2014 Grantee Orientation Handbook

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Welcome & Organization Description

Nancy G. Brinker promised her dying sister, Susan G. Komen, she would do everything in her power to end breast cancer forever. In 1982, that promise became Susan G. Komen for the Cure® and launched the global breast cancer movement. Today, Susan G. Komen is the boldest community fueling the best science and making the biggest impact in the fight against breast cancer. Thanks to events like the Komen Race for the Cure, we have invested $2.2 billion to fulfill our promise, working to end breast cancer in the U.S. and throughout the world through ground-breaking research, community health outreach, advocacy and programs in more than 50 countries.

This year, the Greater New York City Affiliate of Susan G. Komen for the Cure® will be celebrating its 24rd anniversary. The Affiliate was founded in 1990 by friends of television journalist and breast cancer activist, Benita Blau Feurey, who lost her five-year battle with the disease in 1989 at the age of 49. The founders were committed to keeping her memory and work alive, especially her commitment to breast health education and early detection.

Since 1990, Susan G. Komen Greater NYC has raised over $60 million and awarded $45 million in grants. In the last five years alone, we have helped more than 875,000 women, men and families in New York City, on Long Island, and in Westchester and Rockland Counties. Twenty-five percent of every dollar raised funds national breast cancer research while seventy-five percent of the net monies raised goes right back into the communities to help the women, men and families in our service area. This year, Komen Greater NYC is awarding $2.0 million to 27 local breast health programs as well as more than $730,000 for national breast cancer research programs to find the cures.

Donations in Action

For more than two decades, Komen Greater NYC has been dedicated to the 12 million residents in our service area. Twenty-five percent of every dollar raised funds national breast cancer research while seventy-five percent of the net monies raised goes right back into the communities to help the women, men and families in our service area by providing local community-based breast health education, screening and treatment programs and clinical trials enrollment.

Komen Greater NYC is incorporated as a nonprofit organization with its own board of directors and NYC-based staff. It has a collaborative and contractual relationship with the national organization of Komen that augments the Affiliate’s fundraising, program activities and local influence. The Komen
network consists of a national headquarters and more than 120 Affiliates in cities and communities around the globe. The Grants and Public Policy Program is directed by Anita R. McFarlane, MPH and staffed by two graduate school-level interns. The program is guided by a subcommittee of the Komen Greater NYC Board of Directors called the Grants Policy and Education Committee. This committee is chaired by Ivy Gamble-Cobb, Executive Director of The Family Center, and includes experts in breast cancer detection, treatment, and research. Each year a confidential panel of experts is chosen to review applications for funding. Each application is reviewed, scored and ranked according to the criteria presented in the Request for Applications and the needs expressed by the Community Profile. In 2011, we completed a Community Profile, which is posted on the Komen Greater NYC website. This Community Profile analyzes the most recent data on breast cancer in the Komen Greater NYC service area and highlights areas of breast cancer burden and gaps in services.

Komen Greater NYC’s increasing success in raising funds has allowed its grants program to grow impressively since 1992. Specifically, in our local area, in our inaugural year of grant-making (1992), we disbursed $15,000 in grants. By 2000, the funds awarded to local organizations increased to $570,000. In 2014, Komen Greater NYC will provide $1.84 million to 26 local breast health organizations that provide education, outreach, screening, support and treatment services to under- and uninsured women. We are also funding a $145,000 grant to a local hospital for clinical trials education and enrollment for minority women in underserved communities and $25,000 in small grants for pilot programs. In addition, Komen Greater NYC is investing $694,000 in peer-reviewed national research programs to find the cures for breast cancer.

Komen Greater NYC has also been at the forefront in advocating for sound public policy on the local, state and national levels. Komen Greater NYC has advocated as an organization and in collaboration with others to ensure and protect government programs providing cancer services, especially to low income, uninsured and underinsured individuals. Primarily our positions relate to breast cancer research, early detection, and access to high-quality care. From time to time, we may also comment on other health-related topics and sign onto letters other organizations have published, which we feel may have an impact on the breast cancer community. Current issues affecting the Greater NYC area include budget cuts to the New York State Cancer Services Program, access to clinical trials, and reimbursement for oral chemotherapy drugs.

Komen Greater NYC wholeheartedly welcomes you as a 2014 grant recipient! We look forward to working with you and your organization throughout the year in the fight against breast cancer.
1. Grant Reporting and Payments

Important dates to remember:

Please note: As stated in your 2014 Grant Contract, we require quarterly progress reports.

Community Breast Health (CBH) Grants:
- First Quarter Progress Report is due on **July 31, 2014**
- Second Quarter Progress Report is due on **October 31, 2014**
- Third Quarter Progress Report is due on **January 30, 2015**
- Final Report is due on **April 30, 2015**

<table>
<thead>
<tr>
<th>Reporting Cycle</th>
<th>Last Day to Initiate Report in GeMS</th>
<th>Progress Report Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 1 – June 30, 2014 (1st Quarter)</td>
<td>July 24, 2014</td>
<td>July 31, 2014</td>
</tr>
</tbody>
</table>

Please Note: Failure to submit progress and final reports or late submission of the reports and forms will be taken into consideration when considering future funding for a project.

For CBH grantees, the second grant payment will be made after the First and Second Quarter Progress Reports have been submitted and found satisfactory. The 2014 CBH Report template is included in the Additional Documents section of this Handbook and can also be accessed on the Grants eManagement System, or GeMS (please refer to the separate Grants eManagement System Grantee User Guide for further information).

Please note:
- Since all reports will be submitted via GeMS, we **strongly** encourage each grantee to start their progress report early to allow time to input the information into GeMS. The last day that you can initiate a progress report in GeMS will be one week before the deadline. For example, for the first quarterly report due on July 31, 2014, you must initiate a progress report in GeMS.
by July 24, 2014.

- If you need to request an extension on the report deadlines, please contact grants staff at least one week before the report deadline.

- The Komen Greater NYC grants staff is willing to provide technical assistance should a grantee have difficulty reaching their goals and objectives.

The Progress Report should clearly explain the progress made on the program proposed in your application for funding, any challenges faced and what has been done to address those challenges. The ‘Individuals Served’ tables and Workplan (Objectives) pages of the report should relate to the measurement outcomes required by the Request for Application for the program type that was subject of the application (Education and Outreach, Screening Coordination or Support and Treatment).

<table>
<thead>
<tr>
<th>Measurement Outcomes as Listed in 2014 RFA</th>
<th>Service Listed in GeMS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Education and Outreach</strong></td>
<td><strong>Public education</strong></td>
</tr>
<tr>
<td>1. How many individuals are contacted</td>
<td><strong>Group education</strong></td>
</tr>
<tr>
<td>through education and outreach</td>
<td><strong>One-on-one education</strong></td>
</tr>
<tr>
<td>2. Number of individuals receiving one-to-</td>
<td><strong>Events</strong></td>
</tr>
<tr>
<td>one breast health education;</td>
<td><strong>Health care professional training and provider education</strong></td>
</tr>
<tr>
<td>3. Number of events attended by the program</td>
<td><strong>Free or low-cost clinical breast exams</strong></td>
</tr>
<tr>
<td>staff;</td>
<td><strong>Referrals for free or low-cost clinical breast exams</strong></td>
</tr>
<tr>
<td>4. Number of breast health education</td>
<td><strong>Free or low-cost screening mammograms – stationary</strong></td>
</tr>
<tr>
<td>presentations/workshops given, and how</td>
<td><strong>Free or low-cost screening mammograms – mobile</strong></td>
</tr>
<tr>
<td>many people attend these workshops.</td>
<td><strong>Referrals for free or low-cost screening mammograms</strong></td>
</tr>
<tr>
<td>5. Number of individuals referred for</td>
<td><strong>Transportation to screening and/or diagnostic appointment</strong></td>
</tr>
<tr>
<td>screening.</td>
<td><strong>Childcare for screening and/or diagnostic appointment</strong></td>
</tr>
<tr>
<td>6. Of those referred for screening, how</td>
<td><strong>Provide translation/interpretation services for screening and/or diagnostic appointment</strong></td>
</tr>
<tr>
<td>many of these individuals ultimately</td>
<td><strong>Patient navigation for screening and/or diagnostic services</strong></td>
</tr>
<tr>
<td>received screening services (CBE and/or</td>
<td></td>
</tr>
<tr>
<td>mammogram).</td>
<td></td>
</tr>
<tr>
<td>7. Number of individuals that receive</td>
<td></td>
</tr>
<tr>
<td>follow-up /contact regarding their</td>
<td></td>
</tr>
<tr>
<td>screening appointments from a screening</td>
<td></td>
</tr>
<tr>
<td>coordinator/patient navigator.</td>
<td></td>
</tr>
<tr>
<td>8. For women who are referred for</td>
<td></td>
</tr>
<tr>
<td>screening but do not actually receive</td>
<td></td>
</tr>
<tr>
<td>screening, a brief explanation why the</td>
<td></td>
</tr>
<tr>
<td>women did not keep their appointments.</td>
<td></td>
</tr>
<tr>
<td>Measurement Outcomes as Listed in 2014 RFA</td>
<td>Service Listed in GeMS</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td><strong>9. The number of women over 40 referred for screening who had not been screened within the last 3 years (optional).</strong></td>
<td>(Please note: You do not have to include all these services in your progress reports. This list is only a guide. Please refer to your workplan in your 2014 application and to GeMS for definitions.)</td>
</tr>
</tbody>
</table>

**Screening Coordination**

**Off-Site Screening:**

1. Number of patients receiving just a CBE, just a mammogram, or both a CBE and mammogram.
   a. Provide race/ethnicity and age range for patients served. (For example, a program could project that 40% of women 40-49 receiving a CBE and mammogram will be African American).

2. Describe the types of case management or patient navigator services to be provided (for which Komen Greater NYC funds are being requested). The following list contains examples of services that could be provided and is not meant to be exhaustive.
   a. Number of women receiving reminder phone calls for scheduled appointments.
   b. Number of women receiving coordinated transportation services.
   c. Number of women receiving translation services.
   d. Number of women receiving other types of patient navigation services.

3. If applicable to your proposed program: provide the number of patients receiving financial support for costs associated with screening but not covered by government-sponsored health benefits or private insurance (e.g. co-payment subsidies, sonograms for inconclusive mammograms, etc.). Komen Greater NYC will not cover the cost of MRIs.

- Events
- Free or low-cost clinical breast exams
- Referrals for free or low-cost clinical breast exams
- Free or low-cost screening mammograms – stationary
- Free or low-cost screening mammograms – mobile
- Referrals for free or low-cost screening mammograms
- Transportation to screening and/or diagnostic appointment
- Childcare for screening and/or diagnostic appointment
- Provide translation/interpretation services for screening and/or diagnostic appointment
- Patient navigation for screening and/or diagnostic services
- Free or low cost diagnostic services
<table>
<thead>
<tr>
<th>Measurement Outcomes as Listed in 2014 RFA</th>
<th>Service Listed in GeMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Number of women receiving first time, base-line mammograms, if known.</td>
<td><em>(Please note: You do not have to include all these services in your progress reports. This list is only a guide. Please refer to your workplan in your 2014 application and to GeMS for definitions.)</em></td>
</tr>
<tr>
<td>5. <em>(optional) Number of patients receiving a follow-up diagnosis after abnormal mammogram.</em></td>
<td></td>
</tr>
</tbody>
</table>

