



## 2027 Community Grant Rural Health Application Template

*This document outlines all questions within the online ProposalCentral application for edits and review. Applicants will fill out all answers directly in [ProposalCentral](#).*

**Please refer to the [Guidelines](#) and [FAQs](#) for more information.**

### Title Page

- Project Title
- Project Type (*choose all that apply*)
  - Increase cancer screenings
  - Increase cancer-related vaccinations
  - Provide education and outreach around cancer screenings and prevention
  - Increase patient navigation/community health worker services
  - Train volunteers or health workers
  - Other
    - If 'Other', please describe:
- New, Continuing or Supplemental Project? (select one)
  - New or pilot project
  - Continuing (funding would revive a successful program or enable a successful program to continue)
  - Supplemental (funding would offset costs of an existing program or build on an existing program)

### Organizational Overview

- Total operating budget of your organization
- Total number of employees in your organization
- 'Parent' or 'Umbrella' Organization operating budget (if applicable)
- Do you receive financial support from Parent or Umbrella Organization for this Project?
  - If yes, how much?
- Have you been awarded a Prevent Cancer Foundation Community Grant before? If yes, what year (drop down menu)?

- Have you been awarded a Prevent Cancer Foundation Research Grant or Fellowship before? If yes, what period (drop down menu)?
- How did you hear about this funding opportunity?
  - Email from the Prevent Cancer Foundation
  - Prevent Cancer Foundation social media
  - Prevent Cancer Community Exchange
  - Prevent Cancer Dialogue
  - Prevent Cancer Foundation website
  - LinkedIn groups
  - External newsletters
  - Google search
  - If other, please explain:

## Access Permissions

*This screen allows you to give other users access to this application. If electronic signatures are required for submission, signatories will need at least Edit access on this screen. To facilitate the process, the system grants that access automatically when the contact is added to the Application. If any of your signatories have trouble accessing their signature, please confirm their access level on this page.*

- Proposal access rights (Program Director or lead of project)
- Give other users proposal access (must have additional users register in ProposalCentral to be searchable here).

## Applicant/Project Director

*The person who initially creates/opens the LOI or proposal is pre-loaded as the Project Director. Contact information from Project Director's profile shown below. To update profile, click Edit Profile. To change Project Director, select from dropdown list and click button to confirm selection.*

*To add your institution, click the “Edit Professional Profile” button, search for your organization or add new.*

- Project Director Name
- Project Director Institution
- Highest Degree(s)
- Other Degrees
- Position/Title

- Division
- Department
- Address (Street, City, State, Zip, Country)
- Email
- Phone (work)
- Pronouns

## Institution & Contacts

*The Project Director's institution is pre-loaded as Lead Institution. To change, click on the "Change Institution" and carefully select the options provided. You may select from the list or search all registered institutions.*

- Lead Institution name
- Address (street, city, state/province, zip)
- Phone
- Fax
- EIN or Tin Number
- Institution email
- Signing Official with professional details
- Grants administrator with professional details *(if possible, the signing official and grants administrator should be different people.)*

## Project Team Description

Provide a description (up to 8,000 characters) of the project team members, including their roles and responsibilities and the experience they bring to the project.

## Project Abstract and Overview

- Project Abstract: Provide a project abstract (up to 3,000 characters) for release to the general public should this proposal be awarded funding. Include project goals (including the number of individuals to be reached, tested and or screened), targeted cancers and populations, navigation for rural communities and how the grant will be leveraged for community impact.

- Project Overview: Provide a concise overview of the proposed project in 2-3 sentences (up to 500 characters). This information may be released to the general public should the proposal be funded.

#### Priority Population and Overview

- Age of priority population for the proposed project (choose all that apply):
  - Children
  - Young adults (18-34 years old)
  - Adults (35-64 years old)
  - Older adults (65 years and up)
  - Other. If other, please explain.
- Race/Ethnicity (choose all that apply for your population of focus):
  - Black or African American
  - American Indian/Alaska Native
  - Asian
  - White
  - Hawaiian/Pacific Islander
  - Hispanic or Latino
  - Other/prefer not to say
    - If other, please explain
- Do any of the following characteristics identify your priority population? (choose all that apply for your population of focus):
  - LGBTQ+
  - Uninsured/underinsured
  - People who are unhoused
  - People who use drugs
  - People who fall below the federal poverty line
  - Refugee/immigrant population
  - Veterans
  - People with disabilities
  - Other
    - If other, please example
- Type of community (choose all that apply):
  - Rural

