**Rural Health Center Special Projects Grant**

**SFY 2023-2024**

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| **RFA Title:** Rural Health Centers Special Projects Grant  **Open: September 18, 2023**  **Close: October 20, 2023**  **Funding Agency Name:** North Carolina Office of Rural Health (ORH)  **Funding Agency Address:** 311 Ashe Avenue, Raleigh, NC 27603  **HOW TO OBTAIN FURTHER INFORMATION**: Questions regarding the application can be sent to Kimberly.r.mcneil@dhhs.nc.gov or you may reach out to your regional operations specialist based on the appropriate NC Medicaid Region.    Kim McNeil, Rural Health Operations Specialist - Regions 4 & 6  [Kimberly.r.mcneil@dhhs.nc.gov](mailto:Kimberly.r.mcneil@dhhs.nc.gov)  Beth Blaise, Rural Health Operations Specialist - Regions 3 & 5  [Beth.blaise@dhhs.nc.gov](mailto:Beth.blaise@dhhs.nc.gov)  Justin Kearley, Rural Health Operations Specialist - Regions 1 & 2  [Justin.kearley@dhhs.nc.gov](mailto:Caroline.Collier@dhhs.nc.gov)  Dorothea Brock, Program Manager  [Dorothea.Brock@dhhs.nc.gov](mailto:Dorothea.Brock@dhhs.nc.gov) |

**Description**

ORH assists underserved communities and populations with developing innovative strategies for improving access, quality, and cost-effectiveness of health care. Distribution of primary care providers in North Carolina has historically been skewed toward cities and larger towns. Rural residents, who often face transportation issues, may find accessing primary care services difficult. Through the establishment of the Special Project funding, ORH partners with local communities to provide funding to improve the ability to serve under-resourced, Medicaid and Medicare populations who would otherwise be unable to access needed primary care services due to geographic, economic, or other barriers. The purpose of grants awarded under this special project funding is to help healthcare facilities increase access to care in rural communities with a primary focus on the following:

* primary and behavioral healthcare services,
* improved clinical quality measures (a1c, smoking cessation, blood pressure, depression, BMI),
* use of social determinants of health screening tools to support non-clinical improvements to health,
* Non-profit CMS Rural Health Clinics are encouraged to apply.

For organizations currently receiving grant funding through ORH, Special Project funding should not duplicate Community Health, Farmworker Health, or SDRHC grant funded operating projects.

**Eligibility**

To be eligible to apply for these funds, your organization must meet the following criteria:

* Rural determination
* Health Professional Shortage Area determination
* Unmet need as a percentage of population served (number of uninsured, self-pay, and Medicaid)
* Provision of primary health care services to all individuals in the defined service area regardless of ability to pay.
* County Distress Ranking – Tier 1 or 2 (priority to eligible organizations)
* Proof that the organization holds an active 501 c3 Status.
* Ability to provide access to primary health care services to all individuals in the defined service area regardless of ability to pay.
* Enrolled eligible providers in Medicare and Medicaid reimbursement program.

The total grant award is dependent upon documented and demonstrated need at the organization and is contingent upon funding availability.

**Application and Submission Instructions**

Please read the following grant instructions and requirements carefully. Applications that do not adhere to all instructions and requirements will not be considered.

Applicants must submit their application electronically through an online REDCap survey. There is a two-step process to receive a personalized link to the application. The link below will request information about your organization and a contact person. The contact person will then be sent a personalized link to apply to the Rural Health Centers Special Projects Grant RFA.

Grant applications must be received via electronic survey by 5:00 p.m. **October 20, 2023**.

**Click the link below and provide your contact information to receive a *personalized link* to the application: https://ncorh.ncdhhs.gov/redcap/surveys/?s=DHK7KH4T9HYE7A3F**

**Requirements**

* Requests should explain how the special funding will help increase access to care (primary, behavioral), improve clinical quality measures, and/or impact social determinants of health among their patient population.
* If not presently holding a SDRHC status, the primary care site expresses a desire to obtain SDRHC status.
* Current ORH grantees’ requests should not duplicate Community Health, Farmworker Health, or State Designated Rural Health Center operating grant funding.
* Applicants are required to report any changes in the project or proposed activities to their contract monitor.
* Applicants are required to participate in **quarterly** audit activities, as appropriate.
* The proposed project may require completion of or modification to an AHEC Action Plan
* Proposed projects must be billed and/or completed by June 30, 2024.
* Monthly Expenditure Report (MER) and supporting documentation must be submitted by the 10th of the following month.

**Timeline**

1. **Application Review**

Within 10 business days, applicants will receive notification of funding decision.

1. **Finalize Process**

* Approved organizations will receive SFY 2024 contracts electronically.
* The electronic contract requires the digital signature of a person who is officially designated to sign legal documents on behalf of the applicant organization.

