

2016 Funding Request for Applications

Release Date: July 1, 2015
Submission Deadline: August 21, 2015
Notification of Awards: December 1, 2015



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Introduction

Dear Colleague:

We are pleased to provide this Request for Application (RFA) for organizations seeking grant funding from the **Avon Breast Health Outreach Program (Avon BHOP)**. The mission of the Avon BHOP is to navigate medically underserved women and men to breast health education, screening and treatment services. Medically underserved populations– 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 and dedicated outreach, education and navigation staff, with specialized language and communications skills, who can reach women where they live, work and worship, and who offer personalized assistance to those who have difficulty accessing healthcare.

The **Avon Foundation for Women** has funded community-based programs designed to improve utilization of regular breast cancer screening by at-risk populations (for example, minority and under-insured) since 1993. Despite improvements in the availability of free and low-cost screening services supported through programs such as the Affordable Care Act and 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 and patient navigation providers and local medical providers;
- work with healthcare providers to ensure timely and appropriate clinical follow-up of abnormal screening results;
- educate young people about individual breast cancer risk, and when necessary and appropriate, help link them to services; and
- educate older people 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 clients with free or low-cost screening services, these strategies include the use of client

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.

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 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, 2016 through December 31, 2016. Approximately **\$2.5 million** in competitive grant funds will be awarded to approximately 50 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 30% of the grants to organizations with operating budgets under \$2,000,000.

In addition, the Avon BHOP looks to fund projects in Avon Walk Cities as well as States with high breast cancer incidence and/or morbidity.

1) Avon Walk Cities:

Boston, MA	Washington, DC	New York, NY
Santa Barbara, CA	Houston, TX	San Francisco, CA
Chicago, IL		

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

Alabama	Missouri	Oregon
Connecticut	Nevada	Pennsylvania
District of Columbia (Both)	New Hampshire	South Carolina
Illinois (Both)	New Jersey	South Dakota
Louisiana	New York	Washington
Massachusetts	North Carolina	West Virginia
Minnesota	Ohio	
Mississippi	Oklahoma	

Note: While applications from priority areas are especially encouraged, applications will be considered from **all** eligible jurisdictions as defined in the eligibility guidelines below (page 9).

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, 2011. <http://www.cdc.gov/cancer/breast/statistics/state.htm>

See also APPENDIX C: Commonly Asked Questions for more information (question 16, page 19).

The application deadline is 11:59 pm Eastern Time on Friday, August 21, 2015 with funding decisions to be announced by December 1, 2015.

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
<http://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

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 2014, Avon global philanthropy has donated nearly \$ 1 billion in over 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.

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 navigate medically underserved women and men to breast cancer screening services and follow-up care as needed. 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: The Avon Foundation for Women’s screening guidelines currently do not reflect the United States Prevention Task Force guidelines for biennial mammography screening for women 50-74 and against *teaching* breast self-examination (BSE).

Avon BHOP programs should educate women in their communities about breast health and encourage women to talk with a doctor or nurse to understand their individual risk of breast cancer and at what age and how often to be screened.

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

⁵ American Cancer Society Guidelines for the Early Detection of Breast Cancer.
<http://www.cancer.org/Healthy/FindCancerEarly/CancerScreeningGuidelines/index>

(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 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 navigate 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
- Database software
- Program-specific materials
- Local transportation

Expenses that should be limited:

- Overhead, including rent, may not exceed 10% of grant request
- Advertising – should not exceed 5% of grant request
- Incentives – should not exceed \$2,500 or 5% of grant request
- Fringe benefits rate - should not exceed 25% of personnel costs
- Upgrade to data infrastructure and/or iPad to collect Avon CIF data – limited to \$1,000
- Overhead rate – should not exceed 10%

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 Memorandums of Understanding (MOU) reflecting a level of commitment equal to the level of screening proposed. The Avon BHOP strongly prefers to fund programs that have

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

established relationships with providers of free or low-cost medical services. A sample MOU can be found here: [Please follow this link](#)

Applicants should demonstrate that other sources of funding will also be sought and used to support this project (e.g. United Way, Susan G. Komen, the American Cancer Society, state and/or community funds, etc.). 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 Avon BHOP 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 1/16 – 12/16	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 Program Budget and Budget Justification must be prepared and submitted using the Microsoft Excel template provided 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, you must 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".

