Form: Approved OMB No.: 0920-XXXX Exp. Date: xx/xx/xxxx

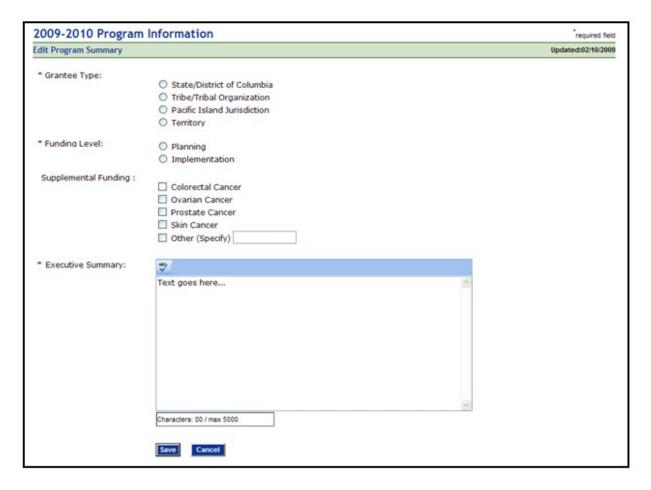
NCCDPHP MIS CCC Proposed Screens

Public reporting burden of this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, GA 30333; ATTN: PRA (0920-XXXXX)

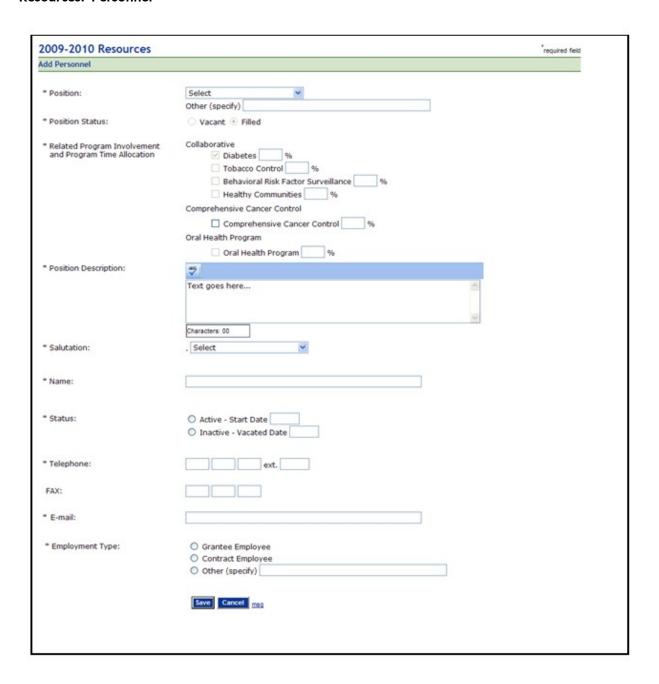
Program Information: Contact Information

it Contact Information	formation	Updated:02/10	
		-	
Organization Name:	Organization Name displayed		
Grantee Number:	Grantee Number displayed		
Announcement Number:	Announcement Number displayed		
OUNS Number:			
Telephone:	ext.		
FAX:			
Website Address:			
Program Mailing Address	* Address Line 1:		
	Address Line 2:		
	* City, State, ZIP	-	
rogram Shipping Address	Same as program mailing address		
	* Address Line 1:		
	Address Line 2:		
	* City, State, ZIP		
Nindada Maria di Santa	Name		
Principal Investigator:	Phone Number		
	Email		
	 Same as program mailing address 		
	* Address Line 1:		
	Address Line 2:		
	* City, State, ZIP	-	
	Maria		
Business/Financial Official:	Name Phone Number		
	Email		
Program/Project Manager:	Name		
	Phone Number Email		
	Name		
DC Grants Management Specialist:	Phone Number Email		
рестанъс.	Liliai		
CDC Project Officer:	Name		
	Phone Number Email		
	Email		
	Save		

Program Information: Program Summary



Resources: Personnel



Resources: Partnership/Coalition:

