
**SUSAN G.
KOMEN®**



MIAMI/FT. LAUDERDALE

Where the end of breast cancer begins.™

COMMUNITY GRANTS REQUEST FOR APPLICATIONS

APPLICATION DEADLINE: Friday, December 6th, 2019

PERFORMANCE PERIOD: April 1st, 2020 – March 31st, 2021

AWARD NOTIFICATION: by March 1st, 2020

OUR MISSION: SAVE LIVES BY MEETING THE MOST CRITICAL NEEDS IN OUR COMMUNITIES AND INVESTING IN BREAKTHROUGH RESEARCH TO PREVENT AND CURE BREAST CANCER

OUR BOLD GOAL: REDUCE THE CURRENT NUMBER OF BREAST CANCER DEATHS BY 50% IN THE U.S. BY 2026.

Susan G. Komen® Miami/ Ft. Lauderdale
1333 S. University Drive, Suite 204
Plantation, FL 33324
www.komenmiaftl.org
Phone: 954-909-0454

Questions:
Antoinette Anwar
954-909-0457
antoinette@komenmiaftl.org

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ABOUT SUSAN G KOMEN® AND KOMEN MIAMI / FT. LAUDERDALE

Susan G. Komen is the world's largest breast cancer organization, funding more breast cancer research than any other nonprofit outside of the U.S. government while providing real-time help to those facing the disease. Komen has set a Bold Goal to reduce the current number of breast cancer deaths by 50 percent in the U.S. by 2026. Since its founding in 1982, Komen has funded more than \$956 million in research and provided more than \$2.1 billion in funding to screening, education, treatment and psychosocial support programs. Komen has worked in more than 60 countries worldwide. Komen was founded by Nancy G. Brinker, who promised her sister, Susan G. Komen, that she would end the disease that claimed Suzy's life. Komen Miami / Ft. Lauderdale has invested \$12 million in community breast health programs in South Florida and has helped contribute to the more than \$988 million invested globally in research.

ELIGIBILITY REQUIREMENTS

- Individuals are not eligible to apply.
- Applications will only be accepted from governmental organizations under Section 170(c)(1) or nonprofit organizations under Section 501(c)(3) of the Internal Revenue Service (IRS) code. Applicants must prove tax-exempt status by providing a letter of determination from the IRS.
- Proposed projects must be specific to breast health and/or breast cancer and address the priorities identified within this RFA. If a project includes other health issues along with breast cancer, such as a breast and cervical cancer project, funding may only be requested for the breast cancer portion.
- All past and current Komen-funded projects must be in compliance with Komen requirements.
- If applicant, or any of its key employees, directors, officers or agents is convicted of fraud or a crime involving any other financial or administrative impropriety in the 12 months prior to the submission deadline for the application, then applicant is not eligible to apply for a grant until 12 months after the conviction. After such 12-month period, applicant must demonstrate in its application that appropriate remedial measures have been taken to ensure that any criminal misconduct will not recur.
- Projects closed in **Not Good Standing** as part of the FY 19 Community Grants cycle will not be eligible to apply until the successful completion of a Correction Action Plan as determined by Komen. For detailed definition of **Good Standing vs Not Good Standing** please refer to Appendix A.

ELIGIBLE SERVICE AREA

Applicants must provide services to **residents** of one or more of the following locations:

- Broward County
- Miami-Dade County
- Monroe County

FUNDING PRIORITIES

Komen Miami / Ft. Lauderdale supports breast cancer projects that address the funding priorities below, which were selected based on data from our current Community Profile Report, found on our website at www.komenmiaftl.org.

The funding priority areas are listed below in no particular order:

- **Patient Navigation**

Projects that provide evidence-based patient navigation for uninsured and underinsured individuals that reside in Broward, Miami-Dade, and Monroe County. Patient navigation must follow the individual from abnormal screening to diagnostic resolution and through treatment, if necessary.

