

Application Deadline:  
COVER PAGE  
FLORIDA DEPARTMENT OF HEALTH  
RFA #: 10-017  
REQUEST FOR APPLICATIONS (RFA)

Applicant's Legal Name: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number(s) (Including area code) \_\_\_\_\_

Fax Number(s): (Including area code) \_\_\_\_\_

Email Address: \_\_\_\_\_

Website Address: \_\_\_\_\_

Federal Employer Identification Number (FEID): \_\_\_\_\_

Applying for Category One: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

Applying for Category Two: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

Applicant's Fiscal Year End Date: \_\_\_\_\_

Contact Person for Negotiations: \_\_\_\_\_

Authorized Signature in blue ink: \_\_\_\_\_

Printed Name of Authorized Signature: \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

## Performance Evaluation Category One

Activity or Intervention	Example Evaluation Question	Example Indicator	Data Source	Data Collection Method	Data Collection Time
Capacity Building	Is there sufficient representation to foster regional change?	The membership is diverse and geographically far-reaching	Collaborative members	Member Profile Forms	March 2011 June 2011
Participation	Are there sufficient opportunities to plan, implement, and evaluate the collaboratives Action Plan?	Frequency of meetings	Collaborative members	Meeting calendar	Monthly, bi-monthly or quarterly
		Number of community presentations and the number of participants	Collaborative members and community members	Conference, meeting, or training reports and participant satisfaction surveys	Following each event
	Number of task-oriented and 2010 FCP related items on the agenda	Collaborative members	Finalized meeting agendas	Monthly, bi-monthly or quarterly	
	How much, and what type of, information is exchanged between members?	Resource generation (e.g. creation of collaborative website) and resource use (e.g. sharing educational materials)	Collaborative members	Collaborative meeting minutes	Monthly, bi-monthly or quarterly

For additional information about evaluation, review The Comprehensive Cancer Control Branch Program Evaluation Toolkit, which is available online at [http://www.cdc.gov/cancer/ncccp/prog\\_eval\\_toolkit.htm](http://www.cdc.gov/cancer/ncccp/prog_eval_toolkit.htm)

## Performance Evaluation Category Two

Activity or Intervention	Example Evaluation Question	Example Indicator	Data Source	Data Collection Method	Data Collection Time
Media Advocacy (For more information, visit <a href="http://here.doh.wa.gov/professional-resources/policy-and-environmental-change/">http://here.doh.wa.gov/professional-resources/policy-and-environmental-change/</a> )	How has the media been utilized to gain support for the collaboratives goals and objectives (e.g. news releases or conferences, article publications, radio and television interviews)?	Measure the exposure of the messages, directly related to the regional cancer collaborative, in the print media, radio and television	Media partners and collaborative members	Run data (dates and frequency of publication or broadcast)  Company's readership and viewership statistics	March 2011 June 2011
System Changes	How has the collaborative assessed and responded to the information and education needs of clinicians?	Frequency of informational and educational presentations and the number of participants	Collaborative members	Rosters/ rolls, sign in sheets, meeting agendas	Following each event
	Has the collaborative impacted the delivery of cancer services in one or more counties?	Type of service added, expanded, or enhanced in the region	Collaborative members	Survey of members of the health care systems	March 2011 June 2011
	What health care system resources were generated or disseminated by the collaborative to members of the health care system including patients and their family members?	Creation of online tools for training, networking, or information sharing	Collaborative members, and members of the health care systems	Document and website reviews	Monthly, bi-monthly or quarterly

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**ACTION PLAN**

**Date:** \_\_\_\_\_ **Organization:** State name of individual or agency

**Goal:** State the Florida Cancer Plan Goal to be addressed

<p><b>Strategies</b></p> <p><i>Identify the specific strategy</i></p> <p><b>Column 1</b></p>	<p><b>Action Steps</b></p> <p><i>What will be done to accomplish this?</i></p> <p><b>Column 2</b></p>	<p><b>Resources Required</b></p> <p><i>What resources are available? What resources are needed?</i></p> <p><b>Column 3</b></p>	<p><b>Timeframe</b></p> <p><i>By when?</i></p> <p><b>Column 4</b></p>	<p><b>Targets and Measures</b></p> <p><i>State what you are aiming to achieve – the intended outcome. State how progress will be determined- the means of measurement.</i></p> <p><b>Column 5</b></p>	<p><b>Person Responsible</b></p> <p><i>Name who or what agency will have lead?</i></p> <p><b>Column 6</b></p>	<p><b>Communications Plan</b></p> <p><i>Who is involved? What methods? What role? How often?</i></p> <p><b>Column 7</b></p>