- Micropolitan
  - Frontier
  - Statewide
  - Please explain location and type(s) of community, if more than one:
- How do you define rural? What makes your project a rural project? How is your location rural? *We know there are many definitions and ways to define rurality. Please provide the definition your organization uses and why your work should be considered a rural project. (3,000 characters maximum)*
- List the cancer(s) addressed (choose all that apply):
    - All cancers
    - Breast
    - Cervical
    - HPV
    - Colorectal
    - Lung
    - Skin
    - Liver
    - Prostate
    - Oral
    - Testicular
    - Other (please specify)
- What best describes your organization?
    - Community-based organization
    - Federally Qualified Health Center (FQHC)
    - Rural clinic
    - Rural hospital
    - Free clinic
    - Government
    - Tribal health organization
    - Coalition
    - Patient advocacy group
    - Academic institute
    - Other (open ended)

## Project Proposal

### **Organizational Background (4,500 characters maximum)**

- Briefly describe your organizations:
  - Mission
  - Description of Organization
- Describe the organization which is applying for Prevent Cancer Foundation funding. If your organization is part of a larger network of organizations or “Parent” or “Umbrella” organization, describe where it is housed within the larger organization and what kinds of support your organization receives from the larger organization. If your organization does not receive financial support from your “Parent” organization, explain why not.
- Briefly describe your current programs.

### **Relevance and Progress to Date of the Proposed Project (4,500 characters maximum)**

- Provide an explanation of the relevance of the project to the Prevent Cancer Foundation’s mission, funding objectives and goals, including helping to prevent or detect cancer in underserved or disproportionately impacted communities. Describe how the grant award would fill an unmet need for community-level cancer prevention or early detection activities in rural communities.
- Describe relevant state-level funding and services for the proposed project.
- Provide current cancer screening or vaccination rates for your population as relevant.

### **Narrative – Program (4,500 characters maximum)**

Include descriptions of the following:

- Program: Include in your description the best practices you will use to implement activities in cancer prevention (including education or vaccination) or screening and why you believe it will be successful.
  - Describe how this project is addressing an unmet need or addressing structural barriers to accessing health care for rural communities.
  - Explain how your proposed project will bolster your new or existing efforts around cancer prevention and early detection.

### **Priority Population (3,000 characters)**

- Describe your priority population. How will you make intentional efforts to build trust and reach this population?
- How does your staff and board reflect and have connections to the priority population?
- Describe your organization’s approach to cultural sensitivity and experience in implementing patient navigation, community education or outreach programs. Demonstrate how your organization provides education or services in a culturally appropriate manner.

### **Partnerships (3,000 characters)**

- Outline any existing or potential partnerships with other organizations or members of the community to support this project. If relevant, describe how you will ensure community members without insurance will receive screening and any necessary follow-up care.
- Describe if and how community members are included in the planning, implementation, evaluation and overall decision-making of the proposed project.

**Goals, Objectives and Evaluation Methods (8,000 characters maximum)**

Explain how the objectives and outcomes will be measured and how you will know if the proposed project is having the intended impact. You may upload a logic model or other outline of goals and objectives. If you upload a document, please be sure to answer all components of this question and describe the attachment in the text box. Include numbers of expected reach.

- Goals, objectives and evaluation: Use a bulleted list to name the goals and corresponding objectives of your project. Goals and objectives should be measurable, feasible and time-bound. Include evaluation methods, quality improvement and relevant strategies to reach the goal. Include follow-up care as necessary.
  - *Ex. Goal: Increase mammography screenings by 10% within the year.*
    - *Objective 1: Hire 5 additional patient navigators within the first 3 months of implementation.*
      - *Train patient navigators using GW TAP’s free certification*
      - *Conduct quarterly reviews to assess patient navigators’ competencies and provide feedback*
    - *Objective 2: Host 3 community-wide events with an estimate of 50 participants per event to connect low-income women with patient navigators that will support their screening process in year one.*
      - *Refer positive patients to XYZ treatment center.*
    - *Evaluation: Utilize Electronic Health Records system to track mammograms completed.*

**Sustainability (1,500 characters maximum)**

- Describe any follow-up actions after completion of project activities and/or project years.
- Describe the plan for continuation of activities beyond the grant period, if applicable.

