

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

***Application Form***

**Please limit your responses to the space provided**

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 program. Has any of your staff ever participated in a similar program? 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 implementation of new programs in the past.
4. Describe the proposed program and the significance of the proposed program to your organization and community.
5. If you have existing programs, explain how the proposed program will align with these programs already in place in your organization. How will new and current programs work together to strengthen existing cancer prevention practices? Finally, how will this program better meet the needs of your community compared to similar programs you currently have in place?
6. Describe the complexity associated with implementing this program and plans how to deal with the complexity. (e.g., are there any parts of this program that your organization may see as difficult to understand or difficult to use?).
7. Is this proposed program supported by key staff (i.e., champions) within your organization? Who are these people and what role will they play in the proposed program? What type of support have you received from your leaders in the past?
8. Will you need other organizations (or other departments within your organization) to help play a role in implementing this program? If yes, which organizations, what roles will they play, and indicate their level of support.
9. Describe how your organization will view and assess the key components and outcomes of the program to see whether the program is being implemented well.

Please provide an estimated budget and budget justification for 1 year at $3,250 per year. Do not exceed *$3,250.* (You may use the example budget items below or propose other items relevant to your program.)

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| **YEAR 1 Budget (Total $3,250)** | |
| **ITEMS** | **AMOUNT** |
| Materials |  |
| Computer software |  |
| Office supplies – paper, folders, binders, etc. |  |
| Printing costs |  |
| Participant incentives (type, quantity, number of expected participants) |  |
| Food/refreshments |  |
| Telephone costs |  |
| Postage |  |
| Local travel |  |
| Personnel |  |
| Stipend(s) &/or salary support for staff or volunteers |  |
|  |  |
|  |  |
| **TOTAL** |  |