



**Office of Community Outreach and Engagement  
Community Small Grant Funding Program  
Request for Applications**

---

**Important Dates**

- **Putting Public Health Evidence Into Action Trainings**
  - o **March 15, 2024**
  - o **March 22, 2024**
  - o **April 12, 2024**
  - o **April 19, 2024**
- **Deadline for Intent to Apply: May 3, 2024**
- **Deadline for Application Submission: May 31, 2024**
- **Project Period: Mid-October 2024 to Mid-October 2025**

**Attachments/Appendices**

- **A: Intent to Apply Template**
- **B: Cover Letter Template**
- **B: Application Template**

**Background**

The UNC Lineberger Comprehensive Cancer Center (LCCC) Office of Community Outreach and Engagement (COE Office) ensures that UNC Lineberger research, clinical care, and programmatic efforts are timely, relevant, responsive, and infused with community perspectives. The COE Office strives for meaningful engagement with the community to better understand and serve the population's needs across the cancer care continuum.

Our goals include 1) monitoring the cancer burden and identifying disparities in our state, 2) synergizing institutional and community efforts, 3) engaging diverse stakeholders in addressing the cancer burden and reducing cancer health disparities in North Carolina, and 4) facilitating impactful research and policy that can effectively reduce the cancer burden and disparities.

The COE Office created the Lineberger Community Small Grant Funding Program to join with the community as allies to reduce the burden of cancer in the state. We seek to do so by (1) addressing community-identified cancer needs through assessment, (2) providing training and technical assistance on how to select and mobilize evidence-based strategies to reduce the

burden of cancer in communities, and (3) building robust partnerships and community support mechanisms to achieve our shared goals of reducing the burden of cancer. The intention of the Community Small Grant Funding program is to:

- Support North Carolina communities in identifying, documenting and addressing their most pressing cancer-related needs with evidence-based interventions.
- Facilitate sustainable collaborations between North Carolina communities and UNC LCCC to implement solutions to address local cancer issues and cancer health disparities.
- Foster the skills and abilities of North Carolina communities to ensure efforts to address local cancer issues are sustainable in the long-term.

### Why Might this Funding Opportunity Be a Good Fit for Your Organization?

- Your organization will receive funding to support a project to plan and/or implement an intervention to address a cancer-related concern in your community.
- Your organization will receive practical tools, training, and technical assistance to develop your proposal and implement your project. The data generated and lessons learned about evidence-based intervention implementation can be used in applications for future funding opportunities. Funding agencies and reviewers typically expect such data in applications and view positively the use of evidence-based interventions.
- Your organization will establish a bi-directional relationship with UNC Lineberger, which can promote collaboration in your focus areas.

### **Funding Awards**

The COE Office will fund 3-4 awards, depending on the scale and scope of submissions. **Two tiers of funding are available:**

**Tier 1 - Planning awards** (with funding up to \$10,000) – Organizations will use **planning awards** to engage partners and stakeholders; collect data to assess community health needs; and select an evidence-based intervention and plan for its implementation.

**Tier 2 - Implementation awards** (with funding up to \$20,000) – Organizations that demonstrate previous planning and selection of evidence – based intervention(s) will use **implementation awards** to pilot and evaluate one or more selected evidence-based interventions or strategies. Implementation awards may also be used to evaluate one or more evidence-based practices or strategies. **The evidence-based practice(s) or strategies must be named in the application and may include programs, practices, principles, policies, and/or products that have been found to be effective in one or more well-designed research studies.**

Projects are expected to be complete in a 12-month period and must serve residents of one or more counties in North Carolina.

## Eligibility

Any organization or community group located in North Carolina that is interested in improving cancer care and outcomes within their community is encouraged to apply. We are especially interested in applicants that are committed to serving communities facing cancer health disparities and aim to address these disparities across multiple domains, including, but not limited to: race – ethnicity – socioeconomic status – gender identity – sexual orientation – geographic location – rurality – disability. The group must identify someone as Program Director who is willing to commit effort to overseeing their proposed program.

Applicants must be dedicated to utilizing data to develop an action plan for either current or future implementation and evaluation.

Academic entities and researchers are not eligible to apply. This funding opportunity is focused on community capacity building, not academic research.

Individuals are not eligible to apply. Applicants must be community-based organizations.

## Application Process

	TASKS	DUE DATE
	Participate in Training Sessions ( <b>HIGHLY RECOMMENDED</b> , but optional)	March 15 <sup>th</sup> , March 22 <sup>nd</sup> , April 12 <sup>th</sup> , April 19 <sup>th</sup>
	Submit Intent to Apply ( <b>Appendix A</b> ) email to Veronica Carlisle at <a href="mailto:CPFP@unc.edu">CPFP@unc.edu</a> ( <b>REQUIRED</b> but not binding) –	May 3 <sup>rd</sup>
	Application ( <b>Appendix B</b> ) Submission Deadline to <a href="#">Application Portal</a>	May 31 <sup>st</sup>

## Resources

Pre-award technical assistance for application preparation and post-award technical assistance for implementation is also available to organizations.

To request technical assistance, contact Veronica Carlisle at [Veronica\\_Carlisle@med.unc.edu](mailto:Veronica_Carlisle@med.unc.edu) and include **Community Small Grant Funding Program** in the subject line.

## Notification of Funding

All applicants will receive a funding status notification email along with the written feedback provided by their proposal’s reviewers in July. Funded projects will receive further information about the project preparation period requirements in their award letter.

