



Program Incentive Disbursement Form

Program Information

Program Name:

Check Payable To:

Mailing Address:

City:

Zip code:

Contact Person:

Phone Number:

Participating Step Level: QI QRIS

Funding Source: IMPACT CSPP BG QCC

Steps to Quality Program Incentives

QIS

QRIS

Returning Provider Incentive

\$150

\$150

Materials Incentive

QAP

\$500

\$1000

CSPP QRIS Block Grant Only

Quality Grant

Tier Rating 4 or 5

Amount:

Office Use Only

Incentive Total: _____ Code: _____ Purchase Order Created

Approval Signature: _____ Date: _____