On-Site Screening:
1. Number of patients receiving just a CBE, just a mammogram, or both a CBE and mammogram.
   a. Provide race/ethnicity and age range for patients served. *(For example, a program could project that 40% of women 40 to 49 receiving a CBE and mammogram will be African American).*
2. Describe the types of case management or patient navigator services to be provided *(for which Komen Greater NYC funds are being requested).* The following list contains examples of services that could be provided and is not meant to be exhaustive.
   a. Number of women receiving reminder phone calls for scheduled appointments.
   b. Number of women receiving coordinated transportation services.
   c. Number of women receiving translation services.
3. Number of patients returning for annual mammogram.
4. Number of patients receiving first time, base-line mammograms.
5. Number of patients with abnormal findings who require diagnostic follow-up.
6. Number of women diagnosed with breast cancer.
   a. Number of patients successfully connected to treatment
   b. Number of patients lost to follow-
<table>
<thead>
<tr>
<th>Measurement Outcomes as Listed in 2014 RFA</th>
<th>Service Listed in GeMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>up or refused treatment</td>
<td>Reduce out-of-pocket costs for treatment</td>
</tr>
<tr>
<td>7. If applicable to your proposed program: provide the number of patients receiving financial support for costs associated with screening but not covered by government-sponsored health benefits or private insurance (e.g. co-payment subsidies, sonograms for inconclusive mammograms, etc.). Komen Greater NYC will not cover the cost of MRIs.</td>
<td>Free or low cost treatment services</td>
</tr>
<tr>
<td>Support &amp; Treatment</td>
<td>Patient navigation for treatment</td>
</tr>
<tr>
<td>1. Number of patients receiving a specific support service provided by your program (please specify types of services, for example, psychosocial support, meals, travel vouchers, etc.);</td>
<td>Financial assistance for day-to-day costs during treatment</td>
</tr>
<tr>
<td>2. Number of family members receiving a specific support service provided by your program (please specify types of services, for example, psychosocial support, meals, childcare, etc.);</td>
<td>Provide translation/interpretation services for treatment</td>
</tr>
<tr>
<td>3. Number of breast cancer patients receiving case management or patient navigator services;</td>
<td>Childcare for treatment</td>
</tr>
<tr>
<td>4. Number of patients receiving financial support for specific support or treatment services not covered by government-sponsored health benefit programs or private health insurance (e.g. prescription medications not covered by health benefits, co-payment subsidies, home health assistance, durable medical goods, wigs, prostheses, etc.).</td>
<td>Transportation for treatment</td>
</tr>
</tbody>
</table>

The Workplan (Objectives) pages must compare the measurement projections made by your program in your application to your actual accomplishments for the reporting period. Any difference between the projections and the actual services provided must be explained and strategies for reaching the original projections explored. For the Progress Reports, a new projection of measurement outcomes
for the remaining grant year should also be proposed, if necessary.

The Reports also include a side-by-side comparison of the budget proposed in your application with the actual expenses for the period being reported on. Your narrative in the Report should address major differences, and a budget modification request is required for any expenses or accruals that exceed 10% of the Komen budget for the program (see Section 2, Budget Modifications and Grant Extensions). *We strongly encourage you to monitor the use of your Komen funds closely – or to work closely with the person in charge of monitoring the funds – during the entire duration of your grant, rather than just prior to the reporting deadlines, to ensure that you spend your grant funds by the end of the grant year.*

2. **Budget Modifications, Grant Extensions and Personnel Changes**

* Komen Greater NYC must be notified regarding any changes to the funded project, whether it is in terms of project staffing or operations. We encourage you to contact Grants staff as soon as you know of any changes to your funded project. You do *not* need to wait until a report is due to inform us of changes.

In order to report or make changes to your original approved grant, please see the Grants eManagement System Grantee User Guide: Grant Changes section.

a. **Budget Modifications**
   
   - If you wish to change the allocation of more than 10% of your total grant award, you must request a budget modification via the Grants eManagement System (GeMS). Please see the Grants eManagement System Grantee User Guide: Grant Changes section.
   
   - For budget modifications you would like to make that affect under 10% of the Komen Greater NYC funds awarded, please notify the grants staff by e-mail with a justification for the change and proposed plan for spending the funds.

b. **Grant Extensions**
   
   Towards the end of the year, organizations that are under-spending their grant award may be able to request a no-cost grant extension. If your organization is planning on applying for refunding, please call grants program staff to discuss the implications of a no-cost extension on the funding application process before applying for one. Justifications for extensions are required *via the Grants eManagement System*
(GeMS) and are subject to grant staff approval. Please use the Request for Grant Change form in GeMS to apply for the extension (see Additional Documents in this Handbook for a template). Please justify why the project requires a grant extension and detail how the funds will be expended during the extension both programmatically and financially.

c. **Personnel Changes**

If your program is facing changes in personnel that are paid by the Komen Greater NYC grant award, use the Request for Grant Change form in the Grants eManagement System (GeMS) (see Additional Documents in this Handbook) to request the changes. We ask that you justify the change, explain the proposed staffing pattern and provide resume(s) of new personnel. If there are budgetary repercussions (changes in allotment to personnel lines rather than a simple substitution of personnel), please submit a proposed budget for the balance of the grant year.

3. **Site Visits**

Komen Greater NYC conducts grantee site visits that provide an opportunity for Komen staff, Board Members and Grants Policy and Education Committee members to gain a deeper understanding of the work and challenges of its grantee community partners. Site visits are also important opportunities to have substantive discussions about project implementation, progress towards project goals, and troubleshoot barriers to project completion.

**Goals of a Komen Greater NYC Grantee Site Visit**

- To provide assistance and support to the grantee.
- To build a relationship between Komen Greater NYC and the grantee.
- To evaluate the grantee’s progress towards achieving its project goals.
- To identify factors that have enabled or inhibited project goals.
- To discuss plans and processes for evaluating the project.
- To identify issues requiring further technical assistance.

Grantee will receive an agenda for the site visit in advance.
4. Grantee in Good Standing

Last year, Komen Greater NYC instituted a new set of standards to which all grantees who wish to reapply for Komen funding must adhere. There are five categories, which are further defined in the document Application Review Process - “In good standing”, which can be found in the Additional Documents section of this Handbook:

a. General Conduct
b. Reporting
c. Unused Funds
d. Personnel Changes
e. Grantee Materials
f. Rescinded Funding / Termination of Contract

5. Educational Materials / ShopKomen.com Grantee Direct Ordering Program

As a Komen Greater NYC grantee, you are able to participate in the Grantee Direct Ordering Program. This enables you to place orders for education materials at preferred pricing on ShopKomen.com using a username automatically assigned to you by GeMS. Merchandise items such as pins, apparel and gift items can also be ordered at regular retail pricing.