Patient navigation is a process by which a trained individual- patient navigator- guides patients through and around barriers in the complex breast cancer care system. The primary focus of a patient navigator is on the individual patient, with responsibilities centered on coordinating and improving access to timely diagnostic and treatment services tailored to individual needs. Patient navigators offer interventions that may vary from patient to patient along the continuum of care and include a combination of informational, emotional, and practical support (i.e., breast cancer education, counseling, care coordination, health system navigation, and access to transportation, language services and financial resources).

- **Reducing Barriers to Care**

Evidence-based projects that reduce barriers to quality breast cancer care experienced by uninsured and underinsured individuals residing in Broward, Miami-Dade, and Monroe County. Underinsured is defined as having some insurance coverage but not enough, or when one is insured yet unable to afford the out-of-pocket responsibilities not covered by his or her insurer.

Komen seeks to fund projects that provide no cost or low-cost screening/diagnostic/treatment services, mobile mammography, diagnostic/treatment co-pay and deductible assistance, transportation, interpreter services, childcare/eldercare, financial assistance for daily living expenses or medical treatment assistance for those receiving breast cancer treatment.

- **Breast Cancer Education**

Projects that provide evidence-based and culturally relevant breast cancer education in one-on-one and group settings. Projects must be designed to result in documented age-appropriate, breast cancer action (e.g., getting a screening mammogram, obtaining recommended follow-up after an abnormal mammogram). Based on findings from the Community Profile, these projects should include African American, linguistically isolated/foreign born, LGBT, and un/underinsured individuals that reside in Broward, Miami-Dade, and Monroe County.

Breast cancer education projects should include Komen's breast self-awareness messages, if appropriate, based on the need, audience and purpose of the educational

project. Projects must provide evidence of linkage to local breast cancer services and include follow up with participants.

ALLOWABLE COSTS

Applicants may request funding from \$10,000 up to \$50,000 (combined direct and indirect costs) for one year. All requested costs must be directly attributable to the project, provide an estimated cost calculation and include a brief justification explaining why the costs are necessary to achieve project objectives:

- **Salaries and Fringe Benefits**
Project staff responsible for achieving project objectives with salary and fringe benefits adjusted to reflect the percentage of effort on the project.
- **Consultants/ Sub-contracts**
Consultants are persons or organizations that offer specific expertise for achieving project objectives not provided by project staff and are usually paid by the hour or day. Subcontractors have substantive involvement with a specific portion of the project for achieving project objectives, often providing services not provided by the applicant.
- **Supplies**
Resources needed to achieve project objectives.
- **Travel**
Conference registration fees/travel or mileage reimbursement by project staff or volunteers necessary to achieve project objectives.
- **Patient Care**
Costs for providing direct services for a patient to achieve project objectives.
- **Other Direct Costs**
Direct costs directly attributable to the project that cannot be included in existing budget sections.
- **Indirect Costs, not to exceed 25% of direct costs**
These include costs for supporting the project such as, allocated costs such for facilities, technology support, communication expenses and administrative support.

NON-ALLOWABLE COSTS

- Research, defined as any project activity with the primary goal of gathering and analyzing data or information.
 - Specific examples include, but are not limited to, projects or programs designed to:
 - Understand the biology and/or causes of breast cancer
 - Improve existing or develop new screening or diagnostic methods
 - Identify approaches to breast cancer prevention or risk reduction
 - Improve existing or develop new treatments for breast cancer or to overcome treatment resistance, or to understand post-treatment effects
 - Investigate or validate methods or tools

- Education regarding breast self-exams/use of breast models. According to studies, teaching breast self-exam (BSE) has not been shown to be effective at reducing mortality from breast cancer
- Development of educational materials or resources that either duplicate existing Komen materials or for which there is not a demonstrated need. Applicants can view, download and print all of Komen's educational materials by visiting <http://ww5.komen.org/BreastCancer/KomenEducationalMaterials.html>. If an applicant intends to use supplemental materials, they should be consistent with Komen messages.
- Education via mass media (e.g., television, radio, newspapers, billboards), health fairs and material distribution. Evidence-based methods such as one on one and group sessions should be used to educate the community and providers.
- Construction or renovation of facilities/ land acquisition
- Political campaigns or lobbying
 - General operating funds (in excess of allowable indirect costs)
- Debt reduction
- Fundraising (e.g., endowments, annual campaigns, capital campaigns, employee matching gifts, events)
- Event sponsorships
- Projects completed before the date of grant approval
- Project-related investments/loans
- Scholarships
- Thermography
- Equipment over \$5,000 total
- Projects or portions of projects not specifically addressing breast cancer
- Software
- Purchase, maintenance, and/or reinstatement of health insurance

