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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 |