

Attachments

You will upload attachments in Grants.gov using the Other Attachments form.

Table G: Outcomes measures

Please fill in the table to show the changes you expect your intervention to demonstrate. Add rows as necessary to report outcomes.

Outcome to change	How Intervention Affects Outcome	Expected Effect Size	Timeline	Data source

Outcome to change	How Intervention Affects Outcome	Expected Effect Size	Timeline	Data source

Identify which patient groups will likely see the greatest improvements below

Table H: Logic model

Please fill in the table to show how your inputs will deliver the desired results for the program. Add rows as necessary to report on all project objectives.

Needs	Inputs	Activities	Outputs	Outcomes	Impact

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Resume and job descriptions

For key personnel, attach resumes for positions that are filled. If a position isn't filled, attach the job description with qualifications.

Table I: Partnerships and roles

If you work with other partners, please describe their roles in the program in the following table. Add rows as necessary to report partners. If you are not working with any partners, you do not need to submit this attachment.

Partnership documents

For partner organizations, include:

- those who will refer patients to you
- those to whom you will refer patients for the FLM intervention
- those who will provide clinical oversight or assist with data collection, and/or
- those who will join you in delivering the intervention to increase enrollment numbers

Include documents that show the partnership, such as a letter of support, memorandum of understanding, contract, etc.

Table J: Program-level data

To demonstrate your past experience with data collection and with delivering this intervention, please fill out the following table. Add rows as necessary to report past experience.

Intervention	Enrollee demographics	Length of intervention	Operational process measures	Health outcome changes	Cost changes

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