

CONSENT AGENDA
ITEM NO. **34**

**CITY OF SAN ANTONIO
SAN ANTONIO METROPOLITAN HEALTH DISTRICT
CITY COUNCIL AGENDA MEMORANDUM**

TO: Mayor and City Council

FROM: Fernando A. Guerra, MD, MPH, Director of Health

SUBJECT: ORDINANCE TO ACCEPT FUNDS FROM THE SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC. FOR THE ONGOING BREAST CANCER SCREENING PROJECT

DATE: December 9, 2004

SUMMARY AND RECOMMENDATIONS

This ordinance authorizes the Interim City Manager to accept and execute a grant contract, in the amount of \$100,000.00, with the San Antonio Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. which will allow the San Antonio Metropolitan Health District (SAMHD) to continue the ongoing breast cancer case management project during the period October 1, 2004 through September 30, 2005. This ordinance will also establish a fund, adopt the project budget, approve the personnel complement, and approve payments to private physicians for services in connection with this project.

Staff recommends approval.

BACKGROUND INFORMATION

The SAMHD operates a breast health program with components that include clinical breast health examinations, training for women on how to do monthly self-breast examinations, free screening mammographys for uninsured, low-income women age 40 years and older, and nurse case management for women with abnormal findings. This program is supported through grants received from the San Antonio Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc., the Texas Department of State Health Services, and the Cancer Therapy and Research Center.

The District has been receiving annual grants from Komen's San Antonio Affiliate since 1998 to operate a breast cancer case management project. Over 400 women have received services with the Komen funds. This organization has now offered a grant contract in the amount of \$100,000.00, the same as last year's grant, that will renew the ongoing breast cancer case management project in the SAMHD for the period October 1, 2004 through September 30, 2005. The personnel complement of this project will remain at three (3) positions (See Attachment I). Funding is also included for contract physician fees to provide confirming diagnoses and follow up for patients referred by the project.

POLICY ANALYSIS

Acceptance of this grant award follows the City policy of utilizing Federal, State and other aid to support local public health programs. Because of these Komen funds, over 400 women have received breast cancer case management services through SAMHD who would not have been able to afford them otherwise.

FINANCIAL IMPACT

This ordinance will provide \$100,000.00 to support the Komen Breast Cancer Screening Project 2004-2005 in the SAMHD. Acceptance of this grant will place no demand on the City General Fund.

COORDINATION

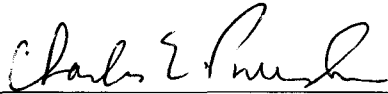
The City Attorney's Office and the Human Resources Department, Risk Management Division have reviewed and approved the grant contract with the Komen Foundation. The Finance Department has approved the proposed project budget.

SUPPLEMENTARY COMMENTS

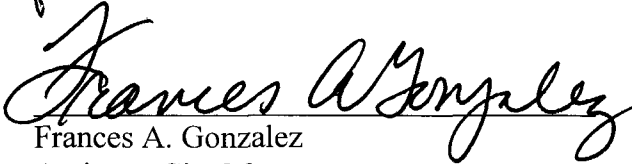
Provisions of the Ethics Ordinance do not apply.

Attachments:

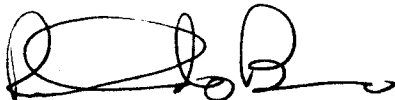
Attachment I:	Project Budget and Personnel Complement
Attachment II	Official Notice of Status of Grant Application and Grant Contract



Fernando A. Guerra, MD, MPH
Director of Health



Frances A. Gonzalez
Assistant City Manager



J. Rolando Bono
Interim City Manager

AN ORDINANCE

AUTHORIZING THE ACCEPTANCE OF A GRANT AWARD IN THE AMOUNT OF \$100,000.00 FROM THE SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC. TO SUPPORT THE ONGOING BREAST CANCER PROJECT IN THE SAN ANTONIO METROPOLITAN HEALTH DISTRICT FOR THE PERIOD OCTOBER 1, 2004 THROUGH SEPTEMBER 30, 2005; AUTHORIZING EXECUTION OF THE CONTRACT; ESTABLISHING A FUND; ADOPTING THE PROJECT BUDGET; APPROVING THE PERSONNEL COMPLEMENT; AND APPROVING PAYMENTS TO PRIVATE PHYSICIANS IN CONNECTION WITH THIS PROJECT.

