

**Mentorship Program**

**Project Proposal Work Plan**

Final work plans are due to NCI by December 15, 2011

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The purpose of this document is to outline a development plan for the project the mentee has chosen to complete with their mentor during the mentorship period. This is to be completed by the mentee, with guidance from the mentor.

1. **Mentorship Pair**

|  |  |  |
| --- | --- | --- |
|  | **Name** | **Organization Contact Info (address, phone, email, etc.)** |
| **Mentee** |  |  |
| **Mentor** |  |  |

1. **Project Title:** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*
2. **Prioritized Competencies***Please indicate the competencies you hope to develop through your completition of this project.*

Analytic/Assessment Skills

Policy Development/Program Planning

Skills

Cultural Competency Skills

Basic Public Health Science Skills

Partnership, Collaboration, and Community

Engagement Skills

Advocacy and Communication Skills

1. **Project Description and Overall Purpose**

*Please briefly describe the project, including overall goal and objectives.*

1. **Deliverables & Activities**

*Please use the table below to list all project deliverables and the activities necessary to complete them, timeline for completion, and measures of success. Please be as detailed as possible.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Deliverable** | **Key Activities to Complete Deliverable** | **Evidence of Achievement/Measures** | **By What Date?** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Assets & Resources Available to the Mentee**
   1. What is unique and important about this project?

*Please list any timely circumstances or opportunities that make this project unique and important.*

* 1. Opportunities for Trainings, Conferences, and Educational Activities

*Please use the table below to brainstorm some trainings, conferences, or other educational activities (outside those provided by NCI through this program) in which the mentee can take advatage of to enhance or supplement their skills and competencies.*

|  |  |
| --- | --- |
| **Training/Conference/Activity (Date, if known)** | **Targeted Skills/Competencies** |
|  |  |
|  |  |
|  |  |

* 1. Are there any particular topics for webinars or technical assistance trainings that you would like NCI to consider providing over the next year and a half to help with your competency developement?

* 1. Other Staff/Consultants/Partners

*Please use the table below to identify any other people in your office/organization, researchers, other public health professionals, partner organizations, etc., who will be working on this project or who might be able to lend their expertise to this project.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Title** | **Role in Project** | **Area(s) of Expertise** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Potential Constraints and Challenges**
   1. What are the major challenges that the mentee will face in accomplishing this project?
   2. Are there any timing considerations that will be important for the mentee/mentor to be aware of when working on this project and its deliverables (e.g. scheduled vacations; conferences, meetings, partnership activities, grant deadlines, etc.)?
      1. Key Dates:
2. **Other Considerations**

*Are there any other important issues that the mentor, mentee and/or program coordinator should know about this project?*

1. **Agreement**

I reviewed this work plan and agree to accomplishing these deliverables as mentor/mentee. This agreement may be amended with the consent of all parties named below. If amendments are made, revised agreement must be submitted to the NCI Program Coordinator.

      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Mentee Signature (can be electronic)*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Mentor Signature (can be electronic)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Date*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Date*

Return completed form to by December 15, 2011: Peyton Purcell, Research to Reality Mentorship Program Coordinator, National Cancer Institute; [purcellp@mail.nih.gov](mailto:purcellp@mail.nih.gov) or Fax: (301) 496-7063   
NOTE: If faxed, please email or call Peyton to let her know it is on it’s way.

Received by: \_\_Peyton Purcell, Program Coordinator\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_