**ATTACHMENT B: RHC INNOVATION PROJECT DESCRIPTION FORM**

**PROJECT DESCRIPTION:**

1. What are your identified need(s) and how did you identify those needs?
2. Describe your project and your goal(s)?
3. What detailed activities are proposed to meet the goal?
	1. Is proposed project and activities new or a continuation of previous work (if a continuation, please provide detail surrounding that project and its progress to date)?
4. Person(s) responsible for the project as well as their role(s) and experience.
5. Is there collaboration with community partners? If so please list their project responsibilities, if any?
6. What are the expected outcomes and how will they help meet the project goals?
7. Is the project innovative, sustainable, and/or scalable? How?

**PROJECT TARGETS, MEASURABLE INDICATORS AND TIMELINE:**

For each project (if more than one) please describe:

1. What is the measurable metric and target/deliverable for each objective (outcome indicator)?
2. What is the timeline for when each of the targets/deliverables will be completed?
3. What is the measurable indicator that will measure progress quarterly (process indicator)?

**BUDGET:**

Please provide a budget (up to $4000) in the format you choose. Funds may be used for personnel cost including person(s), role(s) and hours assigned to project, training supplies/materials, consultant or trainer, travel to attend education, travel for staff to visit another RHC for peer learning, peer advisor from another RHC, and data analysis to understand data relevant to quality improvement.

Funds **may not be used for** food/catering and alcohol, to provide individuals with services that are already funded through Medicare/Medicaid/or CHIP, to lobby or advocate for changes in Federal and/or State law, marketing or advertising to promote recipient’s organization, to pay for patient encounters or equipment and supplies for patient care and hospital operation.