Funds are distributed in two payments. The first payment of 50% of the grant funds will be distributed in Month 1 and the second payment of the remaining 50% of the grant funds will be distributed once a satisfactory second quarter progress report is received.

Any funded agency that closes its BHOP program during the funding period must immediately (within 30 days) return all unspent funds.

Upon receipt of grant funding, projects will be given an agency identification number to be included with each data report and Client Intake Form (CIF) submitted. Agencies are expected to track client level data and maintain unique client identifiers. Further details regarding reporting requirements will be discussed on a conference call with newly funded projects in Month 1.

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@avon.com).

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.

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 three years and have two annual 990 statements and two audited financial statements available upon request. Please provide your most recent 990 statement in your application.

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.

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

IV. Responsibilities of Funded Programs

The Avon BHOP awards grants to community-based organizations and/or healthcare agencies that navigate **medically underserved** 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 and demonstrate (through current, locally relevant data) an understanding of the target population's demographics, education and service needs;
- Most of the women served will be 40 to 64 years old aligning with the NBCCEDP screening guidelines. However, efforts should be made to help women under 40 with a breast health issues as well as to help women over 65 who are eligible for Medicare funded screening.
- 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 quarterly progress reports and a Final Expenditure Report, following the guidelines in the *Avon BHOP Program Implementation Guide*. Quarterly reports include program monitoring data regarding the number of clients educated and linked with breast cancer screening and treatment services, as per contracted screening goals. Programs must be able to track and report individual client's results of their mammography screening test.

Projects must be able to track and report individual client data using unique identifiers. All Avon BHOP projects are required to report a standardized set of de-identified client level data (demographic and healthcare information) for individuals receiving services as a result of outreach. Funded programs are encouraged to submit client level data electronically by either using an Avon BHOP ipad or by submitting line-listed database. Funded programs may also submit this data monthly using the two-sided, paper-based Client Intake Form (available in

English and Spanish, with other languages available with demonstrable need). An image of the 2015 Client Intake Form is provided in Appendix F for reference purposes only.

For those agencies that are not clinically based, a Business Associates Agreement may be required by the clinical sites that provide clinical services and treatment for your clients in order to gather Client outcomes data. The data reported to the Avon BHOP Coordinating Center must be unidentifiable, but your agency must be able to track individual clients throughout their screening and treatment process and report screening outcomes. A more thorough explanation can be found on DHHS webpage:

<http://www.hhs.gov/ocr/privacy/hipaa/understanding/coveredentities/contractprov.html>

A link to a Business Associates Agreement Sample can be found [here](#).

A Business Associates Agreement does not replace the MOU required by this RFA. See Appendix G for a sample MOU.

Required Data Elements

On a quarterly basis, funded agencies must report the following data:

- Number of clients educated in groups
- Number of clients educated individually (one-on-one)
- Number of clients that received patient navigation services and type of services
- Number of clients that had a CBE
- Number of clients that had a mammogram
- Number of clients screened with normal result
- Number of clients screened with abnormal result
- Number of clients screened with cancer diagnosis
- Stage of breast cancer in those diagnosed with cancer
- Number of clients linked to diagnostic services
- Number of clients linked to treatment

Additionally, for each person receiving a mammogram as a result of this project, an individual Client Intake Form must be submitted or agencies may submit the required data elements electronically. A sample Client Intake Form is attached to this RFA as Appendix F.

Required Reporting Schedule

Funded Grantees must submit Client Intake Forms on a monthly basis. Quarterly Progress Narrative and Data Reports must be submitted within 15 days of the end of each quarter. In addition, a final Expenditure Report is required by February 15, 2017 and any unexpended project funds must be returned to the Avon BHOP within 30 days.

