



**Grant Progress Report to the**

**Mid-Michigan Affiliate of Susan G. Komen for the Cure®**

Project Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip (include +4): \_\_\_\_\_ - \_\_\_\_\_

Period Covered by Progress Report From: 4/1/2011 To: 7/1/2011

In this section please provide a short summary (up to 1200 characters) describing the outcomes and accomplishments of this project.

Specific Aims: (insert objectives from application)	Percent Completed:				
	1-25%	26-50%	51-75%	76-100%	N/A
Objective 1:					
Objective 2:					
Objective 3:					
Objective 4:					
Objective 5:					

**Number of People Served**

_____	Breast Cancer Education
_____	Education Materials Provided
_____	Clinical Breast Exams
_____	Referred for Mammogram
_____	Referred for Diagnostic Services
_____	Mammogram Performed
_____	Diagnostic Services Provided
	• Ultrasound _____
	• Fine Needle Aspiration _____
	• Surgical Biopsy _____
	• Other _____
_____	Psychosocial Support
_____	Complementary / Alternative Medicine
_____	Treatment Assistance
_____	Breast Cancers Detected
_____	Number of Unique Individuals Served
_____	Other (Specify)

1. Project Progress Report: In this section, describe the progress toward meeting the objectives as outlined in the grant application, including number of distinct individuals served during this period. (1 page)
2. 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. (1 page, if any)
3. Project Materials: In this section, please list and attach all published or produced materials, pictures, etc. for the past six months. (1 page plus attachments)
4. Accounting of Grant Funds: Please attach a current accounting of grant funds using the Budget Progress Report form. (1 page)

### Budget Progress Report

	Original Budget	Expenses to Date
Salaries		
Fringe (Benefits and Payroll Taxes)		
Consultant Costs		
Supplies		
Equipment (not to exceed \$5,000)		
Travel		
Patient Care Costs		
Screening		
Diagnostics		
Treatment		
Sub-contracts		
Other (itemize below)		
_____		
_____		
_____		
Subtotal - Direct Costs		
Indirect Costs (not to exceed 10% of direct costs)		
Total		