

Deadline:

Narrative

Reporting Period Start Date

Reporting Period End Date

Number of unduplicated individuals served during reporting period

Briefly describe progress toward completion of all objectives

List Upcoming Tasks

Briefly describe challenges toward completion of all objectives and how they were addressed

Objectives

Provide a story of an individual who has been served by this project with Komen funding. Explain how the individual accessed and/or remained in the CoC with project funding.

Please indicate if any of the following are representative of the individual. Please select all that apply.

Breast cancer survivor (non-metastatic), Co-survivor, Health care provider, Immigrant, newcomer, refugee, migrant, Individual living with metastatic disease, Individual who identifies as LGBTQ, Individual residing in a rural area, Male, Other

Other

Please indicate which Komen-funded services were provided by selecting all that apply .

Education/Training, Screening Services (e.g. clinical breast exam, mammogram, genetic testing/counseling), Diagnostic Services (e.g., mammogram, biopsy, genomic testing/counseling, etc), Treatment Services (e.g., surgery, chemotherapy, etc.), Treatment Support Services (e.g., symptom management, psychosocial support, etc.), Barrier Reduction Assistance (e.g., transportation, co-pay/deductible assistance, etc), Care Coordination/Patient Navigation/Case Management

Please attach materials relevant to this project, press releases, media coverage

Budget

Provide an explanation of how reported expenditures were used to accomplish project objectives including a description of discrepancies between the Project Budget and During the Reporting Period columns

Provide a description of how match funding was used during the reporting period in connection with the project.

Receipts/Other Budget Uploads



Data Reports
