

**FY2011 Supplemental Funding for Quality Improvement and Patient Centered Medical Home  
Development - Project Narrative Form**

**1. Description of Proposed Activities and Projected Outcomes**

*Applicants should describe the key clinical and non-clinical activities that support achievement of PCMH recognition. Describe past efforts (if any) to gain recognition and how the proposed activities will support the grantee in seeking recognition, increasing their recognition level, or maintaining the highest level of recognition. Health centers are encouraged to utilize PCMH self assessment tools to identify areas of improvement. Grantees who have already received PCMH recognition may utilize their pre-survey or initial survey results to identify areas they will improve or enhance.*

**2. Work Plan including key milestones and personnel responsible for each activity**

*For each proposed activity, applicants should describe the timeline and key personnel involved.*