

## **DSRIP Project Proposal Form Regional Health Partnership 17**

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.

PROPOSAL DEADLINE: DSRIP Project Proposal Forms are due by Friday, June 29, 2012 at 5:00 p.m. via email to Shayna Spurlin at <a href="mailto:spurlin@tamhsc.edu">spurlin@tamhsc.edu</a>.

DSRIP CATEGORY INFORMATION				
<ul> <li>□ Category 1: Infrastructure Development</li> <li>□ Category 2: Program Innovation and Re-design</li> <li>□ Category 3: Quality Improvements</li> <li>□ Category 4: Population-based Improvements</li> </ul>				
DESCRIPTIVE TITLE OF PROJECT:				
COUNTIES SERVED BY PROPOSED PRO	JECT:			
<ul><li>□ Brazos</li><li>□ Burleson</li><li>□ Grimes</li></ul>	<ul><li>□ Leon</li><li>□ Madison</li><li>□ Montgomery</li></ul>		<ul><li>□ Robertson</li><li>□ Walker</li><li>□ Washington</li></ul>	
PERFORMING PROVIDER (must be an	eligible recipient of	draw down funds):		
OTHER PARTICIPATING PROVIDERS (if not applicable, answer N/A):				
GOAL OF PROPOSED PROJECT:				
EXPECTED OUTCOME(S) OF PROPOSE	D PROJECT:			

BRIEF DESCRIPTION OF PROPOSED P	PROJECT (use only the space allotted):
ANTICIPATED CHALLENGES:	
ESTIMATED PROJECT VALUATION BY	Y WAIVER YEAR:
Year 1 (2011-2012): \$	
Year 2 (2012-2013): \$	
Year 3 (2013-2014): \$	
Year 4 (2014-2015): \$	
Year 5 (2015-2016): \$	
· · · · · · · · · · · · · · · · · · ·	
provide baseline data and work with	Itimately included in the regional plan, you will be required to also he the anchor to determine appropriate metrics and milestones for eacluded in this proposal may be revised as the final plan is being

negotiated.