# https://docs.google.com/uc?export=download&id=0B7M34mbEcDkWTUtZZGNQMVNLdzg&revid=0B7M34mbEcDkWU2xBbUU0bFNhaUlLUk9iWDFGd2d4Mms5WFJ3PQHealth Equity Project Application

Letter of Intent due: **August 15, 2020**

Grant due: **September 15, 2020**

Maximum request: **$10,000.00**

Prior to completing this application, please submit a Letter of Intent briefly stating the goals, objectives, and strategies of your project. Email this information to info@sccancer.org. If accepted, additional documents will be provided to help complete the application below.

Please communicate all questions to info@sccancer.org.

\*Organizations currently receiving funds from (CDC), DP17-1701 Grant are not eligible for this program.

Purpose: The South Carolina Cancer Alliance (Alliance) has created a funding opportunity to improve women’s cancer-related health in our state.

**Measurable outcomes will be in alignment with** [**Healthy People 2020**](https://www.healthypeople.gov/2020/topics-objectives/topic/cancer)

* **Health Equity** - The attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.
* **Health Disparities** - A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.
* **Access** - Accessto health services means "the timely use of personal health services to achieve the best health outcomes." It requires 3 distinct steps: (1) gaining entry into the health care system (usually through insurance coverage), (2) accessing a location where needed health care services are provided (geographic availability), (3) and finding a health care provider whom the patient trusts and can communicate with (personal relationship).

Please feel free to attach or expand any section to ensure you include all relevant information for your project.

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| **PROJECT INFORMATION** |
| Project Title:  |
| Total funding amount: |
| Narrative: Brief project description, including collaborators and summary of timeline, activities, and goals: Please provide attachments if needed. |

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| **ALIGNMENT with the following report**[**20-Year Trends for Incidence, Mortality, and Survival**](https://www.sccancer.org/media/1348/20-year-cancer-report_spread-w-bleed.pdf)*Reports and documents are also available at* [***https://www.sccancer.org/the-alliance/publications/***](https://www.sccancer.org/the-alliance/publications/) |
| Below, please indicate which priorities/key findings this project aligns with: |
|  | **1** |  |
|  | **2** |  |
|  | **3** |  |
|  | **4** |  |
|  | **5** |  |

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| --- |
| Project Name: |
| Contact: |
| Organization: |
| Organization description: |
| Address: |
| City, State, Zip: |
| Tax ID #: |
| Phone: |
| Email: |
| Project goal(s):  |

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| **PATIENT POPULATION** |
| Patient population(s): (Geography, race, age, gender, etc.) |
| What is your experience working with these populations? |
| Estimated number of patients to be reached by this project: |

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| **ADDRESSING HEALTH EQUITY AND DISPARITIES**  |
| How will your proposed project work towards health equity and address health disparities?How do you plan to reach the communities described above?  |

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| **ADDRESSING ACCESS** |
| How will your proposed project address access to prevention, screening, treatment, and quality of life services?  |

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| **PROJECT OBJECTIVES**  |
| Please identify a specific, measurable, achievable, realistic, and time-bound project objective:*(e.g. Train 30 individuals on our “train the trainer” materials and with at least 80% proficiency by May 29, 2020.)* |
| * Specific:
* Measurable:
* Achievable:
* Realistic:
* Time-bound:
 |
| Activities: (What activities will lead to the achievement of this objective?) |
| How will it be measured? (How will you know if you accomplish the objective?) |
| How often will you be monitoring your progress? |
| Target Completion Date: |
| Individual/Organization Responsible: |

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| **EVALUATION PLAN -** If approved, the Alliance will provide the evaluation tools for your organization to utilize for your project. However, please answer the questions below.  |
| What are your evaluation questions? |
| What data will you use? How will you collect it and how often? |

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| **PROPOSED PROJECT BUDGET** *Funds cannot be used for medical supplies, gift cards, research, or treatment.*  |

**PROPOSED PROJECT BUDGET**

* *Funding will be dispersed in two installments.*
* *Leveraged funds (monetary funds) and in-kind funds (non-monetary contributions) can be used to meet this requirement and should be documented in the budget outline below.*
* *Please include in-kind or leveraged items and services in a separate document*

***Funding cannot be used for:*** *medical supplies****,*** *gift cards****,*** *cancer research****,*** *cancer treatment, lobbying efforts****,*** *salaries****,*** *and equipment such as laptops, etc.*

|  |  |
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| **BUDGET ITEM -** How this item supports your budget. Feel free to attach a separate document. | **AMOUNT**  |
|  |  |
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|  |  |
|  |  |
|  |  |
| **Total:** |  |

**Contact information:**

South Carolina Cancer Alliance

1800 St. Julian Place, Suite 408

Columbia, SC 29204

(803) 708-4732

[www.sccancer.org](http://www.sccancer.org)

*Funding for this project was made possible (in part) by the Centers for Disease Control and Prevention (CDC), DP17-1701 Grant and the S.C. DHEC Comprehensive Cancer Control Program.*