



***Cancer, Cardiovascular and Pulmonary Disease  
Project Expansion Application Form***

Please complete this form (not to exceed 3 pages) to provide rationale for a potential expansion of your CCPD grant project for fiscal years 2017 and/or 2018. Be sure to include detailed information on activities, impact and expected outcomes. Please also include specific detail on how this expansion would build upon your FY17 Statement of Work and Budget for your current approved funding amount.

You may reference your original application but please keep in mind expansion funds may not be used for work in additional strategies not already approved for your project. Please indicate the activities specific to each fiscal year (as applicable), and include an explanation of how these activities would be an expansion of your current work.

After completing this form, please also include any proposed expansion of your project within your FY17 Statement of Work and Budget. Please use "Expansion:" within the body of the Work Plan and Budget line items to clearly indicate those activities and expenses that pertain to an expansion of your project. Expansion activities and budget items must follow guidelines from the FY16-18 CCPD RFA.

Please contact your CCPD Program Contracts Coordinator with questions.

General Information

Agency name:

Project title:

Person completing this form:

Position/Title:

Email address:

Phone:

Expansion Proposal

Requested funding amount(s):

FY17:

FY18:

Expansion narrative:

*(Please delineate between work proposed for FY 17 and that for FY18 (as applicable), and include detailed information on activities, impact and expected outcomes.)*