* * * * *

WHEREAS, the Susan G. Komen Breast Cancer Foundation (Foundation) is a national organization working through local affiliates across the country to eradicate breast cancer as a life-threatening disease by advancing research, education, screening and treatment; and

WHEREAS, the Foundation has offered a grant contract in the amount of \$100,000.00 for the period October 1, 2004 through September 30, 2005 to support the San Antonio Metropolitan Health District's (SAMHD) ongoing case management program, specifically designed for women who have had an abnormal screening mammogram; and

WHEREAS, it is now necessary to authorize the acceptance and execution of the grant contract, establish a fund, adopt the project budget, approve the personnel complement, and approve payments to private physicians in connection with this project: **NOW THEREFORE:**

BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF SAN ANTONIO:

SECTION 1. The Interim City Manager, or his designee, is hereby authorized to accept and execute a contract in the amount of \$100,000.00 for the period October 1, 2004 through September 30, 2005 with the Susan G. Komen Breast Cancer Foundation, Inc. for the San Antonio Metropolitan Health District to operate a case management program specifically designed for women who have had an abnormal screening mammogram during the period October 1, 2004 through September 30, 2005. A copy of this agreement, in substantially correct form, is set out as Attachment II and incorporated herein for all purposes.

SECTION 2. SAP Fund No. 26012000, Funds Center 3606370000 entitled "Komen Breast Cancer Screening Project 2004-2005" is designated for use in the accounting for the above project.

SECTION 3. The sum of \$100,000.00 is appropriated in the above-designated fund for the Komen Breast Cancer Screening Project 2004-2005 and the budget set out in Attachment I is approved and adopted for entry on the City's books. For the appropriation of funds for said project, Cost Center 3606370001 and Internal Order 136000000254 are hereby established.

SECTION 4. The three (3) personnel positions set out in Attachment I are hereby authorized for the activity shown thereon.

SECTION 5. The sum of \$15,345.00 is authorized for encumbrance in and payment from SAP Fund No. 26012000, Funds Center 3606370000, Cost Center 3606370001, Internal Order 136000000254, SAP GL No. 5201040 for contract physician fees to provide confirming diagnoses and follow up for patients referred by the Komen Breast Cancer Screening Project for the period October 1, 2004 through September 30, 2005.

SECTION 6. Should the grant contract be in an amount other than that budgeted for, or should the grant contract contain terms and conditions different than those currently existing, acceptance of the grant contract and budget will be subject to a subsequent City Council ordinance.

SECTION 7. The Director of Finance may, subject to concurrence by the Interim City Manager or the Interim City Manager's designee, correct allocation to specific internal order numbers, account numbers and fund numbers as necessary to carry out the purpose of this ordinance.

SECTION 8. If an agreement, as first reviewed and approved by the City Attorney, is not signed by both parties within sixty (60) days from the effective date of this ordinance, it becomes null and void, and any further signed documents must be considered by the City Council.

SECTION 9. This ordinance shall be effective on and after the tenth day after passage hereof.

PASSED AND APPROVED this _____ day of December, 2004.

M A Y O R

ATTEST: _____
City Clerk

APPROVED AS TO FORM: _____
City Attorney

Attachment I
Komen Breast Cancer Screening Project
Fund 26012000
Funds Center 3606370000
Functional Area 3600500000050004
Budget for Period: 10/01/04 to 09/30/05

INDEX	ESTIMATED REVENUES	OBJ-CODE	AMOUNT
	Susan G. Komen Foundation Grant	4501160	\$ 100,000
	Total Estimated Revenues:		<u>\$ 100,000</u>

APPROPRIATIONS
Activity 36-06-37
Cost Center 3606370001
Internal Order 136000000254

Regular Salaries & Wages	5101010	61,323
Language Skill Pay	5101050	1,000
Social Security	5103005	3,833
TMRS	5105010	7,021
Group Health Insurance	5405040	8,688
Life Insurance	5103010	140
Workers' Disability Compensation	5405020	600
Personal Leave Buy Back Pay	5103035	300
Car Expense Allowance	5103055	280
Fees to Professional Contractors	5201040	15,345
Office Supplies	5302010	0
Liability Hazard & Fidelity Ins.	5405030	1,470
Total Appropriations		<u>\$ 100,000</u>

