



# MOUNTAIN PARK HEALTH CENTER

## Organization Collaboration Request

(Please Print Legibly)

<b>TODAY'S DATE:</b>			
<b>OVERVIEW OF PROJECT:</b>			
<b>ORGANIZATIONS INVOLVED:</b>			
<b>Company #1 Name</b>	<b>Address</b>	<b>City</b>	<b>Zip</b>
<b>Principal Collaborators</b>	<b>Title</b>	<b>E-mail</b>	<b>Phone</b>
<b>Company #2 Name</b>	<b>Address</b>	<b>City</b>	<b>Zip</b>
<b>Principal Collaborators</b>	<b>Title</b>	<b>E-mail</b>	<b>Phone</b>
<b>Company #3 Name</b>	<b>Address</b>	<b>City</b>	<b>Zip</b>
<b>Principal Collaborators</b>	<b>Title</b>	<b>E-mail</b>	<b>Phone</b>
<b>DATE OF PROJECT IMPLEMENTATION:</b>		<b>DURATION OF PROJECT:</b>	
<b>IS AN INDEPENDENT REVIEW BOARD'S APPROVAL NECESSARY:</b>		<b>IF SO, WHAT IRB DO YOU INTEND TO USE:</b>	
<b>PLEASE LIST PRIOR EXPERIENCE COLLABORATING WITH MPHIC:</b>			

**REQUESTED INVOLVEMENT/RESPONSIBILITIES OF MPHC STAFF AND/OR RESOURCES:**

**RESPONSIBILITIES OF COLLABORATING ORGANIZATION:**

**GOALS OF PROJECT:**

**DESIRED OUTCOMES/BENEFITS FOR COLLABORATING ORGANIZATION:**

**DO YOU INTEND TO PUBLISH OR OTHERWISE MAKE PUBLIC YOUR INVOLVEMENT WITH MPHC?**

YES  NO

**Desired Outcomes/Benefits for Mountain Park Health Center:**

*(Please specifically report benefits in the areas of Customer Service, Quality of Care and Financial Sustainability)*

**IF APPLICABLE, A PROPOSED BUDGET NEEDS TO BE SUBMITTED PRIOR TO ANY COLLABORATION AGREEMENT. PLEASE ATTACH PROPOSED BUDGET.**

***Project goals will be reviewed with MPHC staff annually or upon project completion.***