



**Due Date: May 16, 2011**  
**Exhibit C**  
**Final Report**  
**Puget Sound Affiliate of Susan G. Komen for the Cure®**

Project Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip (include +4): \_\_\_\_\_ - \_\_\_\_\_

Grant Period From: \_\_\_\_\_ To: \_\_\_\_\_

**Project Final Report Summary**

In this section please provide a short summary (up to 1200 characters) describing the outcomes and accomplishments of this project. *(This section is specifically requested by Komen National as an abstract, so please limit to only 1200 characters).*

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name Printed: \_\_\_\_\_ Title: \_\_\_\_\_



Specific Aims: (insert objectives from application)	Percent Completed:				
	1-25%	26-50%	51-75%	76-100%	N/A
<b>Example</b> 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 enter the portion of your program that is funded by Komen, then in parenthesis enter the total number served by the program. 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 enter 20% of the numbers served to Komen (see example below for BCE under African American).*

Activity/Service	African/ African American	Asian Pacific American (all including Vietnamese)	Vietnamese	Hispanic/ Latina	Native American	White	Lesbian Bisexual Transgendered (can be dup count)	Total By Activity/ Service
Breast Cancer Education	e.g. 20 (100)							
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								
<b>Total (unduplicated)</b>								

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 Final Report:** In this section, describe the progress toward meeting the objectives as outlined in the grant application, including number of people served during the duration of the grant. Include at least two evaluation components (quality, context, dose, exposure, reach, recruitment, retention, satisfaction). (1 page maximum).
2. (If not included in response to #1 above) (A) Briefly identify a success you experienced for either an individual or a group and identify what influenced or contributed to that success. (B) Identify a challenge and the factor(s) that contributed to making this a challenge.
3. **Other Sources of Support:** In this section, please list any notice or receipt of other sources of support (include dollar amount) for this project received during the grant period. (1 page maximum, if any)
4. **Project Materials:** In this section, please list and attach all published or produced materials, pictures, etc. during the grant period. (1 page maximum plus attachments)
5. **Accounting of Grant Funds:** Please attach a final accounting of grant funds using the Budget Report form. (1 page)



### Budget Final Report

	Original Budget	Expenses to Date
Salaries		
Fringe (Benefits and Payroll Taxes)		
Consultant Costs		
Supplies		
Equipment (not to exceed \$5,000)		
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		