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| A. 1. Identified Need:  A. 2. How was the need identified: |  | |
| B: Name of hospital initiative |  | |
| C: Total number of people within target population |  | |
| D: Total number of people reached by the initiative |  | |
| E: Primary objective of initiative: |  | |
| F: Single or multi-year plan: |  | |
| G: Key collaborators in delivery: |  | |
| H: Impact of hospital initiative: |  | |
| I: Evaluation of outcome |  | |
| J: Continuation of initiative: |  | |
| K: Expense: | a. | b. |