Medical Society of Delaware
LEADING THE WAY TO A HEALTHY DELAWARE

Primary Care Investment Initiative (PCII) Grant Application-2023

Second Time Applicants

Practice Name :			
Federal Tax ID Number (TIN):		County:	
Primary Office Location:			Total number of office locations:
Office Phone #	Office Fax #		
Point of contact for application:	Email address:		Phone:
Number of Providers in the practice: Physician PCPs: NPs: PAs: Other:			
Please list the names of all **Physicians** within the practice or attach a separate sheet: Each Physician in the practice must be a full active member of MSD at the time of this application (2023) and renew their membership for 2024. Grant applicants that are new MSD members will be invoiced for 2023 and 2024 after receipt of this grant application. Existing MSD Members (2023 Members) will be invoiced for 2024 Membership after receipt of this grant application. For physicians/practices who provide 50% or less of primary care services to their patients, the DMEF Board of Directors reserves the right to pro-rate grant disbursement at their discretion.			
Since you received grant funding in 2022, how do you anticipate usage of 2023 grant funding? Will there be differences in how you plan to use the 2023 funds versus the 2022 funds or an extension to what you used the funding for in the prior year?			
How did the 2022 grant funding help your practice? Did it improve patient and/or staff satisfaction?			
Did the grant funding you received in 2022 help support your practice in a value-based environment or helped to support value-based activity in your group? Please be as specific as possible.			

Please check off one or more areas that best describes what you intend to use the grant funds:

☐ Staffing (clinical staff support, care coordination, social worker, drug/alcohol counseling, community health worker, quality improvement, data support, and information technology staff). Please describe:

☐ Information Technology (upgrades to EMR system to support report creation, population health, telehealth implementation, other). Please describe:

☐ Service Deployment (co-located or integrated behavioral health, holistic and/or enabling supports). Please describe:

☐ Minor Alterations to Repurpose or expand office space Please describe:

☐ Other Please describe:

Amount of Grant Dollars Requested:
(up to $25, 000)

Based upon your selection(s) above, please provide a detailed overview of how you intend to use the grant funding and how it will better prepare your practice in value-based care:
(you may add additional pages if necessary)

There may be additional funding for primary care practices that would help secure a professional grant writer. The grant writer can assist your practice in applying for State or Federal grants that may provide additional financial support to practices. If you are interested in learning more about this, please CIRCLE **YES**. If you were assigned a grant writer at no charge, are there other areas within your practice that you wish to improve upon that would require additional financial assistance: (describe)

If grant funds are awarded to your practice, you must provide proof/documentation that supports how the funds were used.

- Are you prepared to provide this required documentation to MSD? Yes / No / Other *(Circle one)*
- Will your practice be willing to provide a testimonial about how your practice utilized these funds and how it helped your practice? Yes / No *(Circle one)*

(Practices that are approved for the grant will be required to sign a separate agreement that outlines the attestation protocols and documentation needed for release of grant funds).

Requested funds are to be for implementation ready activities.
We must collect immediate feedback about your use of funds **within 6 weeks of awards**.
A full written report of how your expenditure increased your capacity for success in value based care is due, without exception, by 3/31/24. Quotes and/or pictures from you strengthen our reporting and access to additional funds to support additional practices.

I agree that the above information is true to the best of my knowledge:

Signed:

Printed Name:	Date:

For Office Use Only:

Application Received Date:	By:	Status:
Grant Amount Awarded:	Date Notified:	Funds Release Date: