

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration QIF Project Plan Form	FOR HRSA USE ONLY	
	Grant Number	Application Tracking Number
Instructions		
<p>The Project Plan form is divided into two sections: (1) Project Overview and (2) Project Details.</p> <ul style="list-style-type: none"> In the Project Overview section, provide information that applies to the entire project including: project name, problem statement, population of focus, and community engagement approach. In the Project Details section, describe your proposed project and activities in detail. <p>Align all sections of the Project Plan with your responses provided in the Project Narrative. You can find an example Project Plan form on the QIF technical assistance webpage.</p>		
Project Overview		
Project Name Provide a brief title for your entire project.		
Problem Statement Provide a brief description of the current barriers and challenges your proposed project will address.		
Goal Provide a brief description of the overarching goal(s) your proposed innovation(s) will achieve. Tell us how the project will address the needs and barriers for your population of focus. Goals should be specific and measurable. Goals should also reflect input from health center patients and community members.		
Population of Focus Briefly describe your population of focus for the proposed innovation(s). The description should align with the information provided in the NEED section of the Project Narrative.		

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<p>Needs Summary Select the needs your project will address. You must select at least one critical health need and at least one health-related need. You may select multiple.</p>		
	<input type="checkbox"/>	
<p>Which of the following health-related needs will your project and corresponding innovation(s) address? (select all that apply)</p>	<input type="checkbox"/> Housing insecurity <input type="checkbox"/> Food insecurity <input type="checkbox"/> Financial strain <input type="checkbox"/> Lack of transportation/ access to public transportation <input type="checkbox"/> Intimate partner violence <input type="checkbox"/> Other – please describe	
<p>Project Details Click on the “Add Project” button below to open up a separate window and add information about your proposed project. After you save information about the project, you will be redirected to this screen. You must add information for at least one project. You can add multiple projects by clicking on the “Add Project” button again.</p> <p>Provide a detailed description of the proposed project. Include:</p> <ul style="list-style-type: none"> o A brief overview of your project, including the evidence-based model(s) you will use, o Goals you intend to accomplish, o Critical health and health-related needs the project will address, o The innovative activities you will implement, and o The evaluative measures you will use to assess the success of the project. <p>Descriptions in the Project Details section should align with responses provided in the Project Narrative and with the Project Overview section of</p>		

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<p>this Project Plan Form. After you have entered all information about your project, click “Save and Continue” to return to the Project Plan Form. The information you entered will appear in a table format on the main Project Plan Form. You may choose to add more than one project. Projects will be assigned a number according to the order in which they are added.</p>		
<p>Innovation</p>		
<p>Innovative Activities List and describe the specific activities you will implement to adapt or build upon evidence-based model(s) of care to address the identified needs and barriers for your population of focus.</p>		
<p>Select at least one of the following critical health needs your project will address.</p>		<ul style="list-style-type: none"> <input type="checkbox"/> Managing chronic conditions <input type="checkbox"/> Prevention, screening, diagnosis and treatment of infectious disease <input type="checkbox"/> Reducing risk of drug overdose <input type="checkbox"/> Addressing mental health and substance use disorder treatment needs <input type="checkbox"/> Other
<p>Community Engagement Approach Briefly describe your plan to gather input from and meaningfully</p>	<p>Evaluative Measures List the evaluative measures you plan to use to assess the success of</p>	

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engage with patients, community members, and community partners throughout the period of performance.	your innovation. You must include at least one measure of patient experience and one measure of community engagement below.	

Public Burden Statement: Health centers (section 330 grant funded and Federally Qualified Health Center look-alikes) are patient-directed organizations that deliver affordable, accessible, quality, and cost-effective primary health care services to patients and adjust fees based on income and family size. The Health Center Program application forms provide essential information to HRSA staff and objective review committee panels for application evaluation; funding recommendation and approval; designation; and monitoring. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0915-0285 and it is valid until XX/XX/202X. This information collection is mandatory under the Health Center Program authorized by section 330 of the Public Health Service (PHS) Act ([42 U.S.C. 254b](#)). Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Information Collection Clearance Officer, 5600 Fishers Lane, Room 13N82, Rockville, Maryland, 20857 or paperwork@hrsa.gov. Please see <https://www.hrsa.gov/about/508-resources> for the HRSA digital accessibility statement.