

Southwest Georgia Cancer Coalition (SWGCC)
Strategic Business Plan
May 2006-April 2009
SUMMARY*

On March 22, 2006, the Southwest Georgia Cancer Coalition's Board of Directors, staff and invited guests met to create a strategic plan for the future. Please see Appendix A (attached). The goals of this planning session were to assess and acknowledge our accomplishments and more importantly, to make decisions that directed our future toward meeting our mission. The Board recognized the need for a focused plan in order to be successful, to allow us to acquire needed resources and ultimately, to realize the promise of what the Cancer Coalition was created to do.

Current Status

The SWGCC Status Report given by CEO Diane Fletcher revealed that we have successfully begun to establish ourselves as a leader in cancer research, prevention, treatment and education. Our activities also are aligned with many of the *Recommended Quality Measures for Tracking Georgia's Progress in Cancer Control* as noted in the recent Institute of Medicine Report for the state of Georgia. Examples include our initiatives addressing breast, colorectal and prostate cancer incidence rates, adult smoking rate and cancer patients' participation in clinical trials. Please see Appendix B (attached).

The Coalition has remained true to our vision to build "a national model of comprehensive rural cancer control" and to our mission: "To coordinate and facilitate both existing and new cancer control efforts throughout the region to develop exemplary cancer related communications, education, prevention, early detection, treatment and research in Southwest Georgia." We affirmed that our original goals remain the same:

1. Prevent cancer and detect existing cancers earlier
2. Improve access to quality care for all
3. Save more lives in the future
4. Train future cancer researchers and caregivers
5. Realize economic benefits from eradicating cancer

Considerations for Future Success

To ensure our future success, the key question is, “How do we get to where we know we should – and can – go?” Retreat participants explored what success looks like and what metrics would demonstrate success. We considered our organization’s core competencies, i.e., what the SWGCC can do better than anyone else, and the importance of being able to replicate our initiatives regionally, statewide and potentially nationally. We also discussed how to best use the unique strengths found in our partnerships - such as the cancer centers and community hospitals, academic

**See complete Strategic Business Plan*

institutions, the American Cancer Society, businesses, community organizations, faith-based groups, public health, volunteers and others – as well as our relationships with the Georgia Cancer Coalition and state agencies. Finally, we reflected on potential sources to obtain the personnel and fiscal resources required to move forward.

Summary: 2006-2009 Strategic Plan

Keeping the above considerations in mind, the group worked through a deliberate process to agree upon the following four Key Organizational Priorities:

- I. Coordination of Access to Care
- II. Prevention
- III. Clinical and Behavioral Research
- IV. Development/Fundraising (Crosscutting Organizational Priority)

For each priority area, we then determined strategies and action steps to achieve the goal, timeframe, accountability (including the role of the Board and Board committees that will be needed to work with staff), measures of success (outcome measures) and financial and human resources needed. Please refer to the complete Strategic Business Plan.

In summary, to achieve success in **Coordination of Access to Care**, strategies generally focus on identifying and promoting the unique cancer-related resources found in our region. We plan to first complete a regional inventory, beginning with the four cancer centers and expanding to other providers and organizations. In the process, we also hope to facilitate dialogue among our regional partners. An anticipated outcome is an increased number of citizens and professionals who are provided with information and ultimately, the SWGCC acting as the information clearinghouse on cancer-related resources unique to the region. Long-term success will be measured by increases in the number of referrals to regional physicians as well as increased cancer screenings and other cancer-related services. Please refer to the **Priority I: Coordination of Access to Care** section of the complete plan.

Our **Priority II - Prevention** - strives to address cancer risk factors and facilitate cancer screening by continuing a number of promising Coalition initiatives. Continuing the Ten Commandments of Health study will increase public awareness of risk factors and replicating the Baker County model intervention in other underserved counties will increase screening rates across Southwest Georgia. Another strategy recognizes smoking as a major risk factor and directs the SWGCC leadership to advocate for an increased tobacco tax. A final recommendation is for the Board to consider partnering with an established community and worksite health wellness program in our region.

Please refer to the **Priority II: Prevention** section of the plan. Also please note that additional **prevention research** strategies are included in Priority III, Clinical and Behavioral Research.

