

CareOregon
Care Support and System Innovation Program
315 SW Fifth, Suite 900
Portland, Oregon 97204

Project Application Cover Sheet

Please complete all sections of this form. Press the tab key to move to the next field or click inside the shaded area where you want to type. The complete application packet includes this application cover sheet, the project narrative, the project budget and the letters of support from the clinician champion and relevant clinic/hospital leader. The cover sheet and narrative may be submitted in Microsoft Word or PDF format to Diana Wolford, CSSI Program Coordinator, wolfordd@careoregon.org. The project budget may be submitted by email in Microsoft Word, Microsoft Excel or PDF format. Send the letters of support by mail to Diana Wolford at the address above or via email in PDF format. (Please note: contact Diana at 503-416-1725 or wolfordd@careoregon.org for the version of this form that can be completed in Word format.)

All materials must be received by December 15, 2008.

For more information, contact Diana Wolford, 503-416-1725 or wolfordd@careoregon.org.

Date	Tax ID number
Legal name of organization	
Ownership structure	
Street address/P.O. Box	City ZIP Code
Payment address (if different from above)	City ZIP Code
Project title	
Contact person	Title
Address (if different from above)	City ZIP Code
Phone number	Fax number
Email	
Funds requested	
Funding Category	
Name of team sponsor/ champion submitting letter of support	Name of CEO submitting letter of support

Summarize your project in the space below. **Please complete this section in addition to the program description in the project narrative.**