

|   |   |                                    |
|---|---|------------------------------------|
| <b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b><br><b>Health Resources and Services Administration</b><br><b>QIF Project Plan Form</b>   | <b>FOR HRSA USE ONLY</b>                          |                                    |
|   | <b>Grant Number</b>                               | <b>Application Tracking Number</b> |
|   |   |                                    |
| <b>Instructions</b>   |   |                                    |
| <p>The Project Plan form is divided into two sections: (1) Project Overview and (2) Innovation Tables.</p> <ul style="list-style-type: none"> <li>In the Project Overview section, provide information that applies to the entire project including: project name, problem statement, project goals, population of focus, and barriers summary.</li> <li>In the Innovations Tables section, describe each proposed innovation(s) in detail.</li> </ul> <p>Align all sections of the Project Plan with your responses provided in the Project Narrative.</p> |   |                                    |
| <b>Project Overview</b>   |   |                                    |
| <b>Project Name</b>   |   |                                    |
| Provide a brief title for your entire project.  |   |                                    |
|   |   |                                    |
| <b>Problem Statement</b>  |   |                                    |
| Provide a brief, broad description of the disparities your proposed innovation(s) will address.   |   |                                    |
|   |   |                                    |
| <b>Goal</b>   |   |                                    |
| Provide a brief description of the overarching goal(s) your proposed innovation(s) will achieve. Goals should be realistic, reflect input from health center patients who have experienced maternal health barriers, and correspond to improved maternal health and reduced racial and ethnic maternal health disparities in the population of focus.   |   |                                    |
|   |   |                                    |
| <b>Population of Focus</b>  |   |                                    |
| Briefly describe your population of focus for all of the proposed innovation(s). The description should align with the information provided in the NEED section of the Project Narrative.   |   |                                    |
|   |   |                                    |
| <b>Barriers Summary</b>   |   |                                    |
| Below, select the broad categories your project will address. Responses should be aligned with the most significant disparities described in the NEED section of the Project Narrative.   |   |                                    |
| Which of the following categories of barriers will your project and corresponding innovation(s) address?  | <input type="checkbox"/> Access and affordability |                                    |

| DEPARTMENT OF HEALTH AND HUMAN SERVICES<br>Health Resources and Services Administration<br>QIF Project Plan Form   | FOR HRSA USE ONLY   |  |
|--|---|--|
|  | Grant Number  | Application Tracking Number            |
|  |   |  |
| (select all that apply)  | <input type="checkbox"/> Clinical quality and safety<br><input type="checkbox"/> Continuity of care<br><input type="checkbox"/> Health outcomes<br><input type="checkbox"/> Patient experience  |  |
| Which of the following categories of health related social needs will your project and corresponding innovation(s) address? (select all that apply)  | <input type="checkbox"/> Language access challenges<br><input type="checkbox"/> Cultural barriers<br><input type="checkbox"/> Housing insecurity<br><input type="checkbox"/> Food insecurity<br><input type="checkbox"/> Financial strain<br><input type="checkbox"/> Geographic barriers<br><input type="checkbox"/> Transportation barriers<br><input type="checkbox"/> Intimate partner violence |  |
| <b>Innovation Tables</b><br>Provide a detailed description of each innovation in a separate entry. For each innovation entry, include: <ul style="list-style-type: none"> <li>o A narrative description of the innovation,</li> <li>o Which stage of maternal health it will address, and</li> <li>o A complete activity table with the following information: the specific barriers the innovation will address, the activities you will implement to carry out the innovation, and the evaluative measures you will use to assess the success of the innovation.</li> </ul> Descriptions should align with responses provided in the Project Narrative and with the information above. |   |  |
| <b>Innovation</b>  |   |  |
| <b>Innovation Proposal</b>   |   |  |
| Provide a brief narrative overview of the proposed innovation.   |   |  |
| Which stage(s) of maternal health will be the focus of your proposed innovation? (select all that apply)   |   |  |
|  |   | <input type="checkbox"/> Preconception |

| DEPARTMENT OF HEALTH AND HUMAN SERVICES<br>Health Resources and Services Administration<br>QIF Project Plan Form  |  | FOR HRSA USE ONLY  |                             |
|---|--|--|-----------------------------|
|   |  | Grant Number   | Application Tracking Number |
|   |  | <input type="checkbox"/> Prenatal<br><input type="checkbox"/> Intrapartum<br><input type="checkbox"/> Postpartum     |                             |
| <b>Barriers</b><br>List the specific barriers to optimal maternal health for your population of focus that the proposed innovation will address. Specific barriers listed below should align with the broad categories of barriers selected in the Project Overview section of this form and with the descriptions of barriers included in the Project Narrative. | <b>Innovative Activities</b><br>List and describe the activities you will implement to address the identified barriers and achieve your project goals. | <b>Evaluative Measures</b><br>List the evaluative measures you plan to use to assess the success of your innovation. |                             |
|   |  |  |                             |