***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 AProjected Baseline Servedas of07/01/2023 | Column BProjected Target Servedas of06/30/2024 | Column CProjected Net Additional PatientsServedColumn 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 AHispanic/ Latino | Column BNon-Hispanic/ Latino | Column CUnreported/ 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*