

## **2026 See, Test & Treat Single Year Funding Grant Application Form**

Welcome to the application for Single Year Funding for the See, Test & Treat program. Please refer to the following resources for additional information on the program and application process:

[What It Takes to Host a See, Test & Treat Program](#) – Zoom webinar

[See, Test & Treat 2026 Request for Application Process](#) – Zoom demonstration of SurveyMonkey application process

Questions? Contact the CAP Foundation Program Manager, Ranjana Paintal, at [rpainta@cap.org](mailto:rpainta@cap.org)

### **1a. Lead Pathologist Contact Information**

- Name of Lead Pathologist for this program
- Phone Number
- Email Address
- Institution
- Address
- City/Town
- State
- ZIP Code
- Social media handles (Instagram, X, FB, LinkedIn, Bluesky)

### **1b. Is the lead pathologist a member of the College of American Pathologists?**

- Yes
- No

### **2. Person Completing Form Contact Information**

- Name
- Phone Number
- Email Address
- Institution
- Address
- City/Town
- State
- ZIP Code

### **3. See, Test & Treat Program location (must be in the United States)**

- Institution Name
- Address
- City
- State
- Zip Code
- Facility Type (Clinic, Hospital, Community Center, etc.)
- Add another location?

### **See, Test & Treat Program location #2 (must be in the United States)**

- Institution Name
- Address
- City
- State
- Zip Code
- Facility Type (Clinic, Hospital, Community Center, etc.)

- Add another location?

See, Test & Treat Program location #3 (must be in the United States)

- Institution Name
- Address
- City
- State
- Zip Code
- Facility Type (Clinic, Hospital, Community Center, etc.)

4. Date(s) and duration of See, Test & Treat program(s) Note: Avoid scheduling programs that conflict with holidays, institution, or community events.

- Program Date
- Program Duration (number of days)
- Add program dates?

5. 501c3 organization name

Please provide the following information for the 501c3 receiving the See, Test & Treat grant funding.

- Institution
- Address
- City
- State
- Zip Code
- 501c3 identification number

6. Indicate the type of funding that you are requesting:

- Single Year Funding (New Programs)
- Single Year Funding (Repeat Programs)
- Maintenance Funding (By Invitation Only max \$8,000)

7. Has your institution completed one cycle of See, Test & Treat to include:

- a) holding a program
- b) submitting a one-month outcomes report
- c) submitting a budget reconciliation

- Yes
- No

8. What is your program's overall screening goal (minimum of 50 women)? [Need help - see Estimating Patient Volume in SOP manual.](#)

9. Please list the counties that will be served by your See, Test & Treat programs, then answer the following questions utilizing the sources provided (NOTE: 1. Open the following links in a new tab to avoid exiting from your application. 2. Your responses to these questions are important components that will be used to evaluate your application, so please double check the accuracy of the information provided):

- Is the county a Medically Underserved Area (MUA) ? [Utilize the Health Resources and Services Administration MUA Find Tool.](#) For further clarification you may utilize the [HRSA MAP Tool](#) if needed.
- What % of those 18 and over who have reported an income below the poverty level? [Utilize US Census Data.](#)

- What % of people in this county have reported being uninsured? [Utilize US Census Data.](#)

#### County #1

- County Name
- Is this county an MUA?
- % of those over the age of 18 whose income is below the poverty level
- % reporting that they have not health insurance coverage
- Add another county?

#### County #2

- County Name
- Is this county an MUA?
- % of those over the age of 18 whose income is below the poverty level
- % reporting that they have not health insurance coverage
- Add another county?