The Komen National office will send an email to the Project Director as listed in your 2014 CBH application with your username, password and online ordering instructions. Please wait until you receive an email from Komen National regarding your ShopKomen.com log-in information before logging into ShopKomen.com, but as a reference, your grantee username is the last two sections of the Document Identifier for your 2014 application (ex. Document Identifier: CGA-2012-HQ100-TUMR5-00001, Username: TUMR5-00001) and the default password is onepromise.

Grantees will be eligible to participate in the direct ordering program through the grant period as noted in your grant contract. All orders for Komen educational materials should be submitted to ShopKomen.com directly, and not through Komen Greater NYC.

If you are having problems with your username and password, please contact the ShopKomen.com Customer Service Center directly by phone at 1-877-39-KOMEN (1-877-395-6636) or via email: ShopKomen@maingateinc.com. If you do not receive an email with your ShopKomen.com login information please email gems@komen.org for assistance. If you are having difficulty getting a response, feel free to contact Anita McFarlane.
6. **Komen Greater NYC Small Grants Program**

In 2008, Komen Greater NYC announced its Small Grants Program. This initiative expanded the focus of our grant dollars and replaced the Conference Grants Program.

Nonprofits in the Komen Greater NYC service area can apply for up to $5,000 for a Small Pilot or Capacity-Building Breast Health Program Grant. These grants are for organizations interested in beginning a new program or testing new ideas that will increase the innovative capacity and effectiveness of breast health programs that serve low income and uninsured patients. Capacity Building is enhancing an organization’s ability to provide services by redesigning processes, implementing new practices, or developing collaborations or partnerships.

Some examples of specific projects that could be funded under these grant guidelines include:

- An organization applied for a grant from the Greater NYC Affiliate and the application was declined. In an effort to improve the application, the organization could design a project that addresses the concerns identified during the review process, and, as a secondary outcome, enhance the organization’s application for the next grant application cycle.

- A current grantee realizes that its program is ineffective or could be more effective (for example, 1,000 women are receiving educational information, but only seven sought a mammogram or an organization continually underutilizes its funding). The organization could apply for a grant to help evaluate and then redesign their project with the goal of improving their project’s outcomes and effectiveness.

Komen Greater NYC will consider Small Grants applications three times a year. The deadlines are announced on the Komen Greater NYC website at: [www.komennyc.org/grants](http://www.komennyc.org/grants). Award notifications are generally made within six to eight weeks after the small grant deadline. Please see the website for more information.

7. **2015 Request For Applications and Grant Development Workshops**

Komen Greater NYC will be issuing its 2015 Request for Applications (RFA) in August 2014. A Letter of Intent is due on September 12, 2014 and, for those who are invited to submit a full application, applications will be due on October 24 2014 by 5:00 PM EST via the Grants
eManagement System (GeMS). We will hold a **Komen Greater NYC Grant Development Workshop** in the late summer/early fall (date TBA) to assist in the proposal writing process. Past participants found the workshop helpful in writing stronger grants, and we highly encourage grantees to attend. We will announce the dates of the workshops and the 2015 RFA information in an e-mail this summer.

8. **Grants eManagement System (GeMS)**

As mentioned in the 2014 Request for Applications, Komen National has developed a web based grant management system for Affiliates to use to receive, review, and manage community grant applications. Known as the Grants eManagement System (GeMS), this system will streamline the current paper process that grantees complete when reporting on grants and will allow Komen Greater NYC staff more time to partner with and assist applicants and grantees throughout the grant process.

Grantees will use GeMS to submit all reports and grant changes to Komen Greater NYC grants staff. Please see the Grants eManagement System Grantee User Guide and PowerPoint presentation for further instructions on how to use GeMS. In addition, grants staff will send out emails regarding tips on how to use GeMS.

9. **Public Policy / Komen Advocacy Alliance**

The [Susan G. Komen for the Cure® Advocacy Alliance](http://www.komenadvocacy.org/) is the nonpartisan voice of the 2.5 million breast cancer survivors and the people who love them. Their mission is to translate Susan G. Komen for the Cure's promise to save lives and end breast cancer forever into action at all levels of government to discover and deliver the cures. We encourage all grantees to check out their website and sign up to become a Komen Advocacy insider and receive alerts about current legislative and Advocacy Alliance actions: [http://www.komenadvocacy.org/](http://www.komenadvocacy.org/)

10. **Komen Greater NYC Race for the Cure**

The 24rd annual Komen New York City Race for the Cure® will be held on Sunday, September 7, 2014. Every year, we extend an invitation to our grantee organizations to participate. For those of you unfamiliar with the role of our grantees on Race Day, this is an excellent opportunity to showcase your breast health program and all that you do for the community to our Race participants – last year, we had over 10,000 participate in our Race.
Over the summer, you will receive a packet of information specific to the ways you can participate as a grantee. For general information about the Race (how to register, form or join a team, etc.), please visit our website at www.komennyc.org. Please note your participation is completely voluntary and will by no means have any bearing on your status as a grant recipient.

11. Grantee Resources

As you know, the Komen Greater NYC 2014 Community Breast Health (CBH) grant covers only one year of funding. Receipt of a grant award this year does not guarantee future funding. Therefore, we encourage you to seek other sources of funding for the program. The Foundation Center is a great resource in locating potential sources. Please refer to their website for more information about their educational programs, online database of grantmakers, and other services offered to grantseekers: http://foundationcenter.org/newyork/.

In addition to the Foundation Center, our website has links to additional resources which may help you with grant writing and evaluating your program.
12. General Grants Communication

The primary mode of communication throughout the year will be via e-mail. We will send all e-mail communications to the Project Director and Primary Contact as indicated in your 2014 CBH application in GeMS. Please be sure to check your e-mail regularly and respond to requests by Grants and Public Policy staff in a timely fashion. All information regarding your grant as well as any requests for information will be e-mailed to the people listed in your grant contract, so it is imperative that we have a contact person who is responsive, as sometimes these requests are urgent. If there are other individuals in addition to those listed in your application that should be placed on our grants electronic distribution list, please let Anita McFarlane know.

