



2024-2026 Prevent Cancer Foundation Patient Navigation

Community Grant Application Template

This document outlines all questions within the ProposalCentral application (online) 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 one that best applies*)
 - Navigate patients to screenings
 - Navigate patients to vaccinations
 - Train patient navigators
 - Increase number of patient navigators and/or reach
 - Other
 - If more than one project type, please describe:
 - 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
 - LinkedIn groups
 - Cancer Centers newsletters
 - Prevent Cancer Foundation Dialogue Series
 - Google search
 - Prevent Cancer Foundation website
 - If other, please explain:

Applicant/Project Director

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

- Project Director Name
- Project Director Institution
- Institution start & end dates
- 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.)*

Staff & Board Demographics

Please fill out the demographics of your organization’s staff (including navigators) and leadership to the best of your ability. If you are part of a large university/hospital system, please fill out for your program team/department that is applying for the grant. (optional)

	Number of people on staff	Number of people on board
TOTAL		
African American/Black		
American Indian/Alaskan Native		
Asian/Hawaiian/Pacific Islander		
White		
Hispanic or Latino/a/x/e		
Other		
Unknown/Prefer not to say		
Male		
Female		
Transgender/Non-binary/Gender non-conforming		
Other		
Unknown/Prefer not to say		
LGBQ+		

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, utilization of patient navigation 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 1,000 characters). This information may be released to the general public should the proposal be funded.

Priority Population and Overview

- **Age of priority population (choose one that best fits your demographic).**
 - Children
 - Young Adults (18-34 years old)
 - Adults (35-64 years old)
 - Older Adults (65 years and up)
 - Adults and Older Adults
 - Other
 - If more than one priority population is served, please list:
 - If 'Other', please explain:
- **Gender of priority population (choose all that apply):**
 - Female
 - Male
 - Transgender male (assigned female at birth)
 - Transgender female (assigned male at birth)
 - Non-binary
 - Preferred not to answer
 - Other
- **Race/Ethnicity (choose all that apply):**
 - 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):
 - LGBTQ+ member
 - Uninsured/underinsured
 - People who are unhoused
 - People who use drugs
 - People who fall below the federal poverty line
 - Refugee/immigrant population

- Type of community (choose all that apply):
 - Rural
 - Urban
 - Suburban
 - National
 - Statewide
 - Please explain location and type(s) of community, if more than one:

- List the cancer(s) addressed (choose all that apply):
 - Breast
 - Cervical
 - HPV
 - Colorectal
 - Lung
 - Skin
 - Liver
 - Prostate
 - Oral
 - Testicular
 - Other (please specify)

- Location of project activities (use the following terms to briefly describe the location of project activities: clinic, health event, hospital, school, worksite or other) (200 characters)

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, 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.
- Describe any major accomplishments.
- 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 your target population and the role patient navigation will play.
- Describe relevant state-level funding and services for the proposed project.
- Provide current cancer screening or vaccination rates and patient navigation services for your population as relevant.

Narrative

Include descriptions of the following:

- Program (4,500 characters): Include in your description the evidence-based best practices you will use to implement patient navigation activities in cancer prevention (including education or vaccination) or screening. If an evidence base does not exist for your proposed project, explain what leads you to expect this project will be successful.
 - Describe how this project is addressing an unmet need or addressing structural barriers to accessing health care for historically underserved communities.
 - Explain how your proposed patient navigation efforts will bolster your new or existing efforts around cancer prevention and early detection.
 - Provide details on the types of patient navigators your project will utilize and how they’ll facilitate education, screening and/or addressing barriers to health care. If applicable, describe how you are integrating patient navigation into your existing program or model of work.
- Priority Population and Partnerships (3,000 characters)

- 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.
- 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 (4,500 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.

- Goals and objectives (4,500 characters): Use a bulleted list to name the goals and corresponding objectives of your project. Goals and objectives should be measurable, feasible and time-bound.
 - *Ex. Goal: to increase mammography screenings by 10% within the year*
 - *Objective 1: Hire 5 additional patient navigators within the first 3 months of implementation.*
 - *Objective 2: Host 3 community-wide events to connect low-income women with patient navigators that will support their screening process in year one.*
- Strategies (4,500 characters)
 - What are your strategies and specific activities to implement your project’s goals and objectives?
 - How will you recruit participants or any potential new staff, navigators or volunteers for the project?
 - What ‘work-arounds’ might be needed to achieve project objectives if barriers arise?
 - Describe methods for measuring and maintaining the quality of project implementation activities.
 - Include recruitment and evaluation of training for staff, navigators and/or volunteers in your specific activities, as well as the continued quality assurance and maintenance of equipment.
 - Demonstrate how any necessary follow-up care will be provided including processes and established community partners.
 - What are the expected outcomes and impact during the grant period? Explain why you expect that the project will be successful.

- How will you measure the outcomes and impact of your patient navigation project?

Please fill in estimates as appropriate to describe your project’s expected outcomes. (Note: These are categories of data we collect across grant proposals and are not expected to be applicable to everyone.)

Outcomes – Expected Outreach	
Description of Reach, Development and Distribution Activities	Expected Reach and Materials Developed (if not applicable to project, put N/A)
Estimated number of individuals reached through one-on-one cancer prevention educational activities:	
Estimated number of individuals reached through group cancer prevention educational activities:	
Estimated number of lay health professionals or medical providers to be trained:	
Estimated number of peer-to-peer trainings to be provided:	
Estimated number of individuals to be navigated to cancer screening, tests or vaccinations:	
Estimated number of patient navigators	
Estimated number of screenings or tests to be provided:	
Estimated number of vaccinations to be provided:	
Estimated number of materials (including media content) to be developed:	<i>Example: 2 brochures</i>
Estimated distribution/impressions of materials:	<i>Example: 2,000 brochures to be distributed and 3,000 media impressions</i>
Estimated total number of community members reached during grant period in all grant-related project activities:	<i>Distinguish between programmatic reach and media impressions</i>
Other (ex. Individuals provided with transportation assistance):	

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 1, 2025 and end on December 31, 2026
- Include relevant training, hiring of staff members 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). Indirect costs are allowable and must be justified.

Description	Cost
Personnel Costs (Salaries & fringe)	
Screening/testing	
Education	
Vaccines	
Equipment or supplies	
Training	
Consultant	
Other funding	

Budget Justification (3,000 characters maximum)

- Describe services to be performed, the number of days, rate of compensation, and other associated costs. The 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 will not make grants for 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 patient navigation project.

- Source of funding
- Title of project (or sub-project)
- Project status
- Grant period
- Total funding amount
- Overview of project

Application Attachments

Biographical Sketches for Key Personnel

Provide the following information for the Project Director and all key personnel (patient navigators, health educator, project coordinator, nurse practitioner and so on). Bio-sketches are required for all key personnel and consultants listed in the budget, including personnel providing in-kind support. (Not to exceed 1 page per person.)

Include relevant work or lived experiences and trainings that the person will bring to the project and their responsibilities for the proposed project. If a position will be filled by this project, include the job description as an attachment.

Attachments and Uploaded Documents

- **Two Letters of support (upload individually as PDF files)**
 - Include at least **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 indication 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.
 - Testimonials from individuals will **not** be accepted 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. Submitting more than two letters is acceptable. Letters should be dated no earlier than July 2024.

- **Additional attachments to support project proposal (optional)**
 - Charts, tables, or graphics to support your project proposal, such as a logic model or timeline.
- **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.
- **Form 990**
- **Tobacco Policy Compliance Page**
 - Download the template from [ProposalCentral](#) (download guidelines and templates tab), read through the policy, sign and date, and upload the form
- **References/Literature Cited (not to exceed two pages) (optional)**