

# Susan G. Komen For the Cure NC Triangle Affiliate Document 2: Program Plan



Applicant Organization Name:

Project Director:

## Section A: Program Description

Describe your program and how it will improve access and utilization of breast health services in the continuum of care. Provide data to illustrate the need in your target area as it corresponds with your program design.

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## **Section B: Evidenced Based Program and/or Strategy**

Describe and provide support of the program or strategy you are implementing and why and how you are adapting it to serve your target population.

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### Section C: Infrastructure

Describe the physical facilities as well as the organizational capacity that will guarantee success of your program.

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## Section D: Outreach Activities

Describe the innovative components to your program and how they will engage and enhance program participation for hard-to-reach populations.

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## **Section E: Collaborations and Partnerships**

Identify partnerships and collaborators.

Illustrate how and why you believe your partners and collaborators will help achieve success in your program. Describe how you will promote and participate in both Komen sponsored events and your own events which highlight your work and partnership with Komen NCT.

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## **Section F: Cultural Responsiveness**

Demonstrate how your program will specifically address the cultural needs of your participants and providers.

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## **Section G: Innovative Approaches**

Identify and describe innovative characteristics of your program that will not be discussed in other sections.

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