

**Women's and Men's Health Programs (WMHP) Growing Healthier Communities Through Prevention
2023-2027 WMHP Preventive Screening Subaward**

Intent to Participate

Prepare and submit as soon as possible prior to the due date. **Intent to Participate will be accepted twice a year.** Upon receipt of the intent form, WMHPs will review and engage in dialogue to create subaward based on need and level of participation.

Due Date: April 1** (FY 25-27)

Project start date: July 1

Due Date: October 1

Project start date: January 1

**FY24 Fixed Cost Subaward will be initiated once Intent has been received and approved.

Each application, whether new, continuation, renewal, supplemental, or amendment, needs to submit an Intent to Participate in order to be considered for funding. Complete information below. Estimated numbers are for 1 fiscal year.

Date:		Project Title:			
Organization Applying:			UEI#:		
Form Prepared by:		Form Prepared on:			
Agreement Signer Name, Title:		Primary Contact Name, Title:			
Address:		Address:			
City, State, Zip:		City, State, Zip:			
Phone:	Email:	Phone:	Email:	Phone:	Email:
Participation in Preventive Screening / Navigation Activities Health Coaching / Healthy Behavior Support Systems					
Program Area:	<input type="checkbox"/> Breast Cancer <i>(See Section 1 of Reimb Table)</i>	<input type="checkbox"/> Cervical Cancer <i>(See Section 1 of Reimb Table)</i>	<input type="checkbox"/> Colon Cancer <i>(See Section 2 of Reimb Table)</i>	<input type="checkbox"/> WISEWOMAN <i>(See Section 3 of Reimb Table)</i>	
Screening Guidelines:	● Women ≥40	● Women 21-74	● Women 45-74 ● Men 45-74	● Women 35-74	
Estimated # individuals to be served:					
Healthy Behavior Support Services (HBSS) Chosen (WISEWOMAN only) (select): <i>(See Section 3 of Reimb Table)</i>					
<input type="checkbox"/> Health Coaching		<input type="checkbox"/> Physical Activity with Walk and Talk Toolkit			
<input type="checkbox"/> National Diabetes Prevention Program		<input type="checkbox"/> Living Well <i>(Chronic Disease Self-Management)</i>			
<input type="checkbox"/> Health Coaches for Hypertension Control <i>(HCHC)</i>					
Evidence Based Community Clinical Linkage Intervention or Collaborative Impact Project Chosen, if known. <i>(must use core components of evidence based practices) (https://www.thecommunityguide.org/) (See Section 4 of Reimb Table)</i>					
Is this a continuation of current/past Collaborative Impact Project (CIP)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Based on Disease Burden and Health Equity New Activity <i>(See Section 6 of Reimb Table)</i>					
Priority Area for Community Engagement; coverage area scores high for disease burden and health equity? <input type="checkbox"/> Yes <input type="checkbox"/> No					
**Partner intends to collaborate with others in jurisdiction to develop a plan to identify gaps and needs; develop community plan with clear objectives and SMART goals to increase screening and or decrease mortality and late stage disease. <input type="checkbox"/> Yes <input type="checkbox"/> No					
Available Funding Up to \$10,000 for 5 communities with highest Disease Burden and Health Equity Score.					