

Susan G. Komen For the Cure NC Triangle Affiliate  
Document 1: Program Summary



**Section A: Cover Page**

<b>Project Director and Title</b>	
<b>Point of Contact Person and Title</b>	
<b>Organization/Institution</b>	
<b>Organization's Tax Identification #</b>	
<b>Mailing Address (no PO Box)</b>	<b>Street:</b> <b>City:</b> <b>State:</b> <b>Zip Code:</b>
<b>Counties of Service</b>	
<b>Phone Numbers</b>	
<b>Fax</b>	
<b>Email</b>	
<b>Title of Project (no more than 60 characters)</b>	
<b>Total Amount Requested</b>	
<b>Grant Period</b>	
<b>Date</b>	
<b>Institutional Director (cannot be project director listed above)</b>	
<b>Signature of Approving Institutional Director</b>	

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Applicant Organization Name:		Project Director:	
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**Section B: Abstract**

In the space below, provide a short abstract, not to exceed 1200 characters.

Expected number of unduplicated clients served: \_\_\_\_\_ Counties served: \_\_\_\_\_

Permission to publish: Permission is hereby granted to Susan G. Komen For The Cure to publish this abstract should this application be selected for funding.

Name (Print) and Signature:

Date:

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Applicant Organization Name:		Project Director:	
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### Section C: Program Profile

#### Type of Program: *Check all that apply*

##### EDUCATION:

- Breast Cancer Education
- Clinical Trials Education
- Educational materials provided
- Lay Health Advisor
- Clinical Trials Enrollment

- Complimentary/Alternative Medicine

##### SCREENING:

- CBE
- Mammogram
- Ultrasound
- MRI
- Diagnostics services provided
- Referrals for Diagnostic Services
- Referrals for Mammograms
- Genetic Testing
- Other: \_\_\_\_\_

##### PSYCHOSOCIAL SUPPORT:

- Support Groups
- Financial Assistance
- Other: \_\_\_\_\_
- Treatment Assistance
- Other: \_\_\_\_\_

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Applicant Organization Name: _____	Project Director: _____
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<b>Program Demographics: <i>Check all that apply</i></b>	
<b>BCCCP Provider?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Age</b>	<input type="checkbox"/> Women under 40 <input type="checkbox"/> Women 41-50 <input type="checkbox"/> Women 51 – 64 <input type="checkbox"/> Women over 65
<b>Ethnic/Race</b>	<input type="checkbox"/> African American/Black <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> East Indian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Other
<b>Participants</b>	<input type="checkbox"/> Breast Cancer Patients <input type="checkbox"/> Breast Cancer Survivors <input type="checkbox"/> Lymphedema Patients <input type="checkbox"/> Recently Diagnosed Patients <input type="checkbox"/> Other: _____
<b>Medically Underserved</b>	<input type="checkbox"/> Homeless <input type="checkbox"/> Immigrants <input type="checkbox"/> Shelter Residents <input type="checkbox"/> Migrant Workers <input type="checkbox"/> Refugees <input type="checkbox"/> Rural
<b>Health and Community Professionals (personnel only)</b>	<input type="checkbox"/> Health Educators <input type="checkbox"/> Health Care Providers <input type="checkbox"/> Scientists <input type="checkbox"/> Community Outreach Worker
<b>Other Groups</b>	<input type="checkbox"/> Co-survivors <input type="checkbox"/> College Students <input type="checkbox"/> Elderly (>65) <input type="checkbox"/> High School Students <input type="checkbox"/> Incarcerated <input type="checkbox"/> Lesbian/Gay/Bisexual/Transgender <input type="checkbox"/> Low-literacy <input type="checkbox"/> Men <input type="checkbox"/> Persons with disabilities

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Program Demographics: Check all that apply																											
<b>Target Population Description (optional)</b> <i>Enter specific details for this target population (300 character limit)</i>																											
<b>Projected Counties to be served</b> <i>Check all that apply and give your best estimate.</i>	<table style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/> Caswell</td><td>Estimated Number to be served: _____</td></tr> <tr><td><input type="checkbox"/> Chatham</td><td>Estimated Number to be served: _____</td></tr> <tr><td><input type="checkbox"/> Durham</td><td>Estimated Number to be served: _____</td></tr> <tr><td><input type="checkbox"/> Edgecombe</td><td>Estimated Number to be served: _____</td></tr> <tr><td><input type="checkbox"/> Franklin</td><td>Estimated Number to be served: _____</td></tr> <tr><td><input type="checkbox"/> Granville</td><td>Estimated Number to be served: _____</td></tr> <tr><td><input type="checkbox"/> Harnett</td><td>Estimated Number to be served: _____</td></tr> <tr><td><input type="checkbox"/> Johnston</td><td>Estimated Number to be served: _____</td></tr> <tr><td><input type="checkbox"/> Nash</td><td>Estimated Number to be served: _____</td></tr> <tr><td><input type="checkbox"/> Orange</td><td>Estimated Number to be served: _____</td></tr> <tr><td><input type="checkbox"/> Person</td><td>Estimated Number to be served: _____</td></tr> <tr><td><input type="checkbox"/> Vance</td><td>Estimated Number to be served: _____</td></tr> <tr><td><input type="checkbox"/> Wake</td><td>Estimated Number to be served: _____</td></tr> </table>	<input type="checkbox"/> Caswell	Estimated Number to be served: _____	<input type="checkbox"/> Chatham	Estimated Number to be served: _____	<input type="checkbox"/> Durham	Estimated Number to be served: _____	<input type="checkbox"/> Edgecombe	Estimated Number to be served: _____	<input type="checkbox"/> Franklin	Estimated Number to be served: _____	<input type="checkbox"/> Granville	Estimated Number to be served: _____	<input type="checkbox"/> Harnett	Estimated Number to be served: _____	<input type="checkbox"/> Johnston	Estimated Number to be served: _____	<input type="checkbox"/> Nash	Estimated Number to be served: _____	<input type="checkbox"/> Orange	Estimated Number to be served: _____	<input type="checkbox"/> Person	Estimated Number to be served: _____	<input type="checkbox"/> Vance	Estimated Number to be served: _____	<input type="checkbox"/> Wake	Estimated Number to be served: _____
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<input type="checkbox"/> Wake	Estimated Number to be served: _____																										
<b>Total Estimated to be served by this grant</b>	<i>Please note: Actual numbers served will be required in the final report.</i> <div style="text-align: right;">Sum of above: _____</div>																										