

# Application Form

Community Engagement and Support RFA

Attachment 1

*Applicants must answer all questions completely.*

## Applicant Information

Legal name of applicant as it appears on the corporate charter

Federal Tax ID number

Organization Street Address

Organization City

Org Zip

Ogranization Type

### *Primary Contact Person*

Name

Title

Email

Phone number

Extension

### *Secondary Contact Person*

Name

Title

Email

Phone number

Extension

*If awarded a grant, who will be the authorized signor of the resulting contract?*

Name

Title

Email

Phone number

Extension

Is your organization a registered vendor with the State of Tennessee?

Do you propose to use subcontractors for any portions of the scope of service? If yes, please provide the name and address of each subcontractor and what specific services each will perform:

Please select one of the following as it applies to this application:

We have reviewed the Sample Contract with legal counsel and can identify no issues with executing this contract in its present form.

We have reviewed the the Sample Contract with legal counsel and will request changes to the Sample Contract. Details are attached. We understand that exceptions to the boilerplate contract language may not be approved and may result in the rejection of the application.

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## Application Form

1. Describe your patient population, or the population you serve:

2. Describe how your organization currently implements evidence-based activities that increase community knowledge of breast and cervical cancer:

3. Describe the current organization environment:

Number of clinic/service sites

Existing cancer  
screening policies and  
procedures, if healthcare:

Workflow approach:

4. Describe what activities your organization will continue or new activities that will be implemented if selected for this funding:

5. Provide a list of resources available, including internal and community resources, to facilitate successful implementation:

6. Does your organization have experience in collecting data during activities? If yes, how and what information is currently collected?

7. Please specify which county(ies) where activities will take place:

8. Please specify your target population including demographics:

9. Diverse population(s) targeted, if any (i.e., African American women, Hispanics, rural communities):

10. Provide a list of community partners that will be involved:

11. Provide an estimate of the projected reach from implementation of this contract:

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Please complete the attached budget. Include a detailed budget narrative addressing grant funding from other sources, supplemental organization funding, and sustainability beyond the grant period.