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 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 2016 grant application, go to:
https://www.GrantRequest.com/SID_1102?SA=SNA&FID=35019
- To return to an existing Avon BHOP 2016 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 a functional and monitored 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 21, 2015 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 link 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

The online application asks for the applicant to upload a number of documents. Templates for all required attachments can be found on our website.

Required attachments include:

- 1 - Program Narrative
- 2 -
- 2 - Program Budget with Budget Justification Narrative

- 3 – Medical Provider MOU
- 4 - Biographies for Key Personnel (No more than two pages per person)
- 5 - IRS Letter of Determination of Non-Profit Status for Applicant Organization
- 6 – Most recent 990 Report

In addition, you are welcome to upload:

- 7 - Letters of Support (optional)

Each of the attachment types (the Medical Provider MOU, 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 MOUs should be combined into a single .pdf before uploading to the MOU category.

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

The Program Narrative, 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
 - ✓ Program Budget with Budget Justification Narrative
 - ✓ Medical Provider Memorandum of Understanding (MOU)
 - ✓ Biographies for Key Personnel (No more than two pages per person)
 - ✓ IRS Letter of Determination of Non-Profit Status for Applicant
 - ✓ Most recent 990 Report
 - ✓ Letters of Support (optional)
- ✓ **Verify receipt of email confirmation after online application submission**

APPENDIX B: Links to Templates for Required Attachments

Program Narrative

http://avonbhop.org/images/RFA/2016_Program_Narrativefinal.doc

Program Budget with Budget Justification Narrative

<http://avonbhop.org/images/Copy%20of%202016ProgramBudget.xls>

Medical Provider Memorandum of Understanding

http://avonbhop.org/images/MOU_Avon%202016.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 utilizes an online application process. All application materials and attachments must be submitted electronically. The link (URL) to access the 2016 Avon BHOP application forms is www.avonbhops.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 a functional and monitored 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 and saved an application 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 21, 2015 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. Project Budget **with** Budget Justification
- d. Medical Provider MOU (Note that the total number of screenings accounted for in the Medical Provider MOU submitted should correspond with the annual screening commitment proposed by your agency.)

- e. Biographies for Key Personnel (No more than two pages per person. Please combine all individual biographies into one document for upload)
- f. IRS Letter of Determination of Non-Profit Status for Applicant Organization

In addition, you are welcome to upload:

- g. 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 and clients; 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 staff providing outreach and education on a mobile clinic. The monies, however, cannot be used toward the purchase, restoration, or maintenance of a van or mobile unit or to pay salaries of the receptionist or medical staff on the mobile clinic.

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. Please use the names of proposed staff with their titles on the budget.

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 in the Medical Provider Memorandum of Understanding (Medical Provider MOU) 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 sample Medical Provider MOU as a template (see Appendix G) 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 MOU for each provider or medical agency that has committed screening and/or follow-up services to your program, and upload all forms on the attachment page 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 admin@avonbhop.org to discuss other solutions.

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 an MOU or Medical Provider Commitment Form for each one?

If you partner with more than 5 medical providers, you may submit a Medical Provider MOU with the agency and include an annotated list of the medical providers. 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 to 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.

However, if you are using a Medical Provider MOU for unrelated entities you would need an individual MOU for each. A template can be found when you click this [link](#).

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 organization's 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 personal tax return.

14. What optional letters of support can be attached?

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

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.

All letters of support should be combined into one file and uploaded to the online application under the “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 = 35
Clinical Partnerships	Maximum possible points = 15
Follow-up/Navigation Services	Maximum possible points = 15
Data Collection and Reporting System	Maximum possible points = 10
Program Budget & Justification	Required, no points

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 community-based organizations that have access to minority, poor and underserved 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 Avon Walk cities/states and states with the highest incidence of breast cancer, the Avon BHOP attempts to distribute funds throughout the entire U.S. 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. Grant award announcements will go out in late November/early December.