**Timeline (3,000 characters maximum)**

- Provide a detailed timeline for implementing your proposed project divided into years. Timelines should begin on January 15, 2027, and end on January 14, 2029.

- Include relevant training, hiring of staff members, community/participant recruitment and outreach, and maintenance of equipment in the timeline. You can include here (text box) or upload as an attachment.

## Budget Period Details

### Budget

All expenses including personnel should be directly related to service delivery (education and/or cancer screening or vaccination). Be clear about what the Prevent Cancer Foundation funds would cover if the project were funded. Reviewers will evaluate both the budget and budget justification.

The amount requested from the Prevent Cancer Foundation should equal \$100,000 over two years. Proposals requesting more or less than \$100,000 will not be reviewed. The total project budget may equal a higher amount, and applicants will report other funding and in-kind support on the budget form.

Examples of allowable expenses are apportioned salaries, supplies or expenses related to cancer screening or early detection and expenses related to barriers to screening (for example, transportation vouchers to clinic). Please use the “other expenses” category to describe any costs not listed in the categories provided. Indirect costs are allowable up to 15% and must be justified.

Description	Cost
Personnel Costs (salaries & fringe)	
Screening/testing	
Education	
Vaccines	
Equipment or supplies	
Training	
Consultant	
Other expenses	
Indirect costs (up to 15%)	

### Budget Justification (3,000 characters maximum)

Describe services to be performed, the number of days, rate of compensation, and other associated costs. Prevent Cancer Foundation funds must be used for the specific purpose for which they are awarded, unless written permission is granted from the Prevent Cancer Foundation. The Prevent Cancer Foundation does not fund projects that include the construction of buildings or purchase of land.

**Cancer screening and testing costs, equipment and/or supplies are allowable and must be justified.** Please see our [FAQs](#) for more details.

## Other Support

Provide details about other current and pending sources of funding related to your proposed project, including funds that your organization is contributing to the project.

- Source of funding
- Title of project (or sub-project)
- Project status
- Grant period
- Total funding amount
- Overview of project (1,000 characters maximum)

## Application Attachments and Uploaded Documents

### Required:

- **Proof of tax-exempt status**
  - Documentation must be included that proves tax-exempt status of the applicant organization or parent organization. Attach your organization's IRS determination letter or other official documentation verifying your status as a nonprofit, academic institution, government agency, tribal organization, social or fraternal organization. The name of the organization must match the name on the letter.
- **IRS Form 990 (if applicable)**
  - Upload first 1-2 pages only

### Optional:

- **Letters of support (optional)**
  - Include up to two letters of support in your application from representatives of local organizations familiar with your organization and supportive of this project (e.g., cancer agencies, community organizations, universities, schools, local churches, volunteer networks or government health agencies). Letters should demonstrate specific commitment to the proposed project and express why the project is worthy of a grant award.
  - If your application includes follow-up care, letters of support from related organizations or other indications of such support should be included. A Memorandum of Understanding (MOU) may be included to demonstrate the provision of services and should be accompanied by two letters conveying support and enthusiasm for the specific project. Submission of an MOU does not count as a letter of support.
  - Letters should not be submitted from individuals within the applicant organization. Letters submitted from the same organization are acceptable if part of a larger institution or health system and relevant to the proposed project. Letters should be uploaded individually as PDF files and dated no earlier than April 2026.

- **Additional attachments to support project proposal (optional)**
  - Charts, tables, graphics or references to support your project proposal, such as a logic model or timeline.

## Validate

Click the 'Validate' button below to check for any missing REQUIRED information or files. All missing required information will be listed on the screen. Please correct any missing information before proceeding to the next step - SUBMISSION. Validating the proposal DOES NOT submit the application to the funder. You must proceed to the submission page and click the Submit button there to complete the process.

## Application and Tobacco Policy Signature Page

In order to submit this application, the applicant and the signing official must provide an e-signature to validate the application.

The applicant must check the “Tobacco Policy” box under the electronic signature to verify that they have not accepted tobacco funding in the last four years. Please be sure to review the Tobacco Policy in full before signing (Proposal Section 2: Download Guidelines, FAQ and Tobacco Policy).

**The signing official will log into ProposalCentral using their own account.** The proposal will be located in their Proposals tab. Signatures must be saved before the application deadline.