



BREAST CANCER ALLIANCE

EDUCATION AND OUTREACH FINAL REPORT

Due Date: August 16, 2020

Reporting Period: March 1, 2020 – August 15, 2020

Project Title:

Organization Name:

Contact Person:

Phone:

Fax:

Email:

Address:

City:

State:

Zip:

Briefly describe your successes and accomplishments to date. If applicable, please include any unforeseen challenges, additions or losses of funding and/or personnel changes and how you have addressed them to meet the goals and objectives set forth in your application.

FOR ORGANIZATIONS RECEIVING PSYCHO-SOCIAL SUPPORT: Please list three objectives of your grant, how they have been met, and the number of people who have been served by having met those objectives.

In the following section, please complete the spreadsheet as it best reflects the work you have provided according to the grant proposal funded by the Breast Cancer Alliance. **We understand that not all fields are applicable to each institution:**

OBJECTIVES	# SERVED	ADDITIONAL COMMENTS
SCREENING		
Number of individuals scheduled for a screening mammogram		
Number of individuals who completed a screening mammogram		
Number of individuals referred for further support		
Number of individuals who followed up for further support		
EDUCATION		
Number of public education messages released, (published or aired) through small and mass media outlets such as radio, television, newspaper, e-communications, social networking		
Number of individuals who participated in an educational lecture, workshop, seminar or webinar		
Number of individuals you reached through one on one education contacts		
EVENTS		
Number of events you hosted (e.g. free screening days, hosting a mammography van, etc.)		
NAVIGATION AND SUPPORT		
Number of individuals who received translation interpretation throughout screening and/or diagnostics		
Number of individuals who received navigation services through screening and diagnostic procedures. Navigation services could include explaining procedures, accompaniment to appointments, paperwork assistance, general follow-up, etc.		
Number of individuals who participated in support groups while actively undergoing treatment		
Number of individuals who participated in individual, professional counseling while actively undergoing treatment		
Please enter service below if not listed:		

If you screened people you then could not serve, to where did you refer them? Was there follow up to be sure they went to the appropriate site?

Please complete this accounting of grant funds provided by Breast Cancer Alliance used thus far. Further comments for explanation are welcome.

Budget Item	Amount Spent to Date
Salaries	
Benefits	
Mammograms – screening	
Mammograms – diagnostic	
Other Costs Associated with Mammograms	
Reviewing Mammogram Results – screening	
Reviewing Mammogram Results – diagnostic	
Ultrasound	
MRI	
Materials	
Total Grant Funds Spent To Date	

**If your mammogram fee is above the Medicaid rate, what other services are included in that fee?

What percentage of your Breast Cancer Alliance funding have you spent to date? _____

Of the support you provide to the underserved, what percent is funded by Breast Cancer Alliance? _____

For the patients who did not follow through when additional services were needed, to what do you attribute that lack of follow through?

If you have any new promotional materials which were developed this year in accordance with this grant, please attach them to this document.

On a separate page, please attach a breakdown of number of patients served and the town or zip code in which they reside.

We like to share the success of our funding with our donors. If possible, please share the story of an individual who has benefitted from the services Breast Cancer Alliance has allowed you to provide. Please abide by HIPAA regulations when sharing this information.