2009-2010 Resources		required field
Edit Partnership/Coalition		Updated:02/10/2009
Partnership/Coalition Name:		
T Chair Barrer Name		
* Chair Person Name:		
* Chair Person Phone:	ext.	
* Chair Person Email:		
= 501c3 Organization:	○ No ④ Yes	
501c3 Executive Director Name:		
501c3 Executive Director Phone:	ext.	
501c3 Executive Director Email:		
* Member Composition:	Public Health Programs	
	Breast and cervical cancer screening	
	Central cancer registry	
	Physical activity	
	Nutrition	
	☐ Tobacco control	
	Maternal and child health	
	State Office of Minority Health	
	Local health departments	
	☐ (Tribes only) State CCC	
	Other Government Agencies	
	□ National Cancer Institute	
	Cancer Information Service	
	State Medicaid agency	
	☐ Indian Health Service	
	Quality Improvement Organization for Medicare	
	☐ Health Resources and Services Administration (HRSA)	
	Cooperative Extension Programs	
	Professional Associations/Organizations	
	American Cancer Society	
	State/territory medical societies	
	Academy of Family Physicians	
	American College of Physicians	
	American Society of Clinical Oncology	
	American Academy of Pediatrics	
	American College of Obstetrics and Gynecology	
	Nurses associations	
	Hospital associations	
	American College of Surgeons	
	Foundation	
	Advocacy groups (other than ACS and the medical groups listed)	
	Rural health organizations	

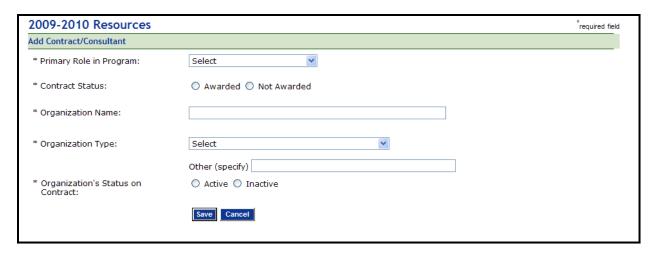
Resources: Partnership/Coalition (continued):

	18 300 M 34 2440
Ac	cademic/Medical Institutions
	Medical schools
	Schools of public health
E	Other academic institutions
	NCI Designated Cancer Centers
	Community cancer centers
E	Prevention Research Centers
	Hospice organizations
	For-profit hospitals (that are not Cancer Centers)
	Primary health care facilities
	Clinical community oncology programs
	Individual physicians
Bu	usiness/Industry
	Health plans/insurance companies
	Pharmaceutical companies
	Other corporations or businesses
	olitical Leaders
	Governor or staff
	Legislators or staff
	Other political leaders (mayors, city council, judges, etc.)
	Tribal Leaders
	Tribal Health administrators
	ommunity-Based rganizations
	Survivor groups
	Intercultural Cancer Council
	Minority commissions
	Minority organizations
	Faith-based organizations
	Individual survivors
	ther
	Education/resource centers
	Media
	All Tribes in the region

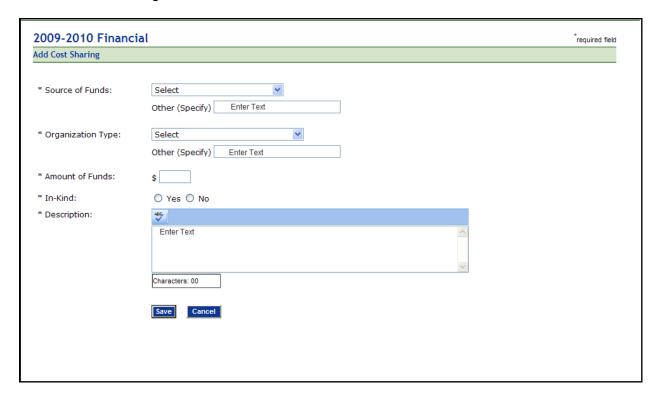
Resources: Partnership/Coalition (continued):

* Race, Ethnicity and Geographic Representation:	Racial Populations American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White	
	Ethnic Populations Hispanic or Latino Non-Hispanic or Latino	
	Geography Urban/inner city Rural	
* Regional Representation:	Number of Regions	
	Number of Regions with Member Organization Located in Region	
* Number of Organizations in Partnership/Coalition:		
* Number of Individuals in Partnership/Coalition:		
* Date of Last Satisfaction Assessment:	(mm/dd/yyyy)	
	Save	

