

# HSCRC EQIP Primary Care Application

## Part I. Narrative Template

<b>Organization Applicant:</b> <i>(If a MDPCP Practice please provide MDPCP ID Number)</i>	
<b>Organization Type:</b> <i>(Indicate if this is a new or existing practice)</i>	
<b>ZIP code of proposed practice site:</b>	
<b>Staff Contact:</b>	<b>Name:</b> <b>Email:</b> <b>Phone Number:</b>
<b>Total Funding Request:</b> <i>(Cell C12 from financial template)</i>	
<b>Criteria 1:</b> 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)	
<b>Criteria 3:</b> Please note if your organization has Minority Business Enterprise or like status. (5 Bonus Points for Yes)	

**Criteria 4:** Please provide a narrative that speaks to how the Model of Care that is being proposed meets the needs of the target population and demonstrates intentional focus on serving disparate populations. Narrative should also explain how the proposed Model of Care aligns with the Model of Care laid out in the RFA. (15 Points)

**Criteria 5:** Please provide a narrative demonstrating the organization's staffing model and recruitment strategy. (15 Points)

**Criteria 6:** Please note if your organization is in a Tier I area. See attached ZIP code list. (5 Bonus Points for Tier 1)

**Criteria 7:** Please provide a narrative demonstrating the organization's capacity to perform functions including hiring and managing an interdisciplinary care management team capable of furnishing an array of care coordination services to beneficiaries attributed to the practice. (15 Points)



## **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.