

HEALTHCARE 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 HealthCare Development Council or the HCDC Grant Writer (aj@ce.u.vt.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? Experience Provide all contact information.
Potential Funding Sources If applicable, list potential sources for funding.
Time Frame A 4-ET! J'âUj î!>0,,lr2t—%hë !/ u Qbì0b"—#&•A

Project Summary Describe the project in 150 words or less.

Need
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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Project Support/Sustainability