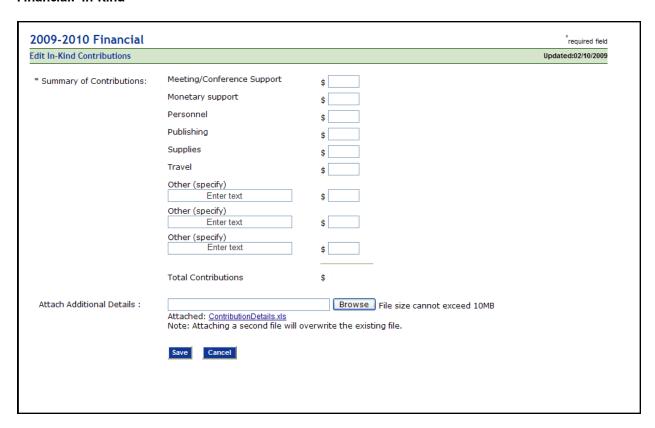
Resources: Contractors



Financial: Cost Sharing



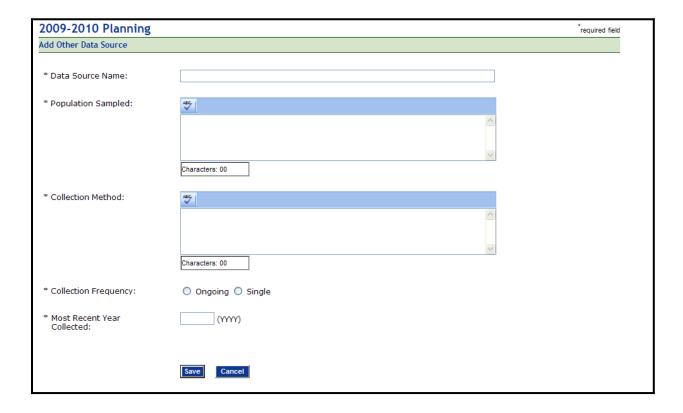
Financial: In-Kind



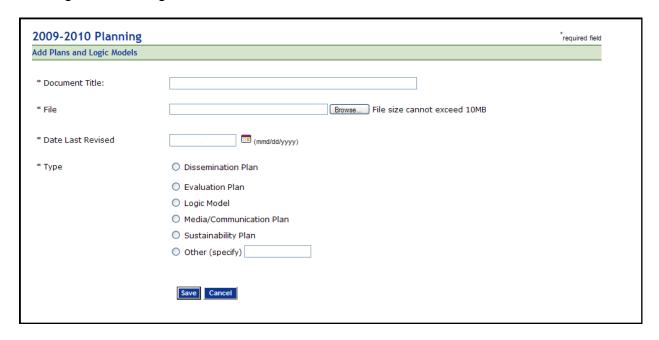
Planning: Standard Data Sources

Edit Standard Data Sources		Updated:02/10/2009
		Most Recent Data Set Used (yyyy)
* Standard Data Sources:	☐ American Cancer Society Facts and Figures	
	☐ Behavioral Risk Factor Surveillance System (BRFSS)	
	 Centers for Medicare and Medicaid Services (CMS) 	
	☐ Health Plan Employer Data and Information Set (HEDIS)	
	☐ Indian Health Service	
	☐ Kaiser Foundation	
	■ National Cancer Data Base (NCDB)	
	 National Health and Nutrition Examination Survey (NHANES) 	
	☐ National Immunization Survey (NIS)	
	□ National Program of Cancer Registries	
	□ National Youth Tobacco Survey (NYTS)	
	Pregnancy Risk Assessment Monitoring System (PRAMS)	
	REACH Risk Factor Surveillance System	
	School Health Education Profile	
	 Surveillance Epidemiology and End Results (SEER) Program 	
	U.S.Census	
	☐ Vital statistics	
	☐ Woman, Infants, and Children (WIC)	
	☐ Youth Risk Behavior Surveillance System (YRBSS)	
	Other (specify):	

