

PARTNERSHIP INITIATIVE APPLICATION PACKET

Background

The **NC Breast and Cervical Cancer Control Program Partnership Initiative** is designed to increase the number of patients screened for breast and/or cervical cancers, foster partner collaborations, networking, resource sharing, and facilitate outreach, education and referrals that encourage community-clinical linkages. Partnerships should use data to implement initiatives that:

- Provide breast and/or cervical cancer screenings.
- Increase demand of early detection/screening services and connect individuals in the community to breast and/or cervical cancer screenings.
- Increase knowledge of screening guidelines, survivorship, treatment and palliative care, health coaching and patient navigation services and other supportive services (i.e., financial toxicity, etc.)
- Collaborate with programs that can help achieve cancer control goals.

The supported partnerships are limited funding opportunities to help supplement organizations' outreach efforts.

Partnership Eligibility

Eligibility Requirement

Only organizations that meet these requirements will be eligible for consideration to receive Partnership support funds.

Applicants must:

- Be a registered 501(c)(3) Nonprofit Organization and in good standing with the State of North Carolina.
- Submit a State of North Carolina Substitute W9 Form if there is not a W9 on file with the state.
- Submit a completed **NC BCCCP Partnership Initiative** Application
- Submit a written summary report and survey link (to be emailed) 30 days after the program end date.
- Focus proposed program/event on providing breast and/or cervical cancer screenings and report how many individuals completed screenings.
- Connect individuals in the community to screening services.
- Agree to follow the guidelines for appropriate expenditures of Partnership funds.
- Submit an invoice for the approved Partnership amount to the Cancer Branch prior to the event.
- Communicate if proposed program or event date needs to change as soon as possible to the Cancer Branch and prior to the event.
- Must complete the described proposed program or event no later than June 29th of the current fiscal year.

PLEASE BE ADVISED

Submit Partnership requests 8 to 12 weeks prior to the events.

Please wait 4 to 6 weeks to be notified of approval.

PART I: Agency Information and Background

The cover page must be submitted by the 501(c)(3) organization/agency applying and responsible for the Partnership

funds. *Email completed application to:* Heather.Dolinger@dhhs.nc.gov

Agency/Organization Name:

Click or tap here to enter text.

Mailing Address, City, State, Zip:

Click or tap here to enter text.

Point of Contact for this
Partnership Application:

Click or tap here to enter text.

Phone Number:

Click or tap here to enter text.

E-mail Address:

Click or tap here to enter text.

Organization's Employer
Identification Number (EIN)/Tax
Exempt Number:

Click or tap here to enter text.

Organization Mission:

Click or tap here to enter text.

Organization Goals:

Click or tap here to enter text.

Organization Objectives:

Click or tap here to enter text.

Type name of Point of Contact.
(Typing your name in this box
indicates that the information and
EIN listed above are correct.)

Click or tap here to enter text.

PART II: JUSTIFICATION/NEED

Please provide information that justifies the need to conduct your planned program/event to provide breast and/or cervical cancer screenings, linkages with patient navigation/community health worker for breast and cervical cancers as outlined in the NC Cancer Plan.

1. Describe the needs or issues being addressed by the program or event.

Click or tap here to enter text.

2. Define the population and geographic area that needs to be reached.

Click or tap here to enter text.

3. Provide data related to addressing breast and cervical cancers and related health concerns.

Click or tap here to enter text.

4. Describe barriers/issues affecting screening numbers.

Click or tap here to enter text.

PART III: PROGRAM OR EVENT DESCRIPTION

Provide detailed information about the proposed program or event, and how it will be planned and implemented. Please indicate the population(s) your program or event plans to reach for breast and/or cervical cancer screenings:

- ☐ African American women
- ☐ Hispanic/Latinx women
- ☐ Individuals in rural areas

☐ Other, please list: [Click or tap here to enter text.](#)

