

2015 Pool 5 DSH Application Form

Hospital Name: _____

Hospital Contact Names & Email Address:

Local Government

Partner: _____

Partner Contact Names & Email Address:

**Maximum Amount Provided
for Local Match:**

Hospitals which would like to receive 2015 DSH Pool 5 funds must have a local government partner (partnering political subdivision of this state, tribal government, university under the jurisdiction of the Arizona Board of Regents, or a hospital district) submit a completed form to Amy Upston at amy.upston@azahcccs.gov no later than 3/30/16. In order for hospitals to receive funding, the partnering entity must have a finalized intergovernmental agreement completed and submitted to AHCCCS, along with the matching state funds no later than 2/28/17.