



**NATIONAL BLACK LEADERSHIP INITIATIVE ON CANCER
III: Community Networks Program**

Community Partners for Cancer Education (CPCE) Funded

1. APPLICANT COMMUNITY-BASED ORGANIZATION (CBO)		2. EXECUTIVE DIRECTOR NAME	
3. FEDERAL TAX ID NUMBER (Proof of Non-Profit Status)		IRS DETERMINATION LETTER ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, OTHER PROOF _____	
4. Contact Information 4a. Telephone ()	4b. Fax Number ()	4c. Email Address	
5. CPCE PROJECT DIRECTOR NAME AND MAILING ADDRESS Last, First, Middle			
Street Address			
City, State, Zip Code		Telephone Number ()	
6. CBO FISCAL AGENT NAME AND TELEPHONE NUMBER		Telephone Number ()	Email Address
7. MINORITY GROUP AFRICAN AMERICAN	8. FUNDED PROJECT (TYPE) (Please Check One) 5 PROSTATE & COLORECTAL EDUCATION 5 INNOVATIVE COMMUNITY CANCER EDUCATION	9. COORDINATING CONTRACTOR NBLIC III SOUTHERN REGIONAL OFFICE	
10. PROPOSED CPCE PROJECT FUNDING PERIOD FROM _____		11. TOTAL AMOUNT REQUESTED \$ _____	
12. GEORGIA COUNTY REPRESENTED		LEAVE BLANK--FOR NBLIC II USE ONLY	
		CPCE Type: CC: Number:	
13. SIGNATURE OF CBO EXECUTIVE DIRECTOR NAMED IN 2. (In ink. "Per" signature not accepted)		DATE	CBO Assurance: <i>I certify that the statements herein are true, complete and accurate to the best of my knowledge. If funded, I accept overall responsibility for administration for this grant.</i>
14. SIGNATURE OF CBO FISCAL AGENT NAMED IN 6. (In ink. "Per" signature not accepted)		DATE	Fiscal Assurance: <i>I certify that the budget is complete and accurate to the best of my knowledge. If funded, I accept responsibility for fiscal management for this grant.</i>
15. SIGNATURE OF COORDINATING CONTRACTOR (In ink. "Per" signature not accepted)		DATE	CC Assurance: <i>I certify that this application meets the guidelines established by NBLIC II for the CPCE Initiative in the RFP. I have reviewed the application and</i>

COMMUNITY
ASSESSMENT

CPCCE
FOCUS

EVALUATION

Executive Director (*Last, first, middle*): _____

DETAILED BUDGET FOR PROJECT (CBCE)				FROM	THROUGH	
PERSONNEL						
Name	Role in Project	%Effort	Salary	Fringe Benefits	TOTAL	
TOTAL PERSONNEL COSTS						
CONSULTANT COST						
SERVICES						
SUPPLIES (<i>Itemize by category</i>)						
TRAVEL						
OTHER EXPENSES						
TOTAL COSTS FOR BUDGET (<i>Item 11, Face Page</i>)					→	\$

JUSTIFICATION

