



## The Colorado Health Foundation Team-Based Care TA Grant

### Startup Checklist

Your Name: \_\_\_\_\_

Your Clinic: \_\_\_\_\_

#### Eligibility

Yes No

- |  |                          |                          |
|--|--------------------------|--------------------------|
| <b>1.</b> Are you a non-profit organization?                             | <input type="checkbox"/> | <input type="checkbox"/> |
| If not, do you serve at least 30% Medicaid clients?                      | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>2.</b> Do you provide integrated healthcare services?                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Please explain: _____  |                          |                          |
| <b>3.</b> Do you have leadership buy-in and support for team-based care? | <input type="checkbox"/> | <input type="checkbox"/> |

#### What TA are You Seeking?

- Creating timeline
- Defining grant-writing roles
- Budget template/assistance
- Goal creation and formatting
- Writing SMART objectives
- Writing proposed activities/steps to achieve objectives
- Defining outcomes/impact
- Defining method for tracking outcomes/impact
- Creating work plan
- Pre-recorded grant-writing webinar resource
- Data
  - Data review for needs in your service area/population
  - State, regional, or county-level data

What is your availability for a brief call? \_\_\_\_\_