



NC Breast & Cervical Cancer Control Program (BCCCP)

Agency Action Plan – Program Year 2022-2023

(Insert Provider Name Here)

Number of service allocations: _____ Dual-funded allocations

Amount of funding allocated: \$ _____

Proposed activities: [Please list your agency's plan to provide services to 100% of service allocations and expend 100% of allocated funding. Include information about activities planned throughout the year (e.g. weekly screening clinic, quarterly screening events, etc.), community engagement/ outreach activities, how referrals are made into your program.]

Partnerships: [Please list agencies who refer patients to you and agencies you refer patients to when you are unable to provide services (e.g. patient does not qualify for BCCCP or you have no further service targets available).]

