**2012 Community Grants**

**N**ative People for Cancer Control, based at the University of Washington’s Partnership for Native Health program, is funded by the National Cancer Institute to enhance existing relationships and build new bridges for community-based participatory research, training, and education to improve American Indian and Alaska Native health**. Native People for Cancer Control and the Institute of Translational Health Science invite applications addressing issues in cancer education, prevention, screening, and treatment among American Indians and Alaska Natives living in the states of Washington, Wyoming, Alaska, Montana, Idaho, Oregon, North Dakota, and South Dakota.**

**A**pplications from Tribes, Tribal or community-based organizations may propose projects involving cancer education, advocacy, prevention, screening, and treatment. Grants may also be used to support conference agendas that examine key issues relating to cancer and Native populations and/or to send staff to cancer related trainings and conferences. Examples of such projects include the following:

* Increasing awareness of cancer screening benefits
* Planning educational activities that promote cancer-screening practices
* Developing strategies to increase cancer-screening behavior
* Involving worksites in cancer education or screening awareness
* Establishing support groups for cancer patients or survivors
* Involving tribal gatherings, religious, or nonprofit organizations in cancer

 education and prevention

* Providing cancer information to target audiences such as health educators, tribal leaders, or community members
* Organizing conferences on topics such as conducting research on small population groups, grant writing, educating tribal communities on economic and health impacts of cancer, and identifying strategies for community awareness of cancer screening
* Developing a session on Native cancer issues for a planned regional or national conference
* Sending staff to cancer related trainings and/or conferences

**P**roposals should describe short-term projects that can be conducted with a one-time award of **up to $3500.** **Applications must be submitted by Friday, January 13, 2012.** An external review committee will review applications. Funding decisions will be made by February 1, 2012. **Funded activities must be completed by May 31, 2012.** The award can be used for costs such as personnel, supplies, and incentives. Computer equipment, direct patient services, and indirect costs cannot be paid by Community Grant funding. Only one application per organization may be submitted for review.

**F**or more information, please contact Carrie Nass at cnass@u.washington.edu or 206-543-3939.

**COMMUNITY GRANTS**

**2012 Application**

**Applicant Organization:**

Mailing Address:
 Street Address/PO Box

 City State Zip

Phone:                    Fax:

Website:

Organization’s Director:

 Name

Does your organization currently have non-profit (501c3) status?

[ ]  Yes [ ]  No [ ]  Applying for it now

**Contact Person**
 Name & Title

 Street Address/PO Box

 City State Zip

Phone:                      Fax:

Email:

**Name and signature of organization’s approving official** (for example, the organization’s CEO or person responsible for fiscal management of the organization)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

**Title of Project**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If grant is awarded, activity must be completed and evaluated**

**by May 31, 2012.**

**Please send completed application as an e-mail attachment to Carrie Nass at** **cnass@u.washington.edu****. Or you may mail a hard copy of the application to the following address:**

**Carrie Nass, 1730 Minor Avenue, Suite 1760, Box 359780, Seattle, WA 98101**

**Organization’s Scope of Work:**

Your organization’s mission/focus:

Your organization’s audience:

Geographic area served:

**PROJECT PROPOSAL (please provide brief answers to each question)**

**Statement of Need:**

What community will be addressed by this project?

Describe the value of your project to the targeted community.

How will your project contribute to the goals of Native People for Cancer Control? *(See Native People for Cancer Control description above.)*

**Goals/Specific Aims:**

Describe the goals of your project.

What are the anticipated outcomes of your project?

**Project Description:**

What target audience/population do you wish to reach and why?

What type of activity are you proposing and how will it be carried out?

Who will be responsible for carrying out the proposed activities?

What resources does your organization have available to accomplish the goals of this project?

List the names of any organizations or groups that will be working with you on this project and describe their involvement.

Does your project involve research with subjects? If so, please describe your process for getting human subject research review/approval and/or tribal approval.

**Evaluation:**

You will be expected to complete and return to Native People for Cancer Control a one-page evaluation form (provided by Native People for Cancer Control) within 2 weeks after the end of your project/event **(DEADLINE, June 14th, 2012).**

**BUDGET**

Using the table provided below, state how you will use the grant funds and the amount. If you plan to request funds from other sources, please include the amount requested. If you are not planning to use funds from other sources, please put a zero “0” in that column. Allowable expenses include funds for supplies, photocopying, staff time, etc. **REMINDER:** Funds may not be used to pay for clinical services and may not cover costs related to facility operation, maintenance, equipment, or administrative costs.

|  |  |  |  |
| --- | --- | --- | --- |
| **Personnel** | **Amount requested from NPCC** | **Amount requested from other sources** | **Total** |
| **Name** | **Role on Project** | **% Effort** | **Base Salary** | **Salary Requested** | **Fringe Benefits** |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| *Subtotal* |  |  |  |
| **Supplies (Itemize by Category)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| *Subtotal* |  |  |  |
| **Other Expenses (Itemize by Category)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| *Subtotal* |  |  |  |
| TOTAL |  |  |  |

**Total Amount Requested**:                 ($3500 maximum)

**BUDGET JUSTIFICATION**

Please provide a rationale for each item in the budget. Use additional space as needed.