Future success in **Clinical and Behavioral Research** will be achieved by continuing current research and by implementing new studies to meet identified needs. A key strategy is to strengthen and promote the Coalition's collaborative research with the Emory Prevention Research Center (EPRC), including enhancing the regional Community Advisory Board. Highlighting the EPRC/SWGCC study results will increase public awareness of cancer risk factors. Another research partnership is the SWGCC Survey Center with Georgia Southern University. Contingent on additional funding, we plan to replicate the pilot survey study to obtain regional county-specific health data. This critical data will direct our future research agenda including disparities research and a targeted smoking cessation intervention. Another strategy, initiating development of a regional clinical trials network, will build regional research capacity, attract more clinical trials to Southwest Georgia and increase access to clinical trials. Finally, we plan to recruit a successful candidate to the SWGCC region for GCC's Distinguished Cancer Clinicians and Scientists program. Please refer to the **Priority III: Clinical and Behavioral Research** section of the plan.

The role of a nonprofit corporation's Board is to provide the necessary oversight to maintain our mission and at the same time to work to secure the resources necessary to meet that mission. Successfully achieving our three-year strategic plan requires Board and staff commitment; many actions require generation of additional resources. Our final priority, **Development/Fundraising**, is a crosscutting issue. The Coalition must creatively acquire a myriad of sustainable financial and human resources to accomplish the strategies and achieve the goals of this strategic plan.

The most important element of any organization is its leadership and the Cancer Coalition's leadership remains strong, passionate and committed. We have much to celebrate, and yet much remains to be done. Our dedicated Board of Directors and staff, in partnership with our many supporters across the region, are confident that we can and will move closer and closer to realizing our bold vision for Southwest Georgia.

*Southwest Georgia Cancer Coalition (SWGCC)
Complete Strategic Business Plan
May 2006 – April 2009*

Developed by the SWGCC Board of Directors, staff and invited guests March-April 2006

Key Organizational Priorities

- V. Coordination of Access to Care
- VI. Prevention
- VII. Clinical and Behavioral Research
- VIII. Development/Fundraising (Crosscutting Organizational Priority)

PRIORITY I: COORDINATION OF ACCESS TO CARE

Strategy	Action Step	Timeframe	Accountability * denotes lead person (s) responsible	Measure of Success	Required Resources (Human and Financial)
<p>1. Beginning with the regional cancer centers, identify and inventory existing resources <u>unique to our 33 county service area</u>. As part of the inventory, have the four cancer centers identify and agree upon each center's specialties and unique contributions.</p>	1. Develop a draft survey instrument.	July 2006	*Christi Sheffield-Communications Coordinator	<p>An accurate assessment and inventory of each cancer center's resources, strengths and specific physician specialties is complete Ultimately the SWGCC acts as the clearinghouse and major referral resource for information on cancer-related resources <u>unique to the region</u>.</p> <p>100% response by Cancer Centers to participate in a formal recognition identifying their partnership through the</p>	<ul style="list-style-type: none"> • Board and staff time • Cancer Center and community hospital CEO's and Administrators time • Regional physicians' time • Non-physician clinicians' time • Volunteers to assist with creation of inventory, conducting survey and compilation of results • Darton College faculty/staff time (technology assistance) • SWGCC operations funds (unrestricted funding)
	2. Solicit input on survey tool from cancer centers administrators, physicians, and others. Revise survey as needed.	Sept 2006	Erika Underwood-Executive Asst		
	3. Pilot test survey with four-six individuals. Revise survey as needed.	Nov 2006	Diane Fletcher- CEO		
	4. Survey the cancer centers' CEO's, administrators, physicians, and other appropriate personnel to identify strengths and resources.	April 2007	Board liaison(s), including Jim Hotz, Medical Director		
	5. Use survey process to facilitate interaction among physicians at different cancer centers.	April 2007	Cancer Center and community hospital CEO's and Administrators		
	6. To enhance survey, consider conducting focus groups by medical specialty (e.g., med onc, rad onc, surgery, primary care) and with non-physician clinicians (e.g., nurses, social workers, pharmacists).		SWGCC Hospital-Based Oncology Committee		
	7. Negotiate agreement among SWGCC and the four cancer centers regarding each center's specialties and unique contributions.	April 2007	Regional physicians		
	8. Gradually expand survey to community hospitals and other providers with cancer-related resources.	2007-2009			
	9. Solicit updated information	2008-2009			

