

REQUEST FOR Application (RFA)



THE CENTRAL FLORIDA AFFILIATE OF THE SUSAN G. KOMEN FOR THE CURE®

Grant applications now being accepted for
**BREAST HEALTH AND/OR BREAST CANCER
EDUCATION, TREATMENT SUPPORT, OR SCREENING PROJECTS**

The mission of Susan G. Komen for the Cure is to eradicate breast cancer as a life-threatening disease by advancing research, education, screening, and treatment. Komen Affiliates represent one of the nation's largest private funding sources for breast health and breast cancer screening, education, and treatment support programs.

The Central Florida Affiliate of Susan G. Komen for the Cure® is currently offering grants of up to \$75,000 for innovative projects in the areas of breast health and breast cancer education, outreach, screening, and diagnosis support targeting services not otherwise available to the medically underserved populations of Brevard, Flagler, Lake, Marion, Orange, Osceola, Seminole, Sumter, and Volusia counties. Grants are available for up to one (1) year.

Important Note

Applications will be accepted for any breast cancer screening, diagnostic, or education project in the Affiliate counties. However, projects that specifically address the objectives outlined in the "Statement of Need" below will be given priority. All requests for science research funding should be directed to the Komen Foundation's Award and Research Grant Program. More information on research funding is available at www.komen.org/grants.

STATEMENT OF NEED: Through a community needs assessment, The Central Florida Affiliate has identified the following needs:

- **Priority One:** Assure access to screening for uninsured and underinsured women in each county in the Service Area.
- **Priority Two:** Increase access to follow up treatment after a diagnosis for uninsured and the underinsured women in each county in the Service Area.
- **Priority Three:** Promote culturally appropriate education campaigns targeting the African American, Hispanic and Latin communities.
- NOTE: Fees for screening and diagnostic services will follow the 2009 Medicare Fee Schedule Locale 1&2 or no more than 5% over these fees (acceptable fee schedule included)
- NOTE: If a project providing direct services wishes to utilize funds for women under the age of 40, no more than 10% of the awarded funds can be directed to these women and they must present with an abnormal CBE or screening mammogram.

APPLICATION DEADLINE IS JANUARY 12, 2010.

APPLICATIONS MUST BE POSTMARKED BY THIS DATE TO BE ACCEPTED.

GUIDELINES AND INSTRUCTIONS FOR APPLICANTS
***THE PURPOSE OF THIS PROGRAM IS TO ADDRESS THE BREAST HEALTH AND BREAST
CANCER SCREENING, TREATMENT, AND EDUCATION NEEDS OF THE CENTRAL FLORIDA
SERVICE AREA.***

QUALIFICATIONS: Applications are accepted from US nonprofit institutions; US citizenship or residency is not required. Applications must be submitted in English. Applicant organizations must be providing services in Central Florida.

RESTRICTIONS:

- Project must be specific to breast health and/or breast cancer; e.g. if a project is a combined breast and cervical cancer project, funding may only be requested for the breast cancer portion.
- Applicants must be a US nonprofit (federally tax-exempt) organization, e.g. nonprofit organizations, educational institutions, government agencies, and Indian tribes are eligible.
- Services must be provided in Central Florida.
- Indirect costs, if applicable, should be no more than 15% of direct costs.
- Equipment costs, if applicable, may not exceed 30% of direct costs and should be used exclusively on this project.
- Salaries, if requested, are for personnel related to this project only and not the general work of employee.

REVIEW: Applications received complete, and meeting compliance with these guidelines, will be submitted for grant review by a panel established through the local grants committee.

EDUCATION MATERIALS: A variety of education materials are available from Susan G. Komen for the Cure®. Some items are targeted to special populations. Before requesting funds to purchase items from other sources or create new materials, please contact the Central Florida Affiliate. We recommend that Komen materials be used in the project whenever possible. Grantees will be given access to purchase materials direct from Komen at a discounted price or may receive materials from the Affiliate as available.

GRANTEE PARTICIPATION: Grantees will be required to attend a meeting with the Board of Directors within the first 5 months of the fiscal year. An additional meeting may also be held which will also require grantee representation. Grantees must be prepared to attend these meetings as part of their grant requirements. It is strongly encouraged that grantees participate in the fund raising activities of the Affiliate as volunteers whenever possible, including the Race for the Cure®.

ADVERTISEMENT: Grantees will be required to inform people receiving services with Komen funds to be informed of same. The Central Florida Affiliate logo and contact information must be used on websites, designed literature, and/or to each person receiving services via a card provided by the Affiliate. Branding guidelines and restrictions must be followed and will be provided by the Affiliate at the request of the grantee. Approval of name and logo are requested before using in print.

CONTRACTS: A grant contract will be the legal mechanism for funding.

GRANT PERIOD: Grant period begins April 1, 2010 and will conclude on March 31, 2011.

PAYMENT AND REPORTING: The first payment will be made no later than thirty (30) days after receipt of the fully executed contract. The first progress report is due at the end of the first six (6) months of the contract. A final report is due within forty-five (45) days of completion of the grant period.

LETTERS OF SUPPORT AND ADDITIONAL MATERIALS: DO NOT send additional materials (i.e. reprints, complete curriculum vitae or letters of support). These will not be reviewed.

CONFIRMATION OF RECEIPT OF APPLICATION: Confirmation of receipt of application will be mailed to the project director following review for compliance to guidelines. If immediate confirmation of receipt is requested, please include a self-addressed, stamped postcard that will be

returned to you immediately upon receipt of the application. **Please do not contact the Affiliate regarding the status of the application during the review period.**

ANNOUNCEMENT: Announcement of grants awarded will be made by March 1, 20010. Project directors will be notified of the outcome of the review in writing.

NUMBER OF GRANTS TO BE AWARDED: A minimum of \$600,000 is to be granted in this program. The actual number of awards will depend on the amount of funding granted per project.

APPLICATIONS SHOULD INCLUDE AND BE ORDERED AS FOLLOWS:

A. Cover Page (Form attached)

Note: Signature of approving institutional personnel, other than project director, required.

B. Project Description (This section should not exceed five typewritten pages. Font size should be no smaller than a ten-point typeface.)

1. Brief explanation of project.
2. Statement of need/problem to be addressed.
3. Description of constituency to be served and how they will be benefited (please indicate number of women to be served).
4. Description of program goals and measurable objectives.
5. Description of activities planned to accomplish these goals. Is this a new or ongoing activity of your hospital or organization?
6. Timetable for accomplishing goals (Please note: six months reports are required).
7. Description of other organizations or entities, if any, participating in the Program. If applicable, letters of collaboration should be included from each organization.
8. Long term strategies for funding of the Program after initial funding.
9. A review of comparable programs offered in this service area and an explanation of how this program is unique.
10. Definition of success for the Program and how it will be measured.
11. Use of the Program's results and how they are to be disseminated.

C. Financial Information (Not to exceed three typewritten pages).

1. Budget for requested funds (Form attached).
2. Budget justification.
3. List of other sources of current funding for the project.

D. Biosketch form for project director and attendant personnel listed in budget request (no more than two pages per person).

E. Proof of non-profit status for applicant institution.

F. Most Recent Progress Report: Previous grantees of the Central Florida Affiliate of Susan

G. Komen for the Cure must attach their six-month or final report for their most recent grant.

- **Applications must be submitted by the director of the project.**
- **Keep grant requests to the page limits, as stated above. Excess pages will be removed prior to review. Submit 5 copies of each application.**
- **Applications should be bound by staples or clips only. Please no spiral bound materials. Fax copies will not be accepted.**
- **Failure to adhere to these guidelines will result in delayed processing or refusal of the application.**

APPLICATIONS MUST BE POSTMARKED BY JANUARY 12, 2010:

Susan G. Komen for the Cure Central Florida Affiliate®

1350 Orange Ave, Suite 260

Winter Park, FL 32789

Inquiries should be addressed as above or contact our office at 321-972-5534 or info@komentcentralflorida.org. (Please allow adequate time before deadline for response to any inquiry)



**THE CENTRAL FLORIDA AFFILIATE OF
SUSAN G. KOMEN FOR THE CURE®**

**REQUEST FOR APPROVAL
FOR BREAST HEALTH AND/OR BREAST CANCER PROJECT**

PROJECT DIRECTOR & TITLE _____

INSTITUTE _____

ADDRESS _____

PHONE () _____

FAX () _____

EMAIL _____

TITLE OF PROJECT _____

TOTAL AMOUNT REQUESTED _____

GRANT PERIOD 04/01/2010 to 03/31/2011 _____

SIGNATURE & TITLE OF
APPROVING PERSONNEL (OTHER
THAN PROGRAM DIRECTOR) _____ DATE _____

NAME & TITLE OF APPROVING
INSTITUTIONAL PERSONNEL (TYPED) _____

PLEASE CHECK TYPE OF APPLICATION: EDUCATION SCREENING TREATMENT

APPLICATIONS MUST BE POSTMARKED BY JANUARY 12, 2010
(Photocopies of this form are acceptable)

PROJECT DIRECTOR _____

ORGANIZATION/INSTITUTION _____

BCCCP PROVIDER? YES NO

TARGET POPULATION _____

ABSTRACT

In the space below, please provide a short abstract, not to exceed 200 words, written in lay terms for release to the general public should this application be chosen for funding.

Permission to publish:

Permission is hereby granted to The Central Florida Affiliate of Susan G. Komen for the Cure® to publish the above abstract should this application be selected for funding.

SIGNATURE _____

DATE _____

NAME (TYPED) _____

PHONE NUMBER _____

PROJECT DIRECTOR (Last Name, First, Middle)

BIOGRAPHICAL INFORMATION

Information should be submitted for the project director and other personnel included in budget request. Please use a separate form for each person.

NAME	TITLE
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EDUCATION
(Begin with baccalaureate or initial professional education, such as nursing, include postdoctoral training)

INSTITUTION <i>(Indicate Location)</i>	DEGREE	YEAR CONFERRED	FIELD OF STUDY

PROFESSIONAL EXPERIENCE: Please list, in chronological order, concluding with present position, previous employment, experience and honors. List, in chronological order, the titles, authors and complete references to all publications during the past three years and to representative earlier publications pertinent to this application.

DO NOT EXCEED TWO PAGES

GRANT APPLICATION REQUIRED BUDGET FORM

DETAILED BUDGET FOR ENTIRE BUDGET PERIOD		FROM 04/01/10			THROUGH 03/31/11		
PERSONNEL <i>(MUST BE SPECIFIC TO PROJECT)</i>		TYPE APPT. (MONTHS)	% EFFORT ON PROJECT	BASE SALARY	DOLLAR AMOUNT REQUESTED		
NAME	ROLE ON PROJECT				SALARY REQUESTED	FRINGE BENEFIT	TOTALS
SUBTOTALS							
SUPPLIES (ITEMIZE BY CATEGORY)							
EQUIPMENT (NOT TO EXCEED 30% OF DIRECT COST)							
TRAVEL							
PATIENT CARE COSTS		INPATIENT					
		OUTPATIENT					
OTHER EXPENSES (ITEMIZE BY CATEGORY)							
SUBTOTAL - DIRECT COSTS							
INDIRECT COST ALLOCATION (NOT TO EXCEED 15%)							
TOTAL FUNDING REQUEST							

****Please attach budget justification****

Please note the below fee schedule is the 2009 Medicare reimbursement for Locale 1 & 2. These are the preferred fees however if this is not possible the most that will be approved will be no greater than 5% increase over these fees for office visits, surgical consults, mammograms, ultrasounds and breast biopsies.

New Patients - Office Visits

CPT Code	Current Procedural Terminology (CPT) Description	Fee Schedule
99201	New patient - office visit (10 minutes face-to-face) (Initial CBE only)	36.38
99201*	The provider's reduced fee if they provide service in a facility outside their own office	23.85
99202	New patient - office visit (20 minutes face-to-face)	62.96
99202*	The provider's reduced fee if they provide service in a facility outside their own office	45.68
99203	New patient - office visit (30 minutes face-to-face) Usual charge for initial CBE <u>with</u> Pap smear and pelvic exam, or for Pap and pelvic exam	91.86
99203*	The provider's reduced fee if they provide service in a facility outside their own office	69.5

Established, Rescreening or Clients needing Short Term Follow-Up - Office Visits

99211	Established patient - office visit (5 minutes face-to-face)	18.27
99211*	The provider's reduced fee if they provide service in a facility outside their own office	8.79
99212	Established patient - office visit (10 minutes face-to-face) Usual charge for repeat Pap/pelvic only <u>or</u> Repeat CBE only	36.72
99212*	The provider's reduced fee if they provide service in a facility outside their own office	23.51
99213	Established patient - office visit (15 minutes face-to-face) Usual charge for repeat CBE <u>with</u> Pap smear and pelvic exam	60.45
99213*	The provider's reduced fee if they provide service in a facility outside their own office	44.87

