

REQUEST FOR MLOHT SUPPORT

Section A – To Be Completed by The Requesting Party

Date (DD-MM-YYYY):

Title of Request:

Organization Making the Request:

Contact Person:

1. Project/initiative Description (500 word limit):

- a) *What is the challenge for patients, caregivers, and/or providers?*
- b) *What is the proposed solution?*
- c) *What alternative solutions have been explored?*
- d) *Who locally benefits from this initiative (providers, patients groups, etc.)?*
- e) *How will you evaluate your impact?*
- f) *Have you consulted with partners across your cluster to ensure alignment and integration with existing services?*
- g) *If applicable, how does your initiative:*
 - *improve health equity?*
 - *support marginalized populations including Indigenous Peoples?*
 - *improve population and patient health outcomes?*
 - *improve patient and caregiver experience?*
 - *improve provider health system experience?*
 - *improve value per capita cost?*
 - *bring together multiple partners?*
 - *engage patients/clients/care partners and providers?*
 - *improve integrated care?*
 - *address holistic health?*

2. Describe the type of MLOHT support requested (*Letter of Support, Connections, Advisory, Human Resource Support -example Project Management (hours), Funds (amount), other*)