PERSONNEL COMPLEMENT

Class No.	Activity 36-06-37	PREVIOUS POSITIONS	ADD (DEDUCT)	CURRENT POSITIONS
	Cost Center 3606370001			
	Internal Order 136000000254			
	Title:			
0244	Sr. Public Health Nurse	2	(1)	1
0246	Public Health Nurse	0	1	1
0282	Health Program Specialist	1	0	1
	Total Personnel	<u>3</u>	<u>0</u>	<u>3</u>



SUSAN G. KOMEN BREAST CANCER FOUNDATION
San Antonio Affiliate

EXECUTIVE BOARD

PRESIDENT

Anne Ballantyne

TREASURER

Annette Rosenberg

SECRETARY

Faye Bracey

Board Members

Jennifer Broome

Michele Brown

Dr. Lee Carlisle

Alan Chesler, CFA

Karen Diaz, M.D.

Dona Kotzur

Merryl Leatherman, PA-C

Pamela M. Otto, M.D.

Joan Lawhon

Sheila Riester

Robert Simunek

Sylvia Escobedo Sluder

Lynn Ziegler

Executive Director

Niki Simpson

Executive Assistant

Kimberly Fischer

Director of Program

Services

Jerilyn Miller

In remembrance of

Mary M. Johnson

Carol Oberman

Karen Wood

527 N. LEONA, STE. A-3102
SAN ANTONIO, TX 78207

Mailing address:

P. O. BOX 6678

SAN ANTONIO, TX 78209

210.222.9009

FAX: 210.222.9766

sakomen@sbcglobal.net

ATTACHMENT II

September 9, 2004

Linda Hook

San Antonio Metropolitan Health Department

332 West Commerce Suite 300

San Antonio, TX 78205

RE: OFFICIAL NOTICE OF STATUS OF GRANT APPLICATION

Dear Linda Hook:

Congratulations!!! San Antonio Metropolitan Health Department is being chosen as a 2004/2005 grant recipient of the San Antonio Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. The Foundation's mission is to eradicate breast cancer as a life-threatening disease by advancing research, education, screening, and treatment. Your work in our community will help us achieve this mission.

Per our phone call to you, we are funding your grant request in the amount discussed. Please contact me during the day at 493-1568 or the evening at 698-9697 if you need to discuss the details of the grant process.

October 1, we will be dispersing the grant monies. Please make arrangements to come and sign the contract and pick up the first installment check at the time and location below:

O'Krents Flooring Center
2075 N. Loop 1604 East
phone: 227-7387
TIME: 11:00a.m.

We wish you much success with your project.

Sincerely,

Merryl Leatherman
Co-Chair, Grants

Sylvia Escobedo Sluder
Co-Chair, Grants

GRANT CONTRACT TEMPLATE



The Susan G. Komen
Breast Cancer Foundation

THE SAN ANTONIO AFFILIATE OF THE SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.

GRANT CONTRACT

PERIOD OF GRANT: October 1, 2004 to September 30, 2005

GRANTEE: San Antonio Metropolitan Health District

PROJECT DIRECTOR: Linda Hook

PROJECT TITLE: Breast Health Early Detection Program

The San Antonio Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. does hereby grant San Antonio Metropolitan Health District funds in the amount of \$100,000.00 subject to the following terms and conditions ("Grant Contract"):

1. Use of Grant Funds:

- A. Grant Funds are to be applied as set forth in the budget ("Budget") in Grantee's grant application to Komen Affiliate ("Grant Application"). A copy of the Grant Application is attached hereto as Exhibit "A" and made a part hereof for all purposes. To the extent that the terms of this Grant Contract conflict with the terms of Exhibit "A," the terms of this Grant Contract shall prevail.

- B. Grant Funds must be expended as set forth in the Budget, and no changes or modifications to the Budget or to the breast cancer project as described in the Grant Application ("Breast Cancer Project") may be made without the prior written approval of Komen Affiliate.
- C. Komen Affiliate shall receive copies of all materials created in connection with the Breast Cancer Project at no charge. Grantee grants Komen Affiliate and its affiliates a limited, non-exclusive license to use such materials for their own non-commercial purposes.
- D. All services provided by Grantee for which Grant Funds are used must be performed in Bexar County, Texas.
- E. Any treatment payments made by Grantee using Grant funds must be limited to Medicare approved rates.
- F. The stipulations as they relate to the awarded funds are as follows:
 - *Grantee must acknowledge the San Antonio Affiliate as their source of funding to those receiving educational material, services, training, screening, or treatment provided by the Komen grant.*

