**LOI Application Coversheet**

Integra Social Partnership Innovation Initiative (I-SPII)

**ORGANIZATION**

Applicant Organization or Network Name **Click here to enter text.**

Individual organization  Network/Consortium. If checked, please specify:

Lead/Backbone Agency **Click here to enter text.**

Member Organizations **Click here to enter text.**

Website Click here to enter text. Office Address Click here to enter text.

**CONTACT**

**Please specify a primary point of contact for this application**

Name **Click here to enter text.** Title **Click here to enter text.**

Phone **Click here to enter text.** Email **Click here to enter text.**

**PROJECT**

Project Summary (1-2 sentences maximum) Click here to enter text.

Project Budget Estimate **$**

A. Coversheet (this page)  B. Signed Confidentiality Agreement (NDA)

C. Budget attached (see template)  Narrative proposal attached (4 page maximum)

**CAPACITY & READINESS**

Integra may invite applicants to submit full proposals on this basis of this LOI submission. Full proposals require:

* Narrative (6 page maximum), including:
  + Updated project description, with responses to requests for detail or clarification
  + Detailed description of the proposed project and intervention, including a definition of the target population, and the “logic model” by which the intervention will improve healthcare outcomes and reduce total cost of care
  + Narrative description of organizational readiness and capacity, including plans for staffing, leadership and community involvement
  + Sustainability plan describing how the project can continue in future years, if selected
* Detailed budget (template will be provided)

If selected to submit a full proposal, we expect to be able to complete these requirements.

**LEADERSHIP SUPPORT**

Our organization or network wishes to apply for a planning grant through the Integra Social Partnership Innovation Initiative. The goal of this initiative is to plan, develop and test sustainable, high-impact partnerships between the Integra Accountable Entity program and Community-Based Organizations (CBOs) that will address health-related social needs and transform the social determinants of health among Integra’s Medicaid population.The desired outcomes are better health, lower costs and long-term partnerships. This initiative will require a significant investment of time, effort and resources in order to create partnerships, design programmatic delivery, pilot programs and evaluate them. I have reviewed the attached proposal, and affirm our organization’s readiness, capacity, and leadership support for this initiative. Funds awarded will not be used to supplant existing funding.

Name: **Click here to enter text.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_

Title: **Click here to enter text.** Signature Date