



Due Date: October 15, 2009
Exhibit B
Grant Progress Report to the

Puget Sound Affiliate of Susan G. Komen for the Cure®

Project Title: _____

Organization: _____

Contact Person: _____

Email: _____

Phone: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip (include +4): _____ - _____

Period Covered by Progress Report From: _____ To: _____

Project Progress Report Summary

In this section please provide a short summary (up to 1200 characters) describing the outcomes and accomplishments of this project to date.



Specific Aims: (insert objectives from application)	Percent Completed:				
	1-25%	26-50%	51-75%	76-100%	N/A
Example Objective 1: <i>Provide breast health education to a minimum of 1000 women</i>				950/1000= 95%	
Objective 2:					
Objective 3:					
Objective 4:					
Objective 5:					



Number of People Served*

**If your project receives funding from other sources, please report only the portion of your program that is funded by Komen. We recognize that this may be an estimate. For example, if your breast health program receives 60% of the revenue from WBCCHP, 20% from other foundation(s) and 20% from PS Komen, then report only 20% of the numbers served to Komen. However, please include in the narrative a statement explaining that what you're reporting is a portion of the total and tell us the grand total number served.*

Activity/Service	African American	Asian Pacific American	Hispanic/Latina	Native American	White	Lesbian Bisexual Transgendered (can be dup count)	Total
Breast Cancer Education							
Received Educational Materials							
Clinical Breast Exams Provided (DOH only)							
Clinical Breast Exams Received							
Referred for Diagnostic Services							
Mammograms Referred							
Mammograms Provided (DOH only)							
Mammograms Received							
Diagnostic Services Provided (DOH only)							
Breast Cancers Detected							
Psychosocial Support							
Treatment Assistance							
Other							
Total							

Breast Cancer Education: report number of women who attended a workshop or training or received at least 10 minutes of one-on-one education on breast cancer/breast health.

Received Educational Materials: report number of contacts made during health fairs, information fairs, booths at conferences, etc.

Clinical Breast Exams Provided: DOH only; all others report under CBE Received

Clinical Breast Exam Received: report number of women who received a clinical breast exam

Mammograms Referred: report number of women who you referred for mammogram, whether or not you were able to determine if they actually received one.

Mammograms Performed: DOH only; all others report under Mammogram Received and/or Mammograms Referred

Mammograms Received: report number of women who you were able to track who actually received a mammogram

Treatment Assistance: report number of diagnosed women who receive patient navigation, case management, patient assistance or treatment support while they are in treatment.



NARRATIVE

1. **Project Progress Report:** In this section, describe the progress toward meeting the objectives as outlined in the grant application, including number of people served during this period. (1 page)
2. **Other Sources of Support:** In this section, please list any notice or receipt of other sources of support for this project received during the past six months. (1 page, if any)
3. **Project Materials:** In this section, please list and attach all published or produced materials, pictures, etc. for the past six months. (1 page plus attachments)
4. **Accounting of Grant Funds:** Please attach a current accounting of grant funds using the Budget Progress Report form. (1 page)



Budget Progress Report

	Original Budget	Expenses to Date
Salaries		
Fringe (Benefits and Payroll Taxes)		
Consultant Costs		
Supplies		
Equipment (not to exceed 30% of direct costs)		
Travel		
Patient Care Costs		
Screening		
Diagnostics		
Treatment		
Sub-contracts		
Other (itemize below)		

Subtotal - Direct Costs		
Indirect Costs (not to exceed 15% of direct costs)		
Total		