#### County #3

- County Name
- Is this county an MUA?
- % of those over the age of 18 whose income is below the poverty level
- % reporting that they have not health insurance coverage

### SCREENINGS

See, Test & Treat now requires the offering of cervical cancer screenings and at least ONE other Supported Screening to patients. Grant funding is available for personnel and supply costs (up to \$20,000) associated with the provision of both cervical and ONE or more other Supported Screenings. NOTE: A letter of support is required from the relevant departments or partners for all selected screenings that will be offered at your program. NOTE: Your Supported Screenings should be chosen based on your institution's ability to:

#### 1. Describe the need in your local medically underserved community

- Data requested includes the following:
  - Indicator (data element indicating Need; if reporting on an indicator other than those listed in the drop down, please choose "other" and indicate the name of the measure in the text box provided.)
  - Rate or Percentage (statistics reflecting the level of Need)
  - Data Source (indicates where Need statistics were obtained; e.g., local community assessment, local health department )
  - Geographical area (e.g, city, county, community, neighborhood that data is relevant to ).
  - Notes (other insight regarding this particular indicator including links to data, benchmarks, e.g. national statistics

#### 2. Offer screenings in accordance with established guidelines

#### 3. Provide patients with their results over the phone or through telehealth within 5 business days of your event

#### 4. Ensure that patients with abnormal results are connected to follow up care, regardless of ability to pay

#### 5. Report on the outcomes of these screenings to the CAP Foundation within 6 months of your program date

### CERVICAL CANCER SCREENING

10. Do you have commitment from all relevant departments and your institution's leadership that the appropriate resources, equipment, and personnel will be available on the day of the program to support Cervical Cancer Screenings?

- Yes
- No

11. Need Indicator for Cervical Cancer Screenings Utilize the [National Cancer Institution State Cancer Profile](#) for county incidence and mortality statistics- if these statistics are unavailable for your counties served, please provide any cervical cancer stats available and indicate the source of the data:

- County Cervical Cancer Mortality
- County Cervical Cancer Rate (N/A if unavailable)
- Other Indicators

12. List the following information pertaining to how your Cervical Cancer Screenings will be carried out.

- Method Used
- Screening and Follow-Up Guidelines
- CLIA Number of Lab for pap testing (N/A if not applicable)
- Name of lab for pap test processing (N/A if not applicable)
- Instrumentation for pap test processing (N/A if not applicable)
- CLIA number of lab for HPV test processing
- Lab name for HPV test processing
- Assay for HPV testing
- When will results be provided to the patient

13. How will Cervical Cancer Screening results be provided to the patient?

- Phone call
- Text message
- Email
- In-Person
- Mail
- Other

14. What is the anticipated turn-around-time for providing patients with Cervical Cancer Screening results?

- Same Day
- 1 business day
- 2 business days
- 3 business days
- 4 business days
- 5 business days

15. How will patients with abnormal Cervical Cancer screening results be connected to follow up care and by whom? Also detail the process for minimizing loss to follow-up if you are unable to reach a patient.

#### **BREAST CANCER SCREENING**

16. Will your program offer Breast Cancer Screening?

- Yes
- No

17. Do you have commitment from all relevant departments and your institution's leadership that the appropriate resources, equipment, and personnel will be available on the day of the program to support Breast Cancer Screening?

- Yes
- No

**Need Indicator #1**

- Indicator
- Rate or Percentage
- Data Source
- Geographic Area
- Notes
- Add additional Need statistics/information?

**Need Indicator #2**

- Indicator
- Rate or Percentage
- Data Source
- Geographic Area
- Notes
- Add additional Need statistics/information?

**Need Indicator #3**

- Indicator
- Rate or Percentage
- Data Source
- Geographic Area
- Notes

**18. List the Breast Cancer Screening and follow-up guidelines that will be utilized.**

**19. List the Instrumentation type (if applicable)**

**20. How will Breast Cancer Screening results be provided to the patient?**

- Phone call
- Text message
- Email
- In-Person
- Mail
- Other

**21. What is the anticipated turn-around-time for providing patients with Breast Cancer Screening results?**

- Same Day
- 1 business day
- 2 business days
- 3 business days
- 4 business days
- 5 business days

**22. How will patients with abnormal Breast Cancer Screening results be connected to follow-up care and by whom? Also, detail the process for minimizing loss to follow-up if you are unable to reach a patient.**

**COLON CANCER SCREENING**

**23. Will your program offer Colon Cancer Screening?**

- Yes
- No

**24. Do you have commitment from all relevant departments and your institution's leadership that the appropriate resources, equipment, and personnel will be available on the day of the program to support Colon Cancer Screening?**

- Yes
- No

**Need Indicator #1**

- Indicator
- Rate or Percentage
- Data Source
- Geographic Area
- Notes
- Add additional Need statistics/information?

