### grantee progress/FINAL report outline

##### Report Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Reports due July 10th and February 14th)

##### Breast Health Services Progress Grant Report to the:

##### Indiana Breast Cancer Awareness Trust, Inc.

*Please Type*

Project Director:

# *Last name First name Middle Initial*

Agency:

Project Title:

# riod

Start Date: End Date:

# *Month/Day/Yearns/Day/Year*

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

|  |
| --- |
|  |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Specific Aims:** | Percent Completed: Please insert % completed | | | | |
|  | **1-25%** | **26-50%** | **51-75%** | **76-100%** | **Exceeded 100%** |
| **Objective 1** |  |  |  |  |  |
| **Objective 2** |  |  |  |  |  |
| **Objective 3** |  |  |  |  |  |
| **Objective 4** |  |  |  |  |  |
| **Objective 5** |  |  |  |  |  |

If your grant contains more than 5 objectives, please include these on an additional sheet(s) of paper.

1. **Project Summary ii:** 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.
2. **Type of Service Provided: (check all that apply)**

**\_\_\_\_\_ Screening Mammograms \_\_\_\_\_ Education \_\_\_\_\_ CBEs**

**\_\_\_\_\_ Diagnostic Services \_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Breakdown of Services Provided with IBCAT Funds** (indicate # provided. Should match Patient Services Summary Form)**:**
2. **Number of People Served and County(s) of Residence:** (Please list each county and number served separately.)**:**
3. **Number of Mammograms referred out for follow up utilizing other funding:**
4. **Number of breast cancers detected:**
5. **Average age range of women served by program:** (example – 40-45, 46-50, 51-55, etc.)
6. **On average, patients served by this program fell into what level of poverty:**
7. **Other Sources of Support: P**lease list other sources of support for this project.
8. **Project Materials:** List all published or produced materials, pictures, press releases, etc. for this grant project. Include copies of materials for IBCAT files.
9. **IBCAT Promotion**: As per the Grant Contract, the Grantee is required to promote IBCAT a minimum of three times annually. Please list promotion type and date, and attach sample of promotion.
10. **Accounting of Grant Funds:** (Use Quarterly Financial Progress Report form)
11. **Patient Information: (**Use Patient Summaryform.)

Signature of Reporting Personnel:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Project Director:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Permission is hereby granted to the Indiana Breast Cancer Awareness Trust to publish the above information. Proper credit will be given to grantee where appropriate.***