



Idaho Society of Clinical Oncology Community Program Grant Application

Organization Name: _____

Contact Person: _____

Contact Email: _____

Contact Phone Number: _____

Address: _____

Amount Requested: _____

Organization Mission Statement:

How many years has this organization and/or program been in operation?

For what will the funding be used?

Describe the program in detail. Assume the reader is not familiar with your program.



Please describe the community need for this program. How are you making a difference in the field of oncology and/or with oncology patients?

Describe how this program's activities are guided by best practice, theory, or research.

How are you marketing this program to potential participants?

Describe any current collaborations or partnerships you have with other Idaho or national organizations.

Describe your plan to sustain and/or grow this program into the future.

If awarded the grant, how will you measure success and/or the effectiveness of the grant award?