

## **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)

© 2021 Middlesex London Ontario Health Team. All rights reserved.

The Middlesex London Ontario Health Team grants to not-for-profit organizations the right to reproduce this document in whole or in part for non-commercial purposes including the right to incorporate some or all of the material in one of their own publications on the condition that the organization acknowledges and references the Middlesex London Ontario Health Team as the source of the material.