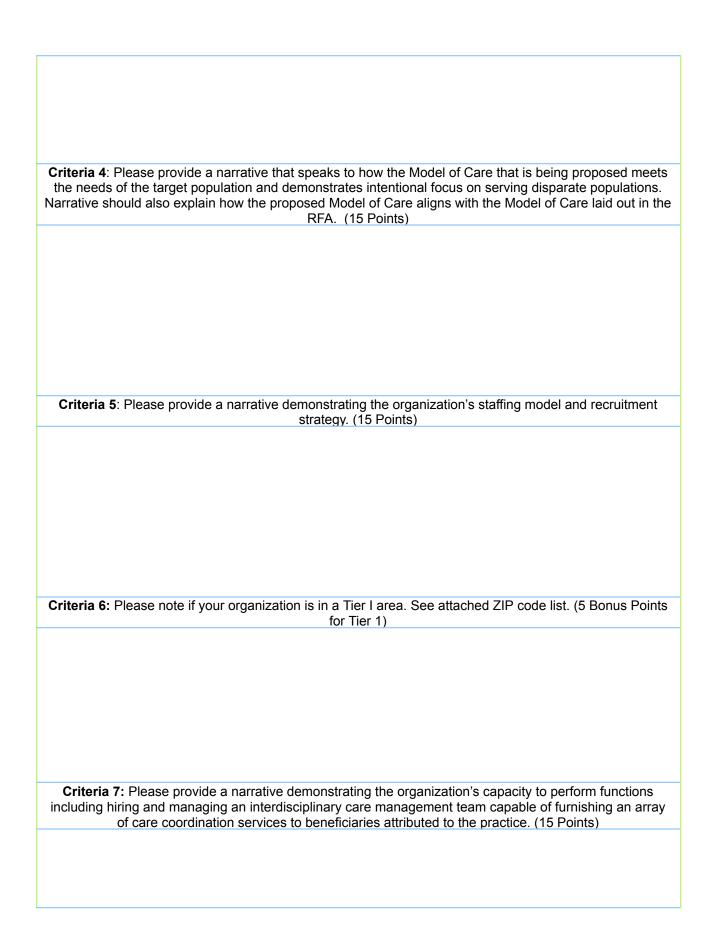
## **HSCRC EQIP Primary Care Application**

## **Part I. Narrative Template**

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<b>Organization Applicant</b> : (If a MDPCP Practice please provide MDPCP ID Number)	
Organization Type: (Indicate if this is a new or existing practice)	
ZIP code of proposed practice site:	
Staff Contact:	Name: Email: Phone Number:
<b>Total Funding Request</b> : (Cell C12 from financial template)	
Criteria 1: Please provide a narrative demonstrating the organization's background experience and qualifications for delivering high quality primary care either in a value-based care arrangement or in a patient-centered medical home. (30 Points)	
<b>Criteria 2</b> : Please provide a narrative demonstrating the organization's understanding of the needs of the population and/or community engagement and experience working in the geographic focus area. (25 Points)	
Criteria 3: Please note if your organization has Minority Business Enterprise or like status. (5 Bonus Points for Yes)	





## **Part II. Funding Proposal Worksheet**

Please fill out the excel funding proposal worksheet provided as a separate attachment as a part of your organization's application submission. Please follow the instructions provided as a separate attachment.

## Part III. Workplan

Please include a workplan with a timeline, short- and long-term milestones, and staffing model from Criteria 5.