



## Member Activity Inventory

Member Name:  
 Agency/Organization:  
 Topic/Issue:  
 Specific Aim or Purpose:  
 Date Submitted:

**Please return to:**  
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Activities completed since last MOH meeting (brief description of activity and date)	Target population (describe participants, number attending)	Other organizations involved with activity	How was the activity evaluated?	Cancer Plan objective

Have you mentioned the West Virginia Cancer Plan in any grants or progress reports you have written? If yes, please explain: