



## Tennessee Initiative for Perinatal Quality Care (TIPQC) Community Resource Council Application

TIPQC is dedicated to improving health outcomes for birthing people and babies throughout Tennessee. The Tennessee Initiative for Perinatal Quality Care consists of providers, patients, families, nurses, physicians, and community organizations working to develop and implement evidence-based quality improvement projects to improve care in the perinatal period. TIPQC seeks to promote meaningful change, advance health equity, and improve the quality of care through pregnancy, delivery, and beyond for all Tennessee families. This year, 42 hospitals participated in TIPQC with 82% of the state's births.

The TIPQC Community Resource Council aims to connect and engage nonprofits, government agencies, and other civic organizations working to meet the needs of birthing people, babies, and Tennessee Families.

Each application will be reviewed by TIPQC staff to ensure each organization meets the criteria for participation outlined below. Acceptance into the Community Resource Council does not indicate TIPQC or its affiliates, the Tennessee Department of Health, or any Tennessee hospital's endorsement of third-party services or websites.

Once we receive your completed application, we will contact you via email with a determination of acceptance into the Community Resource Council. If you have any questions regarding the Community Resource Council or this application, please email [Anastacia.volz@TIPQC.org](mailto:Anastacia.volz@TIPQC.org).

### Criteria for Participation:

- Organization should serve individuals in TN.
- Program must serve birthing people, TN Families, and/or children.
- Be willing to attend quarterly community resource council meetings.



**Organization/Company Information:**

Organization/Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Website: \_\_\_\_\_

Please check/circle the region of TN your organization has a presence in:

West	Middle	Northeast	East	Southeast	Statewide
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Your Organization's Mission Statement:

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Category of Services (check all that apply):

- |  |   |   |
|--|---|---|
| <input type="radio"/> Education                            | <input type="radio"/> Childhood Development                             | <input type="radio"/> Pregnancy and Post-Partum Support |
| <input type="radio"/> Lactation                            | <input type="radio"/> Professional Membership Organization/ Association | <input type="radio"/> Family Planning                   |
| <input type="radio"/> Family Engagement                    | <input type="radio"/> Mental Health                                     | <input type="radio"/> Health Equity                     |
| <input type="radio"/> Family Support                       | <input type="radio"/> Hospital/Providers Office                         | <input type="radio"/> Other (Write in):<br>_____        |
| <input type="radio"/> Opioid and/or Substance Use Disorder | <input type="radio"/> Mental Health                                     | _____   |
| <input type="radio"/> Care Management                      |   |   |



What goals and/or expectations do you have in partnering with TIPQC?

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Organization/Company Contact: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Primary Contact Phone: \_\_\_\_\_

Primary Contact Email: \_\_\_\_\_

Secondary Contact Name: \_\_\_\_\_

Secondary Contact Phone: \_\_\_\_\_

Secondary Contact Email: \_\_\_\_\_

**Agreement and Signature:**

I have my organization's authority to submit this application and I affirm that the facts and representations set forth in it are true and complete. I understand that if accepted as a community resource to the TIPQC Community Resource Council, any false statements, omissions, or other misrepresentations made on this application may result in my organization being dismissed from the TIPQC Community Resource Council.

Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_