**WAIWAI OLA**

**ALOHACARE COMMUNITY INNOVATION INVESTMENT PROGRAM**

**Application Form**

**IDEA CATEGORY (select one)**

[ ]  Behavioral Health Integration

[ ]  Social Determinants of Health

[ ]  Build Capacity and Improve Access to Primary Care

[ ]  `Ohana Nui

[ ]  Improve Outcomes for High-Need, High-Cost Individuals

**A. PRIMARY ORGANIZATION**

Your name, title, contact information, organization.

Click here to enter text.

**B. PARTNERS**

Describe the role of any proposed partners in the project. Please submit a letter of support with intention to partner on this project.

Click here to enter text.

**C. NAME OF IDEA**

Click here to enter text.

**D. PROBLEM TO BE SOLVED**

What is the problem that your project will solve? How did you determine the need for this project?

Click here to enter text.

**E. GOAL STATEMENT**

What is the goal of your project?

Click here to enter text.

**F. PROJECT DESCRIPTION**

Detailed description of your idea and key activities to implement. Please address each of the AlohaCare evaluation criteria in your response.

Click here to enter text.

**G. TIMELINE/MILESTONES**

Provide a timeline of activities and key milestones.

|  |  |
| --- | --- |
| **Date** | **Milestone** |
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**H. TARGET POPULATION**

How would you describe your target population and provide an estimate of the size of the population. Why did you select this population?

Click here to enter text.

**I. TOOLS**

What tools do you need to achieve the idea, i.e. equipment, software, data, etc.?

Click here to enter text.

**J. EXPECTED OUTCOMES**

What impact on care will this have in the community? What are your expected outcomes and how they will be measured?

Click here to enter text.

**K. RESOURCES**

Please submit a **project plan** and **budget** that addresses key internal and external resources needed for your pilot project and who would provide each. What do you need or expect from AlohaCare, i.e., funding, data, subject matter expertise, publicity/marketing, staff collaboration, assistance in negotiating free or reduced cost services from other organizations, etc.?

Click here to enter text.

Please submit your completed application, along with any supporting documents, by close of business day

**Tuesday, 7/31/2018.**

**All applications should be sent to:**

**scatalan@alohacare.org**