

Cancer, Cardiovascular Disease and Pulmonary Disease Competitive Grants Program



Review Committee Vacancy Announcement – July 2014

The Cancer, Cardiovascular Disease and Pulmonary Disease Grant Program, on behalf of the Colorado Board of Health, is currently seeking applications from a **Cardiovascular disease professional** to serve on the statutorily-mandated grant program Review Committee (“CCPD Review Committee”).

All applicants must submit a 1) signed application form, 2) current resume, and 3) statement of interest (why the applicant would like to serve on this committee), by **Friday August 1, 2014. Applicants who reside outside of the Denver Metro area and particularly in rural areas of the state are strongly encouraged to apply.**

The CCPD Review Committee is a 16-member working advisory board created by legislation (C.R.S. 25-20.5-303) to oversee program strategies, review grant applications and make funding recommendations to the Colorado Board of Health for a competitive grants program established with a portion of the state’s tobacco excise tax revenue. The purpose is to fund competitive grants that provide a cohesive approach to cancer, cardiovascular disease and chronic pulmonary disease prevention, early detection and treatment in Colorado.

The CCPD Review Committee meets on the second Friday of each month, from 12:30 – 4:30pm at the Colorado Department of Public Health and Environment in Denver. Additional time may be required during the year for strategic planning, grant review process and assignments related to major components of the program. Members serve without compensation but will be reimbursed for travel expenses. Members who live outside the Denver metro area may participate in the meetings by conference call or internet video when possible.

This position is appointed by the Colorado State Board of Health and serves a three-year term with a two term limit. The current members of the CCPD Review Committee will review applications and make recommendations for this position to the members of the Board of Health at an upcoming monthly meeting in 2014. The term for this position will begin on the date of appointment until July 31, 2017.

More information about the CCPD Grant Program, Review Committee, legislative mandates, meeting schedules and current funding activities is available at: <https://www.colorado.gov/cdphe/ccpd-grant-program-review-committee>. Committee meetings are open to the public and applicants are welcome to attend and observe upcoming meetings.

Please send a complete application packet and questions to:

Rochelle Manchego, Program Coordinator
Prevention Services Division
Colorado Department of Public Health and Environment
4300 Cherry Creek Drive South; Denver, CO 80246-1530
Phone: 303-692-2698 | Fax: 303-758-3448
Email: rochelle.manchego@state.co.us



STATE OF COLORADO BOARD OF HEALTH
APPLICATION FOR THE CANCER, CARDIOVASCULAR DISEASE AND
PULMONARY DISEASE COMPETITIVE GRANTS PROGRAM REVIEW COMMITTEE

Please attach a current resumé

POSITION FOR WHICH YOU ARE APPLYING OR COULD REPRESENT (Please check all that apply)

- A chronic pulmonary disease professional
- A cardiovascular disease professional
- A cancer professional
- A public health professional
- A recognized expert in health disparities
- A primary care provider
- Representative of rural interests in regard to the prevention, early detection, and treatment of cancer, cardiovascular disease, and chronic pulmonary disease

Name (Last, First, Middle)			Home Phone Number (including area code)	
Home Address		City	State	Zip Code
Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Ethnicity (Optional) <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> Caucasian		
Present Employer		Present Occupation/Title		
Business Phone Number (including area code)		E-mail Address		
Business Address		City	State	Zip Code

EDUCATION AND GENERAL QUALIFICATIONS (Please fill out using highlights from your resumé)

LEVEL	NAME OF SCHOOL	LOCATION	No. Years Attended	Did You Graduate?	Major Course(s) of Study
High School					
College					
Trade/Business/Correspondence					
Memberships in Organizations and Offices Held (Indicate if Past or Present)					
Volunteer Activities (Indicate if Past or Present)					
Special Skills and Qualifications					

(Continued)

**APPLICATION FOR THE CANCER, CARDIOVASCULAR DISEASE AND PULMONARY DISEASE PROGRAM
REVIEW COMMITTEE**

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REFERENCES (List three persons, not related to you, whom you have known for at least one year.)

NAME	ADDRESS	PHONE NO.

Is there anything in your background that might be an embarrassment to the Board or you if it were to become public?

YES NO (If YES, please explain in an attachment to this application)

I certify that the facts contained in this application are true and correct to the best of my knowledge. I authorize investigation of all statements contained herein and the references listed above to obtain any and all pertinent information, personal or otherwise. I release all parties for all liability for any damage that may result from furnishing such information.

I understand that the Colorado Open Records Act may require that certain information contained in this application be available for inspection by the general public.

SIGNATURE _____

DATE _____

RETURN COMPLETED FORM AND RESUME TO:

Rochelle Manchego, Committee Coordinator
Colorado Department of Public Health and Environment
PSD-HLCDP-A5
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Denver, CO 80246-1530
Phone: 303-692-2698
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