# DSRIP Statewide Investments

# Primary Care/Behavioral Health Special Projects Program

**Application**

**Date of Submission**

## Name of Organization

Organization Address

Type of Organization/entity:

[ ] Community Health Center

[ ] Community Mental Health Center (inclusive of community-based mental health centers, substance use programs, and psychiatric day treatment programs)

[ ] Emergency Service Provider

[ ] Community Service Agency

[ ] Organization Participating in a Community Partner Community Partner or their Affiliated Partner or Consortium Entity

[ ] Organizations Contracted with an ACO to Provide In-Home Therapy

Primary Contact

E-Mail Address

Work Telephone       [ ]  Primary

Cell phone       [ ]  Primary

Project Lead Provider

E-Mail Address

Work Telephone       [ ]  Primary

Cell phone       [ ]  Primary

Provider Type

[ ]  Physician [ ]  Physician Assistant

[ ]  Psychologist [ ]  Licensed Certified Social Worker (LCSW)

[ ]  Psychiatrist [ ]  Licensed Independent Clinical Social Worker (LICSW)

[ ]  Advanced Practice Registered Nurse [ ]  Licensed Mental Health Counselor (LMHC)

[ ]  Psychiatric Clinical Nurse Specialist [ ]  Licensed Marriage and Family Therapist (LMFT)

[ ]  Nurse Practitioner [ ]  Licensed Alcohol and Drug Counselor I (LADC1)

Date of hire

## Project Title:

**Type of Project**: [ ]  Special Project

[ ]  Mini-Fellowship

|  |
| --- |
| **SUMMARY OF SPECIAL PROJECT (limit to 250 words)** **This summary should be developed for a public audience and include the project goal, how it will benefit the organization, a high-level description of project activities, and how the funding will be used.**       |

|  |
| --- |
| **Please list clinicians/staff members impacted by and/or engaged in the project. Please be sure to identify clinician/staff member roles, including the lead provider, as well as the total number or clinicians/staff members impacted by and/or engaged in the project.**       |

**Total Grant Request:**      *(Grants will be up to $40,000)*

**CEO/Executive Director Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_**