



Mobile Mammography-Targeted Outreach Application for Funding

Mobile Mammography Unit (MMU) Name: _____

MMU Administrator: _____

Email: _____

Contact Number: _____

List the proposed targeted counties:

Proposed Targeted Population(s): _____

In 2017,

- How many women were served by your MMU? _____
- What were the age range? _____
- How many different counties were served by your MMU? _____

List the counties:

-

_____ many cancer diagnoses were made following screenings with MMU? _____

In 2018,

- How many women were served by your MMU? _____
- What were the age range? _____
- How many different counties were served by your MMU? _____

List the counties:

- How many cancer diagnoses were made following screenings with MMU? _____

Is your MMU a current BreastCare Provider? Yes or No

Is your MMU willing to become a BreastCare Provider? Yes or No

Does ADH your MMU participate in Mass Flu Clinic events? Yes or No

Authorized Representative Signature Authorized Representative's Title Date