specific trips. A well-prepared budget is one where each line item is explained with detailed assumptions. For example, if you request \$28,600 for personnel-related costs, your assumptions might indicate .75 FTE Program Coordinator X \$15.00/hr X 52 weeks plus .25 FTE clerical support X \$10.00/hr X 52 weeks. Similarly, if you request \$4,400 for postage, your assumptions might show 10,000 pieces X \$0.44 per piece. **On the budget template - below the budget form - is the Budget Justification Narrative section.** Every item that appears on the budget should be outlined with a short narrative describing the expense item and its function in the program, the assumptions used to determine the allocation and any further identifying information. A sample budget and budget justification page are included as Appendix D and Appendix E below. Refer to Appendix B to access the budget template that should be filled out and uploaded as an attachment to your application.

10. What required letters of commitment should be attached?

Confirmation of ability to provide a specific number of free or low-cost screening mammograms and CBEs must be documented with a description of the number of mammograms and CBEs to be provided and the cost, if any, to the woman. In addition, information about diagnostic services, such as biopsies, and treatment services, such as breast surgery or adjuvant therapy, is required and must be documented, including the number of women for whom the provider is committing to provide follow-up services.

Use the Medical Provider Commitment Form provided as a template (see Appendix B) to show the level of services that have been committed to your project. Fill in information about your organization and forward it to all providers that have committed to providing screening services and/or follow-up care to women you refer to them. Send with a cover letter, explaining that they (the Medical Provider) should fill out the form and then return it to your program for inclusion in your grant application. Please include a completed Medical Provider Commitment Form for each provider that has committed screening and/or follow-up services to your program, and upload all forms as a single attachment on page 6 of the online application. As all documents must be submitted via the on line system, you will need to have a digital version of all documents. If you do not have a scanner available in your office, such capabilities are usually available at your local library or office supply center or online by utilizing fax-to-email services. If this requirement is a problem for your organization, please contact Dianne Bal to discuss other solutions at admin@avonbhop.org.

If you are receiving in-kind support from your institution, please also provide a letter from a senior official at your organization confirming the type and value in dollars. (Again, upload on page 6 of the online application form under “Additional Letters of Support”.)

11. Our program works with a large network of providers. We enter into a separate contract with each, based on a standard template. Do we need to submit a Medical Provider Commitment Form for each one?

If you partner with more than 5 medical providers, you may submit an annotated list of these providers in place of individual Medical Provider Commitment Forms. For each provider, please specify the following: 1) provider's name and full address, 2) dates for which service contract is valid, 3) type of services to be provided, 4) expected number of women to be serviced, 5) and types of payment/insurance accepted. In the same document, paste a copy of the standard contract template(s) used to establish relationships with each provider and upload in place of the Medical Provider Commitment Form on page 6 of the online application. In addition, please be sure to describe your program's relationship with these partners in your Program Narrative.

If the organization partners with a state-wide program which works with a very large amount of providers, applicants should submit a letter from the state agency which details the nature of their relationship with the agency and guarantees that the screenings will be covered through this program by one of the many providers.

12. How do I find out about medical providers in my area that I can partner with?

There are a number of organizations that can direct you to service providers in your area. They include:

- American Cancer Society's Breast Cancer Resource Center, 1-800-ACS-2345 or www.cancer.org.
- CDC-funded National Breast and Cervical Cancer Early Detection Programs (NBCCEDP), which can be reached by calling your state health departments.
- National Cancer Institute's Cancer Information Service, 1-800-4-CANCER.

You should also check with your local health department and community hospitals.

13. Proof of Non-Profit Status

To document your Federal non-profit status, attach your non-profit determination letter from the Internal Revenue Service (this should not be more than three pages). Evidence of State or local tax exemption is not acceptable. Please do not attach your Federal tax return.