**Need Indicator #2**

- Indicator
- Rate or Percentage
- Data Source
- Geographic Area
- Notes
- Add additional Need statistics/information?

**Need Indicator #3**

- Indicator
- Rate or Percentage
- Data Source
- Geographic Area
- Notes

**25. List the Colon Cancer Screening and follow-up guidelines that will be utilized. Also list the CLIA number of the lab used to process these tests, if applicable.**

**26. Indicate the screening method/test type that will be used for Colon Cancer Screening.**

- Cologuard
- FOBT
- FIT
- sDNA Fit
- Other

**27. How will Colon Cancer Screening results be provided to the patient?**

- Phone call
- Text message
- Email
- In-Person
- Mail
- Other

**28. What is the anticipated turn-around-time for providing patients with Colon Cancer Screening results?**

- Same Day
- 1 business day
- 2 business days
- 3 business days
- 4 business days

- 5 business days

29. How will patients with abnormal Colon Cancer Screening results be connected to follow-up care and by whom? Also, detail the process for minimizing loss to follow-up if you are unable to reach a patient.

## **LUNG CANCER SCREENING**

30. Will your program offer Lung Cancer Screening?

- Yes
- No

31. Do you have commitment from all relevant departments and your institution's leadership that the appropriate resources, equipment, and personnel will be available on the day of the program to support Lung Cancer Screening?

- Yes
- No

### **Need Indicator #1**

- Indicator
- Rate or Percentage
- Data Source
- Geographic Area
- Notes
- Add additional Need statistics/information?

### **Need Indicator #2**

- Indicator
- Rate or Percentage
- Data Source
- Geographic Area
- Notes
- Add additional Need statistics/information?

### **Need Indicator #3**

- Indicator
- Rate or Percentage
- Data Source
- Geographic Area
- Notes

32. List the Lung Cancer Screening and follow-up guidelines that will be utilized.

33. Instrumentation type (if applicable)

34. How will Lung Cancer Screening results be provided to the patient?

- Phone call
- Text message
- Email
- In-Person
- Mail
- Other

35. What is the anticipated turn-around-time for providing patients with Lung Cancer Screening results?

- Same Day
- 1 business day
- 2 business days
- 3 business days
- 4 business days
- 5 business days

36. How will patients with abnormal Lung Cancer Screening results be connected to follow-up care and by whom? Also detail the process for minimizing loss to follow-up if you are unable to reach a patient.

#### **INFECTIOUS DISEASE SCREENINGS**

37. Will your program offer Infectious Disease Screenings: Chlamydia/Gonorrhea; Hepatitis; HIV; and/or Syphilis?

- Yes
- No

38. Do you have commitment from all relevant departments and your institution's leadership that the appropriate resources, equipment, and personnel will be available on the day of the program to support Infectious Disease Screenings: Chlamydia/Gonorrhea; Hepatitis; HIV; and/or Syphilis?

- Yes
- No

#### **Need Indicator #1**

- Screening Type
- Indicator
- Rate or Percentage
- Data Source
- Geographic Area
- Notes
- Add additional Need statistics/information?

#### **Need Indicator #2**

- Screening Type
- Indicator
- Rate or Percentage
- Data Source
- Geographic Area
- Notes
- Add additional Need statistics/information?

#### **Need Indicator #3**

- Screening Type
- Indicator
- Rate or Percentage
- Data Source
- Geographic Area
- Notes
- Add additional Need statistics/information?

39. List the screening and follow-up guidelines that will be utilized. Also list the CLIA number of the lab used to process these tests, if applicable.



