

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)

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