2. Termination and Early Termination of Grant:

- A. This Grant Contract shall be effective as of the date hereof and shall terminate on **September 30, 2005**, except that the provisions of Sections 5, 6, 7, 8, 9, 10, 12, and 13 shall forever survive termination.
- B. If either party should fail to perform or be in breach of any of the terms, conditions, agreements, covenants, representations or warranties contained in this Grant Contract, or anticipatorily breach this Agreement, and such default is not curable, or if such default is curable but remains uncured for a period of 30 days after written notice thereof has been given to the defaulting party, the other party, at its sole election, may immediately terminate this Grant Contract by written notice thereof to the defaulting party. The provisions of this Section 2 will not preclude the parties from seeking any other remedies that may be available under this Grant Contract and applicable law.

3. Reports/Submission Items: Grantee shall submit to Komen Affiliate the following:

- A. Progress reports every six months during the Grant period with the first such report being due 30 days after **December 31, 2005, March 31, 2005, June 30, 2005** using the outline attached to the Grant Contract as Exhibit "B" and made a part hereof for all purposes. Reports shall include, but not be limited to, the following information: progress made toward meeting objectives outlined in Grant Application, number of people served, notice or receipt of other sources of support for this Project, financial statements prepared in accordance with generally accepted accounting principles, copies or examples of any materials produced as a result of this project, documentation of acknowledgment, a listing of articles submitted for publication and the status of those articles, and presentations made at scientific conferences regarding the project;
- B. Within 45 days following the expiration date of the Grant, **September 30, 2005**, a Final Report, using the outline attached to this Grant Contract as Exhibit "C" and made a part hereof for all purposes. The Final Report must include an accounting of the Grant Funds expended during the term of this Grant Contract and this report will be due **November 15, 2005**;
- C. Any and all surveys submitted by Komen Affiliate to Grantee for completion regarding this Grant.
- D. In the event that Grantee does not provide Komen Affiliate with the above-referenced reports and surveys in a timely manner, Komen shall be entitled to a full reimbursement of the funds granted hereunder.

4. Grant Payments: Grant Funds shall be payable in four equal installments of **\$25,000.00 each**. The first payment shall be made to Grantee upon receipt by Komen Affiliate of this Grant Contract executed by both parties, **October 2004**, the second payment **January 2005**, the third payment **April 2005**, the fourth payment **July 2005**, shall be made to Grantee after Komen's receipt of satisfactory quarterly progress report.

5. Licensed Marks: Komen Affiliate has been granted by the Susan G. Komen Breast Cancer Foundation, Inc. (the "Foundation") a non-exclusive license to use the Susan G. Komen Breast Cancer Foundation name and cameo logo (the "Licensed Marks") in connection with its affiliation with the Foundation. Komen Affiliate grants Grantee a limited, non-exclusive sub-license to use the Licensed Marks solely to acknowledge Komen Affiliate's Grant hereunder. Komen Affiliate will provide Grantee with camera-ready artwork of said Licensed Marks. It is agreed and understood that Foundation retains all right, title and interest in and to the Licensed Marks, both of which shall remain the exclusive property of Foundation. Grantee is prohibited from transferring, sublicensing or assigning its rights to use the Licensed Marks.

6. Publications:

A. Komen Affiliate may release information regarding this Grant to the general public and news media. Grantee grants to Komen Affiliate a non-exclusive license to include Grantee's name in information pertaining to the Grant that is released to the public.

B. Grantee may release information regarding this Grant to the public and news media, upon the following terms and conditions:

- (1) Grantee must acknowledge Komen Affiliate as a funding source on all publications related to this Grant in clear, unambiguous and readily-identifiable fashion, such as "supported by a grant from the San Antonio Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc." Such acknowledgment must be commensurate with the acknowledgment provided to other grantors providing similar grants.
- (2) Grantee will present to Komen Affiliate for its approval, prior to printing, distribution, publication, display, or use, any and all promotional materials, publications, articles, pictures, press releases and scripts of all statements, oral or written, to be made by Grantee, its agents or spokespersons, which use or refer to any Licensed Marks. Such materials or statements must state that the Licensed Marks are registered trademarks of the Foundation and must be of a high quality consistent with Komen Affiliate's outstanding public image;

- (3) Copies of all other news releases, articles, pictures and any and all other published material, which may develop in connection with this Breast Cancer Project or this Grant must be furnished to Komen Affiliate by Grantee prior to publication, or as soon thereafter as practicable.

