**Monthly Report**

Name:

Region:

Month reporting on:

**Workplan Objectives – Screening**

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| **Description** | **County** | **Key Partners Involved** | **Evidence Based Intervention implemented** | **Timeline** (outline the timeline on your project) |
| **1 – Breast:** (outline workplan project) |  |  |  |  |
| **Progress Report:** (Update how your project is going)  |
| **2 – Cervical**: (outline workplan project) |  |  |  |  |
| **Progress Report:** (Update how your project is going)  |  |
| **3 – Colorectal:** (outline workplan project) |  |  |  |  |
| **Progress Report:** (Update how your project is going)  |  |

**Workplan Objectives – Prevention**

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| **Description** | **County** | **Key Partners Involved** | **Evidence Based Intervention implemented** | **Timeline** (outline the timeline on your project) |
| **1 – HPV:** (outline workplan project) |  |  |  |  |
| **Progress Report:** (Update how your project is going)  |
| **2 – Sun Safety:** (outline workplan project) |  |  |  |  |
| **Progress Report:** (Update how your project is going)  |
| **3 – Radon:** (outline workplan project) |  |  |  |  |
| **Progress Report:** (Update how your project is going)  |

**Workplan Objectives – Survivorship**

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| --- | --- | --- | --- | --- |
| **Description** | **County** | **Key Partners Involved** | **Evidence Based Intervention implemented** | **Timeline** (outline the timeline on your project) |
| **1 – Survivorship:** (outline workplan project) |  |  |  |  |
| **Progress Report:** (Update how your project is going)  |

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| **RESOURCES PROVIDED TO SURVIVORS**(Report the number of wigs, scarves, breast prosthesis, cancer care plans, pampering bags/kits, etc. that were provided to clients during this month. How many and what funding source?) | **Funding Source** |
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| **ADDITIONAL RESOURCES** |
| Total completed screenings (Does not include WCP clients, including WBCI funding) | Total dollar amount of gas cards distributed for treatment appointments | Total dollar amount of gas cards distributed for screening appointments |
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| **CANCER PLAN EFFORTS**Fill out this section with relevant information on efforts and activities happening in your region related to the cancer plan. These do not have to be activities you're directly involved in. Also use this section to outline other activities and projects not directly tied to your workplan. |
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| **OTHER EFFORTS NOT RELATED TO WORKPLAN** Fill out this section with relevant information on efforts, activities, and projects not directly tied to your workplan. |
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| **PARTNERSHIP BUILDING** Fill out this section with partnership efforts. |
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| **RADON INFORMATION**(The following information will assist in reporting for the Wyoming State Indoor Radon Grant. Please note that public presentations and presentations to realtors are counted separately. This information should SPECIFICALLY be radon events and activities only. This information is required by the EPA grant for radon funding.) |
| Number of events and presentations to the public where radon materials were provided (WCRS as exhibitors): |  |
| Where were the events located (city/town): |  |
| Number of attendees at each event: |  |
| Number of individuals educated on a personal level (how to test, the importance of testing, etc.): |  |
| The price of any vendor booth space, swag, materials, etc. for radon events or presentations. (If booth was free, estimate what it could have cost): |  |
| The number of hours spent at vendor booth or event: |  |
| Number of free press/media ads provided (newspaper, radio, television) that focused on radon education: |  |
| Estimated value of free advertisements (if you would have had to pay, how much would it have cost): |  |
| Number of social media posts you created that focused on radon education: |  |
| Number of social media posts were created or shared by partners that focused on radon education: |  |
| Estimate the time spent (in hours) on preparing or creating radon presentations or information. |  |
| Number of radon presentations given to realtors, brokers, mortgage lenders, and/or building contractors: |  |
| Length of presentations given to realtors, brokers, mortgage lenders, and/or building contractors: |  |
| Number of realtors, brokers, mortgage lenders, and/or building contractors in attendance: |  |
| Number of radon presentations given to medical providers/provider staff: |  |
| Length of presentations given to medical providers/provider staff: |  |
| Number of medical providers/provider staff in attendance: |  |
| Number of individuals who received verbal instructions when receiving or requesting a radon testing kit (outside of events- such as calls or walk-in’s at an office setting): |  |
| Estimate the time spent (in hours) discussing radon and radon testing instructions with any clients (outside of events- such as calls or walk-in’s at an office setting): |  |
| Estimate the time spent (in hours) attending presentations or webinars where radon information was discussed (WCRS as attendees): |  |
| Any other events or information relating to radon: |  |

**Media Tracker**

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| **In what County did the media take place?** | **Media Type:** **(see list below)****(please attach any distributed media)** | **Indicate free or donated media** | **Please explain successes of event or media campaign:** | **Please explain areas of improvement for event or campaign:** | **Reach of media:** **(What is the potential audience size)** |
|  |  Press release Brochures Pamphlets Newspaper ads Radio spots TV spots Posters Payroll inserts Other |  |  |  |  |
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