



## HRSA MCHB P4 Challenge Submission Form

*Please note that by submitting this form, the contestant accepts all rules, terms and conditions of this challenge competition.*

1. First Name:
2. Last Name:
3. Date:
4. Email Address:
5. Submission Title:
6. Are you submitting as a team or as an individual:  
Team                      Individual
7. Organization or Team Name:

### Organization or Individual Address

8. Address Line 1:
9. Address Line 2:
10. City:
11. State:
12. Zip Code:
13. Is this the same location where services will be delivered:      Yes              No
  - a. If no, please describe the location where services will be delivered:
14. Does your submission address immunizations, well-child visits or both:  
Immunizations              Well-Child Visits              Both
15. Are you, or is your organization, partnering with a community partner?  
Yes, we are partnering with  
No, we are the primary care provider  
No, we are not partnering

**Please attach a 3-5 page concept paper (PDF or Word document) describing your proposed solution to increase well-child visits and immunizations within primary care settings, to an email and send to [mchbp4challenge@hrsa.gov](mailto:mchbp4challenge@hrsa.gov).**