SWGCC Strategic Business Plan Summary

	<p>annually from cancer centers.</p> <p>10. Facilitate ongoing interactions among physicians and other clinicians from different cancer centers (e.g., quarterly meetings).</p>	2007-2009		<p>SWGCC and recognizing unique services, strengths and resources.</p> <p>An accurate assessment and inventory of regional community hospitals and other providers' strengths and resources is complete. Cancer centers' inventory is kept current. Physicians and other clinicians recognize unique services, strengths and resources and are supportive of the same.</p>	
<p>2. Promote value of cancer centers' partnership through the SWGCC</p>	<p>1. Appoint a marketing task force (with representation throughout the region) to develop promotional plans for marketing pieces and to use in development.</p> <p>2. Use survey results to deliver consistent, agreed-upon information about each center's specialties and unique contributions.</p>	After completion of inventory	<p>Board liaisons</p> <p>Cancer Center and community hospital CEO's and Administration</p> <p>*Christi Sheffield-Communic Coord</p> <p>Erika Underwood-Executive Asst</p> <p>Diane Fletcher-CEO</p> <p>*Marketing Task Force</p>	<p>Creation of marketing materials identifying partners in unified effort through the SWGCC (e.g., "4 centers – one goal – to beat cancer" "United in Georgia's fight against cancer")</p> <p><i>Long-term success measured by increase in number of referrals to regional physicians, increased cancer screenings and other cancer-related services</i></p>	<ul style="list-style-type: none"> • Board and staff time • Cancer Center and community hospital CEO's and Administration time • Regional physicians time • PR Volunteer(s) • Darton College faculty/staff time (technology assistance) • SWGCC operations funds (unrestricted funding)
<p>3. Promote <u>established</u> directories of available</p>	<p>1. Provide links on SWGCC website to established directories of available community resources (e.g., ACS). Provide verbal</p>	July 2006	<p>*Christi Sheffield-Communic Coord</p> <p>*Denise Ballard-</p>	<p>Increase in number of citizens who are provided information and support measured by number of visits to this area of</p>	<ul style="list-style-type: none"> • Staff time • Students/interns to assist with compilation of sites

SWGCC Strategic Business Plan Summary

community resources	referrals to established directories of available community resources (e.g., ACS).		Disparities Director Erika Underwood-Executive Asst Diane Fletcher-CEO Susie Davis-Education Coordinator Jim Hotz-Board Liaison	SWGCC website and number of calls to SWGCC for referrals.	and updating links <ul style="list-style-type: none"> • Darton College faculty/staff time (technology assistance) • SWGCC operations funds (unrestricted funding)
4. Provide <u>unique</u> cancer-related information to professionals and to the public	1. Define SWGCC’s role in providing information to professionals and to the public. 2. Develop materials unique to SWGCC activities. 3. Disseminate SWGCC materials through identified appropriate outlets. 4. Utilize SWGCC web site and provide links to other web sites to deliver information	June 2006 Sept 2006 and ongoing December 2006 and ongoing July 2006 and ongoing	*Susie Davis-Education Coord Christi Sheffield-Communic Coord Denise Ballard-Disparities Director Erika Underwood-Executive Asst Diane Fletcher-CEO Board liaisons	SWGCC’s role in providing information to professionals and to the public is defined. Appropriate materials are developed. Materials do not duplicate information already available. Information is distributed throughout region; increase in number of citizens and in number of professionals who are provided information Increase in number of citizens and in number of professionals who are provided information measured by number of visits to this area of SWGCC website	<ul style="list-style-type: none"> • SWGCC Board and staff time • PR Volunteer • Volunteers to distribute written materials • Darton College faculty/staff time (technology assistance) • SWGCC operations funds (unrestricted funding) • Additional funding to print materials
5. Offer CME’s and CEU’s through regional teleconferences, web-based activities and face-to-face educational	1. Work with hospital CME/CEU departments and other providers to offer educational sessions	By December 2006, participate in at least one regional teleconference. Ongoing 2006-	*Susie Davis-Education Coord Christi Sheffield-Communic Coord Erika Underwood-	By December 2006, SWGCC participated in at least one regional teleconference Physicians and other multidisciplinary clinicians participate in SWGCC-	<ul style="list-style-type: none"> • Staff time • Funding--Pharmaceutical Co. and other sources • Hospital or other Facilities for face-to face sessions

SWGCC Strategic Business Plan Summary

sessions		2009	<p>Exec Asst Diane Fletcher - CEO</p> <p>Board liaisons</p> <p>Cancer Center and community hospital Administrators</p>	<p>sponsored or SWGCC-facilitated educational opportunities</p> <p>Increase in number of CMEs and CEUs earned</p> <p>SWGCC facilitates, provides, sponsors or endorses four program/year</p>	<ul style="list-style-type: none"> • Existing Education Partners, e.g. Emory, Darton, GA Southern, Mercer • Darton College faculty/staff time (technology assistance) • Cancer Centers or other hospitals staff time • Programming <ul style="list-style-type: none"> - GA CA Foundation - Hospital Staffs - ACS, AHEC & others
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PRIORITY II: PREVENTION

(NOTE: Additional Prevention research is in Priority III section **CLINICAL RESEARCH**)

Strategy	Action Step	Timeframe	Accountability * denotes lead person (s) responsible	Measure of Success	Required Resources (Human and Financial)
1. Increase public awareness of risk factors for breast, cervical, lung, and colon cancers.	1. Seek additional funding for continuation of <i>Ten Commandments of Health</i> study to increase awareness of obesity as a lifestyle-related risk for certain cancers	Dependent on funding, after completion of development and pretesting of <i>Ten Commandments of Health</i> (pilot study)	<i>Ten Commandments of Health</i> Steering Committee (includes Denise Ballard) *Jennifer Johnston-Project Coordinator *Tony Parrillo, GSU Jim Hotz, Board liaison Board Research Committee Karl Peace, Advisor	Completion of development and pretesting of <i>Ten Commandments of Health</i> (pilot study) by September 2006 and successful receipt of additional funds	<ul style="list-style-type: none"> • Board and staff time • GSU faculty and staff time (contracted for pilot) • Funding for study continuation (target GCC for possible funds)
2. Reduce smoking in order to reduce lung cancer risks.	1. As part of the SWGCC legislative education agenda, advocate for raising state tobacco tax	July 2006-ongoing through 2009	*Board Advocacy Committee Christi Sheffield-Communic Coord Board of Directors	In 2006, a review of successful state tobacco tax increase campaigns is completed. SWGCC leadership participates in advocacy efforts that lead to at least one increase in tobacco tax by 2008.	<ul style="list-style-type: none"> • Board and staff time • Board Advocacy Committee
3. Increase screening for cancers of the	1. Using Baker County model intervention (if successful), target counties with low screening rates	2008-2009, contingent on funding and	*Denise Ballard-Disparities Director	Contingent on outcomes of the Baker Co. pilot study, the intervention will be	<ul style="list-style-type: none"> • Board and staff time • SWGCC operations

SWGCC Strategic Business Plan Summary

<p>breast, cervix, and colon/rectum</p>	<p>to increase early detection of at least one cancer (preferably colon)</p> <p>2. Develop four screening/educational clinics, each one partnered with each regional cancer center, using the Baker County model.</p> <p>3. Seek grant funding for at least one screening intervention targeting health disparities.</p>	<p>outcomes of Baker Co. project</p> <p>2009</p> <p>2007-2008</p>	<p>Jim Hotz-Board liaison</p> <p>*Board Research Committee</p> <p>Hospital-based oncology Committee</p> <p>*Board Research Committee</p> <p>Diane Fletcher – CEO</p> <p>Christi Sheffield-Project Coordinator</p> <p>Erika Underwood-Exec Asst</p> <p>Primary Care offices Public Health offices</p> <p>*Denise Ballard-Disparities Director</p> <p>Susie Davis-Educ Coordinator</p> <p>*Denise Ballard-Disparities Director</p> <p>Board</p>	<p>designed and successfully implemented in at least two high-risk counties. Evaluation results will demonstrate at least a 10% increase in screening for the selected cancer site.</p> <p>Four screening/educational clinics, each one partnered with each regional cancer center, are functional.</p>	<p>funds (unrestricted funding)</p> <ul style="list-style-type: none"> • Additional funding is required • Board and staff time • Volunteer time from regional professionals, including cancer center administration, physicians, nurses, public health • Lay volunteers • SWGCC operations funds (unrestricted funding) • Additional funding is required • Staff time • Funding for grant-writing assistance • Academic partner's time
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SWGCC Strategic Business Plan Summary

