

***Community Health Intervention Program (CHIP) Application Form***

**Project Lead Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please limit your responses to the space provided and use 11-point font or larger.**

1. Provide a brief (one paragraph) description of your organization’s structure and decision-making processes. Include brief information about the size of the staff, what type of training is provided to new staff, and if opportunities for collaboration, problem-solving, and planning are provided to staff.
2. Describe any skills and expertise your staff has that will assist in developing and implementing the proposed project. Has any of your staff ever participated in a similar project? If so, describe this experience and their role.
3. List grants that have been awarded over the past 2 years and any other you plan to apply for in the near future. Include staff involvement in finding and obtaining the grant (e.g., grant writer involved). Give examples of ways your organization has managed the implementation of new projects in the past.
4. Describe the proposed project and the significance of this work to your organization and community. Please include information about how you might change the program if COVID-19 guidelines are still in place.
5. If you have existing programs, explain how the new proposed project will align with these programs already in place in your organization. Please include a description of your target audience in your response.
6. Describe any potential barriers that you anticipate your organization may encounter when implementing the proposed project. Please include how you will address these barriers.
7. Describe how the proposed project is supported by key individuals (i.e., champions) within your organization and/or community? Who are these people and what role will they play in the proposed project? Please include a list of the five team members and identify the team leader.
8. How will other organizations (or other departments within your organization) play a role in implementing this project? Please list the organizations, what roles will they play, and indicate their level of support. Please include a letter of support from each of the organization(s) involved.
9. Describe how your organization will evaluate key components and outcomes of the project.

|  |  |  |  |
| --- | --- | --- | --- |
| **YEAR 1 Budget** | | |  |
| **Item** | **Brief Explanation of How Funds Will Be Used** | | **Total Amount** |
| **Personnel** | | | |
| Name | | Role on Project  *(e.g. grant writer, administrative assistant, and RN*) | Amount Requested |
|  |
|  | |  | $ |
|  | |  | $ |
|  | |  | $ |
|  | |  | $ |
|  | |  | $ |
| **Program Materials** | Provide costs for copies, paper, postage, telephone, and other items related to programming. | | $ |
|  |  | |  |
| **Computer Software** |  | | $ |
| **Training** | Webinar or training costs related directly to programming | | $ |
| **Participant Incentives** | Example: gift cards | | $ |
| **Travel** | Local travel only | | $ |
|  |  | |  |
| **Other** |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |
| **TOTAL** | **Not to exceed $10,000.** | | **$** |

1. Budget. Provide an estimated budget and budget justification for 1 year at $10,000. Do not exceed *$10,000.* You may use the example budget items below or propose other items relevant to your program. (Food and refreshments costs are not allowed.)

*Funding for this mini-grants program is provided by the Center for Disease Control and Prevention, Prevention Research Center-funded South Carolina Cancer Prevention and Control Research Network (cooperative agreement number U48DP005000).*