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, 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 webinar 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 are required to maintain client level tracking systems and submit screening outcome data for all clients served through this program.

19. Can grant funds be used to purchase equipment and software?

Applicants may budget up to \$1,000 for the purchase or upgrading to their data collection system (software and/or equipment) to insure that they are able to collect, track and report on the required client level data variables.

This is a one-time allowable cost. Grantees funded over multiple funding periods can only declare this expense once.

APPENDIX D: Sample Program Budget

Agency Name:					
Avon BHOP 2016 Budget		Avon BHOP Request	Other funding sources*	Agency In-Kind	Total Budget
	Assumptions	A	B	C	A+B+C
Personnel	FTE requested e.g. 1.0 FTE				
List Name/Role					
		\$0.00	\$0.00	\$0.00	\$0.00
		\$0.00	\$0.00	\$0.00	\$0.00
		\$0.00	\$0.00	\$0.00	\$0.00
		\$0.00	\$0.00	\$0.00	\$0.00
<i>Subtotal</i>		\$0.00	\$0.00	\$0.00	\$0.00
<i>Fringe (25% Limit)</i>		\$0.00	\$0.00	\$0.00	\$0.00
Subtotal Personnel		\$0.00	\$0.00	\$0.00	\$0.00
Other than Personnel					
Supplies (list):					
		\$0.00	\$0.00	\$0.00	\$0.00
Incentives		\$0.00	\$0.00	\$0.00	\$0.00
Data collection equipment/software		\$0.00	\$0.00	\$0.00	\$0.00
Transportation: Clients		\$0.00	\$0.00	\$0.00	\$0.00
Transportation: Outreach worker local travel		\$0.00	\$0.00	\$0.00	\$0.00
Printing		\$0.00	\$0.00	\$0.00	\$0.00
Advertising		\$0.00	\$0.00	\$0.00	\$0.00
Subtotal OTPS		\$0.00	\$0.00	\$0.00	\$0.00
Indirect costs (10% limit)		\$0.00	\$0.00	\$0.00	\$0.00
Total		\$0.00	\$0.00	\$0.00	\$0.00

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 by name and title 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. Must not exceed 25% of total personnel costs.

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.).

Incentives – List items to be purchased and unit costs. Describe how items will be utilized. Cannot exceed \$2,500 or 5% of proposed budget.

Data collection equipment/software - a maximum of \$1,000 can be allocated to upgrade to the agency's existing data infrastructure

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. Cannot exceed 5% of budget.

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 (identify 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

Page 1 of 2



36532

Avon Breast Health Outreach Program
Confidential Client Intake Form

CAI Cicatelli Associates Inc.
CONFIDENTIAL

Agency ID:

Client ID:

Today's Date: / /

Services to be paid for by: (check all that apply)

☐ Client's health insurance

☐ BCCEDP ☐ Komen Grant ☐ Other

☐ Fee for service ☐ Private donation ☐ Other state funds

Office Use Only
(continued on back)

It is important to have a general picture of all the women who receive services from the Avon Breast Health Outreach Program. Please answer each question about yourself. Your name will not be used anywhere on this questionnaire.

ALL RESPONSES WILL BE KEPT CONFIDENTIAL.

1. What is your age? years
2. What is your sex or current gender?

☐ Female ☐ Male ☐ Decline to state
 Other:

☐ Lesbian or Gay ☐ Bisexual ☐ Transgender
☐ None of the above ☐ Decline to state
3. Do you personally identify as lesbian, gay, bisexual or transgender? (check all that apply)

☐ Lesbian or Gay ☐ Bisexual ☐ Transgender
☐ None of the above ☐ Decline to state
4. Are you of Hispanic, Latino(a), or Spanish origin?

