

DSRIP Project Proposal Form Regional Healthcare Partnership 8

Instructions: For each proposed project, the provider organization should complete one form. Please include a response for each section, leaving nothing blank. More complete information will assist the IGT entities in understanding what is proposed and what funds are being requested.

Project Proposal Forms are due by 5:00 p.m. on Friday, July 6th. Please submit by email to Lindsay Pollok at lpollok@tamhsc.edu.

DSRIP CATEGORY INFORMA	ATION					
 □ Category 1: Infrastructure Development □ Category 2: Program Innovation and Re-design □ Category 3: Quality Improvements □ Category 4: Population-based Improvements 						
DESCRIPTIVE TITLE OF PROJ	ECT:					
COUNTIES SERVED BY PROF	POSED PROJECT:					
□ Bell□ Blanco□ Burnet	☐ Lampasas ☐ Llano ☐ Milam		☐ Mills☐ San Saba☐ Williamson			
PERFORMING PROVIDER (m	nust be an eligible recipient	of draw down funds):				
OTHER PARTICIPATING PRO	VIDERS (if not applicable, a	answer N/A):		_		
GOAL OF PROPOSED PROJE	CT:					
EXPECTED OUTCOME(S) OF	PROPOSED PROJECT:					

BRIEF DESCRIPTION OF PROPOSED	PROJECT (use only t	the space allotted):		
ANTICIPATED CHALLENGES:				
ESTIMATED VALUATION OF THE PR	OPOSED PROJECT B	Y WAIVER YEAR:		
Year 1 (2011-2012): \$				
Year 2 (2012-2013): \$				
Year 3 (2013-2014): \$				
Year 4 (2014-2015): \$				
Year 5 (2015-2016): \$				
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NOTE: If your proposed project is u	ultimately included i	in the regional plan	. vou will be requir	ed to also

NOTE: If your proposed project is ultimately included in the regional plan, you will be required to also provide baseline data and work with the anchor to determine appropriate metrics and milestones for each year of the plan. Details initially included in this proposal may be revised as the final plan is being negotiated.