

Attachment 1

Applicant Information Form

Applicants must answer all questions completely.

1. Legal Name of applicant as it appears on the corporate charter:
2. Federal Tax ID Number:
3. Is your organization a registered vendor with the State of Tennessee: Yes _____ No _____
(If no, please go to <https://www.tn.gov/generalservices/procurement/central-procurement-office-cpo-supplier-information-.html> to register as a vendor.)
4. Organization contact information:
Organization name:
Primary mailing address:
Telephone number:
5. Primary contact person:
Name: Title:
Email: Phone number:
6. Secondary contact person:
Name: Title:
Email: Phone number:
7. If awarded a grant, who will be the authorized signor of the resulting contract?
Name: Title:
Email: Phone number:
8. Do you propose to use subcontractors for any portions of the scope of services?
Yes ____ No ____
If yes, please provide the name and address of each subcontractor and what specific services each will perform:

Please check ONE of the following as it applies to this application:



_____ We have reviewed the Sample Contract with legal counsel and can identify no issues with executing this contract in its present form.

_____ We have reviewed the Sample Contract with legal counsel and will request changes to the Sample Contract. (Please attach details.) We understand that exceptions to the boilerplate contract language may not be approved and may result in the rejection of this application.

Authorized signor: _____
(Sign using blue ink.)

Application Form

Applicants must answer all questions completely.

1. Project lead (name/s):
2. Name of project:
3. Please attach a project narrative addressing your organizational capacity and approach to implement a quality improvement (QI) project to increase the use of electronic health records (EHR) or health information technology (HIT) to identify, manage, and treat patients at highest risk for cardiovascular disease (CVD), with a concentration on hypertension and hyperlipidemia. The QI project should also increase the use of standardized processes or tools to identify, assess, track, and address the social services and support needs (e.g., social determinant of health/SDOH data) of patient populations at highest risk of CVD to increase the incorporation of collected information in clinical decision-making and community-resource referrals. The narrative should be limited to five (5) total pages and labeled 'Project Narrative - *Insert Project Name*'.
4. Describe your priority population (check all that apply):

AGE		18-24 YRS		25-39 YRS		40-64 YRS		65 YRS & OLDER	
GENDER		Female		Male					
RACE		White/ Caucasian		Black/ African American		American Indian/ Alaska Native		Native Hawaiian/Other Pacific Islander	Asian
ETHNICITY		Non-Hispanic or Latino			Hispanic or Latino				
OTHER		Low Socioeconomic Status		Current Smokers		Excessive Alcohol Consumption		<High School Education	Unstable Housing
PRIORITY COUNTIES		Bedford		Campbell		Carroll		Claiborne	Cocke
		Crockett		Decatur		Dyer		Gibson	Giles
		Grundy		Hardin		Henry		Humphrey	Lake
		Lauderdale		Lawrence		Lincoln		Marshall	McNairy
		Obion		Perry		Other:			

5. Estimate the number of total persons potentially reached in 18 months:

6. Measurable outcomes are critical to help ensure that we are carrying out the most effective programming possible. Describe data collection approaches, measures, and evaluation methods your organization plans to implement for the QI project.

7. Briefly describe the experience your organization has implementing QI projects.

8. Describe current partnerships with learning collaboratives, public health agencies, healthcare providers, clinical quality improvement organizations, community- and faith-based organizations, local hospitals, medical associations, universities/colleges, and internal and external information technology (IT) teams that will assist with accomplishing your objectives. If these partnerships will be established, explain your plan to develop a partnership infrastructure to support your work plan. Please attach two (2) letters of support which demonstrate the expectations and responsibilities of the planned partnership.

9. Develop a SMARTIE (specific, measurable, attainable, relevant, time-based, inclusive, and equitable) goal for the QI project (Exhibit 1).

Strategy 1A: Advance the adoption and use of EHR or HIT to identify, track, and monitor measures for clinical and social services and support needs.

SMARTIE Objective:				
Activities	Lead Personnel Assigned (Titles &/or Names)	Contributing Partners (e.g., key contracts, consultants)	Initiation Date	Completion Date

Strategy 1B: Promote the use of standardized processes to identify, assess, track, and address social services and supports.

SMARTIE Objective:				
Activities	Lead Personnel Assigned (Titles &/or Names)	Contributing Partners (e.g., key contracts, consultants)	Initiation Date	Completion Date

10. Determine baseline values, 18-month target values, and data sources for each measure.

Measure Description	Baseline Value (# and %)	18-Month Target Value (# and %)	Data Source(s):
# and % of adults who have achieved or are currently maintaining blood pressure control			
# and % of adults who have achieved or are currently maintaining normal total cholesterol			

11. Describe data collection approaches, measures, and evaluation methods your organization plans to implement to monitor the project.

12. Proposed timeline of grant implementation:

Month	Activity(ies)
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	
January	
February	
March	
April	



May	
June	

13. Please complete Attachment 3 (budget).

Include a detailed budget narrative addressing grant funding from other sources, supplemental organization funding, and sustainability beyond the grant period.

EXHIBIT 1



Specific

Does the objective state the outcome that you aim to accomplish? Among what population, by when, and by how much?

Attainable

Is the objective challenging but achievable within the capabilities of your program and the community being served? Do you have enough resources?

Time-Based

Is there a deadline to achieve the objective? Are there review points to assess progress?

Equitable

Does the objective address the unique needs and circumstances of different populations, increase quality services where needed, and seek to address cancer screening disparities?

Measurable

How will you track your progress and know when milestones have been reached and the objective achieved?

Relevant

Is the objective aligned with the priorities of your program and Notice of Funding Opportunity (NOFO) requirements? Is it meaningful to the population of focus and community being served?

Inclusive

Have you invited, considered, and incorporated input from the population of focus and your community partners where appropriate?