**40. Indicate the screening/method, test type, and instrumentation to be used**

**41. How will Infectious Disease Screening results be provided to the patient?**

- Phone call
- Text message
- Email
- In-Person
- Mail
- Other

**42. What is the anticipated turn-around-time for providing patients with Infectious Disease Screening results?**

- Same Day
- 1 business day
- 2 business days
- 3 business days
- 4 business days
- 5 business days

**43. How will patients with abnormal/positive Infectious Disease Screening results be connected to follow-up care and by whom? Also detail the process for minimizing loss to follow-up if you are unable to reach a patient.**

#### **CHRONIC DISEASE SCREENINGS**

**44. Will your program offer any of the following Chronic Disease Screenings: Iron Deficiency Anemia, Diabetes and/or lipid testing?**

- Yes
- No

**45. Do you have commitment from all relevant departments and your institution's leadership that the appropriate resources, equipment, and personnel will be available on the day of the program to support the following Chronic Disease Screenings: Iron Deficiency Anemia, Diabetes and/or lipid testing?**

- Yes
- No

#### **Need Indicator #1**

- Screening Type
- Indicator
- Rate or Percentage
- Data Source
- Geographic Area
- Notes
- Add additional Need statistics/information?

#### **Need Indicator #2**

- Screening Type
- Indicator
- Rate or Percentage
- Data Source
- Geographic Area
- Notes
- Add additional Need statistics/information?

**Need Indicator #3**

- Screening Type
- Indicator
- Rate or Percentage
- Data Source
- Geographic Area
- Notes
- Add additional Need statistics/information?

**46. List the screening and follow-up guidelines that will be utilized. Also list the CLIA number of the lab used to process these tests, if applicable.**

**47. Indicate the screening method/test type and instrumentation used**

**48. How will Chronic Disease Screening results be provided to the patient?**

- Phone call
- Text message
- Email
- In-Person
- Mail
- Other

**49. What is the anticipated turn-around-time for providing patients with Chronic Disease screening results?**

- Same Day
- 1 business day
- 2 business days
- 3 business days
- 4 business days
- 5 business days

**50. How will patients with abnormal Chronic Disease Screening results be connected to follow up care and by whom? Also detail the process for minimizing loss to follow-up if you are unable to reach a patient.**

**51. Provide any OTHER statistics and information that supports the Need for the See, Test & Treat program in your local areas. (Your responses to these questions are important components that will be used to evaluate your application, so please double check the accuracy of the information provided. Include geographical area and links to data sources when possible.**

**52. See, Test & Treat aims to engage Medically Underserved Populations (MUPs) and patients living in Medically Underserved Areas (MUAs).**

- MUPs have a shortage of primary care health services for a specific population subset within an established geographic area. These groups may face economic, cultural, or linguistic barriers to health care.
- MUAs are areas that have a shortage of primary care health services for residents within a geographic area.

**Describe how you plan to determine patient eligibility for See, Test & Treat through your pre- or onsite registration process. Please include details regarding who will determine eligibility, what eligibility indicators will be utilized and when in the process this will occur.**

**53. Will an electronic medical record be created for each See, Test & Treat patient?**

- Yes

- No

**54. Using the list below, identify who will track patients longitudinally specific to the receipt of follow-up care for those presenting with abnormal results.**

- Pathologist
- Lead Provider
- Patient Navigator
- Nurse Practitioner
- Project Coordinator
- Other
- Other

**55. How will this longitudinal patient information be collected and/or tracked?**

**Describe your process for connecting See, Test & Treat patients with abnormal results to follow-up care and additional diagnostics. Your response will be evaluated and scored on the completeness of detail regarding:**

- Paper Form
- Excel spreadsheet
- Patient Electronic Medical Record
- Other
- Other

**56. Describe your process for connecting See, Test & Treat patients with abnormal results to follow-up care and additional diagnostics. Your response will be evaluated and scored on the completeness of detail regarding:**

- a) who will coordinate this care and how they will do it
- b) which abnormal values will indicate that a patient needs follow-up care
- c) your process for tracking patient encounters longitudinally (up to 6 months after the program)
- c) which institutions patients will be referred to for follow-up care
- d) how the cost of care will be managed (please indicate whether your state's Breast and Cervical Cancer Program will be involved with this)
- e) what sort of follow up will be done to ensure that the patient is receiving treatment where indicated.

