



House Bill 22-1302 Grant Project Work Plan

Email to: hcpf_integratedcare@state.co.us

House Bill 22-1302 Grantee Agency Name:	Integrated Care Medical
Grant Agreement #:	
Primary Point of Contact:	April Haynes
Primary Contact's email:	april.haynes@state.co.us
Project Lead (if different than primary contact):	April Haynes
Contract Start Date:	
Project anticipated start Date:	
Project anticipated end Date:	12/31/2026
Quick Links	Approved Budget Link: Budget Quarterly Report Form (due every 3 months on the 1st, <u>starting 01/01/24</u>) Support email: hcpf_integratedcare@state.co.us Other ARPA Grant Opportunities Supplanting vs. Supplement Guide

Please do not edit this document. Make a copy and apply edits to your copy. Thank you!

House Bill 22-1302 Grant Project Work Plan



Deadline to complete:

This work plan is due to the department within **30 days** of signing your grant agreement contract. Before any invoices can be reimbursed for eligible grant expenses listed in your contract, this Work Plan must be approved via email by the Department! In addition, you must be fully registered in SAM.gov in order for this Work Plan to be approved.

Step 1: Complete this Work Plan form as if it were a project plan for your grant project (hint: you may use content from your application)

Step 2: Once complete, email it to hcpf_integratedcare@state.co.us.

Step 3: If approved, you will get an email back from us within 5 business days stating that this work plan is Approved.

Step 4: Please forward that 'approval' email from us to hcpf_integratedcare@state.co.us with your first invoice request by the 15th of the month (the invoice deadline is always the 15th of each month).

Please complete the following:

(answers from Request for Application may be used for answers to the following questions)

<p>Is this the first time your agency has received a grant? Please state Yes or No.</p>	
<p>Are you currently awarded or have you applied to other ARPA grant opportunities? If yes, please tell us which ones. If not, just state 'No'.</p>	
<p>Short Project Description (Tell us what you will be doing in 10 sentences or less). You may use sections from your grant application proposal.</p>	<ul style="list-style-type: none"> •
<p>Define either new implementor or expansion track - how will this improve, enhance, or strengthen the services you provide?</p>	<ul style="list-style-type: none"> •
<p>Tell us about how your organization is introducing this project to your staff.</p>	
<p>Please list your top 3 goals for this project that you hope to achieve by the end of the grant period.</p>	<ol style="list-style-type: none"> 1. Goal: 2. Goal: 3. Goal:



How will this funding translate into a sustainable program at your site?	
What led the practice to choose the evidence based model listed above? Why is it the best fit for your practice and your patients? You may use sections from your grant application proposal.	

Success Criteria

Describe what a successful implementation would consist of, such as funds saved, workforce added, construction complete, EHR system enhanced and trained, etc. Describe how success will be measured:

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Project Risks

Are there any known Risks identified that might impact project success? If so, please list those here:

<ul style="list-style-type: none">•

Blockers and Barriers to Success

What are your biggest concerns with this project (if any)?

Examples: workforce unavailable to hire, construction delayed, etc

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Are there any topics you would like to see covered in a future webinar related to these?

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Communication Plan

Who will be impacted by your project?

Planning Ahead

How many months will your project take to fully implement at your agency?

Please tell us what your invoicing will be? Monthly? Quarterly?

Planning Ahead	

Timeline

Timeline and Quarterly Project Tasks *Please tell us the anticipated tasks you hope to accomplish in each quarterly time frame.*

**As you complete this quarterly timeline, you should be able to see how each requested budget line fits into your timeline (EHR vendor, equipment, contractor, etc).*

How much funding do you anticipate invoicing for each quarter, including indirect expenses?
(Please list each expense with an estimate in dollar amounts)

How many months will your project take to implement? Will it be complete by the 12/31/2026 deadline?

Project Tasks
 November 2023 -
 March 2024

- Example: This quarter we plan to sign a contract with our EHR vendor and the new technical

Example Cost:
 \$30,00 for the EHR
 \$1500 for technical assistance

<p>Timeline and Quarterly Project Tasks <i>Please tell us the anticipated tasks you hope to accomplish in each quarterly time frame.</i></p> <p><i>*As you complete this quarterly timeline, you should be able to see how each requested budget line fits into your timeline (EHR vendor, equipment, contractor, etc).</i></p>	<p>How much funding do you anticipate invoicing for each quarter, including indirect expenses? <i>(Please list each expense with an estimate in dollar amounts)</i></p>	
<p>How many months will your project take to implement? Will it be complete by the 12/31/2026 deadline?</p>		
<p>Project Tasks November 2023 - March 2024</p>	<ul style="list-style-type: none"> • Example: This quarter we plan to sign a contract with our EHR vendor and the new technical 	<p>Example Cost: \$30,00 for the EHR \$1500 for technical assistance</p>



	<i>assistance contractor.</i>	<i>\$500 for indirect costs</i>
Project Tasks March - June 2024	•	
Project Tasks July - Sept 2024	•	
Project Tasks October - December 2024	•	
*add each additional quarter as needed	•	

Project Team and Vendors

Who from your agency will be supporting the implementation of this project (Name and role)?	Name	Role	Are they paid for using these Grant funds? (Yes/No) - If yes, please tell us how much:

Please tell us the vendors that you are working with (if any):

Vendor 1	
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Vendor 2	
Vendor 3	
Other (license or product subscription)	

Additional Information

Is there anything else you would like to have included in your House Bill 22-1302 Work Plan? If yes, please use the space below: