

GRANTEE FINAL REPORT OUTLINE

Due Date: May 14, 2011

Exhibit C

Final Grant Report to: Susan G. Komen Aspen Affiliate

Please Type

Project Director: _____
Last name *First name* *Middle Initial*

Agency: _____

Project Title: _____

Grant Start Date: _____ End Date: _____
Month/Day/Year *Month/Day/Year*

1. **Project Summary I:** List each objective outlined in the original grant application.

2. **What Percentage of Objectives Were Met**

Specific Aims:	Percent Completed:				
	1-25%	26-50%	51-75%	76-100%	N/A
Objective 1					
Objective 2					
Objective 3					
Objective 4					

Objective 5					
----------------	--	--	--	--	--

3. **Project Summary II:** In this section, please provide a short summary (200 words or less) in lay language describing the outcomes and accomplishments of this project. Include a statement of plans for the future of the program.

4. **Types of services provided (List the number of people served in each category paid for by your Komen grant.):**

of People Served

of People Served

_____ Clinical Trials
Education

_____ Screening
Mammography

_____ Clinical Trials
Enrollment

_____ Diagnostic
Services

_____ Clinical Breast
Exams

_____ Treatment
Assistance

__ Complementary/Alternati
ve

__ Psychosocial

__ Educational Sessions

_____ Written Materials
Provided

_____ Other

Mammography Services provided and paid for by your Komen grant:

A. Number of mammograms provided: _____ @ \$_____

B. Number of clients referred out for further diagnosis: _____

C. Number of clients referred out for mammograms (not paid by your Komen grant): _____ @ \$_____

D. Number of breast cancers detected: _____

5. **Other Sources of Support:** In this section, please list any notice or receipt of other sources of support for this project received during the past six months.

Organization	Dollar Amount
_____	_____
_____	_____
_____	_____
_____	_____

6. **Project Materials:** In this section, please list all published or produced materials, pictures, etc. for this grant project. Include copies of materials for Affiliate files.

7. **Accounting of Grant Funds:** Please attach a final budget for the entire term of the grant period. (Use attached form)

Signature of Project Director *Date*

Permission is hereby granted to Susan G. Komen for the Cure to publish the above information. Proper credit will be given to grantee where appropriate.

BUDGET FINAL REPORT FORM

*ACCOUNTING OF GRANT
FUNDS FROM*

TO

MONTH/DAY/YEAR

MONTH/DAY/YEAR

	<i>ORIGINAL BUDGET</i>	<i>ACTUAL EXPENSES TO DATE</i>
PERSONNEL		
SUPPLIES (ITEMIZE BY CATEGORY)		
EQUIPMENT (NOT TO EXCEED 30% OF DIRECT COSTS)		
PATIENT CARE COSTS ___ screening mammograms @ \$___ = \$___ ___ diagnostic mammograms @ \$___ = \$___ ___ ultrasounds @ \$___ = \$___ ___ breast biopsies @ \$___ = \$___ ___ (other) _____ @ \$___ = \$___		
INPATIENT		
OUTPATIENT		
SUBTOTAL (DIRECT COSTS)	\$	\$
INDIRECT COST ALLOCATION (NOT TO EXCEED 15% OF DIRECT COSTS)	\$	\$
Total Grant Funds Expenditures	\$	\$

SIGNATURE: _____

DATE _____

_____ REQUESTED: _____

*(TYPED) PRINCIPAL INVESTIGATOR/PROJECT
DIRECTOR*