**57. How will your institution ensure that uninsured patients and those without a medical home that attend See, Test & Treat are connected to health insurance plans (if applicable) and/or a medical home?**

- Have a patient navigator/health insurance counselor onsite to meet with patients to explore health insurance options and enroll if appropriate
- Have patients meet with patient navigators/health insurance counselors prior to event to explore health insurance options and enroll if appropriate
- Invite local free clinics and FQHCs to send representatives to health fair so that patients know where to access free or low-cost health care in the future
- Provide information outlining options for uninsured/underinsured patients to access health care in the local area
- Other

**58. A core component of See, Test & Treat is providing health education to increase patient knowledge and improve attitudes towards prevention. Please indicate the education topics that will be offered to patients during your See, Test & Treat program. See question 60 to list OTHER education topics not included in the list provided.**

Offered

The importance of the screenings provided  
The role that pathologists play in these screenings  
What an abnormal/positive result means and the steps for follow-up if abnormal/positive results are obtained  
Where to get preventative screenings in the future

59. A core component of See, Test & Treat is providing health education to increase patient knowledge and improve attitudes towards prevention. Please indicate the mode of delivery specific to education that will be offered to patients during your See, Test & Treat program. CHECK ALL THAT APPLY

Mode of Delivery

Health Educators in waiting room  
1:1 Education at Health Fair  
Ask a Pathologist/Doctor station  
Provider education in exam room during provided screenings  
Group Presentations  
Videos in waiting area  
Passive education (e.g., brochures, pamphlets, etc.)

60. Please list all Other education topics here along with their mode of delivery.

Topic and Mode of Delivery

Other Education  
Other Education  
Other Education  
Other Education

61. Please indicate any special populations (e.g., Homeless, LGBTQ, Low English Proficiency, Rural, etc.) that your program will conduct outreach to, including any organizations that you will work with to reach these populations. List OTHER special populations you plan on targeting in question 62.

Response Partner Organizations

Homeless  
LGBTQ  
Low English Proficiency  
Rural  
New Immigrants  
Womens Shelters  
Work Release Programs

62. Please indicate any OTHER special populations that your program will conduct outreach to, including any organizations that you will partner with to reach and engage these populations.

Population Name Partner Organizations

Other

Other

Other

63. See, Test & Treat aims to reduce barriers for medically underserved populations to access healthcare. Will your institution offer:

Offered

Transportation for those patients that indicate a need?

Children's activities for patients who need to bring their children?

interpretation through bilingual volunteers and medical interpreters for your LEP patients?

Other services and modifications to address cultural barriers?

64. Please indicate any OTHER modifications and services that you will be offering to address any cultural barriers experienced by your target population.

Cultural barrier	Description of modification or service
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Other

Other

Other

65. NEW APPLICANTS ONLY Describe your organization's history of addressing breast and cervical cancer screening rates in underserved populations within your community.

66. See, Test & Treat aims to reach communities that are historically disengaged from the healthcare system. Describe in detail two or more new outreach strategies that your organization plans to implement to maximize awareness of your See, Test & Treat Program among the medically underserved population in your community.

Description

Strategy 1

Strategy 2

Strategy 3 (optional)

Strategy 4 (optional)

67. As a core component of the program and to further the mission of the CAP Foundation, See, Test & Treat offers the opportunity to increase the visibility of pathologists and the field of pathology amongst the community and within healthcare institutions through the program. How will pathologists be involved with your institution's program?

- Coordinate the lab portion of the program
- Lead/Co-lead the See, Test & Treat planning meetings
- Promote See, Test & Treat to key leaders within the institution
- Reach out to community stakeholders regarding program
- Coordinate or participate in the Ask a Pathologist table
- Conduct health education with patients
- Provide results to patients in person or on phone

- Provide interviews to media regarding program
- Other

**68. Provide a narrative that describes how your See, Test & Treat program will be executed - this is your opportunity to paint a complete picture of your See, Test & Treat program logistics and flow. NOTE: this question will be scored in regard to the level detail and completeness of the description.**

**Lead Pathologist Sign-Off\***

**\*I have reviewed the 2026 See, Test & Treat application and agree to support this program as the lead pathologist. All information provided in this application is accurate to the best of my knowledge.**

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**Date:**