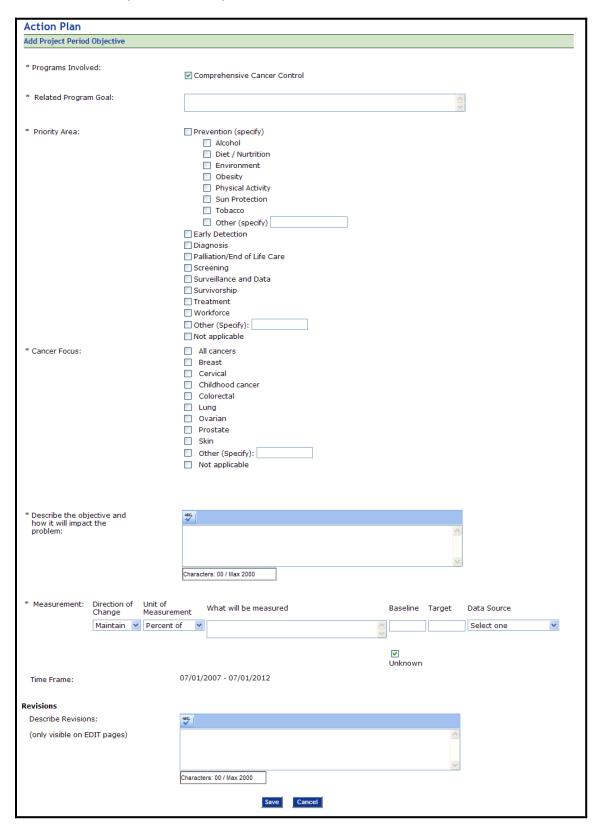
Planning: Other Data Sources



Planning: Plans and Logic Models



Action Plan: Project Period Objective



Action Plan: Annual Objective

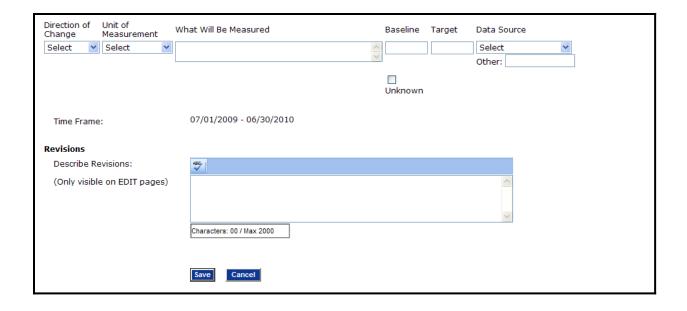
Action Plan	required fix
Add Annual Objective	
* Related FOA Recipient	1 - Assess and enhance current infrastructure
Activity:	2 - Build strong partnerships
	3 - Assess the burden of cancer
	4 - Mobilize support for comprehensive cancer control
	5 - Develop a plan that has broad support
	✓ 6 - Implement the plan
	7 - Conduct evaluation of the plan
	8 - Effect policy change
	9 - Monitor changes in population based measures
* Related Project Period	Select v
Objective:	Select
* Strategy:	48C
	Characters: 00/ maximum
	1000
* Identify the	Evidence Based Guidelines/Recommendations
Rationale/Approach for the Strategy:	United States Preventive Services Task Force (USPSTF)
	 □ National Guideline Clearinghouse (AHRQ) □ Guide to Community Preventive Services (The Community Guide)
	MMWR Recommendations
	Best Practices for Comprehensive Tobacco Control Program
	American Cancer Society
	Systematic Reviews Cochrane Reviews
	National Cancer Institute's (NCI) Physician Data Query (PDQ)
	AHRQ effective healthcare progarm evidence reviews (EPC Evidence Reports)
	☐ Institute of Medicine (IOM) Reviews
	Other published systematic reviews in the peer reviewed literature (e.g. PubMed Systematic Reviews)
	Promising/Best Practice-based
	Individual Peer Reviewed Published Studies
	Research-tested Intervention Programs (RTIPs)
	☐ Individual peer reviewed published intervention study (can be found in PubMed but not listed

	Practice-based/Program Experience Evidence-informed program/program evaluation/practice-based evidence (Describe below)		
	Model Practice Database - NACCHO		
	AHRQ Innovations Exchange		
	Promising Practices - Partnership to Fight Chronic Disease		
	☐ Individual Program Evaluation		
	Practice-hased evidence-prior program experience (sources could be agency/government		
	reports)		
	Other		
	Other Sources (specify)		
	Your own program (specify)		
* Describe the objective	ec.		
and how it impacts the			
problem:			
	∀		
	Characters: 00/ maximum		
	1000		
* Scope:	O National		
	O Multi-State Region		
	State, Territory, Pacific Island Jurisdiction		
	Region within State, Territory, Pacific Island Jurisdiction		
	O Tribe/Tribal Organization		
	O City, County, Local		
* Level of Change:	☐ Individual/population		
Level of Change.	Organization		
	Health System		
	□ Environment		
	Other (specify)		
	outer (openin)		
* Type of Change:	Awareness, Knowledge, Attitude		
	☐ Behavior/practice		
	Policy		
	Other (specify)		
* Cross-cutting issues:	Clinical trials		
	☐ Health disparities/social determinants		
	Access to Care		
	Quality of Care		
	☐ Epidemiology/Surveillance		
	Other (specify)		
* Setting:	Community		
	☐ Faith-based		
	☐ Healthcare		
	☐ School		
	Worksite		
	Other (specify)		

