

TOBACCO SETTLEMENT REVENUE OVERSIGHT COMMITTEE

TOBACCO SETTLEMENT REVENUE (TSR) FUNDING REQUEST

Name of entity requesting TSR funds: New Mexico Primary Care Training Consortium

Name(s) of each program for which TSR funds will be used: Primary Care Training Development in New Mexico

Description of each program, including its purpose: The New Mexico Primary Care Training Consortium improves the quality of essential health services by supporting existing and developing new training opportunities to increase primary care workforce in New Mexico.

Have you requested TSR funds prior to this request? Yes **No**

Have you received TSR funds prior to this request? Yes **No**

If yes, in what fiscal years? _____

What will you use the requested funds for? Please include goals and objectives.

To improve the infrastructure in and capacity of hospitals and clinics in NM to train additional primary care providers. To improve the quality of primary care physician training through joint training activities in NM for all Primary Care training programs. To increase the pool of quality medical students choosing to train and work in NM.

Is this a change from previous years' use? Yes No **N/A**

If yes, please describe the change and reason(s): _____

Amount requested (Total amount, and amount for each program): \$234,010

What other sources of funding are applied to this purpose? Federal grants funds, payments for services.

Name, title, telephone, email and mailing address of contact person:

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