☐ Yes ☐ No
5. What is your race? (check all that apply)

☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or other Pacific Islander
☐ White
 Other:
6. What language do you most often speak at home? (select one)

☐ English ☐ Hindi ☐ Portuguese ☐ Russian
☐ Spanish ☐ Tagalog ☐ Vietnamese ☐ Amharic
☐ French ☐ Arabic ☐ Cantonese ☐ Other
☐ Korean ☐ Creole ☐ Mandarin
7. In what country were you born?

☐ United States ☐ Other:
8. How long have you lived in the USA?

☐ Less than a year ☐ More than 5 years
☐ From 1 to 5 years ☐ All my life
9. What is the HIGHEST grade you have completed?

☐ Graduate Degree ☐ High School Degree
☐ Some Graduate ☐ GED/High School Equivalency
☐ Bachelors Degree ☐ Some High School
☐ Associates Degree ☐ No formal education
☐ Some College
10. What is our annual household income?

☐ \$5,000 or less ☐ \$5,001 - \$10,000
☐ \$10,001 - \$15,000 ☐ \$15,001 - \$25,000
☐ \$25,001 - \$50,000 ☐ More than \$50,000
☐ Do not know
11. How would you describe the area where you live?

☐ Urban/City ☐ Rural ☐ Indian reservation
☐ Suburban ☐ Frontier ☐ Other
12. What is your zip code?
13. How did you hear about this program? (check all that apply)

☐ Flyer or brochure ☐ Health Fair
☐ Health care provider ☐ Church
☐ Family or friend ☐ YWCA
☐ Outreach worker ☐ Newspaper
☐ Annual reminder from program ☐ Avon representative
☐ Other:
14. How many times have you used this program to access breast health screening services?

☐ First time ☐ Third time
☐ Second time ☐ More than three times
15. What made you decide to come to this program for breast health services? (check all that apply)

☐ Low-cost/Free Service ☐ Incentive/Free gift
☐ Friendly/Helpful staff ☐ Nice facility
☐ Offers transportation ☐ Easy to get to
☐ Offers child care ☐ Other
☐ Advertisements
☐ Encouragement from family/friends
☐ Speak my language/Culturally sensitive
☐ Opened at convenient times for me
☐ Referred by my health care provider

please continue on other side

(English) **2015**

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

Page 2 of 2

CAI Cicatelli Associates Inc.

CONFIDENTIAL

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

16. What type of health insurance do you have?
(check all that apply)

- ☐ Medicaid or other public plan ☐ Private - Individual
☐ Medicare ☐ Private - Employer
☐ Indian Health Service ☐ Other plan
☐ VA, Tricare and other military health care
☐ No insurance/uninsured

17. 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

18. Have you ever been diagnosed with breast cancer?

- ☐ Yes ☐ No ☐ Not Sure

19. Do you currently have any breast symptoms, such as a lump, rash, unusual pain, or nipple discharge?

- ☐ Yes ☐ No ☐ Not Sure

20. Has your mother, sister or daughter had breast cancer? ☐ Yes ☐ No ☐ Not Sure

21. Have you ever had a breast biopsy?

- ☐ Yes ☐ No ☐ Not Sure

22. When was the last time a physician or nurse examined your breasts?

- ☐ Less than a year ago ☐ More than 2 years ago
☐ From 1 to 2 years ago ☐ Never had one ☐ Not sure

23. Have you ever been taught to examine your own breasts? ☐ Yes ☐ No ☐ Not Sure

24. Did you know about mammograms before today? ☐ Yes ☐ No ☐ Not Sure

25. 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

26. 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 ☐ Didn't know I should
☐ Not a priority in my life ☐ No transportation
☐ Afraid of finding a problem ☐ Not Applicable
☐ My doctor has not recommended one
☐ Never had breast cancer in our family
☐ Other

27. Has a doctor ever told you that you had:
(check all that apply)

- ☐ High blood pressure ☐ Heart disease or angina
☐ Diabetes ☐ Congestive heart failure

28. Do you currently smoke cigarettes?

- ☐ Yes ☐ No

If yes, how many per day? Cigarettes per day

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Exam type: (check all that apply)

