

**Partnership for Improving  
Healthcare Services Application**

**I. Contact Information**

Organization information

Name: Click here to enter text.

Address: Click here to enter text.

Main Phone: Click here to enter text.

Contact person information

Name: Click here to enter text.

Title: Click here to enter text.

Phone: Click here to enter text.

Email: Click here to enter text.

**II. Application Questions**

*Please respond to the following application questions completely, but succinctly.*

1. What are your goals for this partnership project? How do they respond to your community’s and organization’s needs? (10 points)

Click here to enter text.

2. Who are your intended partners? What are your current relationships with them, if any, and how will they help you achieve your goals? (10 points)

Click here to enter text.

3. Explain how your proposed partnership project will improve the capacity and effectiveness of your organization and your partner agencies to increase access to and coordination of quality healthcare services for American Indians and Alaska Natives. (10 points)

Click here to enter text.

4. What is your organizational capacity (e.g., staff availability and expertise, organizational readiness, commitment to project goals, etc.) to complete the project at this time? (10 points)

Click here to enter text.

**III. Project Proposal**

*Please limit your responses in this section to two pages* ***total****. The selected organization will complete a full project plan later.*

1. Outline your proposed project. (40 points) Be sure to include the following items:

* Objectives, activities and deliverables
* Expected project outcomes
* Timeline (no more than 12 months, summer 2014 – summer 2015)
* Budget and anticipated project staffing

Click here to enter text.

2. Describe your proposed project evaluation plan. Include the indicators or metrics that will be used to measure progress towards achieving project results. (20 points)

Click here to enter text.

**How to Apply**

Complete the application and submit via email or fax by **May 21, 2014**, with the subject heading “**Partnership for Improving Healthcare Services application**,” to Emma Strick:

[emmas@uihi.org](mailto:emmas@uihi.org) or (206) 812-3044

Please address application questions to Meg Fairweather:

[meganf@uihi.org](mailto:meganf@uihi.org) or (206) 812-3035