

HEALTH CARE DEVELOPMENT COUNCIL

PROJECT PROFILE

Please complete this form as thoroughly as you can for any projects you're passionate about and turn it in to any member of the Health Care Development Council or to the HCDC Grant Writer (jvipperman@csi.edu).

Main Concept: Describe the project in 10 words or less.

Likely Fiscal Agent: St. Luke's Magic Valley CSI St. Luke's Jerome Unknown

Contact People: Whose idea is it? Who are the champions? Experts? Provide all contact information.

Potential Funding Sources: If applicable, list potential sources for funding.

Time Frame: Are there any time restraints?

Applicable FTAs: Which HCDC Funding Target Area(s) does the project match?

Project Summary Describe the project in 150 words or less.

Need

What is the problem you want to solve with your project?

Who is the target population?

Provide any resources for data to demonstrate need.

Methodology/Work Plan

Who will lead the project? How will leadership be structured?

What are the major activities your project will accomplish?

Key Personnel What positions will be needed to accomplish this plan?

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Goals and Outcomes

Goals

What are the overall goals for your project?
(How will you meet the need you described?)

Outcomes

What are the outcomes?
(What will prove you've met the need?)

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Evaluation

Will you have an internal or external evaluator?

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What method(s) will you use to track achievement of goals and outcomes?

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Project Support/Sustainability

Does the project align with the strategic direction of your organization? Do you have administrative support?

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Do you have faculty/staff buy-in?

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Are there any resources (in-kind, cash) available to strengthen the proposal?

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How can the project continue after grant funding ends?

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Budget What are the estimated costs for your project?

Personnel

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Benefits

--	--

Services

--	--

Equipment

--	--

Supplies

--	--

Travel

--	--

Other

--	--

Administrative Costs

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Total