

2nd QUARTER PROGRESS REPORT – Due Oct. 15, 2009

Submit one signed original to:
Bonnie Olson
Susan G. Komen for the Cure®
26800 S. Tamiami Trail, Suite 210
Bonita Springs, FL 34134



PROJECT DIRECTOR & TITLE _____

ORGANIZATION _____

ADDRESS _____

CITY, STATE, _____

ZIP+ 4 _____

PHONE _____

FAX _____

EMAIL _____

TITLE OF PROJECT _____

TOTAL AMOUNT OF GRANT AWARDED _____

PERIOD COVERED BY PROGRESS REPORT 07/01/2009 to 09/30/2009

NAME & TITLE OF APPROVING
INSTITUTIONAL PERSONNEL (OTHER THAN
PROGRAM DIRECTOR) TYPED _____

SIGNATURE OF
APPROVING PERSONNEL _____

DATE

Organization Name _____

I. PROGRESS TOWARD OBJECTIVES

- A. LIST EACH OBJECTIVE (50 words or less) as outlined in the Grant Application.
 - 1. Under each objective, describe the progress toward meeting the objective.
 - 2. For each objective include the number of clients served to date and the percent of total indicated in the Grant Application.

[Click here to enter text.](#)

Organization Name _____

I. PROGRESS TOWARD OBJECTIVES (cont'd)

B. SUMMARY OF PEOPLE SERVED

Indicate the number of people served to date in each category

- | | | |
|---|-------|------------------------------------|
| — | _____ | Breast Cancer Education |
| — | _____ | Breast Cancers Detected |
| — | _____ | Clinical Breast Exams |
| — | _____ | Clinical Trials Education |
| — | _____ | Clinical Trials Enrollment |
| — | _____ | Complementary/Alternative Medicine |
| — | _____ | Diagnostic Services Provided |
| — | _____ | Educational Materials Provided |
| — | _____ | Mammogram Performed |
| — | _____ | Psychosocial Support |
| — | _____ | Referred for Diagnostic Services |
| — | _____ | Treatment Assistance |
| — | _____ | Other, describe |

Organization Name _____

II. NOTICE OF 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 Name _____

III. PROJECT MATERIALS

- A. List and attach copies of any materials produced as a result of the project
- B. Provide documentation of acknowledgements of Komen funding for the services described in the Grant Application to date. (i.e. website presence, newsletters, program fliers, etc.)
- C. Provide a listing of articles submitted for publication and the status of those articles.
- D. Provide a summary of any presentations made regarding the project.

Organization Name _____

BUDGET PROGRESS REPORT

	<i>Amount per Grant Application Budget</i>	<i>Amount Expended 04/1/09 – 09/30/09</i>
<i>Personnel</i>		
<i>Supplies (Itemize by category)</i>		
<i>Travel</i>		
<i>Patient Care Costs</i>	<i>Education</i>	
	<i>Screening</i>	
	<i>Diagnostics</i>	
	<i>Treatment</i>	
<i>Other Expenses (itemize by category)</i>		
<i>Totals</i>		