7. Non-Guarantee of Additional Support: This Grant is accepted by Grantee with the understanding that Komen Affiliate is not obligated to provide any additional financial support, or other support, to Grantee, its agents or spokespersons, in connection with the Grant, the Grant Contract, the Breast Cancer Project or for any other reason.

8. Grantee Representations and Warranties: Grantee represents and warrants that it a tax-exempt organization under the Internal Revenue Code. Grantee further represents that it has not and shall not receive any duplicative funding in connection with the Breast Cancer Project. In the event that Grantee breaches its representations and warranties under this Agreement, Grantee acknowledges and agrees that this Agreement may be terminated early under Section 2 and the funds granted hereunder subject to full reimbursement.

9. Non-endorsement: It is expressly agreed and understood by the parties hereto that Komen Affiliate's grant hereunder shall not constitute an endorsement by Komen Affiliate or the Foundation of any entity, organization, company or individual, nor the products, actions, behavior or conduct of any entity, organization, company or individual and any negligent or intentional misrepresentation by Grantee to the contrary, in any context and in any forum, shall constitute a material breach of this Agreement, and the same shall be grounds for immediate termination of this Agreement by Komen Affiliate. In the event of any such misrepresentation, Komen Affiliate may require Grantee to publicly acknowledge the misrepresentation in a like forum in which the misrepresentation was made. It is agreed that in the event of a breach of this provision, damages may not be an adequate remedy, and Komen Affiliate shall be entitled to whatever other remedies are available under applicable law.

10. Governmental Compliance: Grantee will cooperate with Komen Affiliate in supplying additional information to Komen Affiliate, or in complying with any procedures which might be required by any governmental agency in order for Komen Affiliate to establish that it has observed all requirements of the law with respect to this Grant.

11. Authority: All persons and individuals executing this Grant Contract certify and warrant that they have the capacity and have been duly authorized to execute this Grant Contract on behalf of the entities so indicated and that no additional authorization or approval is required.

12. Indemnity: Grantee acknowledges that it is solely responsible for any liabilities that may arise in connection with the Breast Cancer Project. To the extent not prohibited under the state and local laws which govern each party, such party agrees to indemnify and hold the other harmless from and against any and all costs, losses or expenses, including reasonable attorneys' fees, that the other party may incur by reason of the indemnifying party's negligence or misconduct or by reason of any third-party claim or suit arising out of or in connection with the indemnifying party's performance or failure to perform pursuant to this Grant Contract.

13. Arbitration: The parties will arbitrate any dispute, claim or controversy relating to or arising out of this Grant Contract. Any party may initiate arbitration by giving written notice to the other party of an intention to arbitrate and by filing with the regional office of the American Arbitration Association located in San Antonio, Texas, three copies of such notice and three copies of the Grant Contract together with the appropriate filing fee. Such notice shall contain a statement setting forth the nature of the dispute and the remedies sought. The arbitration shall be conducted in San Antonio, Texas in accordance with the rules of the American Arbitration Association in effect at the time the notice to arbitrate is served. The arbitrator's decision will be final and binding on the parties. The parties acknowledge and agree that, notwithstanding the provisions of this section, nothing in this Grant Contract shall be construed to require Komen Affiliate (or the Foundation) to arbitrate any claim arising out of the provisions of Section 5 and Section 9, which shall be enforceable by any court of competent jurisdiction.

14. Entire Agreement: This Grant Contract supersedes any prior understandings or oral agreements between the parties regarding the subject matter hereof and constitutes the entire understanding and agreement between the parties with respect to the subject matter hereof, and there are no agreements, understandings, representations or warranties among the parties other than those set forth herein.

15. Governing Law: This Grant Contract shall be governed by and construed in accordance with the laws of the State of Texas.