	<p>4. Seek funding to develop research project that compares a population-based intervention (e.g., awareness campaign) to a primary care practice intervention in increasing screening</p>	<p>2007, contingent on completion of Survey Center pilot study and ongoing funding</p>	<p>Board *Denise Ballard-Disparities Director *Board Research Committee Academic Partner</p>	<p>Submit at least 2 applications for grant support for evidence-based interventions</p> <p>Contingent on completion of county surveys and in partnership with an academic partner, develop and submit at least one research grant proposal by Dec 2007</p>	<ul style="list-style-type: none"> • SWGCC operations funds (unrestricted funding) • SWGCC staff time • Funding for grant-writing assistance • Academic partner's time • SWGCC operations funds (unrestricted funding)
<p>4. Explore partnering with Lowndes County Health Wellness Program to initiate institution of the program in mid-large size, private, self insured companies across the region</p>	<p>1. Lowndes Co representative(s) -- Mark Wilson, others? -- present program to Board for review and consideration.</p> <p>2. If Board approves, partner with EPRC or other academic partner(s) to consider testing and replicating program.</p>	<p>September 2006</p> <p>December, 2006</p>	<p>*Lowndes Co representative(s) *Susie Davis-Education Coordinator *Board Research Committee Board *EPRC SW GA Program Coordinator (if partnered with Emory)</p> <p>EPRC or other academic institution Faculty Erika Underwood-Exec Asst.</p>	<p>Board makes decision regarding proposed partnership.</p> <p>If approved by Board, EPRC or other academic partner determines approach to testing and replicating the program.</p>	<ul style="list-style-type: none"> • Board and staff time • Emory or other academic institution faculty time • SWGCC operations funds (unrestricted funding) • Additional funding to test and replicate program

PRIORITY III: CLINICAL and BEHAVIORAL RESEARCH

Strategy	Action Step	Timeframe	Accountability * denotes lead person (s) responsible	Measure of Success	Required Resources (Human and Financial)
1. Grow SWGCC partnership with the Emory Prevention Research Center (EPRC)	<p>1. Hire EPRC SW GA Project Coordinator at <u>100% effort</u></p> <p>2. Grow and develop the Community Advisory Board (CAB), with representation throughout region and activity level commensurate with original description of the group</p>	<p>July 2006</p> <p>Immediate through 2009</p>	<p>*Diane Fletcher, CEO Karen Glanz, EPRC Director</p> <p>*Kay Read, CAB Chair *Karen Glanz, EPRC Dir. Note: Recommendations for CAB membership may be made by: EPRC SW Ga Project Coord. Erika Underwood-EPRC Admin Asst CAB members who also serve on SWGCC Board</p>	<p>Qualified candidate is hired.</p> <p>The CAB has strong, high-functioning, diverse membership.</p>	<ul style="list-style-type: none"> • CEO time • Emory faculty time • Funding from EPRC CDC grant • CAB Chair time • Emory faculty time • Staff time (EPRC SW Ga.staff) • Funding from EPRC CDC grant
2. In partnership with the EPRC, increase public awareness of risk factors for breast, cervical, lung, and colon cancers.	<p>1. Disseminate EPRC research results on dietary habits/exercise habits and their relationship to colon cancer; highlight EPRC results in regional media</p> <p>2. Highlight results of EPRC work in professional journals</p>	<p>July 2006 for Study 1 results; May 2007 for Study 2 results</p> <p>2006 thru 2009 (continuously)</p>	<p>*EPRC SW Ga Project Coord Christi Sheffield-Communications Coord.</p> <p>*Emory faculty and staff PR Volunteer</p>	<p>At least 3 newspaper articles and one TV news feature are completed on EPRC work in SW Georgia, highlighting the results and the partnership. At least 50 community organizations are made aware of results of EPRC Study 2.</p> <p>At least one article is published in a peer-</p>	<ul style="list-style-type: none"> • Staff time (EPRC SW Ga.staff) • Emory faculty and staff time • PR Volunteer • Funding from EPRC CDC grant

