



Adirondack Health Institute

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ADK Wellness Connections Coordination Centers Request for Proposals Application Template

Organization Name													
Organization Address													
Contact Person													
Contact Person's Title													
Email Address													
Phone Number													
Organization Type (check all that apply)	<table> <tr> <td>Government</td> <td>Hospital</td> <td>Health Center</td> </tr> <tr> <td>Public Health</td> <td>Education</td> <td>Long-term Care</td> </tr> <tr> <td>Business/Industry</td> <td>Private or Commercial</td> <td>Not-for-Profit</td> </tr> <tr> <td>Behavioral Health</td> <td>Other</td> <td></td> </tr> </table>	Government	Hospital	Health Center	Public Health	Education	Long-term Care	Business/Industry	Private or Commercial	Not-for-Profit	Behavioral Health	Other	
Government	Hospital	Health Center											
Public Health	Education	Long-term Care											
Business/Industry	Private or Commercial	Not-for-Profit											
Behavioral Health	Other												
Which of the three proposed Coordination Center regions is your organization applying to cover?	<p>Glens Falls and Fulton PHN regions (Warren, Washington, Fulton, Hamilton, and Northern Saratoga counties)</p> <p>Plattsburgh and Saranac Lake PHN regions (Clinton, Essex, and Franklin counties)</p> <p>St. Lawrence PHN region (St. Lawrence County and adjacent areas)</p>												



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<p>Please describe your organization’s experience building relationships with, and providing supports to, individuals and families with complex medical and social needs in the Adirondack region.</p>	
<p>Describe your organization’s experience with collaborative partnerships to benefit individuals and communities served. Please provide examples to illustrate the nature and depth of community partnerships in which your organization is engaged.</p>	
<p>Describe your organization’s experience, expertise, and success with resource navigation, care coordination, and other referral and linkage processes. Please specify if these experiences have included use of technology platforms.</p>	



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<p>Please provide a high-level implementation plan to illustrate how your organization intends to operationalize an ADK Wellness Connections Coordination Center. Articulate opportunities to leverage existing staffing and resource capacity for these purposes.</p> <p>Please include plans for:</p> <ul style="list-style-type: none"> a) Staffing b) Oversight of Coordination Center activities c) Fulfillment of activities and expectations outlined in the ADK Wellness Connections Coordination Centers RFP document. d) Sustaining Coordination Center activities after awarded funding has expired. 	
<p>Please indicate the total amount of funds being requested by your organization to operationalize and maintain an ADK Wellness Connections Coordination Center over a two-year period.</p>	

Additional pages can be included with your submission, if needed.



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