GRANTEE PROGRESS REPORT OUTLINE

Due Date: January 31, 2005

EXHIBIT B GRANT PROGRESS REPORT TO THE

San Antonio Affiliate of the Susan G. Komen Breast Cancer Foundation

Please Type

PROJECT DIRECTOR: _____

AGENCY: _____

PROJECT TITLE: _____

PERIOD COVERED BY PROGRESS REPORT:

FROM: _____ TO: _____

-
1. **PROJECT PROGRESS REPORT:** In this section, list progress of project toward meeting objectives as outlined in Grant Application, including number of people served during this period. (1 page)
 2. **PROPOSED CHANGES:** In this section, please report any proposed changes in project design, project personnel, or project budget. Please use the "Request for Change/Amendment" form. (1 page per change, if any)
 3. **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)
 4. **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)
 5. **ACCOUNTING OF GRANT FUNDS:** Please attach a current accounting of grant funds using the Budget Progress Report form. (1 page)

Signature of Project Director

Date

BUDGET PROGRESS REPORT FORM

ACCOUNTING OF GRANT FUNDS FROM _____

TO _____

MONTH/DAY/YEAR

MONTH/DAY/YEAR

	ORIGINAL BUDGET	ACTUAL EXPENSES TO DATE
PERSONNEL		
SUPPLIES (ITEMIZE BY CATEGORY)		
EQUIPMENT (NOT TO EXCEED 30% OF DIRECT COSTS)		
PATIENT CARE COSTS		
INPATIENT		
OUTPATIENT		
SUBTOTAL (DIRECT COSTS)	\$	\$
INDIRECT COST ALLOCATION (NOT TO EXCEED 15% OF DIRECT COSTS)	\$	\$
TOTAL GRANT FUNDS EXPENDITURES	\$	\$

SIGNATURE: _____

DATE REQUESTED: _____

(TYPED) PRINCIPAL INVESTIGATOR/PROJECT DIRECTOR

GRANTEE PROGRESS REPORT OUTLINE

Due Date: April 29, 2005

EXHIBIT B GRANT PROGRESS REPORT TO THE

San Antonio Affiliate of the Susan G. Komen Breast Cancer Foundation

Please Type

PROJECT DIRECTOR: _____

AGENCY: _____

PROJECT TITLE: _____

PERIOD COVERED BY PROGRESS REPORT:

FROM: _____ TO: _____

-
1. **PROJECT PROGRESS REPORT:** In this section, list progress of project toward meeting objectives as outlined in Grant Application, including number of people served during this period. (1 page)
 2. **PROPOSED CHANGES:** In this section, please report any proposed changes in project design, project personnel, or project budget. Please use the "Request for Change/Amendment" form. (1 page per change, if any)
 3. **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)
 4. **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)
 5. **ACCOUNTING OF GRANT FUNDS:** Please attach a current accounting of grant funds using the Budget Progress Report form. (1 page)

Signature of Project Director

Date

BUDGET PROGRESS REPORT FORM

ACCOUNTING OF GRANT FUNDS FROM _____ TO _____
 MONTH/DAY/YEAR MONTH/DAY/YEAR

	ORIGINAL BUDGET	ACTUAL EXPENSES TO DATE
PERSONNEL		
SUPPLIES (ITEMIZE BY CATEGORY)		
EQUIPMENT (NOT TO EXCEED 30% OF DIRECT COSTS)		
PATIENT CARE COSTS		
INPATIENT		
OUTPATIENT		
SUBTOTAL (DIRECT COSTS)	\$	\$
INDIRECT COST ALLOCATION (NOT TO EXCEED 15% OF DIRECT COSTS)	\$	\$
TOTAL GRANT FUNDS EXPENDITURES	\$	\$

SIGNATURE: _____

DATE REQUESTED: _____

 (TYPED) PRINCIPAL INVESTIGATOR/PROJECT DIRECTOR

GRANTEE PROGRESS REPORT OUTLINE

Due Date: July 29, 2005

EXHIBIT B GRANT PROGRESS REPORT TO THE

San Antonio Affiliate of the Susan G. Komen Breast Cancer Foundation

Please Type

PROJECT DIRECTOR: _____

AGENCY: _____

PROJECT TITLE: _____

PERIOD COVERED BY PROGRESS REPORT:

FROM: _____ TO: _____

-
1. **PROJECT PROGRESS REPORT:** In this section, list progress of project toward meeting objectives as outlined in Grant Application, including number of people served during this period. (1 page)
 2. **PROPOSED CHANGES:** In this section, please report any proposed changes in project design, project personnel, or project budget. Please use the "Request for Change/Amendment" form. (1 page per change, if any)
 3. **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)
 4. **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)
 5. **ACCOUNTING OF GRANT FUNDS:** Please attach a current accounting of grant funds using the Budget Progress Report form. (1 page)

Signature of Project Director

Date

BUDGET PROGRESS REPORT FORM

ACCOUNTING OF GRANT FUNDS FROM _____ TO _____
 MONTH/DAY/YEAR MONTH/DAY/YEAR

	ORIGINAL BUDGET	ACTUAL EXPENSES TO DATE
PERSONNEL		
SUPPLIES (ITEMIZE BY CATEGORY)		
EQUIPMENT (NOT TO EXCEED 30% OF DIRECT COSTS)		
PATIENT CARE COSTS		
INPATIENT		
OUTPATIENT		
SUBTOTAL (DIRECT COSTS)	\$	\$
INDIRECT COST ALLOCATION (NOT TO EXCEED 15% OF DIRECT COSTS)	\$	\$
TOTAL GRANT FUNDS EXPENDITURES	\$	\$

SIGNATURE: _____

DATE REQUESTED: _____

 (TYPED) PRINCIPAL INVESTIGATOR/PROJECT DIRECTOR

GRANTEE FINAL REPORT OUTLINE

Due Date: November 15, 2005

EXHIBIT C

FINAL GRANT REPORT TO THE:

San Antonio Affiliate of the Susan G. Komen Breast Cancer Foundation

Please Type

PROJECT DIRECTOR: _____

AGENCY: _____

PROJECT TITLE: _____

START DATE: _____ END DATE: _____

1. PROJECT SUMMARY I: List each objective outlined in the original grant application.

2. WHAT PERCENTAGE OF OBJECTIVES WERE MET

SPECIFIC AIMS:	PERCENT COMPLETED:				
	1-25%	26-50%	51-75%	76-100%	N/A
OBJECTIVE 1					
OBJECTIVE 2					
OBJECTIVE 3					
OBJECTIVE 4					
OBJECTIVE 5					

3. **PROJECT SUMMARY II:** In this section, please provide a short summary (200 words or less) in lay language describing the outcomes and accomplishments of this project. Include a statement of plans for the future of the program.

4. **TYPES OF SERVICES PROVIDED (CHOOSE ONLY THOSE THAT PERTAIN TO YOUR GRANT):**

of People Served

of People Served

_____ CLINICAL TRIALS EDUCATION

_____ SCREENING MAMMOGRAPHY

_____ TREATMENT ASSISTANCE

_____ EDUCATION/COUNSELING SESSIONS

_____ WRITTEN MATERIALS PROVIDED

_____ CLINICAL TRIALS ENROLLMENT

_____ DIAGNOSTIC SERVICES

_____ CLINICAL BREAST EXAMS

_____ COMPLEMENTARY/ALTERNATIVE

_____ PSYCHOSOCIAL

_____ OTHER _____

5. NUMBER OF SCREENING MAMMOGRAMS PROVIDED WITH THIS GRANT (IF APPLICABLE):

6. NUMBER OF CLIENTS REFERRED OUT FOR FURTHER DIAGNOSIS: _____

7. NUMBER OF CLIENTS REFERRED OUT FOR MAMMOGRAMS (NOT PAID FOR BY KOMEN GRANT):

8. NUMBER OF BREAST CANCERS DETECTED: _____

9. 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.

Organization

Dollar Amount

_____	_____
_____	_____
_____	_____
_____	_____

10. PROJECT MATERIALS: In this section, please list all published or produced materials, pictures, etc. for this grant project. Include copies of materials for Affiliate files.

11. ACCOUNTING OF GRANT FUNDS: Please attach a final budget for the entire term of the grant period. (Use attached form)

Signature of Project Director

Date

Permission is hereby granted to the Susan G. Komen Breast Cancer Foundation to publish the above information. Proper credit will be given to grantee where appropriate.

Tracking Number _____

BUDGET PROGRESS REPORT FORM

ACCOUNTING OF GRANT FUNDS FROM _____ TO _____
MONTH/DAY/YEAR MONTH/DAY/YEAR

	ORIGINAL BUDGET	ACTUAL EXPENSES TO DATE
PERSONNEL		
SUPPLIES (ITEMIZE BY CATEGORY)		
EQUIPMENT (NOT TO EXCEED 30% OF DIRECT COSTS)		
PATIENT CARE COSTS		
INPATIENT		
OUTPATIENT		
SUBTOTAL (DIRECT COSTS)	\$	\$
INDIRECT COST ALLOCATION (NOT TO EXCEED 15% OF DIRECT COSTS)	\$	\$
TOTAL GRANT FUNDS EXPENDITURES	\$	\$

SIGNATURE: _____

DATE REQUESTED: _____

(TYPED) PROJECT DIRECTOR