14. What optional letters of support can be attached?

The success of programs often depends upon active community cooperation. Avon encourages a broad range of partnerships for outreach efforts. Consequently, applicants are encouraged to include letters from cancer agencies, faith institutions, government health offices, community organizations or other colleagues that are familiar with your past or proposed programs. If your program forms part of a coalition/combined effort, include letters from other coalition members/partners describing their role in and commitment to the joint effort. These letters of support can be uploaded on page 6 of the online application under the "Additional Letters of Support" category.

15. How will grant applications be reviewed and scored?

The Avon BHOP Coordinating Center selects consultant grant reviewers through a competitive application process each year. Grant reviewers are selected to assure a culturally diverse group of individuals selected from the breast cancer, social service, medical and corporate sectors. The selected reviewers are combined into teams of three. Each team reviews that same group of funding applications so that each application receives three scores which are averaged for a final score. The following criteria are used to score applications:

Assessment of Need	Maximum possible points = 10
Goals and Objectives (target population)	Maximum possible points = 10
Key Personnel	Maximum possible points = 5
Program Implementation Strategies	Maximum possible points = 15
Clinical Partnerships	Maximum possible points = 15
Follow-up Services	Maximum possible points = 10
Data Collection and Reporting	Maximum possible points = 10
Involvement with Avon Walks	Maximum possible points = 5
Information about Organization	Maximum possible points = 5
Program Budget & Justification	Maximum possible points = 15

16. How will grant recipients be selected?

Recommendations for grant recipients will be made by the Avon Breast Health Outreach Program Coordinating Center based upon the recommendations of a team of independent grant reviewers. Avon BHOP's top priority is to fund small community-based organizations that have access to minority, poor and underserved older women in need of regular breast cancer screening and follow-up care. In addition, although a higher proportion of funding may be directed to programs in states with the highest incidence of breast cancer, the Avon BHOP attempts to distribute funds throughout the entire U.S. This means that the greater the number of proposals received from a state, the greater the competition for those applicants. Upon completion of its review process, the Avon BHOP will submit funding recommendations to the Avon Foundation for Women, which makes the final funding decisions.

17. What will the Avon Breast Health Outreach Program Coordinating Center's role be if my program is funded?

The Avon BHOP Coordinating Center staff will be available during the course of the grant period to provide technical assistance over the telephone and through the website and other mechanisms to funded programs. Some onsite technical assistance may be available to selected agencies. Technical assistance may include, but is not limited to: helping new programs with limited infrastructure with resources to design and implement their program; helping programs identify and resolve challenges it may face; offering information or resources for educational materials; reviewing and approving newly-developed educational materials; providing assistance with evaluation; or suggesting ideas for recruitment and follow-up strategies.

All funded programs must participate in an initial conference call with representatives from the Avon BHOP. The purpose of this call will be to review the *Program Implementation Guide* which includes useful program information, such as how to publicize program services to the community, obtain free educational materials, work with medical providers, and utilize evaluation protocols.

The Avon BHOP also provides monthly technical support and informational webinars. Participation is strongly encouraged.

18. What data reporting will be required?

All funded projects will be expected to provide progress reports every three months throughout the one-year project period, including data reflecting progress in achieving contracted screening goals. In addition, for each client receiving screening services as a result of outreach, funded programs must report on a set of standardized client level health and demographic data based on the Client Intake Form (Appendix F). Funded programs may request approval to submit client level data quarterly as an electronic line-listed database, in lieu of paper forms. The Avon BHOP will review all such requests and grant approval to organizations demonstrating sufficient technical and programmatic capacity to collect and submit client level data electronically.