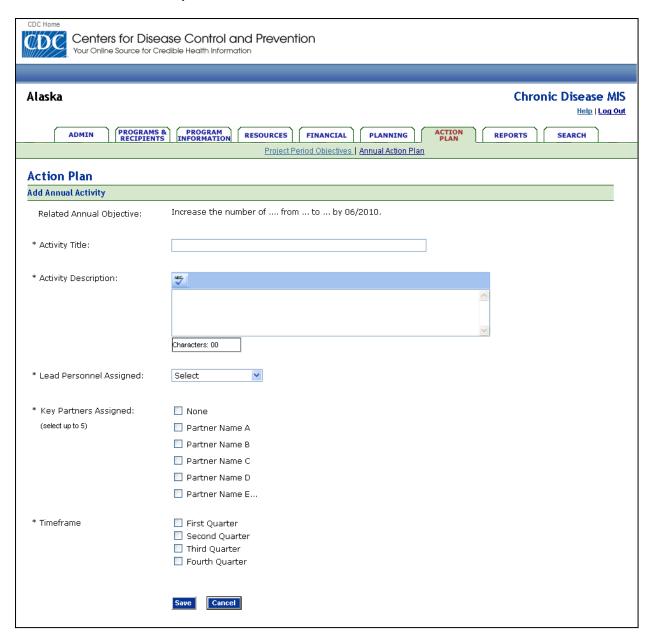
Action Plan: Annual Objective Continued:

	_	
* Population Focus:	O General Popu	ılation
	 Specific Popul 	lation
	Gender	Female
		☐ Male
		□ Transgender
	Sexual Identity	☐ Bisexual
		Gay
		☐ Heterosexual
		Lesbian
		Questioning
		Questioning
	Race	African American or Black
		American Indian or Alaska Native
		Asian Indian
		Chinese
		Filipino
		□ Japanese
		Korean
		☐ Vietnamese
		Other Asian:
		Native Hawaiian or other Pacific Islander
		Guamanian or Chamorro
		Samoan
		□ White
		Other:
	Ethnicity	Hispanic or Latino
	,	Not Hispanic or Latino
	Age	
		Infants and Toddlers
		0-1 Years
		2-3 Years
		Children
		4-11 Years
		Adolescents
		12-17 Years
		18-19 Years
		Adults 20-24 Years
		25-39 Years
		40-49 Years
		Older Adults
		50-64 Years
		65 Years & Older
	Geography	Rural
		Urban
	Socioeconomic	Low
	Status (SES)	
	Additional	A
	Population Details	V
	D CCGIIID	

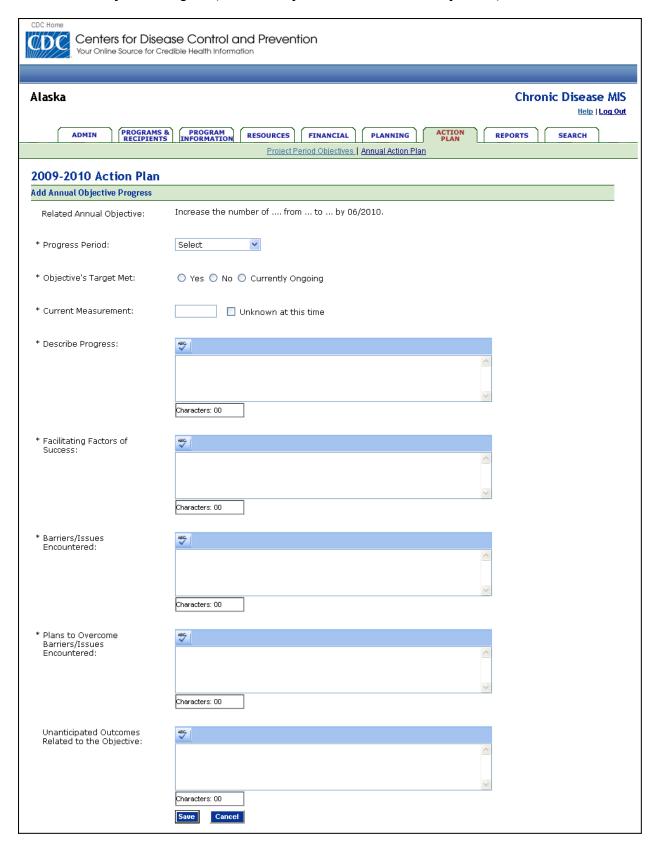
Action Plan: Annual Objective Continued:



Action Plan: Annual Activity



Action Plan: Objective Progress (for both Project Period and Annual objectives)



Action Plan: Products

