



The Colorado Health Foundation Team-Based Care TA Grant

Startup Checklist

Your Name: _____

Your Clinic: _____

Eligibility

Yes No

- | | | |
|--|--------------------------|--------------------------|
| 1. 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"/> |
| 2. Do you provide integrated healthcare services? | <input type="checkbox"/> | <input type="checkbox"/> |
| Please explain: _____ | | |
| 3. 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? _____