**Trenton Health Team Accountable Care Organization**

**PROPOSAL FORM**

Community Health Improvement Projects

**Application Information**

Organization Name:

Address:

Contact Person Name and Title:

Phone Number:

Email Address:

**Narrative**

*Approximately three pages, single spaced, 11-point font, 1-inch margins.*

1. Describe the need for your proposed project - why is it important in improving the health and well-being of Medicaid beneficiaries in the greater Trenton area?
2. What are the goals and objectives of your proposed project?
3. What actions will you take to achieve these goals and objectives
4. What data and measures will you use to demonstrate that the actions taken lead to the project goals and objectives?
5. What resources are needed, both financial and human, to complete the initiative and achieve its stated goals and objectives?
6. Describe your organization’s current capacity to support the proposed projects.

**Budget Worksheet**

|  |  |
| --- | --- |
| Personnel | Project Duration 12 Months -Total |
| Project Director |  |
| Program Staff |  |
| Administrative Staff |  |
| Other Staff |  |
| Fringe Benefits % |  |
| **Personnel Total** |  |
| Other Direct Costs |  |
| Office Operations |  |
| Communications/Marketing |  |
| Travel |  |
| Meeting Expenses |  |
| Equipment |  |
| Project Space |  |
| Other |  |
| **Other Direct Costs Total** |  |
| Purchased Services |  |
| Consultants |  |
| Contracts |  |
| **Purchased Services Total** |  |
| Indirect Costs |  |
| **Indirect Costs Total** |  |
| Total |  |

**Budget Narrative**

Please describe your primary use of funds.

**Timeline Chart**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 12 Month Timeline (by month)  *Please mark the month applicable to each activity/task* | April | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
| **Goal 1:** | | | | | | | | | | | | |
| Activity/Task |  |  |  |  |  |  |  |  |  |  |  |  |
| Activity/Task |  |  |  |  |  |  |  |  |  |  |  |  |
| Activity/Task |  |  |  |  |  |  |  |  |  |  |  |  |
| **Goal 2:** | | | | | | | | | | | | |
| Activity/Task |  |  |  |  |  |  |  |  |  |  |  |  |
| Activity/Task |  |  |  |  |  |  |  |  |  |  |  |  |
| Activity/Task |  |  |  |  |  |  |  |  |  |  |  |  |