



**Due Date: October 1, 2010
Exhibit A
Grant Progress 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): _____ - _____

Period Covered by Progress Report 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 Progress Report: In this section, describe the progress toward meeting the objectives as outlined in the grant application, including number of people 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)


Susan G. Komen
 FOR THE **cure** **NORTH CENTRAL ALABAMA**
Budget Progress 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 15% of direct costs)		
Total		