If there are any questions or concerns regarding the grant or any other matter, grants staff is also more than happy to take your phone calls and e-mails. Please call Anita McFarlane at 212-461-6189 or e-mail at amcfarlane@komennyc.org.

13. Grantee Monthly Update & Submissions

Grants and Public Policy staff create a monthly e-mail called the Grantee Monthly Update, which provides information on changes in grant requirements, Komen Greater NYC events and other local breast health events, as well as new information on breast cancer research. Please be sure to read these e-mails and respond when necessary.

Grantees are encouraged to submit information regarding their upcoming programs and events to be included in the Grantee Monthly Update. The update is distributed around the first week of every month.

14. Komen Greater NYC Website: www.komennyc.org

On the Komen Greater NYC website, you will find a calendar of events, breast health information, grantee profiles, grantee contact information, volunteer opportunities and press releases.

Komen Greater NYC is committed to a transparent granting process and would like to distribute information on the great work of our grantees. Therefore, we post project descriptions and contact information for your programs. These project descriptions provide information to our constituents on
the services provided by our grantees. In the **Additional Documents** section of this Handbook is a listing of the [2014 Komen Greater NYC Grant Recipients](#). While this lists the Project Director, Primary Contact and Community Contact as listed in your 2014 application, the list on our website only includes the Community Contact. **Please check this information and let the Grants Program Coordinator know if you would like to revise the text regarding your program.**

*Please note: Many people call or email us for breast health information and we often refer them to the grantees on our website. Please be sure that the person listed in the website is the person who can best direct calls for information.*
GRANTEE COMMUNICATIONS

15. Acknowledgement Guidelines / Logo

In general, there are two official ways to refer to the Affiliate *(note the change from previous years)*:

1. The Greater New York City Affiliate of Susan G. Komen® (Long form)
2. The Greater NYC Affiliate of Susan G. Komen® (Shorter form)

Informally, we refer to the organization as ‘Komen Greater NYC’. The first time you refer to the organization within text, please use either 1. or 2. above. The second time, you may refer to us as Komen Greater NYC or Susan G. Komen Greater NYC.

If we are speaking about the national organization, they are officially referred to as Susan G. Komen®. The second time you refer to the national organization, you may refer to the organization as Komen.

Informally, we refer to Susan G. Komen as National or headquarters.

As a grant recipient, your organization may make use of the Komen Greater NYC logo as stipulated in your contract. Please contact Anita McFarlane, Grants Program Director, to obtain the logo. Effective April 2013, Komen Greater NYC has a new logo so if you have received our logo in the past, please request the new logo for use going forward.

16. Publication Guidelines

Many grantees produce educational materials, newsletters and other publications with Komen Greater NYC funding. Komen Greater NYC asks you to acknowledge our role in your production of those materials. **Specifically, we require that a grantee acknowledge Komen Greater NYC as a funding source on all publications related to the grant** in clear, unambiguous and readily-identifiable fashion, such as, “supported by a grant from the Greater New York City Affiliate of Susan G. Komen®.” The Grants and Public Policy staff will provide a camera-ready logo or Licensed Mark, for those instances when our Licensed Mark is appropriate. The acknowledgment must be commensurate with the acknowledgment provided to other grantors providing similar grants.

We ask that grantees submit materials that require such attribution to the Grants and Public Policy staff 30 days in advance of publication. The purpose of this submission is to give Komen Greater NYC a
chance to consider whether or not it wishes to be attributed, not to evaluate the content of the material or publication (with the exception of messaging related to breast self examination – please see below for more information). Based on our knowledge of the field, we may make some suggestions for content change, but the decision to make those changes rests with the grantee. After review of the attribute in a grantee publication, Komen will notify the grantee within 30 days as to whether to use the attribution or Licensed Mark or to remove it. Komen may require at its discretion, the removal of an attribution or Licensed Mark for any materials, statements or publications. After review, if Komen fails to request removal of the attribution or Licensed Mark, the grantee may proceed to publish with the standard, required attribution.

Please contact staff for any questions or concerns at your earliest convenience so that we may assist you in this process.

17. Breast Self-Awareness (BSA) versus Breast Self Examination (BSE)

As an organization that uses evidence-based approaches to guide their programs, Susan G. Komen® has modified the messaging we now use about Breast Self-Examination (BSE). We and many other breast cancer organizations do not recommend monthly BSE because studies have not shown a decrease in mortality among women who were taught how to do a BSE. While we recognize that many women find their own lumps, we also want to make sure that women know that just doing monthly BSE alone does not reduce the risk of dying from breast cancer. Hence, the need to change the messaging.

Komen’s messaging reflects a broader focus, moving away from simply doing a monthly BSE to expanding health education messages to include the following four major points related to breast cancer – to give people more information about how they can learn more and do more to promote breast self-awareness:

- Know your risk - Know your risk by learning about your family health history and talking to your health care provider about your own personal risk.
- Get screened - Ask your doctor which screening tests are right for you if you are at a higher risk. Have a mammogram every year starting at age 40 if you are at average risk. Have a clinical breast exam at least every three years starting at age 20, and every year starting at age 40.
- Know what is normal for you - Know how your breasts look and feel and report any changes to your health care provider right away.
• Make healthy lifestyle choices - Make healthy lifestyle choices that may reduce your risk of breast cancer.

The third point does encourage a woman to know what her breasts look like and to report any changes to her physician. BSE is a tool that women may use to increase awareness of their own breasts.

All grantee organizations were given a memo regarding Komen National’s policy. That memo is also included under the Additional Documents section of this handbook. If you have any questions or concerns, please feel free to contact the Grants staff.

18. Press Releases

We encourage you to distribute a press release regarding the Komen Greater NYC funding you have received (see Template Press Release for Grantees in Additional Documents section of this Handbook). Please be sure to e-mail grants staff a copy of the press release before it goes out so that we can approve the use of our name(s). Please include the release in your progress and/or final reports.

