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**BUILDING THE HEALTHCARE WORKFORCE GRANT PROGRAM**

**PROJECT PLAN & SUMMARY**

**PLANNING COALITION GRANT**

**INSTRUCTIONS:** This document summarizes key elements of the proposed project. Complete each section concisely and factually. This document should be used to inform other, more detailed, project documents.

**APPLICANT:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROJECT TITLE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COUNTY(IES) TO BE STUDIED:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OBJECTIVE:** In 5-7 sentences, summarize the main purpose of the proposed project.

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**APPROACH:** In 5-7 sentences, describe the approach that will be used to meet the objective noted above.

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**HEALTHCARE WORKFORCE NEEDS:** Identify healthcare workforce needs to be researched.

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| --- | --- | --- |
| [ ]  Education/Training | [ ]  Recruitment | [ ]  Retention |
| [ ]  On the job/Employment site support | [ ]  Other: Specify below. |
|  |

**LOCATION:** Identify locations where provider needs are demonstrated, or are likely to be demonstrated, including specific provider systems demonstrating such need.

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| --- | --- | --- |
| [ ]  Hospitals | [ ]  Health Centers | [ ]  County Facilities |
| [ ]  Other: Specify below.  |  |
|  |

**TARGET PROFESSIONS:** Identify specific professions or para-professions that will be researched and likely targeted for future support.

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| --- | --- | --- |
| [ ]  Primary Care Physician | [ ]  Specialty Physician | [ ]  Nurse Practitioner |
| [ ]  Physician Assistant | [ ]  General Dentist | [ ]  Dental Hygienist |
| [ ]  Nursing Professions | [ ]  Behavioral Health Professions | [ ]  Other: Specify below.  |
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**PROJECT RESEARCH:** List three questions the Coalition plans to answer while completing this project.

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLANNED OUTCOMES:** Please list three project outcomes (goals) and explain how they will be measured.

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| **Outcome 1:**  |
| Who will measure this outcome?  |  |
| Where will measurement data come from?  |  |
| How will it be measured?  |  |
| When will it be measured?  |  |

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| --- |
| **Outcome 2:**  |
| Who will measure this outcome?  |  |
| Where will measurement data come from?  |  |
| How will it be measured?  |  |
| When will it be measured?  |  |

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| --- |
| **Outcome 3:**  |
| Who will measure this outcome?  |  |
| Where will measurement data come from?  |  |
| How will it be measured?  |  |
| When will it be measured?  |  |

**PARTNERS:** Identify each Planning Coalition member organization and their intended role below.

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| **Partner Organization 1:**  |
| Status: [ ]  Current coalition member [ ]  To be recruited  |
| Organization Type: [ ] For Profit [ ]  Non-Profit [ ]  Government [ ]  Other |
| Role: |
| Primary Contact Name:  |

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| **Partner Organization 2:**  |
| Status: [ ]  Current coalition member [ ]  To be recruited  |
| Organization Type: [ ] For Profit [ ]  Non-Profit [ ]  Government [ ]  Other |
| Role: |
| Primary Contact Name:  |

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| **Partner Organization 3:**  |
| Status: [ ]  Current coalition member [ ]  To be recruited  |
| Organization Type: [ ] For Profit [ ]  Non-Profit [ ]  Government [ ]  Other |
| Role: |
| Primary Contact Name:  |

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| **Partner Organization 4:**  |
| Status: [ ]  Current coalition member [ ]  To be recruited  |
| Organization Type: [ ] For Profit [ ]  Non-Profit [ ]  Government [ ]  Other |
| Role: |
| Primary Contact Name:  |

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| **Partner Organization 5:**  |
| Status: [ ]  Current coalition member [ ]  To be recruited  |
| Organization Type: [ ] For Profit [ ]  Non-Profit [ ]  Government [ ]  Other |
| Role: |
| Primary Contact Name:  |

Copy and paste additional partner tables if needed.