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**BUILDING THE HEALTHCARE WORKFORCE GRANT PROGRAM**

**PROJECT PLAN & SUMMARY**

**INITIATIVE GRANT**

**INSTRUCTIONS:** This important 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 SERVED:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 support(s) to be provided:

|  |  |  |
| --- | --- | --- |
| Educational Support | Training Support | Residency |
| Internship | Stipend | Other: Specify below. |
|  | | |

**LOCATION:** Identify locations where provider needs are 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 targeted.

|  |  |  |
| --- | --- | --- |
| Primary Care Physician | Specialty Physician | Nurse Practitioner |
| Physician Assistant | General Dentist | Dental Hygienist |
| Nursing Professions | Behavioral Health Professions | Other: Specify below. |
|  | | |

**PLANNED OUTCOMES:** List at least five expected project outcomes (goals). You may copy/paste additional tables below to add more planned outcomes if needed. (You will explain how each outcome will be measured, by whom and when in the Data Collection and Reporting Document).

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| **Outcome 1:** |

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| **Outcome 2:** |

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| **Outcome 3:** |

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| **Outcome 4:** |

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| **Outcome 5:** |

**PARTNERS:** Identify key project partners and their intended role below. You may copy/paste the tables below to add more partners if needed.

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| --- |
| **Partner Organization 1:** |
| Organization Type: For Profit  Non-Profit  Government  Other |
| Status:  Aided in Planning  Currently Involved in Project  To be recruited |
| Is there a project related MOU between the lead agency and this partner organization?  Yes  An MOU is in process  No MOU will be created |
| Role on project: |
| Primary Contact Name: |

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| **Partner Organization 2:** |
| Organization Type: For Profit  Non-Profit  Government  Other |
| Status:  Aided in Planning  Currently Involved in Project  To be recruited |
| Is there a project related MOU between the lead agency and this partner organization?  Yes  An MOU is in process  No MOU will be created |
| Role on project: |
| Primary Contact Name: |

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| **Partner Organization 3:** |
| Organization Type: For Profit  Non-Profit  Government  Other |
| Status:  Aided in Planning  Currently Involved in Project  To be recruited |
| Is there a project related MOU between the lead agency and this partner organization?  Yes  An MOU is in process  No MOU will be created |
| Role on project: |
| Primary Contact Name: |

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| **Partner Organization 4:** |
| Organization Type: For Profit  Non-Profit  Government  Other |
| Status:  Aided in Planning  Currently Involved in Project  To be recruited |
| Is there a project related MOU between the lead agency and this partner organization?  Yes  An MOU is in process  No MOU will be created |
| Role on project: |
| Primary Contact Name: |