# 90 Day Report

Summary of Progress

**GRANTEE ORGANIZATION NAME HERE**

**1. What impact did your program have on the population/community you serve? The following questions should be used to guide your response:**

How does your program contribute to reducing breast cancer mortality and/or reducing healthcare disparities? To what stage in the continuum of care are women tracked (breast cancer screening, diagnostic screening, diagnosis, treatment or into survivorship)? What efforts are made by your program to keep women in the continuum of care? Have collaborations been increased with any specific organizations, and if so how has the increased collaboration impacted the total number served to date?

**2. What strategies were used to conduct outreach or promote your project?**

**3. Have additional funds been secured to sustain or expand services within this program?**

**4. List any unforeseen challenges and how you have or plan to address them to meet the goals and objectives set forth in your application. Grantees experiencing challenges achieving goals are encouraged to contact the Affiliate to revise work plans and goals that better serve the needs for the target community.**

**5. Please share a major accomplishment or story that shows the impact your program is making in your community. You can share a patient’s success story or highlight staff who have gone above and beyond to raise awareness or reduce late-stage diagnoses and/or mortality through this program.**

# Individuals Served

|  |  |
| --- | --- |
| **Service Description for Breast Cancer Screening Programs** | **Total Individuals Served** |
| Type of Screening Service |  |
| Clinical Breast Exams |  |
| Ultrasounds |  |
| Mammography (mobile) |  |
| Mammography (Stationary at a medical facility) |  |
| Referrals to Clinical Breast Exam |  |
| Referrals to Mobile Mammography |  |
| Biopsy |  |
| Other: |  |
| Other: |  |

|  |  |
| --- | --- |
| **Service Description for Patient Navigation Programs** | **Total Individuals Served** |
| Providing education through outreach and referring women into screening programs |  |
| Providing guidance to women with abnormal findings in need of diagnostic screening services |  |
| Providing guidance for women diagnosed with breast cancer to surgical, treatment or second opinions |  |
| Group education (If group education was offered to individuals at an external facility, please list the name of those facilities):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

# Demographic Information

|  |  |
| --- | --- |
| **Individuals Served:** | **Total Number Served** |
| Female |  |
| Male |  |
| **Race/Ethnicity** |  |
| Caucasian |  |
| Hispanic/Latina |  |
| African American |  |
| Asian/Pacific Islander |  |
| Native American |  |
| Multiracial |  |
| Unknown |  |
| **Age** |  |
| Under 40 |  |
| 40-49 |  |
| 50-64 |  |
| 65+ |  |
| **Geography (please list cities or counties)** |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Insurance Status** |  |
| Total Insured |  |
| Total Uninsured |  |
| Total Underinsured |  |
|  |  |

**Important Reminders:**

Grant budget and personnel changes must be reported to Komen New England within 30 days. Pease send information by email to [rtollefson@komennewengland.org](mailto:rtollefson@komennewengland.org).

Questions may be directed to:  
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