SWGCC Strategic Business Plan Summary

<p>3. Expand health disparities research in the region.</p>	<p>1. Appoint a workgroup to develop a disparities research agenda for the region and identify partnership opportunities. 2. Solicit guidance from expert advisors (e.g., Otis Brawley).</p>	<p>October 2006-May 2007</p>	<p>*Denise Ballard- Disparities Director EPRC SW Ga Project Coord. *Board Research Committee Erika Underwood- Exec Asst Volunteers to serve on workgroup</p>	<p>reviewed journal. Workgroup composed of SWGCC Board Research Committee and others is created and functioning. Disparities research agenda is developed.</p>	<ul style="list-style-type: none"> • Board and staff time. • Volunteer workgroup members' time • SWGCC operations funds (unrestricted funding)
<p>4. Expand and enhance SWGCC Survey Center in partnership with Georgia Southern University.</p>	<p>1. Complete pilot study. 2. Establish baseline measures of risk factors awareness and screening practices by county by surveying targeted counties as part of county surveys. 3. As part of county surveys, have Survey Center establish baseline measures by county for screening practices. 4. Replicate surveys throughout region. 5. Use data to direct SWGCC future research agenda and to seek applicable funding for future projects</p>	<p>May 2007 Contingent on funding, begin after completion of Survey Center pilot study Contingent on funding, replication begins in 2007</p>	<p>Survey Center Steering Committee SWGCC Survey Center *Jennifer Johnston – Project Coordinator *Bob Vogel, GSU Jim Hotz, Board Liaison *Board Research Committee Karl Peace, Advisor</p>	<p>Pilot is completed. Surveys are replicated in 17 targeted underserved counties; Surveys are designed and implemented with appropriate sample size; data is analyzed and reported.</p>	<ul style="list-style-type: none"> • Board and Staff time • GSU faculty and staff time (contracted) • SWGCC operations funds (unrestricted funding) • Additional funding for replication (target GCC for possible funds)
<p>5. Reduce smoking in order to reduce lung cancer risks</p>	<p>1. Use data from region-wide survey to determine which counties have the highest smoking prevalence. 2. Select a research-tested intervention. 3. Implement the intervention in</p>	<p>2008-2009, contingent on funding for Survey Center</p>	<p>*Denise Ballard – Disparities Director Jim Hotz, Board Liaison *Board Research Committee Survey Center</p>	<p>If funded, the smoking cessation intervention will be successfully implemented in at least two high-risk counties. Evaluation results will indicate that a greater proportion of residents of those counties report</p>	<ul style="list-style-type: none"> • Board and Staff time • GSU faculty and staff time (contracted) • Additional funding required

SWGCC Strategic Business Plan Summary

	targeted high risk areas			at least attempting to quit smoking; an increase in calls from those counties to smoking cessation quitlines will occur.	
6. Initiate development of a regional clinical trials network to build regional research capacity, attract more clinical trials to Southwest Georgia and increase access to clinical trials.	<p>1. Reactivate Hospital-based Oncology Committee and include Board liaisons.</p> <p>2. Utilize video conferencing infrastructure in region, once available</p> <p>3. Explore creating a centralized IRB for the region: multi facility and multi disciplinary</p>	<p>October 2006</p> <p>October 2006, dependent on establishment of videoconferencing capacity</p> <p>Under discussion by October 2006</p>	<p>Hospital-based oncology Committee</p> <p>*Steve Ziemba –Director of Regional Clinical Trials Network</p> <p>Scott Davidson- Director, Regional Oncology Treatment Education</p> <p>Karl Peace (advisor)</p> <p>SWGCC Board Research Committee (Ken or Joel +* Bill Richardson and others)</p> <p>Diane Fletcher – CEO</p> <p>*Christi Sheffield- Project Coordinator</p> <p>Erika Underwood- Exec Asst</p> <p>*Susie Davis-Ed Coord.</p>	<p>Work group is functional.</p> <p>Videoconferencing capacity is established among the four regional cancer centers and used to increase communication among clinicians and convey information about clinical trials.</p> <p>Potential advantages and barriers to a centralized IRB are explored and addressed with representation from the four ca ctrs</p>	<ul style="list-style-type: none"> • Board and staff time • Cancer Center Administrators’ time • Additional funding will be required for ongoing functioning of network
7. Recruit a successful candidate to the SWGCC region as a GCC Distinguished Cancer Clinician/ Scientist	1. Executive committee of SWGCC Board discuss possibilities, raising matching funds, and other issues	Discuss and determine plan of action by October 2006. Ongoing 2006-2009.	<p>*Executive committee of SWGCC Board</p> <p>Academic institution in GA</p>	Secure a GCC scholar is secured for the region (in partnership with an academic institution) by April 2009.	<ul style="list-style-type: none"> • Board time • Funding to support candidate’s salary • Partnership with an academic institution

PRIORITY IV: DEVELOPMENT AND FUNDRAISING (Crosscutting Organizational Priority)

<p>1.Acquire financial resources to accomplish strategies and achieve goals of strategic plan</p>	<p>1. Identify potential, legitimate funding sources. 2. Submit grants to acquire funds 3. Approach other regional funding sources (e.g., individuals, businesses)</p>	<p>Ongoing 2006-2009</p>	<p>*Board Staff</p>	<p>SWGCC acquires financial resources to accomplish strategies and achieve goals of strategic plan</p>	<ul style="list-style-type: none"> • Board time • Staff time • Funding for salary support for grant writing assistance
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