



NC Breast & Cervical Cancer Control Program (BCCCP)

Agency Action Plan – Program Year 2021-2022

(Provider Name inserted here)

Number of service targets allocated: _____ Federal _____ State

Amount of funding allocated: \$ _____

Proposed activities: [Please list your agency's plan to achieve 100% of allocated service targets 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).]