APPENDIX D: Sample Program Budget

January 1, 2012 to December 31, 2012					
	ASSUMPTIONS	AVON Request	*Other Funding	Agency In-kind	Total Budget
		A	B	C	A+B+C
Personnel					
Director, Women's Services	0.2 FTE @ \$25/hr x 52 weeks	\$0	\$0	\$10,400	\$10,400
Coordinator, Breast Health Program	0.75 FTE @ \$15/hr x 52 weeks	23,400	0	0	23,400
Outreach Workers	2 workers - each 0.5 FTE @ \$10hr x 52 weeks	0	10,400	10,400	20,800
Subtotal Personnel		23,400	10,400	20,800	54,600
Fringe @ 23%		5,382	2,392	4,784	12,558
Sub-total		\$28,782	\$12,792	\$25,584	\$67,158
Other than Personnel Services					
<i>Transportation</i>					
Client transportation	80 bus rides @ \$3/roundtrip ride	240	0	0	240
Outreach worker local transportation	\$0.31 x 100 miles per week x 52 weeks	806	806	0	1,612
<i>Teaching Materials</i>					
ACS materials	2000 pieces @ \$1.50 each	3,000	0	0	3,000
Breast models	2 @ \$150/model	300	0	0	300
<i>Printing/Advertising</i>					
Flyers	printing of 2000 @ \$0.05/flyer	100	0	0	100
Newspaper ads	7 @ \$200/ad	1,000	400	0	1,400
Radio PSAs		0	0	0	0
Printing of CIFs	500 2-sided pieces @ \$0.20 each	100			
Postcard printing	2000 pieces @ \$0.10 each	200	0	0	200
Postage	2000 pieces @ \$0.44/piece	880	0	0	820
Child care	150 hours @ \$7/hr	1,050	0	0	1,050
Dedicated program phone	\$75/month x 12 months	900	0	0	900
Modem and Internet Service		0	0	0	0
Sub-total		\$8,576	\$1,206	\$0	\$9,782
Personnel & OTPS		\$37,358	\$13,998	\$25,584	\$76,940
Indirect expenses (@10%)		\$3,736	\$0	\$3,958	\$7,694
TOTAL		\$41,114	\$13,998	\$29,542	\$84,654

* Other Secured Funding Sources: For example, Susan G. Komen Foundation, United Way, etc.

APPENDIX E:

Budget Justification Instructions

This portion of the budget submission must be included in the space provided directly below the budget template. It should list every item that appears on the budget page with a short narrative describing the expense item and its function in the program, the assumptions used to determine the allocation and any further identifying information.

Personnel

List every individual on payroll with FTE (Full Time Employee) and salary requirements. Include short description of program responsibilities and reporting lines if appropriate.

Fringe Benefits - identify organization's fringe benefit rate and any variance for individual employees if necessary.

Other than Personnel Services

Supplies – include a short discussion on the materials to be purchased, how they will be used and the expenses to be incurred for each category of material (printed brochures, anatomy models, etc.).

Transportation - projected expenses, explain the need for transportation funds, type of transportation to be used (private car mileage rate, public transportation fares, etc.), the number of trips to be subsidized and which personnel will be using these funds.

Printing - For each category of printing listed in the budget include a description of the item, its use and the specific associated cost. Grantees are responsible for printing their own Client Intake Forms.

Advertising – For each category of advertising listed in the budget include a description of the item, its use and the specific associated cost.

Example: Flyers - will be used to advertise program activities, to be posted on public bulletin boards, and distributed to individual during outreach activities. Budget allocation covers the expenses of printing 2000 copies at .10 each.

Child Care - Include the reason for this expense (for example that child care will increase attendance and follow-up at appointments, etc.), the number of hours to be covered by this allocation and how that number was determined. Include who will be responsible for distributing these funds and how records will be maintained.

Telephone – List actual expense of telephone for the Avon project. If a dedicated line is used, include the actual expense for that line (installation, monthly charges, etc.) or use a formula similar to:

Formula example: Number of Avon FTEs divided by Total Program personnel = % Avon dedicated personnel (i.e. 2.5 FTE's in Avon / 12 Total program personnel = 20%)
Total cost of telephone service multiplied by percentage of staff on Avon project = cost to Avon project. (i.e. \$800/year X 20% Avon expense = \$160 Avon Expense)

Indirect Expense: Identify indirect cost rate and how it was developed, i.e. federally authorized rate, based on actual direct expenses (say what expenses are included in “direct expenses”, rate determined by parent or sponsoring organizations, etc.). Cannot exceed 10% of the project budget.

