**Funding Request Form**

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| **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** |  |
| **Fiscal Agent Information** | |
| **Tax ID Number** |  |
| **Are you registered with SAM.gov?** | **Yes                        \*No** |
| **Are you registered with the Wyoming Secretary of State?** | **Yes                        \*No** |
| **\* If no, please begin the process as registration will be a requirement in order to enter into a grant agreement with the Wyoming Department of Health** | |
| **Name and Title of Individual who will sign grant agreement if awarded** |  |
| **Street Address (City/State/Zip)** |  |
| **Mailing Address (if different from above)** |  |
| **Funding Request Information** | |
| **Total Funding Request** | $ |

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| 1. **Overview of organization:** Briefly describe your organization's experience in increasing networks that offer group psychosocial support to help survivors express and manage disease-related emotions, increase social support, enhance relationships with family and physicians, and improve symptom control. Describe the population(s) and/or communities your organization serves (i.e., rural residents, survivors with lower socio-economic status, racial and/or ethnic minorities). |
| 1. **Provide a brief description of the proposed project:** |
| 1. **Describe the goals you would like to achieve during this project:** |
| 1. **Provide a summary of activities and timeline:** |
| 1. **Describe how your proposed project will address health disparities in underserved populations:** |
| 1. **Describe how your proposed project will address barriers to psychosocial support for cancer survivors:** |
| 1. **Describe how you will evaluate the proposed project to determine effectiveness:** For example, what surveys, scales, or other evidence-based tools will you use? How will you know that you’ve met your objectives? |

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

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