Diagnostic Services - Surgical Consults

99241	Consultation visit (15 minutes face-to-face)	48.54
99241*	The provider's reduced fee if they provide service in a facility outside their own office	33.98
99242	Consultation visit (30 minutes face-to-face)	91.12
99242*	The provider's reduced fee if they provide service in a facility outside their own office	71.48
99243	Consultation visit (40 minutes face-to-face)	124.99
99243*	The provider's reduced fee if they provide service in a facility outside their own office	99.26

Note: Initial consult w/surgeon after abnormal results

Procedures Codes - Breast

CPT Code	Current Procedural Terminology (CPT) Description	
	Screening	
77057	Mammogram - Screening, bilateral (4 views total - 2 view film study of each breast)	80.91
G0202	Digital Mammogram - Screening, Bilateral (4 views total - 2 view study of each breast)	126.29
	Diagnostic	
77055	Mammogram - Diagnostic Follow Up, unilateral (2 views of 1 breast)	83.67
G0206	Digital Mammogram - Diagnostic, Unilateral (2 views total - of 1 breast)	117.88
77056	Mammogram - Diagnostic Follow Up, bilateral (4 views - 2 of each breast)	105.95
G0204	Digital Mammogram - Diagnostic, Follow Up Bilateral (4 views total - 2 view study of each breast)	148.28
77031	Stereotactic localization guidance for breast biopsy or needle placement (e.g., for wire localization or for injection), each lesion, radiological supervision and interpretation	199.4
77032	Mammographic guidance for needle placement - breast (Preoperative placement of needle localization wire, breast, radiological supervision and interpretation)	60
76098	Radiological examination, surgical specimen	19.83
76645	Diagnostic Ultrasound Breast (unilateral or bilateral), B-scan and/or real time with image documentation	87.78
76942	Ultrasonic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device) imaging supervision and interpretation	177.87
19000	Puncture aspiration of breast cyst	100.63
19000*	The provider's reduced fee if they provide service in a facility outside their own office	45.43
19001	Puncture aspiration of breast cyst, each additional cyst	26.44
19001*	The provider's reduced fee if they provide service in a facility outside their own office	22.72
19100	Breast biopsy, percutaneous, needle core , not using imaging guidance (surgical procedure only)	125.86
19100*	The provider's reduced fee if they provide service in a facility outside their own office	68.28
19101	Breast biopsy; open, incisional	288.34
19101*	The provider's reduced fee if they provide service in a facility outside their own office	201.98
19102	Breast biopsy, percutaneous, needle core , using imaging guidance - For placement of localization clip use 19295	202.08
19102*	The provider's reduced fee if they provide service in a facility outside their own office	105.56
19103	Breast biopsy, percutaneous, automated vacuum assisted or rotating biopsy device, using image guidance	504.63
19103*	The provider's reduced fee if they provide service in a facility outside their own office	195.43
19120	Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion, one or more lesions	424.34
19120*	The provider's reduced fee if they provide service in a facility outside their own office	369.47

19125	Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion	469.62
19125*	The provider's reduced fee if they provide service in a facility outside their own office	409.68
19126	Excision of breast lesion identified by preoperative placement of radiological marker, open; each additional lesion separately identified by a preoperative radiological marker.	158.09
19290	Preoperative placement of needle localization wire, breast	143.03
19290*	The provider's reduced fee if they provide service in a facility outside their own office	66.07
19291	Preoperative placement of needle localization wire, breast; each additional lesion	64.49
19291*	The provider's reduced fee if they provide service in a facility outside their own office	33
19295	Image guided placement, metallic localization clip, percutaneous, during breast biopsy	80.21
19295*	The provider's reduced fee if they provide service in a facility outside their own office	
10021	Fine needle aspiration without imaging guidance (replaces 88170)	124.84
10021*	The provider's reduced fee if they provide service in a facility outside their own office	66.59
10022	Fine needle aspiration with imaging guidance (replaces 88170)	127.32
10022*	The provider's reduced fee if they provide service in a facility outside their own office	65.34
88172	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s)	51.22
88173	Cytopathology, evaluation of fine needle aspirate; interpretation and report	128.65
00400	Anesthesia fee - associated only with diagnostic procedures (listed in this workbook) which were performed on an outpatient basis (effective July 1, 2006)	
88305	Breast biopsy - surgical pathology, gross and microscopic examination, not requiring microscopic evaluation of surgical margins	101.17
88307	Breast, excision of lesion - surgical pathology, gross and microscopic examination requiring microscopic evaluation of surgical margins	201.97