- ☐ Screening mammogram ☐ Clinical breast exam
☐ Diagnostic mammogram ☐ Other

Where was this form filled out? (check one)

- ☐ At outreach event ☐ At screening appointment
☐ Over the phone ☐ At client's home ☐ Other

Who filled out this form? (check one)

- ☐ Client ☐ Health care provider
☐ Client with interpreter ☐ Outreach worker ☐ Other

Type of mammography equipment to be used:
(check all that apply)

- ☐ Analog ☐ Mobile unit ☐ Stationary unit
☐ Digital ☐ Mobile van

Where will client go to have a mammogram?

- ☐ Hospital imaging center (check one)
☐ Community health center
☐ Primary care provider's office
☐ Church ☐ Shelter
☐ Jail/Prison ☐ Radiology facility
☐ Senior center ☐ Other
☐ Community center ☐ Not applicable

APPENDIX G: Sample Medical Provider Memorandum of Understanding

The following is an example of a generic template for Medical Provider Memorandum of Understanding (MOU) mutual aid agreements. This template can be used as a basic structure for your own MOUs.

MEMORANDUM OF UNDERSTANDING (MOU)

Between

_____ *[insert name of Party A]*

and

_____ *[insert name of Party B]*

This is an agreement between “Party A”, hereinafter called _____ and “Party B”, hereinafter called _____.

I. PURPOSE & SCOPE

The purpose of this MOU is to clearly identify the roles and responsibilities of each party as they relate to [...summary of activities, goals, etc.... Ex. Goals: Support Clients in getting appropriate, quality and timely care, Activities: **Providing # of CBE and/or Mammograms at no or ___ cost, the sharing of Client level information including but not limited to outcomes and results, and if necessary stage of cancer, Patient Referral and Navigation, Patient Education, Assist with CIF completion, Intake procedures, Translation services, Transportation services, Support Groups, supportive and interpretive services following mammography.**

In particular, this MOU is intended to:

Examples: Clarify the expectations and requirements of party to ensure quality, timely and accurate services and information sharing amongst Parties

- *Enhance cooperation amongst the Parties and the services provided to clients*
- *Increase the number of vulnerable clients that gain access to quality and timely services*
- *Reduce costs and resources for both parties*
- *Establish an agreement between both parties about their responsibilities and requirements*
- *Ensure the Sharing of information in timely manner (# of days between abnormal finding, notification, diagnostic follow-up, treatment initiation or notification of no finding)*
- *Clarify how, why and what manner information and services will be provided and shared amongst agencies*

- *Outline any boundaries or limitations of parties*

II. BACKGROUND

Brief description of agencies involved in the MOU

III. [PARTY A] RESPONSIBILITIES UNDER THIS MOU

[Party A] shall undertake the following activities:

Examples:

- *Develop*
- *Deliver*
- *Share*
- *Support*
- *Provide*
- *Promote*
- *Refer*
- *Review*
- *Comply*
- *Train*
- *Maintain records*
- *Sponsor*
- *Evaluate*

IV. [PARTY B] RESPONSIBILITIES UNDER THIS MOU

[Party B] shall undertake the following activities:

Examples:

- *Develop*
- *Deliver*
- *Share*
- *Support*
- *Provide*
- *Promote*
- *Refer*
- *Review*
- *Comply*
- *Train*
- *Maintain records*
- *Sponsor*
- *Evaluate*

V. IT IS MUTUALLY UNDERSTOOD AND AGREED BY AND BETWEEN THE PARTIES THAT:

1. *Modification clause: how agreement can be modified*
2. *Termination clause: under what conditions agreement terminates automatically*

VI. EFFECTIVE DATE AND SIGNATURE

This MOU shall be in effect upon the signature of Party A's and Party B's authorized officials. It shall be in force from _____ to _____.

Parties A and B indicate agreement with this MOU by their signatures.

Signatures and dates

[insert name of Party A]

[insert name of Party B]