1. Date of the program or event: [Click or tap here to enter text.](#)
2. Will you be working with a BCCCP provider? **A breast or cervical screening component is required for the program/event.** ☐ Yes ☐ No (If yes, which provider?): [Click or tap here to enter text.](#)
3. List the goal(s), objective(s) and outcome(s) for the screening program or event.
[Click or tap here to enter text.](#)
4. Include partners who will be doing the screening and report on the anticipated outcomes of the screenings (number of patients screened at a minimum).
[Click or tap here to enter text.](#)
5. State number of participants the program or event expects to reach. [Click or tap here to enter text.](#)
6. List the geographic area(s) to be served. [Click or tap here to enter text.](#)
7. Provide a detailed description of how your organization and/or partners will plan and conduct this screening program or event. This must include a timeline and identify responsibilities for all activities required to carry out this project.
[Click or tap here to enter text.](#)

Part VI: Budget Plan

Please list what the funds will be used for. Be sure to include the quantity of items, unit price and total costs, where needed. Note what can and cannot be included from the list below. The Cancer Branch reserves the right to adjust dollar amounts requested or not approve requests pending funding limitations or availability.

A sample budget plan is provided below. Use this sample budget plan as a guide or template and **edit** for your individual needs. Consider your expenses this support can help supplement.

Allowable and Nonallowable Expenses

Funding will **NOT** be provided for the following:

- Food expenses (breakfast, lunch, dinner, snacks, receptions etc.)
- Salary and fringe
- Capital building projects, overhead, or indirect costs
- Research activities
- Basic health fairs or educational events (all events must have a screening component)
- Fundraising activities
- Purchase of equipment (i.e., computers, cell phones, copiers etc.)

Funding **CAN** be provided for the following:

- Marketing and media promotions
- Limited speaker support (i.e., assist with supplies)
- Physician \$100, Lawyer \$75, Lay Health Worker \$50
- Printing/coping
- Office supplies
- Postage
- Add-on cost for program/event on existing virtual platform. Not full subscription (i.e., Zoom, Webex etc.)

SAMPLE BUDGET

Program/Event Type: Breast and Cervical Cancer Live Together, Screen Together and Healthy Checkup Challenge Event

EXPENSE ITEM	UNIT COST (\$)	TOTAL EXPENSE	JUSTIFICATION
Cancer Screening Support Services (i.e., support mammogram mobile unit – 15 appointment slots)	\$185.00 x 15 slots	\$2,775.00	Reservation of Mobile Mammography Unit for 15 patient spots.
Zoom virtual add-on for one day event	\$140.00 a month one- time add-on fee	\$140.00	Purchase the Zoom Webinar <u>Add-on</u> to increase the number of participants from 100 to 500
Copies/printing	3 x 150 participants x .60 each	\$270.00	Copy handouts, flyers to give participants and reinforce cancer prevention, care, and early detection messages etc.
Speaker Support \$50 for lay speakers, \$75 for lawyers and \$100 for Physicians	5pp x \$75.00	\$375.00	Expert speakers support for assisting with prevention, early detection, care, and treatment support services/resources
Media, marketing health promotion: (i.e. flyers, posters, handouts, radio, website etc.)	\$300.00	\$300.00	Promote virtual program/event and the N.C. Cancer Prevention and Control Branch programs
Office Supplies	\$200.00	\$200.00	Supplies to support training program needs i.e., reams of paper, box of large envelopes, laminate sheets, mailing labels, ink cartridges, etc.
Postage	\$0.55 x 200 items	\$110.00	Mail education and program resources to participants
Total Anticipated Budget		\$4,170.00	

Program/Event Type: Click or tap here to enter text.

EXPENSE ITEM	UNIT COST (\$)	TOTAL EXPENSE	JUSTIFICATION
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
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Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
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Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Total Anticipated Budget	Click or tap here to enter text.		

Reminder: Partnership opportunities are NOT approved without written authorization from the North Carolina Cancer Prevention and Control Branch.

Commitment

We appreciate your interest in hosting a program or event to address the burden of breast and/or cervical cancer in your area. As confirmation, please complete the following with your application:

By signing my name below, I, with the inclusion of my organization, am confirming and agreeing to all the information provided above.

Print Your Name

Date

Your Signature

Date

Thank you for completing the NC Cancer Prevention and Control Branch, Breast and Cervical Cancer Control Partnership Application. We appreciate your dedication and efforts in the fight against cancer in your community.



NC Department of Health and Human Services • Division of Public Health
Chronic Disease and Injury Section • Cancer Prevention and Control Branch
Breast and Cervical Cancer Control Program • www.publichealth.nc.gov
NCDHHS is an equal opportunity employer and provider. • Rev. October 2026