**Wyoming Cancer Resource Services Mini-Grants**

**Funding Request**

**Background**

The Wyoming Cancer Control act was created in 2007 by state legislature. The goals outlined in the Wyoming Cancer Control Act are to:

1. Reduce the numbers of people affected by cancer with improved prevention and education and, for those individuals who are diagnosed with cancer, and
2. To provide diagnostic, therapeutic and palliative interventions that are evidence based, scientifically proven best of care. Topics may include:
   * Cancer prevention and education for both the public, health care professionals and institutions;
   * Evidence based early detection, screening, diagnosis and treatment;
   * Research and data collection;
   * Palliative care including pain management and other steps to improve the quality of life or probably terminal cancer patients;
   * Rehabilitation of cancer victims; and
   * Programs to assist cancer survivors in returning to normal life.

The Wyoming Cancer Resource Services (WCRS) Regional Coordinators shall cover the following topics:

* + Public education relating to cancer prevention and awareness for all cancers;
  + Early detection of cancer including those cancers identified in the state cancer control plan and specifically including the Wyoming colorectal cancer early detection and prevention program;
    - (All screening recommendations must follow USPSTF guidelines)
  + Programs and public education which promote the reduction of risk factors to reduce cancer and other chronic diseases within the state; and
  + Programs and public education which enhance treatment and quality of care of those impacted by cancer within the state.

In order to achieve these goals, WCRS may provide funding in the form of mini grants to partners in their region. These mini grants should relate to the topics listed above, and when possible be evidence-based.

**Evidence-based Interventions**

This online resource serves as a guide of what works to promote healthy communities. Examples of evidence-based interventions recommended by the community guide can be found at <https://www.thecommunityguide.org/>. Examples of suggested and supported evidence-based interventions are:

Breast Cancer/Cervical Cancer Screening:

* Client Reminders - mailed or electronic for patients due for screening
* Provider Reminders to remind providers to recommend/refer for screening – can include Electronic Health Record (EHR) upgrades
* Provider Assessment and Feedback – determining individual provider rates and comparing rates across the clinic
* Patient Navigation

Colorectal Cancer Screening:

* Client Reminders - mail or electronic reminders to patients due for screening – can include Electronic Health Record (EHR) upgrades or reminder system purchases
* Provider Reminders - remind providers to recommend/refer for screening – can include EHR upgrades
* Provider Assessment and Feedback – determine individual provider rates and compare rates across the clinic
* Develop a sustainable stool testing (FIT or iFOBT) program
* Patient Navigation
* Reduce Structural Barriers - such as weekend or extended hours, reducing distance between service and target population, working in alternative non-clinical setting such as worksites, scheduling assistance for referral services, dependent care, and limiting the number of clinic visits

HPV Vaccinations:

* Standing Orders – create physician orders with specific instructions from the licensed independent practitioner to administer vaccinations
* Provider Assessment and Feedback – determine individual provider rates and compare rates across the clinic
* Provider and/or Clinic Education - how to effectively recommend the vaccine to parents/guardian, or the client
* Provider Reminders - remind providers to recommend the vaccine – can include EHR upgrades
* Client Reminders - mail or electronic reminders for initial dose and series completion - can include EHR upgrades or reminder system purchases

Capacity Building/Technical Assistance:

* Staff training focused on best practices related to one or more cancer topics
* Stool test program development training – clinic specific or system-wide
* Funding to support baseline data clean-up including EHR upgrades with future plans for a specific project

**Availability of Funding:** Proposed project budgets will be determined on a case by case basis and are dependent on available funding.

**Funding restrictions include (but are not limited to):**

* Clinical care of any kind
* Stool testing kits of any kind
* Cost for screening services
* Vaccines
* Medical supplies
* Research
* Any lobbying activities
* Indirect costs
* Capital construction or supplies for decorative purposes
* Furniture or equipment without approval by the program
* For any program or service that denies service based on race, gender, color, or national origin
* For any program or organization with a conflict of interest
* Projects/products unrelated to the primary purpose outlined in this grant application

Funding through this grant opportunity may not supplant existing activities or funding in any way, nor are these funds to supplant projects that were previously funded through another source.

**Terms of Agreement:** Should be outlined by each WCRS and the applicant.

**Reporting:** If implementing a project focused on increasing cancer screening rates, baseline data will be reported prior to implementation. A final report will be due no later than June 30th of each year, using the Wyoming Cancer Resource Services Mini Grant Report Template. If any other project is selected, the WCRS and applicant should discuss what information will be reported.

**Process:**

All mini-grants are required to have prior approval. Once the mini-grant is approved, Jessica Rizzuto will send over the templates required to completed the mini-grant application process

* A completed Funding Request Form must be submitted by the applicant, and kept on file by the WCRS
* The WCRS will review the Funding Request Form and provide feedback to the Applicant prior to approval. The project plan and budget must be approved by the WCRS prior to award.
* Technical assistance will be provided by the WCRS as needed.
* Final report template will be shared with awardee.
* The WCRS should submit approved mini grant applications to the WCP when finalized.
* The WCRS should submit final reports to the WCP when received by applicant.

**Questions and approval:**

If WCRS have any questions about a proposal aligning with the goals of the cancer control act or WCRS objectives, they will contact:

Jessica Rizzuto, Wyoming Cancer Program, at 307-777-7362 or [Jessica.rizzuto1@wyo.gov](mailto:Jessica.rizzuto1@wyo.gov)