***Community Need and Patient Population \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20 Points***

***(3 Page Maximum Including Patient Population Table)***

**Community Need:**

*Enter Response Here*

**Patient Population:**

*Enter Response In Table*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Column A  Projected Baseline Served  as of  07/01/2023 | Column B  Projected Target Served  as of  06/30/2024 | Column C  Projected Net Additional Patients  Served  Column B minus Column A |
| 1. No Insurance/Uninsured Patients |  |  |  |
| 1. Medicaid |  |  |  |
| 1. Children’s Health Insurance Program (CHIP) |  |  |  |
| 1. Medicare (including duals) |  |  |  |
| 1. Other Public Insurance (e.g. Tricare) |  |  |  |
| 1. Private Insurance (e.g., BCBS) |  |  |  |
| Total Unduplicated Patients Served (sum of above) |  |  |  |

***Project Description and Improved Access to Care \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20 Points***

***(2 Page Maximum)***

*Enter Response Here*

***Collaboration and Community Engagement*  (2 Page Maximum) \_\_\_\_\_\_\_ *20 Points***

***(3 Page Maximum Including Patients by Race and Ethnicity Table)***

*Enter Response Here and Enter Response In Table*

Patients by Race and Ethnicity Table:

|  |  |  |  |
| --- | --- | --- | --- |
| Organization’s Baseline Period Start Date:  Organization’s Baseline Period End Date: | | | |
| Race | Column A  Hispanic/ Latino | Column B  Non-Hispanic/ Latino | Column C  Unreported/ Refused to Report Ethnicity |
| * 1. American Indian / Alaska Native |  |  |  |
| * 1. Asian |  |  |  |
| * 1. Black/African American |  |  |  |
| * 1. Native Hawaiian / Other Pacific Islander |  |  |  |
| * 1. White |  |  |  |
| * 1. More than one race |  |  |  |
| * 1. Unreported / Refused to report race |  |  |  |

***Project Evaluation and Return on Investment (1 Page Maximum) \_\_ 20 Points***

***(1 Page Maximum)***

*Enter Response Here*