BREAST CANCER EDUCATION

To reduce confusion and reinforce learning, Komen will only fund projects that use approved educational messages and materials that are consistent with Komen messages. Please be sure that your organization can agree to promote the messages listed here: <http://ww5.komen.org/BreastCancer/BreastSelfAwareness.html>.

If an applicant wants to develop educational resources, they must discuss with Komen prior to application submission and provide evidence of need for the resource.

Komen has developed breast cancer education toolkits for Black and African-American communities and Hispanic/Latino communities. They are designed for health educators and organizations to meet the needs of their communities. The Hispanic/Latino toolkit is available in both English and Spanish. To access these toolkits, please visit <http://komentoolkits.org/>.

PROJECT OBJECTIVES

All applicants are required to develop project objective(s) to:

Reduce breast cancer mortality by addressing disparities, increasing access to quality and timely care, and/or improving outcomes through patient navigation.

All projects must have at least one **Specific Measurable Attainable Realistic Time-bound** (SMART) objective that will be accomplished with Komen funding and can be evaluated including an estimated timeline and the anticipated number of individuals to be served. Guidance on crafting SMART objectives is located here: <https://ww5.komen.org/WritingSMARTObjectives.html>.

PROJECT NARRATIVE

Statement of Need

- Describe the need for the project and explain the target population (including age, race, ethnicity, geographic location) to be served using demographic and breast cancer mortality statistics.
- Explain how project objectives will address the stated funding priorities.

Project Design

- Describe what will be accomplished with project funding and the strategy to reduce breast cancer mortality and increase the percentage of people who enter, stay in or progress through the continuum of care.
- Explain how the project incorporates evidence-based practices providing citations for all references.
- Explain how the requested budget and budget justification support the project objectives.
- Explain how project staff are best suited to accomplish project objectives.

Partners and Sustaining the Project

- Explain how collaboration strengthens the project.
- Describe past accomplishments with breast cancer projects that address our funding priorities. If the proposed project is new, describe success with other breast cancer projects.
- Describe the resources to be used to implement the project.

Impact and Evaluation

- Describe how the project objectives will reduce breast cancer mortality by addressing disparities, increasing access to quality and timely care, and/or improving outcomes through patient navigation.
- Describe how specific project outcomes will be evaluated.
- Describe the resources and expertise that will be used for monitoring and evaluation during the performance period.

REVIEW PROCESS

Each grant application will be reviewed by at least three reviewers from the community, who will consider each of the following criteria:

Statement of Need 25%:

- How well has the applicant identified the need for the project and explained the target population to be served?
- To what extent do project objectives address the stated funding priorities?

Project Design 25%:

- How successful was the applicant at describing the strategy to reduce breast cancer mortality?
- How well has the applicant described what will be accomplished with project funding?
- To what extent does the project include evidence-based practices?
- How well does the budget and budget justification support project objectives?
- To what extent does project staff have the expertise to effectively implement and provide fiscal oversight of the project?

Partners and Sustaining the Project 25%:

- How well does the applicant explain the roles, responsibilities and qualifications of project partners?
- How well has the applicant demonstrated evidence of success in delivering services consistent with the stated funding priorities?
- How well has the applicant described the resources to implement the project?
- Does the applicant have the capacity to manage the project?

Impact and Evaluation 25%:

- To what extent do project objectives reduce breast cancer mortality by addressing disparities, increasing access to quality and timely care, and/or improving outcomes through patient navigation?
- To what extent does the evaluation plan aim to collect the relevant required metrics?
- To what extent are the applicant's monitoring and evaluation resources likely to adequately evaluate project success?