19. Press Coverage for Your Program

We encourage our grantee organizations to seek media coverage for the purposes of informing the public of the crucial work you perform within their communities. If you do obtain a media opportunity, please inform Grants and Public Policy staff so that we might discuss ways of sharing in your success. We hope that you record the piece in some way, so we may review it and keep it for our records. Also, we would be interested in posting a link on our website or distributing information about the media coverage in the grantee monthly update.

20. Contact information for Grants and Public Policy staff

Please pay attention to your grant contract and the guidelines included in this manual. This manual, the Orientation PowerPoint and GeMS information can be found on our website under ‘Grantee Resources’. For any questions or concerns, please do not hesitate to contact:

Anita R. McFarlane, MPH
Director of Grants and Public Policy
amcfarlane@komennyc.org
(212) 461-6189
Fax: (212) 560-9598
**Application Review Process - “In good standing”**

During the application review process, Komen Greater NYC will share with the review panel whether the organization submitting an application is in good standing. In good standing for this purpose is defined below.

<table>
<thead>
<tr>
<th>Category</th>
<th>Definition</th>
<th>In Good Standing</th>
<th>Not In Good Standing</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>General Conduct</strong></td>
<td>All applicants and grantees should maintain general standards of decorum including (but not limited to): - Responds to all communication by stated deadlines - Treats fellow grantees, clients, and Komen staff with respect - Acts as an ambassador of Komen Greater NYC at public events</td>
<td>Maintained general standards of decorum</td>
<td>Did not maintain general standards of decorum</td>
</tr>
<tr>
<td><strong>Reporting</strong></td>
<td>Grantee’s required quarterly and final reports met reporting standards including: - Submits them in full by due date or receives an approved extension - Responds to inquiries and comments within a week - Makes requested changes/edits to reports within a week - Meets Goals and Objectives outlined in their application unless adequately justified - Uses grant funds as set forth in the Grant Application, unless a budget modification has been submitted and approved - Submits requests for grant changes as soon as grantee is aware of any changes to their funded project.</td>
<td>Last progress and final reports met reporting standards</td>
<td>Last progress and final reports did not meet reporting standards</td>
</tr>
<tr>
<td><strong>Unused Funds</strong></td>
<td>Grant programs that have not used all approved funds by the end of the grant year may: - Submit a request for a no cost extension by the reporting deadline - Return all unused funds</td>
<td>Submitted request for no cost extension or returned unused funds by deadline</td>
<td>Submitted request for no cost extension or returned unused funds after deadline or not at all</td>
</tr>
<tr>
<td>Personnel Change</td>
<td>Grant programs must notify Komen Greater NYC of any Komen-funded staff or key personnel changes related to the project as soon as grantee is aware of any changes</td>
<td>Notified Komen Greater NYC of staff changes within two weeks of staff change</td>
<td>Did not notify Komen Greater NYC of staff changes within two weeks of staff change</td>
</tr>
<tr>
<td>------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Grantee Materials</td>
<td>All materials that use the Komen Greater NYC name or logo must be approved before use</td>
<td>Submitted all appropriate materials for approval before use</td>
<td>Did not submit all appropriate materials for approval before use</td>
</tr>
<tr>
<td>Rescinded Funding/Termination of Contract*</td>
<td>Grant programs that have been identified as no longer viable and the grant contract is terminated early; grant funds may or may not be requested for return.</td>
<td>No history of rescinded funds due to poor performance.</td>
<td>Funds were rescinded from the last grant cycle because the program was no longer viable and contract was terminated; organization has not satisfactorily documented how they will improve the viability of the program.</td>
</tr>
</tbody>
</table>

*There are several steps involved before Komen Greater NYC chooses to rescind funding and terminate a contract based on a major contract breach. The following corrective measures will be taken:
1. Verbal Warning
2. Written Warning- signed and acknowledged by Grantee and Affiliate, corrective action plan put in place
3. Written Warning- formal letter from local legal counsel seeking to cure breach
4. Termination of contract
MEMO

To: All Grantees
From: Anita McFarlane, Director of Grants and Public Policy
      Zenia Dacio-Mesina, Grants Program Coordinator
Re: Susan G. Komen for the Cure® position on Breast Self-Examination
Date: March 4, 2011

As an organization that uses evidence-based approaches to guide their programs, Susan G. Komen for the Cure® has modified the messaging we now use about Breast Self-Examination (BSE). We and many other breast cancer organizations do not recommend monthly BSE because studies have not shown a decrease in mortality among women who were taught how to do a BSE. While we recognize that many women find their own lumps, we also want to make sure that women know that just doing monthly BSE alone does not reduce the risk of dying from breast cancer. Hence, the need to change the messaging.

To reduce confusion and reinforce learning, we require that grantees provide educational messages and materials that are consistent with those promoted by Komen for the Cure, including promoting the message of Breast Self-Awareness (BSA) and knowing your risks for breast cancer. Education programs promoting monthly breast-self examination will not be funded. If you included activities that involve BSE instruction as part of your proposal, please modify the content to conform with BSA messaging.

Please use the attached document for sample messages.
Talking Points for Expanded Breast Self-Awareness Messages

Susan G. Komen for the Cure® is expanding health education messages to include four major points related to breast cancer – to give people more information about how they can learn more and do more to promote breast self-awareness.

Message #1 is: **Know your risk.**
The actions that can be taken are:
1. Talk to your family to learn about your family health history
2. Talk to your doctor about your personal risk of breast cancer.

- We know that in some families there isn’t much talk about personal health issues, especially to the children, so sometimes “female cancers” (such as breast cancer) may have actually occurred in family members, but were not openly discussed.
- In addition, as we learn more about the possible shared genetic components between breast cancer and other cancers, such as ovarian, colon, endometrial cancer - or information about other health conditions that may be present in families, such as diabetes or obesity – information about these conditions may be useful in understanding your risk of breast cancer.
- We know from studies that most women overestimate their risk of breast cancer, so going to your doctor with information about your family health history and your questions may lead to a better understanding of your personal risk.
- Your doctor may use one of the risk assessment tools available today to get an idea of your risk or may suggest genetic counseling or testing if your family health history suggests a breast cancer gene mutation in your family.

