



**Due Date: May 15, 2012**  
**Exhibit B**  
**Final Report to the**

**North Central Alabama 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: \_\_\_\_\_ To: \_\_\_\_\_

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
_____	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
_____	Referred for Mammogram
_____	Treatment Assistance
_____	Other

1. Project Final Report: In this section, describe the progress toward meeting the objectives as outlined in the grant application, including number of people 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)


  
**Susan G. Komen**
  
 FOR THE **cure**
  
**NORTH CENTRAL ALABAMA**
  
**Budget Final Report**

	Original Budget	Expenses to Date
Salaries		
Fringe (Benefits and Payroll Taxes)		
Consultant Costs		
Supplies		
Equipment (not to exceed 30% of direct costs)		
Travel		
Patient Care Costs		
Screening		
Diagnostics		
Treatment		
Sub-contracts		
Other (itemize below)		
_____		
_____		
_____		
Subtotal - Direct Costs		
Indirect Costs (not to exceed 10% of direct costs – with explanation)		
Total		