REQUIRED REPORTING METRICS

If awarded project funding, grantees will be required to report on the Demographics in addition to the metrics related to approved objectives listed below. For example, if the project has screening and diagnostic services objectives, the grantee will report on the Demographics, Screening Services and Diagnostic Services metrics.

Demographics

State of residence; County of residence; Age; Gender; Race; Ethnicity; Special Populations.

Education & Training

Type of session; Number of individuals reached by topic area; Follow-up completed; Action taken; If health care provider training, total number of providers trained in each session and number by provider type.

Screening Services

First time to facility; Number of years since last screening; Screening facility accreditation; Count of screening services provided; Screening result; Referred to diagnostics; Staging of breast cancer diagnosed resulting from screening services.

Diagnostic Services

Time from screening to diagnosis; Diagnostic facility accreditation; Count of diagnostic services provided; Staging of breast cancer diagnosed resulting from diagnostic services; Referred to treatment.

Treatment Services

Time from diagnosis to beginning treatment; Treatment facility accreditation; Count of treatment services provided; Count of patients enrolled in a clinical trial.

Treatment Support

Count of treatment support services provided: system management, individual or group psychosocial support, complementary and integrative therapies, palliative care, durable medical equipment.

Barrier Reduction

Count of barrier reduction assistance services provided: transportation, interpretation/translation services, co-pay/deductible assistance, daily living expenses, childcare.

Patient Navigation, Care Coordination & Case Management

Time from referral to screening; Accreditation of screening facility navigated to; Time from abnormal screening to diagnostic resolution; Accreditation of diagnostic facility navigated to; Staging of breast cancer diagnosed resulting from community or patient navigation; Time from diagnostic resolution to beginning treatment; Accreditation of treatment facility navigated to; Patient enrolled in a clinical trial; Individual completed physician recommended treatment; Survivorship care plan provided.

SUBMISSION REQUIREMENTS

All applications must be submitted online through the Komen Grants Portal at komen.smartsimple.com before the application deadline to be considered.

Extensions to the submission deadline will not be granted, with the rare exception made for severe extenuating circumstances at the sole discretion of Komen.

The application process is competitive, regardless of whether or not an organization has received a grant in the past. Funding in subsequent years is never guaranteed.

CHECKLIST FOR APPLICATION COMPLETION

- **Eligibility Requirements** – Applicant meets all eligibility requirements as stated in the Komen Grants Portal and in this Request for Applications.
- **Allowable Costs** – All proposed costs are directly attributable to the project, provide an estimated cost calculation and include a brief justification explaining why the costs are necessary to achieve project objectives.
- **Non-Allowable Costs** – non-allowable costs are not included in the application.
- **Breast Cancer Education** – Applicant can agree to promote Komen’s education messages listed here: <http://ww5.komen.org/BreastCancer/BreastSelfAwareness.html>
- **Project Narrative** – Applicant has addressed each question in the Statement of Need, Project Design, Partners and Sustaining the Project, and Impact and Evaluation sections.
- **Project Objectives** – Proposed objectives are SMART, will be accomplished with Komen funding, and aim to reduce breast cancer mortality by addressing disparities, increasing access to quality and timely care, and/or improving outcomes through patient navigation.
- **Proof of Tax-Exempt Status** – To document the applicant’s **federal tax-exempt status**, provide a letter of determination from the Internal Revenue Service. Evidence of state or local exemption will not be accepted. Please do not provide a Federal tax return.
- **Resume/Job Description** – For key personnel that are currently employed by the applicant organization, provide a resume or *curriculum vitae* that includes education level achieved and licenses/certifications obtained. For new or vacant positions, provide a job description (*Two-page limit per individual*).
- **Letters of Support / Memoranda of Understanding** – From project partners identified in the Project Narrative / Partners and Sustaining the Project section.
- **Assurances** – Applicant assures compliance with the following policies if awarded project funding:
 - Recipients of services must reside in the Affiliate Service Area.