Message #2 is: **Get screened.**
The actions are:
1. Ask your doctor which screening tests are right for you if you are at a higher risk
2. Have a mammogram every year starting at age 40 if you are at average risk
3. Have a clinical breast exam at least every 3 years starting at 20 and every year starting at 40.

- If you are found to be at higher risk, your doctor can recommend the screening tests and frequency that may be indicated for you. MRI is an imaging test that may be recommended as part of a screening regimen. MRI has been shown in research studies to be useful in women at high risk of breast cancer, or for women with dense breasts on mammography.
- If you are at average risk, annual mammograms starting at age 40 is the recommendation. We know that the re-screening rates for mammography screening have declined somewhat in the last few years, so encouraging mammography screening every year is important to increase the efficacy of this screening tool in finding breast cancer early.
- And then, having a clinical breast exam at least every 3 years starting at age 20 and every year starting at 40.

Message #3 is: **Know what is normal for you.**
This list includes visual and palpable changes that should be reported to a health care provider – such as a lump, hard knot or thickening; swelling, warmth, redness or darkening; a change in the size or the shape of the breast, dimpling or puckering of the skin; itchy, scaly sore or rash on the nipple; pulling in of the nipple or other parts of the breast; nipple discharge that starts suddenly; new pain in one spot that does not go away. This is a familiar list that has appeared on the BSE cards for a number of years and in other materials related to BSE and is not a change.

- We want to stress that BSE is a tool that can be used to promote an awareness of breast cancer.
- BSE is a tool that can be used to learn what is normal for you.
- It is also a tool that can be used to teach and learn what breast changes should be reported to your health care provider.
- You will notice that the recommendation for monthly BSE has been removed - under the direction of our Scientific Advisory Board – because there isn’t evidence in the literature to show what interval for BSE is effective. Since we want our statements to be evidence-based, this adjustment in language has been made.
• We want to reinforce that any breast change should be discussed with your health care provider.
• In addition, we have added a statement – “Studies have shown that BSE alone does not decrease mortality rates.” This is based on research studies. The Shanghai study was the most recent, largest, and best designed study that added to the body of knowledge of results from other studies that showed that teaching BSE did not improve mortality rates.

Finally, message #4 is: Make healthy lifestyle choices.
The actions are:
1. Maintain a healthy weight
2. Add exercise into your routine
3. Limit alcohol intake
   • We now know from studies that maintaining a healthy weight as an adult may reduce your risk of post-menopausal breast cancer
   • We also know from studies that adding exercise into your routine may reduce your risk
   • Limiting alcohol intake, another lifestyle choice, may also reduce risk, as shown in the scientific literature
Different BSA Messaging Versions

Version 1
1. Know your risk
   • Talk to your family to learn about your family health history
   • Talk to your doctor about your personal risk of breast cancer

2. Get screened
   • Ask your doctor which screening tests are right for you if you are at a higher risk
   • Have a mammogram every year starting at age 40 if you are at average risk
   • Have a clinical breast exam at least every 3 years starting at 20, and every year starting at 40

3. Know what is normal for you
   • See your health care provider right away if you notice any of these breast changes:
     o Lump, hard knot or thickening
     o Swelling, warmth, redness or darkening
     o Change in the size or shape of the breast
     o Dimpling or puckering of the skin
     o Itchy, scaly sore or rash on the nipple
     o Pulling in of your nipple or other parts of the breast
     o Nipple discharge that starts suddenly
     o New pain in one spot that doesn’t go away

4. Make healthy lifestyle choices
   • Maintain a healthy weight
   • Add exercise into your routine
   • Limit alcohol intake

Version 2
Susan G. Komen for the Cure recommends that you:
   • Talk to your family to learn about your family health history
   • Talk to your doctor about your personal risk of breast cancer
   • Ask your doctor which screening tests are right for you if you are at a higher risk
   • Have a mammogram every year starting at age 40 if you are at average risk
   • Have a clinical breast exam at least every 3 years starting at age 20, and every year starting at 40
   • Know how your breasts look and feel and report changes to your health care provider right away
   • Make healthy lifestyle choices that may reduce your risk of breast cancer

Version 3
   • Know your risk by learning about your family health history and talking to your health care provider about your own personal risk.
   • Ask your doctor which screening tests are right for you if you are at a higher risk. Have a mammogram every year starting at age 40 if you are at average risk. Have a clinical breast exam at least every 3 years starting at 20, and every year starting at 40.
   • Know how your breasts look and feel and report any changes to your health care provider right away.
   • Make healthy lifestyle choices that may reduce your risk of breast cancer.

Version 4
1. Know your risk
2. Get screened
3. Know what is normal for you
4. Make healthy lifestyle choices
FOR IMMEDIATE RELEASE

[Name] Vern Calhoun
[GRANTEE ORGANIZATION] Komen Greater NYC
[Phone] 212-461-6188
[Email] vcalhoun@komennyc.org

- [GRANTEE] RECEIVES GRANT FROM KOMEN GREATER NEW YORK CITY AFFILIATE
  - TO [PURPOSE i.e. help women with breast cancer]

[NEW YORK, NY. – Month XX, 2013] – The Greater New York City Affiliate of Susan G. Komen for the Cure® has awarded a [Samount] grant to [Grantee] for [very brief description of need met by grant].

At [Grantee], the grant from Komen Greater NYC will support [Program Name, if applicable], an initiative to [expected impact of program and target population] The program will involve [list key components of program].

[QUOTE FROM GRANTEE]

Susan G. Komen for the Cure is the world’s largest breast cancer organization, and the Greater New York City Affiliate is number one out of the 125 Affiliates on the front lines dedicated to ending breast cancer in their communities. Komen Affiliates fund innovative programs that help women and men overcome the cultural, social, educational and financial barriers to breast cancer screening and treatment.

“At the Komen Greater New York City Affiliate, we conducted a needs assessment of our community and discovered [the need this grant meets],” said Anita R. McFarlane, MPH, Komen Greater NYC Director of Grants & Public Policy. “We are confident that through [Grantee’s Program], [describe the need being met, i.e. ‘Hispanic women in our community will have low-cost access to the care they need’].”

[Insert grantee description or boilerplate.)

About the Greater New York City Affiliate of Susan G. Komen®
Since 1990, Komen Greater NYC has raised approximately $60 million and awarded $43 million in grants. In the last five years alone, we have helped more than 875,000 women, men and families in New York City, on Long Island, and in Westchester and Rockland Counties. In that time, we have provided 63,997 mammograms, 94,045 clinical breast exams (including mammography), support services (including transportation, meals, legal services) to 48,158 people, breast health education to 206,640 women, among other services.

Donations in Action
Twenty-five percent of every dollar raised funds national breast cancer research while seventy-five percent of the net monies raised goes right back into the communities to help the women, men and families in our service area

For more information, please visit www.komennyc.org or call 212-293-CURE.

###
Advice from Past Grantees

In 2009, we began asking our grantees the question, “What advice would you give new grantees?” Below are some of their responses:

Goals and Objectives

- Create realistic goals.
- Focus on the needs of your current breast program and how your organization and Komen can collaborate and resolve it.
- Have a strategic plan that meets Komen’s requirements.
- Review program goals and collected data regularly to help your organization stay on track.
- Proposing too many goals can be a set-up for failure. Focus on no more than 4-5 primary goals.
- Be flexible, projections are made six months prior to the beginning of the grant cycle. Many things can change. The important thing to do is identify the change, consult with others, make a plan to address the change and evaluate the plan at regular intervals.
- Develop a strong buy-in with partners and clearly communicate with them the objectives of the Project and expectations. It takes longer than you think to schedule new programming with partnering organizations even when all parties are saying yes.

Data Tracking and Recording

- Continually evaluate your programs by evaluating and analyzing data.
- Develop a reliable and easy to use data management system.
- Keep detailed notes and records of each goal-related achievement.
- Utilize electronic documentation as much as possible to decrease labor-intensive processes for transfer of information for statistical purposes and to provide easy retrieval for reports.
- At the start of the grant year, make a note of each of the goals to be met during the year and divide them into the number of months of the grant period. Aim to meet or exceed that number each month.
- If you discover challenges or problems implementing your program as originally envisioned, make a record of what the problem is, how you have attempted to overcome it, and if it cannot be overcome, what you plan to do to mitigate the situation.
- Constantly keep the objectives in sight. It can be easy to become so engaged in the process of assisting patients that agencies are not able to monitor the data until it is time to report, at which time it is too late to make any major adjustments.
- Engage a team effort in designing the data collection process, strategy, and evaluation methodology.
- Designate a Data Manager. Data tracking and management will take more time than you planned, be prepared.

Programs

- Become as culturally competent as one can be—know your audience and get to know the people you are trying to serve.
- Identify key leaders in your community to help reach your target audience and to gain trust.
• Interdisciplinary collaboration is essential in order to deliver the highest quality of professional services to patients/clients.
• Reach out to grantees in efforts to collaborate for the same goal. Working together for information regarding difficulties and new findings lessen the chances of reinventing the wheel.
• Make sure your organization has enough human resource power, time, supplies, and equipment needed to accomplish the program goals.
• Be as organized as possible from the outset of the grant period.
• Allow sufficient start up time if your program requires hiring new staff members. Everything takes longer than expected.
• If your program relies on physician referrals, visibility is key. Make sure the physicians see you and hear about your program on a regular basis. Make it easy for them to refer to your program, whether that is adding your program to their existing treatment order form, giving them your business cards to hand out to patients, or literally going to their clinics to be present and accept a referral (and serve as a reminder for your program).
• Create a Community Advisory Board with the inclusion of a clinical professional. This professional, whether a nurse, physician, or other health care provider, would provide clinical guidance on the development of the program materials and outreach strategies. Additionally, the presence of this provider could network the program to other providers in the community and allow for a seamless referral system when outside providers in the community encounter patients that would be eligible for the program.
• Utilize existing community resources and seasoned professionals for enhanced collaborations in order to help serve your target community.
• Volunteers are a great resource and an excellent link to reach the communities one serves. In addition, these volunteers need to be recruited from within the community by advertising at the local churches, libraries, senior centers and so on - places that are prominent in the community one aims to serve.
• The program coordinator and community health educator should have up-to-date information regarding breast health even though they are not health care providers.
• The logistics of delivering care to women with breast cancer is complicated when patients are bedridden, home bound, hospitalized for prolonged periods, or in hospice or palliative care. The effects of illness and treatment - fatigue, pain, altered mental status, change in physical functioning - all make it difficult for patients to follow up with service providers as required. It is therefore important to reach out often to these clients and make sure they are following up the advice given.
• Sometimes, a patient's life expectancy may be shorter than the lengthy waits for benefit eligibility to be determined. It is therefore critical to be able to expedite cases for those with advanced disease.
• Have back up plans for when the CSPs are not able to accommodate patients.
• Continue to be and think positive. Consider that new challenges will take you to a higher level of care for all of your patients.

Programs working with underserved populations

• Gain a good understanding of the target populations and the problems they face in everyday life, which are exacerbated by a cancer diagnosis.
• Understand the barriers that overwhelm cancer patients and must be minimized in order for women to complete their treatments in a timely manner. These include practical matters such as subway fare increases, extended periods of challenging weather, or changes to entitlements.
• Work closely with the populations, community leaders, and health care professionals in order to develop trusting relationships with your clients/patients and establish a seamless program which links women into the healthcare system for breast care and other issues.
• Always be compassionate and tolerant. We are still in the process of learning how to work with people who are resistant to learning and taking advice when pertaining to their health, but you can make a difference in someone's life.
• You cannot think of enough creative ways to outreach the hard to reach. Grassroots efforts in places of business, in-house lunch and learn sessions, and physician education at local libraries are examples of some things that have worked.

Communication with Komen Greater NYC

• Keep Komen Greater NYC updated on any new challenges your program may face in effectively addressing the needs of these women and their families.
• Keep lines of communication open with Komen Greater NYC. Past grantees found Komen staff to be extremely supportive and helpful when they ran into challenges.