

## **Partnership Award Application**

	rship: Are you, or have you been, actively involved with HUGs and/or the Cancer Alliance of Marion County )? If yes, please describe in what capacity.
-	ence: Very briefly list or describe your agency's or group's experience with improving health and wellness in the unity. List any specific projects or efforts as they relate to cancer, cancer prevention, cancer education, or access.
	<b>al:</b> Describe briefly your proposal for improving the lives of those affected by cancer in one of the following areas e project lead and attach resume or CV):
a.	Education, awareness, or improved access or systemic change as it relates to lung cancer screenings and tobacc cessation.
b.	Education, awareness, or improved access or systemic change as it relates to breast cancer screenings in underserved populations (e.g., Black, Hispanic, low SES).

c. Education, awareness, or improved access or systemic change as it relates to colon cancer screenings.	
<b>Budget:</b> Please provide a general budget for the project. Be sure to include any matching funds, in-kind donatio other supports from the community. Please request what is reasonably and realistically needed for project succeven if the amount is greater or less than that of the partnership award.	
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Measurable Goals: Please provide a brief description of how you will collect and measure data and how frequencan submit progress reports to HUGs/CAMC. Include a SMART AIM Statement/chart.	tly you
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Additional Comments: HUGs and CAMC will help support and promote funded projects through social media, newsletters, inter-agency collaborations, and consulting. What specific ways might CAMC be a support to this process.	·oject?
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