-
- The effective date of the grant agreement is the date on which Komen fully executes the grant agreement and shall serve as the start date of the project. No expenses may be accrued against the project until the grant agreement is fully executed. The contracting process can take up to six weeks from the date of the award notification letter.
 - Any unspent funds over \$1.00 must be returned to Komen.
 - Grant payments will be made in installments pending acceptance of and compliance with terms and conditions of a fully executed grant agreement.
 - Grantee will be required to submit a minimum of one semi-annual progress report and one final report that will include, among other things, an accounting of expenditures and a description of project achievements. Additional reports may be requested.
 - At the discretion of Komen, the grantee may request one no-cost extension of no more than six months per project. Requests must be made by grantee no later than 30 days prior to the end date of the project.
 - Certain insurance coverage must be demonstrated through a certificate of insurance at the execution of the grant agreement, if awarded. Grantee is required at minimum to hold:
 - Commercial general liability insurance with combined limits of not less than \$1,000,000 per occurrence and \$2,000,000 in the aggregate for bodily injury, including death, property damage and advertising injury;
 - Workers' compensation insurance in the amount required by the law in the state(s) in which its workers are located and employers' liability insurance with limits of not less than \$1,000,000; and
 - Excess/umbrella insurance with a limit of not less than \$5,000,000.
 - To the extent any transportation services are provided, \$1,000,000 combined single limit of automobile liability coverage will be required.
 - To the extent medical services are provided, medical malpractice coverage with combined limits of not less than \$1,000,000 per occurrence and \$3,000,000 in the aggregate will be required.
 - Grantees are also required to provide Komen with a certificate of insurance with Susan G. Komen Breast Cancer Foundation, Inc., Susan G. Komen Miami/ Ft. Lauderdale, its officers, employees and agents named as Additional Insured on the above policies solely with respect to the project and any additional policies and riders entered into by grantee in connection with the project.

APPENDIX A: DEFINITION OF GOOD STANDING VS NOT GOOD STANDING

Grantees determined to be “Not in Good Standing” will not be eligible to apply for funding from the Affiliate until they have completed the Corrective Action Plan laid out by the Affiliate.

Category	Definition	Good Standing	Not In Good Standing
Reporting	Progress and final reports	<p>Grantee’s progress and final reports were approved and submitted by the deadline, or grantee received an approved extension prior to the deadline.</p> <p>Reports are generally approved when a grantee:</p> <ul style="list-style-type: none"> • Submits all documents required for the progress or final report. • Meets objectives outlined in the application, unless adequately justified. • Uses funds in accordance with the approved budget and provides adequate budget justification. • All unspent funds, if applicable, were returned to the Affiliate by the deadline stated in the grant contract. 	<p>Grantee’s progress and/or final reports were not approved.</p> <p>Examples of reasons reports might not be approved include:</p> <ul style="list-style-type: none"> • Grantee returned an excessive amount of funding. • Grantee did not perform the program/services described within their application. • Grantee charged inappropriate or unapproved expenses to the budget, or there are concerns with the management of funds. • Grantee does not provide requested financial documentation. • Grantee does not comply with the Affiliate’s request for information or a site visit. • Reports are consistently turned in past the deadline without prior approval for an extension. • All unspent funds, if applicable, were not returned to the Affiliate by the deadline stated in the grant contract. <p>Other possible reasons for a grant being considered not in good standing:</p> <ul style="list-style-type: none"> • Documented evidence of poor program management and poor patient care by the grantee. • Grantee or any of its key employees, directors, officers or agents is convicted of fraud or a crime involving any other financial or administrative impropriety during the grant term. • Grantee loses certification to provide key services related to their grant due to quality of care issues.

