Mississippi Comprehensive Cancer Control Program (MP3C)
Activity/Event Reporting Form
(Please complete one form for each event/activity)

Name of Organization _____

Activity/Event Coordinator (s) **1.** _____ **2.** _____

Event/Activity Title _____

Event Date _____ ***Number of Attendees*** _____ ***MP3C Promoted?*** ☐ Yes ☐ No

Time from: _____ am/pm to: _____ am/pm

Event Location _____ Zip Code _____

Target Population

☐ Professionals ☐ General Public ☐ Cancer Survivors
☐ Un/Under Insured ☐ Students ☐ High Risk
☐ Adults ☐ Senior Citizens ☐ Children
☐ Young Adults ☐ Disabled ☐ Other _____

Events/Activities

☐ Meeting ☐ Seminar
☐ Conference ☐ Sport
☐ Workshop ☐ Physical Activity
☐ Health Fair ☐ Other _____

Focus Areas

☐ Advocacy
☐ Palliation
☐ Clinical Trials
☐ Nutrition/Phys Activity
☐ Tobacco
☐ Other _____

Cancer

☐ Lung ☐ Childhood
☐ Breast/Cervical ☐ Colorectal
☐ Prostate ☐ Oral and Oropharyngeal
☐ Blood ☐ Melanoma/Skin Cancer
☐ Pancreas ☐ Ovarian/Uterine

MP3C Area Covered

☐ Prevention ☐ Diagnosis/Treatment ☐ Survivorship/QOL
☐ Early Detection ☐ Surveillance ☐ Disparities

Partners

	Number	*Stakeholder(s)?*	
☐ Community Based (CBO)	_____	☐ Yes _____	☐ No _____
☐ Faith Based (FBO)	_____	☐ Yes _____	☐ No _____
☐ Financial	_____	☐ Yes _____	☐ No _____
☐ Commercial	_____	☐ Yes _____	☐ No _____
☐ Provider (Health Care)	_____	☐ Yes _____	☐ No _____
☐ Provider (Other)	_____	☐ Yes _____	☐ No _____
☐	_____	☐ Yes _____	☐ No _____

Monitoring Data/Evidence Submitted

☐ MP3C Roster ☐ Plan
☐ Sign-in Sheet(s) ☐ Brochures
☐ Meeting Minutes ☐ e-mails
☐ Sign-in Demographics ☐ Registration
☐ Pre-Evaluation ☐ Reports
☐ Post-Evaluation ☐ Attendee Profiles
☐ Sign-Up Documents ☐ Forum Outputs
☐ Intake Applications ☐ Fliers
☐ Weight/Height Records ☐ PSAs
☐ Dietary Records ☐ TV Records
☐ Survey (s) ☐ Radio Records
☐ Screening Records ☐ Newsletter
☐ Referral Records ☐ Training Records
☐ Presentations ☐ Reports
☐ Pre-/Post-Tests ☐ Other _____
☐ Pledge Cards _____
☐ Fliers _____
☐ Posters _____

Funding/In-Kind Support *(Please see in-kind sheet to input donated time amounts)*

Donor Name	Donation Qty	Donation Time(hrs)	Donation Material ($)	Total ($)
Total				

In-kind is number of volunteers, speakers, publishing, media, advertisement, facility, supplies etc. donated. Please estimate the totals here

Please complete and e-mail this form to Millicent.Shelby@msdh.state.ms.us every month.
Keep an **Evidence Binder** for each event/activity submit to:
MSDH/CCC at 570 E. Woodrow Wilson, O-208, Jackson, MS 39216

Revised 10/13/2010 (MP3C Evaluation Committee)