

## HPSM Primary Care Provider Grants Application

HPSM is offering four grants to stabilize, expand, and enhance primary care teams throughout our network. [Visit our website for information about these grants](#) including descriptions, eligibility requirements and maximum award amounts. Once you know which grant(s) you are interested in, fill out and submit this application. First, fill out the General Application section, which tells HPSM about your organization. From there you can access applications for the individual grants. If you have any questions about this application, contact [grants@hpsm.org](mailto:grants@hpsm.org).

**We only accept submissions through [the webform](#), but use this version to review required fields to help prepare your application.**

### General Grants Application:

- Organization Name
- Organization NPI #
- Description
- Address
- City
- State
- Zip Code
- Website
- Primary Contact Person
- Phone Number
- Email Address
- Only HPSM-contracted primary care practices are eligible to apply for the HPSM Primary Care Provider Grants. Please confirm below that your organization is an HPSM-contracted primary care practice.
  - Yes - the organization is an HPSM-contracted primary care practice.
  - No - the organization is NOT an HPSM-contracted primary care practice.
  - No - the organization is NOT an HPSM-contracted primary care practice, but is interested in becoming a HPSM-contracted primary care practice.
- Select the grant(s) you want to apply for:
  - Primary Care Team Expansion Grant
  - Core Team Stabilization Grant (to hire Primary Care Providers)
  - Core Team Stabilization Grant (to hire Medical Assistants)
  - Provider Sabbatical Grant
  - Custom Pilot Grant

**Primary Care Team Expansion Grant:** Increase the capacity of high-performing primary care teams by providing the upfront dollars to hire, operationalize and sustain new interprofessional team member roles.

- Indicate the number of positions you intend to add to your primary care team through this funding. (Confirmation of each role's FTE is required upon hire.)
  - Behavioral Health Clinician
  - Community Health Worker
  - Medical Scribe
  - Nurse
  - Pharmacist
  - Pharmacy Technician
- Define the need for the position(s) you hope to hire and the role they will play on the primary care team.
- Explain how funding for this/these position(s) will improve primary care team capacity.
- Estimate how many HPSM members will be served by this funding.
- Describe your proposed activities and implementation timeline. (Activities should at minimum include hiring and onboarding for the role, integrating the role into the primary care team, developing workflows, and creating a sustainability plan).
- Please describe how you will evaluate the success of the grant.
- Please attach a completed budget outlining the funding request.

**Core Team Stabilization Grant (to hire Primary Care Providers):** Stabilize primary care teams by offering competitive sign-on bonuses that augment compensation packages for primary care providers.

- Indicate the number of roles you intend to recruit through this funding in the next year. (Confirmation of each role's FTE is required upon hire.)
  - MD/DO
  - NP/PA
- Explain how this funding will improve access for Health Plan of San Mateo (HPSM) members. If available, please provide the number of HPSM members each role(s) will support.
- How does your organization intend to use this funding? Confirmation of expenses will be required upon hiring. Select all that apply:
  - First year salary/benefit costs
  - Sign-on bonuses
  - Relocation expenses
  - Referral bonus
  - Fees for professional recruitment agency services
  - Education loan repayment
  - House stipend
  - Down payment assistance (additional \$50,000)

- Language incentive (additional \$10,000)

**Core Team Stabilization Grant (to hire Medical Assistants):** Stabilize primary care teams by offering competitive sign-on bonuses that augment compensation packages to recruit and retain for medical assistants.

- Indicate the number of roles you intend to recruit through this funding in the next year. (Confirmation of each role's FTE is required upon hire):
  - Medical assistant
- Explain how this funding will improve access for Health Plan of San Mateo (HPSM) members. If available, please provide the number of HPSM members each role(s) will support.
- Indicate how your organization intends to use this funding. Select all that apply:
  - First year salary/benefit costs
  - Sign-on bonuses
  - Relocation expenses
  - Referral bonus
  - Fees for professional recruitment agency services
  - Education, training and certification costs
  - Language incentive (additional \$10,000)

**Provider Sabbatical Grant:** Reward long-term primary care providers for their service and commitment to HPSM members with paid time off.

- Provider name
- Provider NPI
- Licensure
- # of years in HPSM's network
- FTE status
- How will your organization maintain access for HPSM members while the primary care provider is on sabbatical?
- Add a provider?

**Custom Pilot Grant:** Design pilots and programs that improve primary care team capacity, bandwidth and joy.

- Tell us about your proposed project/program.
- Describe how the funding will be used to improve capacity, bandwidth, and/or joy for your primary care team(s). Include your expected outcomes.
- Describe the project's proposed activities and implementation timeline.

- Describe how you will evaluate the success of the project/program. Detail evaluation and monitoring plan.
- Attach a completed budget outlining the funding request.

SAMPLE