Category	Definition	Good Standing	Not In Good Standing
Rescinding funding	<p>Grant programs that have been identified as no longer viable for which the grant contract is terminated early and grant funds may or may not be requested for return.</p> <p>Audit findings which demonstrate misappropriation of funds.</p>	<ul style="list-style-type: none"> • No history of rescinded funds due to poor performance. • Grantee and the Affiliate have worked together in good faith to resolve any issues, and it is determined the best course of action is to rescind grant funds. 	<ul style="list-style-type: none"> • Funds were rescinded from the last grant cycle because the program was no longer viable and contract was terminated. Organization has not satisfactorily documented how they will improve the viability of the program. • Audit findings which demonstrate misappropriation of funds.
Corrective Action*	<p>An action taken to address grantee performance and insufficiencies that are negatively affecting grantee's ability to meet the obligations of their grant contract.</p>	<ul style="list-style-type: none"> • Applicant is not currently under a written warning. • Applicant is currently under a written warning and is adequately addressing issues of concern. 	<ul style="list-style-type: none"> • Applicant is currently under a written warning and is <u>not</u> adequately addressing issues of concern. • Applicant is currently under a written warning and has outstanding reports that have not been approved.

APPENDIX B: SAMPLE CERTIFICATE OF LIABILITY INSURANCE

313417



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/20/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Commercial Lines - (800)-332-9256 Wells Fargo Insurance Services USA, Inc. 90 S. Cascade Ave, 2nd Floor Colorado Springs, CO 80903	CONTACT NAME: Julie Gutierrez PHONE (A/C No. Ext): 303-863-6572 E-MAIL ADDRESS: julie.gutierrez@wellsfargo.com	FAX (A/C No): 877-495-9032													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Travelers Casualty Ins Co of America</td> <td>19046</td> </tr> <tr> <td>INSURER B: Chubb Group of Ins Co</td> <td></td> </tr> <tr> <td>INSURER C: Fireman's Fund Insurance Company</td> <td>21873</td> </tr> <tr> <td>INSURER D: Hartford Fire Insurance Company</td> <td>19682</td> </tr> <tr> <td>INSURER E: Philadelphia Insurance Company</td> <td>23850</td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Travelers Casualty Ins Co of America	19046	INSURER B: Chubb Group of Ins Co		INSURER C: Fireman's Fund Insurance Company	21873	INSURER D: Hartford Fire Insurance Company	19682	INSURER E: Philadelphia Insurance Company	23850	INSURER F:
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INSURER F:															
INSURED Grantee Name Grantee Address															

COVERAGES **CERTIFICATE NUMBER:** 8871555 **REVISION NUMBER:** See below

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL. SUBR INSD. WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	XYZ001234	7/1/2014	7/1/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	X	ABC003456	7/1/2014	7/1/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	X	LMN006789	7/1/2014	7/1/2015	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
D	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	QRS005678	7/1/2014	7/1/2015	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
E	Professional Liability	X	TUV000100	7/1/2014	7/1/2015	\$1,000,000 each claim \$3,000,000 Aggregate Deductible: (should be filled in)

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Re: Nature of the grant provided
 The Susan G. Komen Breast Cancer Foundation, Inc. and (insert affiliate name here) it's officers and employees are included as Additional Insureds' on the General Liability, Auto Liability (if applicable), Medical Malpractice, (if applicable) and Umbrella Liability policies.

CERTIFICATE HOLDER The Susan G. Komen Breast Cancer Foundation, Inc. Affiliate Name Affiliate Address Affiliate City, State, Zip	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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ACORD 25 (2014/01)

(This certificate replaces certificate# 8861559 issued on 3/16/2015)

APPENDIX C: MEDICARE RATES

Selected Breast Cancer Services Medicare Reimbursement Rates *

These Medicare reimbursement rates are from the Center for Medicare & Medicaid Services based on national reimbursement rates. Rates in individual states may differ from these national rates. For Medicare reimbursement rates for your location, visit the website in the asterisk notation below or contact your state's National Breast and Cervical Cancer Early Detection Program (NBCCEDP) program. These rates are only provided as guidance; they are NOT required to be used by Affiliates.

CPT Code	Description	NAT'L PAYMENT 7/5/2019	
		Technical (TC)	Professional (26)
99201	History, exam, straight forward decision-making, new patient (Non-Facility Price- used to represent clinical breast exam component)	Technical (TC)	NA
		Professional (26)	NA
		Total	\$46.49
77057	Analog, Screening Mammogram- Bilateral (Facility Price)	Technical (TC)	NA
		Professional (26)	NA
		Total	\$0.00
77055	Analog, Diagnostic Mammogram- Unilateral (Facility Price)	Technical (TC)	NA
		Professional (26)	NA
		Total	\$0.00
77056	Analog, Diagnostic Mammogram- Bilateral (Facility Price)	Technical (TC)	NA
		Professional (26)	NA
		Total	\$0.00
G0202/ 77067	Digital, Screening Mammogram- Bilateral (Facility Price)- Beginning 2017 includes CAD	Technical (TC)	\$99.47
		Professional (26)	\$38.92
		Total	\$138.39
G0206/77065	Digital, Diagnostic Mammogram- Unilateral (Facility Price)-Beginning 2017 includes CAD	Technical (TC)	\$94.06
		Professional (26)	\$41.81
		Total	\$135.87
G0204/77066	Digital, Diagnostic Mammogram- Bilateral (Facility Price)-Beginning 2017 includes CAD	Technical (TC)	\$120.37
		Professional (26)	\$51.54
		Total	\$171.91
77051/77052	Computer Aided Detection (Facility Price)	Technical (TC)	NA
		Professional (26)	NA
		Total	\$0.00
76641	Ultrasound, complete examination of breast including axilla, unilateral (Facility Price)	Technical (TC)	\$71.36
		Professional (26)	\$37.48
		Total	\$108.84
76642	Ultrasound, limited examination of breast including axilla, unilateral (Facility Price)	Technical (TC)	\$54.06
		Professional (26)	\$34.96
		Total	\$89.02
77058	Breast MRI, with and/or without contrast, unilateral (Facility Price)	Technical (TC)	NA
		Professional (26)	NA
		Total	\$0.00
77059	Breast MRI, with and/or without contrast, bilateral (Facility Price)	Technical (TC)	NA
		Professional (26)	NA
		Total	\$0.00
77046	Magnetic resonance imaging (MRI), breast; without contrast material, unilateral	Technical (TC)	\$178.75
		Professional (26)	\$74.24
		Total	\$252.99
77047	Magnetic resonance imaging (MRI), breast, without contrast material; bilateral	Technical (TC)	\$177.67
		Professional (26)	\$82.17
		Total	\$259.84
77048	Magnetic resonance imaging (MRI), breast, without and with contrast material(s), including CAD, when performed, unilateral	Technical (TC)	\$294.44
		Professional (26)	\$107.40
		Total	\$401.84
77049	Magnetic resonance imaging (MRI), breast, without and with contrast material(s), including CAD, when performed, bilateral	Technical (TC)	\$293.00
		Professional (26)	\$117.49
		Total	\$410.49
10021/10022	Fine needle aspiration biopsy, without imaging guidance; first lesion (facility price) (CPT 1022 was deleted in 2019) (Note: The Hospitals and ASC's rate is the difference between the Facility Price and non-facility price and can be paid to the facility)	Code 10021 Physician Facility price	\$58.02
		Code 10021 Hospital/ACS price	\$42.17
		Total	\$100.19
19081/19083/19085	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous, stereotactic/MRI/ultrasound guidance (Note: The Hospitals and ASC's rate is the difference between the Facility Price and non-facility price and can be paid to the facility)	Code 19081 Physician Facility price	\$174.79
		Code 19083 Physican Facility price	\$164.70
		Code 19085 Physician Facility price	\$191.01
		Average physician cost	\$176.83
		Code 19081 Hospital/ACS price	\$489.05
		Code 19083 Hospital/ACS price	\$485.45
		Code 19085 Hospital/ACS price	\$796.10
		Average Hospital/ACS cost	\$590.20
		Total	\$767.03

*Accessed from CMS (<https://www.cms.gov/apps/physician-fee-schedule/>)