1. **Applicants are required to submit closeout supporting documentation and expend all funds on or before June 30, 2024.** Purchases made after June 30, 2024, will not be reimbursed. All invoices for the completed and projected work must be submitted to ORH for reimbursement no later than **June 10, 2024.**

**Application**

Rural Health Centers Special Project SFY 2024

**ORGANIZATIONAL INFORMATION & SIGNATURE SHEET**

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| Organization Name |  |
| Site Name (if applicable) |  |
| Organization EIN |  |
| Organization NPI (if applicable) |  |
| Organization UEI (if applicable) |  |
| Mailing Address |  |
| Organization Type (select all that apply) | 🞎 Federally Qualified Health Centers and Look Alike 🞎 Free and Charitable Clinics  🞎 Health Departments  🞎 Rural Health Clinicl 🞎 Faith-based Organization 🞎Non-Profit, Hospital-Owned Primary Care Clinic 🞎State-Designated Rural Health Center 🞎School-Based and School Linked Health Centers 🞎 AHEC Clinic 🞎Community Coalition 🞎 Other: (provide description)\_\_\_\_\_\_\_\_\_\_\_ |
| Primary County Served (where the grant will be utilized) |  |
| Other Counties Served (if applicable) |  |

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Project Application Submitted By:

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

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Amount of Request**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please list any additional funding received from the Office of Rural Health (if applicable).**

🞎 Community Health Grant: Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 Medication Assistance Plan: Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 Medical Access Plan (MAP) Funding: Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 North Carolina Farmworker: Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 None

**Special Project Description**

1. **Describe, in detail, the type of project to be completed with the special project grant funds. State the project’s objective in measurable and achievable terms. (***ex – Advance the adoption and use of electronic health records to identify, track, and monitor clinical measures to address health care disparities and health outcomes for adults at highest risk of CVD with a focus on hypertension and high cholesterol.***)**

Insert Text

1. **Describe how this funding will help your organization increase access to care, improve clinical quality measures and/or increase or improve health? (ex –** *Trained staff will increase the use of standardized processes and tools to identify, assess, track, and address the social services and support needs of patient populations at highest risk of CVD for better outcomes.)*
2. **If requesting funding to cover a salary, list the position title, describe the job duties, and the impact this position will have on your organization. (Ex –** *Hire a Public Health Educator or Social Worker to assemble or create multidisciplinary teams (e.g., nurses, nurse practitioners, pharmacists, nutritionists, physical therapists, social workers, and community-based workers) to identify patients' social services and support needs and to improve the management and treatment of hypertension and high cholesterol.)*

Insert Text



1. **Describe any potential challenges you may encounter in completing this project and identify alternative approaches or solutions to these challenges. (ex –** *delay in hiring the position, will realign current program manager duties.)*

Insert Text

1. **Briefly describe how you will monitor the success of the project. Provide specific benchmarks that you plan to reach and provide a defined timeline (*For example:*** *staff hired, EMR training completed, target appointments documented, documented in AHEC plan)*

Insert Text

**Please provide any additional information you think would be helpful (if applicable).**

Insert Text

**Budget and Budget Narrative**

The budget must provide a clear and detailed description of the request, and a corresponding justification which must provide a clear rationale of how grant funds will be used to support the organization’s ability to provide direct health services.

Funds from this grant cannot supplant existing funds. should not duplicate Community Health, Farmworker Health or Rural Health Center grant operating projects.

Please complete the budget [template](https://ncorh.ncdhhs.gov/redcap/surveys/?__file=kdDCaI4aMzarsWD9dVmKMuWird58kYUAtzqCAqyGZ33MiQqoHizwBkfhTb9LhHMvapUgCXNKDYnppdAkIQyDVJaMngfKV9n4UNBJ).

**🞎 I understand that all funds must be expended by June 30, 2024. Purchases made after June 30, 2024, will not be reimbursed.**

Board Chair Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attachment II: Examples of Supporting Documentation

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| Supplies and Materials | Vendor invoices or receipts  Proof of payment (canceled check, bank statement, electronic reference) |
| Equipment Purchase | Vendor invoices or receipts  Proof of payment (canceled check, bank statement, electronic reference)  Photographs of high-dollar items  Inventory records (make/model serial #/purchase date/item location) |
| Property Purchase | Title  Closing documents  Invoice or receipt  Proof of payment (canceled check, bank statement, electronic reference) |
| Construction Contracts | Third-party contracts  Vendor invoices or receipts  Proof of payment (canceled check, bank statement, electronic reference) |
| Lease of Equipment | Lease agreement  Proof of payment (canceled check, bank statement, electronic reference) |
| Management Consultant Fees | Third-party Contract  Invoices  Proof of payment (canceled check, bank statement, electronic reference) |
| Repairs and Renovations | Third-party contract  Vendor invoices or receipts  Proof of payment (canceled check, bank statement, electronic reference) |
| Information Technology  Equipment  (Please allow a minimum of 45 calendar days for approval of IT equipment purchase) | Third-party contract  Vendor invoices or receipts (\*Note: at least two quotes from vendor)  Proof of payment (canceled check, bank statement, electronic reference) |