**Wyoming Cancer Resource Services Mini-Grants**

**Funding Request Form**

|  |
| --- |
| **Organization Information** |
| **Applicant Name** |  |
| **Name/Title of Primary Contact** |  |
| **E-Mail Address (required)** |     |
| **Street Address****City/State/Zip** |   |
| **Mailing Address (if different from above)** |     |
| **Phone** |      |
| **Funding Request Information** |
| **Total Funding Request** | $ |
| **Organization Summary** |
| **Overview of Organization** |
|  |
| **Overview of Key Project Staff/Personnel** |
|  |
| **Cancer Control Experience** |
|  |
| **Project Summary** |
| **Project Overview** |
|  |
| **Project Goal** |
|  |
| **Evidence-based Intervention Description:** |
|  |
| **What Will Be Measured** |  |
| **Current** |  |
| **Target** |  |
| **Expected Start Date** |  |
| **Expected Completion Date** |  |
| **Summary of Activities and Timeline** |
|  |
| **Evaluation Plan** |
|  |

**Project Budget**

***The Allowable budget items are outlined below.***

***Enter Budget amounts requested and briefly describe each item.***

|  |  |  |
| --- | --- | --- |
| **Budget Item** | **Budget Amount** | **Justification for Funds** |
|  |
| **Personnel/Salary** |
|   | $       |       |
|   |   |   |
| **Supplies** |
|   | $       |       |
|   | $      |       |
|   | $       |       |
| **Other** |
|   | $       |       |
|   | $       |       |
| **BUDGET TOTAL** | **$** |

**Signature Page**

I certify to the best of my knowledge that the information contained in this application is correct. If awarded funding under this program, I certify that this project will be conducted in accordance with funding source requirements and the assurances provided within this application. I have been authorized by the organization's governing body to make this application and enter into a contract with the Wyoming Cancer Resources Services and the Wyoming Department of Health.

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Signature of Authorizing Fiscal/Financial Agent Date

**Mini Grant Final Report Template**

|  |  |
| --- | --- |
| **Subrecipient Name** |       |
| **Name/Title of Primary Contact** |      |
| **E-Mail Address** |      |
| **Phone** |       |
| **Project Overview:** |
| **Project Goal:** |
| **Project Outcomes:** |
| **Describe Evidence-based Interventions Implemented:** |
| **Data collected and monitored** |   |
| **Baseline** |   |
| **Current** |   |
| **Target** |   |
| **Summary of Activities Completed:** |
| **Evaluation Outcomes:** |