APPENDIX F: Sample Client Intake Form (cont'd)

Page 2 of 2



Avon Breast Health Outreach Program - Confidential Client Intake Form
(continued)

12. In the past year, has there been any person or place you have gone to for routine, non-emergency health care? Yes No
13. In the past year, where have you gone for your health care services? (check all that apply)
 Tribal clinic Family planning clinic
 Hospital clinic Community health center
 Emergency room Health Department
 Traditional healer Other
 Private medical provider None
14. Have you ever had breast cancer, or ductal carcinoma in situ (DCIS), or lobular carcinoma in situ (LCIS)?
 Yes No Not Sure
- 15a. Do you currently have any breast symptoms, such as a lump, rash, unusual pain, or nipple discharge?
 Yes No Not Sure
- 15b. How many of your first-degree relatives - mother, sisters, daughters - have had breast cancer?
 None More than one
 One Not sure
- 15c. Have you ever had a breast biopsy?
 Yes No Not Sure
16. How long ago was your last breast exam?
 Less than a year ago More than 2 years ago
 From 1 to 2 years ago Never had one Not sure
17. Did you know about mammograms before today?
 Yes No Not Sure
18. How long ago was your last mammogram?
 Less than a year ago More than 2 years ago
 From 1 to 2 years ago Never had one Not sure
- 19a. Have you ever been taught to examine your own breasts? Yes No Not Sure
- 19b. How often do you examine your breasts?
 More than once a month A few times a year
 About once a month Rarely Never
20. If you have NEVER had a mammogram OR have NOT had one in the past 2 years, why haven't you? (check all that apply)
 No health insurance Too expensive
 Too young to have one Too busy
 Nothing wrong with me Too painful
 Not a priority in my life No transportation
 Don't think it would find breast cancer
 My doctor has not recommended one
 Don't trust medical providers
 Goes against my faith/religion
 Goes against my culture
 Afraid of finding a problem
 Never had breast cancer in our family
 Didn't know I should
 Too embarrassing
 Afraid of radiation
 Afraid of the mammography machine
 My family did not want me to go
 Believe my health is in God's hands

Office Use Only

<p>Exam type: (check all that apply) <input type="checkbox"/> Screening mammogram <input type="checkbox"/> Clinical breast exam <input type="checkbox"/> Diagnostic mammogram <input type="checkbox"/> Other</p> <p>Visit type: <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Other</p> <p>Where was this form filled out? (check one) <input type="checkbox"/> At outreach event <input type="checkbox"/> At client's home <input type="checkbox"/> Over the phone <input type="checkbox"/> Other <input type="checkbox"/> At screening appointment</p> <p>Who filled out this form? (check one) <input type="checkbox"/> Client <input type="checkbox"/> Health care provider <input type="checkbox"/> Client with interpreter <input type="checkbox"/> Other <input type="checkbox"/> Outreach worker</p>	<p>Where will client go to have a mammogram? <input checked="" type="checkbox"/> Hospital imaging center (check one) <input type="checkbox"/> Community health center <input type="checkbox"/> Primary care provider's office <input type="checkbox"/> Church <input type="checkbox"/> Shelter <input type="checkbox"/> Jail/Prison <input type="checkbox"/> Radiology facility <input type="checkbox"/> Senior center <input type="checkbox"/> Other <input type="checkbox"/> Community center <input type="checkbox"/> Not applicable</p> <p>Type of mammography equipment to be used: (check all that apply) <input type="checkbox"/> Analog <input type="checkbox"/> Mobile unit <input type="checkbox"/> Stationary unit <input type="checkbox"/> Digital <input type="checkbox"/> Mobile van</p>
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