## Deliverables

- Report
- Presentation

Awardees must submit results in a final report thirty days after the program ends. Awardees will be asked to present a short summary of their final report at a community grantee summit approximately 2-3 months after the program ends, for which we will provide travel support.

## Questions

Contact Veronica Carlisle at [Veronica\\_Carlisle@med.unc.edu](mailto:Veronica_Carlisle@med.unc.edu) with **Community Small Grant Funding Program** in the subject line.

## Instructions for submitting the application:

1. Submit intent to apply email to Veronica Carlisle ([CPFP@unc.edu](mailto:CPFP@unc.edu)) by May 3, 2024.  
See Appendix A for details on what to submit.
2. Submit your completed proposal to the [Application Portal](#) by May 31, 2024.  
See Appendix B for details on what to include in the application.

## Appendix A

### Intent to Apply Template

Applicants must send an email with their intent to apply to Veronica Carlisle ([Veronica\\_Carlisle@med.unc.edu](mailto:Veronica_Carlisle@med.unc.edu)) by May 3, 2024. Place **Community Small Grant Funding Program** in the subject line. The intent to apply information is *not binding*. You will have the option of updating all information while submitting the full proposal. **The information provided will allow staff to prepare for the review process.** See below for information to send.

Note: Program staff will contact you if we identify any issues with your intent to apply form.

#### **Applicant and Organization Profile**

Primary contact name:

Job title:

Email address:

Phone number:

Organization name:

#### **Proposed Project Information**

Project title (title should reflect project's connection to cancer, 15 words max):

#### **Project Description**

Briefly describe the project, including, cancer type, county/counties, aims and how the project will help clarify a cancer-related need or topic. Please indicate the funding option from those listed in "Funding Awards" section of the main document. If applicable, please also describe the specific cancer-related health disparity focus (100 words max).

#### **How did you hear about this request for applications?**

**Did you participate in the training sessions or view the training recordings? If yes, which of the four session? The training was optional. We will use this information for our program evaluation purposes only and will not share it with the reviewers.**

## Appendix B

### Application Template

#### 1. A brief cover letter with the following information:

- Name of Lead Organization (Applicant)
- Name and Title of President, Executive Director, or CEO of the lead organization
- Name of Primary Contact Person (if different from person above)
- Primary Contact Person's Name, E-mail Address, and Telephone Number
- Title of the Project

#### 2. A five-page application with the following components:

##### A. Applicant and Organization Profile:

- Primary contact name:
- Job title:
- Email address:
- Phone number:

- Organization name:
- Department:
- Full address:
- Website:
- Phone number:

##### A. Project information:

- Project title: (title should reflect project's connection to cancer; 15 words max.)
- Funding amount requested: \$ \_\_\_\_\_ (Amount requested cannot exceed \$10,000 for planning awards or \$20,000 for implementation awards)

##### B. Project overview:

- Cancer Focus: What cancer-related problem do you plan to address?
- Population: Describe the community or population(s) targeted by this project. Consider those both directly and indirectly affected by the selected cancer issue. Describe any current experience working with this community, if applicable.
- Planning Stage: State whether you are engaging partners to (a) select an evidenced-based intervention and develop a plan for its implementation or (b) implement and evaluate an evidence-based intervention to address the identified cancer-related problem.

- **Significance of the problem**: Detail how and why the problem you are focusing on is a high priority for the intended population. To the extent possible, provide local and

other data to document problem in the specific population. Describe how input from your key partners and the local community guided the focus on the selected problem.

- D. Evidence-based intervention (if applicable):** If you are implementing an already selected evidence-based intervention, describe how you selected that intervention and why it is the best choice for addressing your cancer-related problem. Cite literature or a website that supports the evidence-base for the intervention.
- E. SMART objectives:** State three to five specific, measurable objectives your project intends to accomplish over the funding period.
- F. Project plan with timeline:** Outline the activities you will accomplish to achieve your objectives, with information on who will do what, when.
- G. Evaluation plan:** Propose reliable, feasible methods to assess relevant processes/outcomes.
- H. Resources and partnerships available to complete the proposed plan:**
  - Describe the organization that will receive funding, with details on its mission and its capacity to manage funds and complete the proposed project plan.
  - Describe project team members (personnel, volunteers or other community members) and their roles on this project. Be sure to include the project lead.
  - If applicable, define any partners (organization or individuals) and/or key stakeholders and their role on or contribution to this project. If the proposed project is dependent on partner involvement, please demonstrate their commitment with letters of support.
  - What additional resources, if any, are available to support this project?

**3. Budget with justification.** Use the table below to document the type, amount, and reasons for proposed expenses.

<b>Expenses may include:</b>	<b>Expenses may <i>NOT</i> include:</b>
<ul style="list-style-type: none"> <li>• Consultant</li> <li>• Office Supplies</li> <li>• Meetings</li> <li>• Publicity</li> <li>• Incentives</li> <li>• Copying and printing</li> <li>• Contracts (i.e., space rental)</li> <li>• Travel</li> </ul>	<ul style="list-style-type: none"> <li>• Salaried personnel</li> <li>• Food</li> <li>• Computer equipment</li> <li>• Furniture</li> </ul>

**Include expense information in the table on the next page.**

<b>Expense Category (Type of expense and reason for expense)</b>	<b>Budget Amount</b>
<b>TOTAL</b>	