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| Identified Need |  |
| Hospital Initiative |  |
| Primary Objective |  |
| Single or Multi-Year Initiative Time Period |  |
| Key Partners in Development and/or Implementation |  |
| How were the outcomes evaluated? |  |
| Outcomes (Include process and impact measures) |  |
| Continuation of Initiative |  |
| 1. Total Cost of Initiative for Current Fiscal Year
2. What amount is Restricted Grants/Direct offsetting revenue
 | 1. Total Cost of Initiative
 | 1. Direct offsetting revenue from Restricted Grants
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