

**Mountains of Hope
FY18 MINI-GRANT APPLICATION**

Applicant Information			
Project Coordinator:			
Organization:		Title:	
Address:			
City, State, Zip:			
Phone:		Fax:	
E-mail:			
Is Project Coordinator a MOH Member?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
County/counties serviced by this proposal:			
Fiscal Agent – this is where the money will be sent if funded; must be located within West Virginia			
Fiscal Agent/Lead Agency:			
Contact person:			
Address:			
City, State, Zip:			
Phone:		Fax:	
E-mail:			
Federal Employers Identification Number (FEIN) of Lead Agency:			
Project Information			
Project Title:			
Project Date(s):			
Project Location:			
Amount of Funding Requested:			
Description of project and objective(s):			
Who is the target audience and what is the community need? <i>Provide a description of the population you are trying to reach with your project (i.e. demographic information including: race/ethnicity, organizational affiliation, geographic area, etc.) and include description of community need.</i>			
What is the estimated number of attendees/number of people to be reached?			
If this is a repeat project, what was the past number of attendees?			

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How will the target audience be reached? (marketing plan)
Agenda: Please attach a draft agenda or outline the topics covered during the project and the format of the meeting.
Is there a fee to attend the project? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe the fee structure.
What is the purpose of your coalition/community organization (the makeup of its membership or staff, i.e. what individuals/agencies comprise the coalition/organization) and how long has it been in operation?
What other community/regional/statewide agencies or organizations will your coalition/community organization partner with for this project? What will their role be in the proposed project?
How will your group work with the Mountains of Hope Cancer Coalition and the WV Comprehensive Cancer Program to meet the proposed objectives?
Linkage to the WV Cancer Plan
Please identify how your project links to the <i>WV Cancer Plan 2016-2020</i>
<u>Aim:</u> Project aligns with the following <i>WV Cancer Plan 2016-2020 Aim:</i> (Please write out the Aim number and text).
<u>Objective:</u> Project aligns with the following <i>WV Cancer Plan 2016-2020 objective</i> or <u>objectives:</u>
<u>Evidence-based intervention:</u> List the evidence-based intervention, how it related to the Aim, and a citation for it.

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Evaluation

Evaluation:

Please provide a detailed evaluation plan by answering the following questions below:

1. How will you know that you have met your project objectives/cancer plan strategies?
2. What data sources will you be using?
3. How are you collecting your data? *(Include drafts of any evaluation tools you will be using like pre-/posttests, surveys, etc.)*

Sustainability/Dissemination:

Please describe your plans for continuing the efforts of this project after the current funding cycle has ended. If your project focuses on a specific location, population, etc. please describe your plans for sharing your lessons learned with similar groups around the state.

Impact: Does this project seek to change policy, systems or environments that would reduce the burden of cancer in WV? If yes, please explain. If no, how will this project make an impact on the target audience?

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Proposed Project Budget

Please see grant instructions for allowable expenses.

Budget Items	Explanation	MOH Funds	Other Sources of Support (in-kind, non-MOH financial support, etc)	Total Funds
Speaker/Keynote Fees				
Printing & Copying				
Supplies				
Marketing/Publicity				
Travel				
Other				
Sources of Funding <i>(please list other sources of funding including additional sponsorships, registration fees, etc.)</i>				
TOTALS				

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Name: _____

Address: ___ home ___ work/school

City: _____

State: _____ Zip Code: _____

E-mail: _____

Phone: _____

Fax: _____

Employer/School: _____

Work Title: _____

Please add me as a: (check all that apply)

_____ Regular Member

_____ Agent of Hope – (AOH) – any MOH member that is a volunteer or who volunteers in cancer related projects not associated with a paying job.

Agents of Hope Members only:

I volunteer with: _____

As a member of Mountains of Hope, I agree to have my photograph and name used in communications regarding Mountains of Hope.

Signature

Date

Mountains of Hope is supported by the West Virginia Comprehensive Cancer Program of the West Virginia Department of Health and Human Resources with support from Cooperative Agreement Number NU58DF006300-01-00 from the Centers for Disease Control and Prevention.