



**Final 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): _____ - _____

Grant Period From: 4/1/2011 To: 3/31/2012

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

Budget Final 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		