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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? |  |

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

|  |  |
| --- | --- |
| **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.