Rural Health Center Capital Grant

SFY 2023-2024

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| **RFA Title:** Rural Health Centers Capital Grant**Open: August 28, 2023****Close: December 29, 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  Beth Blaise, Rural Health Operations Specialist - Regions 3 & 5 Beth.blaise@dhhs.nc.gov   Justin Kearley, Rural Health Operations Specialist - Regions 1 & 2 Justin.kearley@dhhs.nc.gov   Dorothea Brock, Program Manager Dorothea.Brock@dhhs.nc.gov  |

**Description**

The purpose of grants awarded under this program is to support State Designated Rural Health Centers (SDRHC). ORH assists underserved communities and populations with developing innovative strategies for improving access, quality, and cost-effectiveness of health care. The ability of a healthcare facility to meet the needs of a rural patient population is directly related to the efficiency, size, and quality of the facility and its equipment. Capital Grant funding allows for investment in healthcare infrastructure, including the construction, renovation, and expansion of rural healthcare facilities. Capital investments can also be made through the purchase and installation of major equipment and technology. Capital Grant funding does not support staff salaries and requests 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 be identified as a State Designated Rural Health Center by ORH. The total grant award is dependent upon documented and demonstrated need at the rural health center 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.

Grant applications must be received via electronic survey by 5:00 p.m. **December 29, 2023**. Applications are accepted on a rolling basis starting August 28, 2023, until available funds are fully obligated, or up to December 29, 2023, whichever comes first. **Organizations are encouraged to apply at least two months prior to their project to allow for application review and grant processing.** Applicants will be notified of awards within 20 business days of submitting their application.

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 Support Grants RFA. Use this document as guidance for the electronic version of the application. All necessary attachments are noted within the requirements section of the document.

***Click link to access electronic version of application***: https://ncorh.ncdhhs.gov/redcap/surveys/?s=CTR77JEAE8ENTKRL

**Requirements**

* Applicants are required to submit within the application an estimate of quotes from at least two vendors, including Information Technology requests. If vendor or sub-contractor has specific payment terms, please include these (For example: If vendor or sub-contractor requests upfront payment of 10%, 20%, 50%, etc.).
	+ NOTE: Submission of all Information Technology equipment will be routed to DHHS IT Central Office; please allow a minimum of 45 calendar days for approval.
* Funding requests should not cover staff salaries or duplicate Community Health, Farmworker Health, or Rural Health Center operating grant funding.
* Applicants are required to report any changes in the project or proposed activities as appropriate or monthly to their regional Operation Specialist
* Applicants are required to participate in **quarterly** audit activities, as appropriate.
* Proposed projects must be billed and/or completed by June 30, 2024.
* Submit Monthly Expenditure Report (MER) and supporting documentation by 10th of following month.

**Timeline**

1. **Submission**
* Grant applications must be received via electronic survey by **December 29, 2023**.
1. **Application Review**
* Within 1-5 business days, upon receipt of application, applicants will receive an email confirmation from ORH that your application is being reviewed.
* Within 12 business days,ORH will review the budget request and contact the applicant to determine if there is a need to negotiate the budget request.
1. **Proposal Approval**
* Within 20 business days, applicants will receive notification of funding decision for capital funds.
1. **Finalize Process**
* Applicants 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 rural health center, as well as someone who can attest to the signature
1. **Applicants are required to submit closeout supporting documentation and expend all funds on or before June 30, 2024.**

**Funding Cycle**

The funding cycle is from August 28, 2023, through June 30, 2024. All grantees must fully expend grant funds prior to 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 Capital Grant 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) | 🞎 State-Designated Rural Health Center (required) 🞎 FQHC🞎 FQHC Look-Alike Small/Rural Hospital🞎 Small/Rural Hospital 🞎 Rural Health Clinic)  |
| Primary County Served (where the grant will be utilized) |  |
| Other Counties Served (if applicable) |  |

Contract Administrator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Capital Grant Application Submitted By:

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

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

**Type of Project** (Check all that apply):

🞎 Building expansion/Renovations 🞎 Computer Systems (Software/Hardware)

🞎 Purchase of Computers 🞎 Equipment

🞎 Furnishing and other major materials

🞎 Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

*Note: Use attached budget template*

**Please list any additional funding received from 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

**Capital Project Description**

1. **Describe the type of project to be completed with the capital grant funds. Describe how the completed project will enhance the organization’s ability to provide direct health care services. State the project’s objective in measurable, achievable terms.**

Insert Text

1. **Describe any potential challenges you may encounter in completing this capital project and identify alternative approaches or solutions to these challenges.**

Insert Text

1. **Briefly describe how you will monitor the success of the capital project. Provide specific benchmarks that you plan to reach and provide a defined timeline (*For example: complete renovations by 12/15/2021).***

Insert Text

**List any additional financing the organization is seeking (as applicable).**

🞎 Economic Development Assistance Programs

🞎 USDA Rural Economic Development Loan and Grant Program

🞎 Foundation Grants\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 Other (fundraising, matching funds, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 None

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

Insert Text

Budget and Budget Narrative

Please complete attached budget template document.

The budget must provide a clear and detailed description for each item to be supported by this grant, 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 healthcare services. For capital purchases and projects, at least two dated estimates on vendor’s letterhead that includes all parts, materials, and labor minus any tax charges must be attached with the Budget Narrative (Note: at least two quotes are required for Information Technology requests).

If funds are used to purchase large equipment, purchase of a maintenance plan is strongly encouraged. However, funding from this grant cannot pay for ongoing equipment maintenance/maintenance plans or insurance plan payments.

Funds from this grant cannot supplant existing funds. Capital funding does not support staff salaries and requests should not duplicate Community Health, Farmworker Health or Rural Health Center grant funded operating projects.

**🞎 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 receiptsProof 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 | TitleClosing documents Invoice or receiptProof of payment (canceled check, bank statement, electronic reference) |
| Construction Contracts | Third-party contracts Vendor invoices or receiptsProof of payment (canceled check, bank statement, electronic reference) |
| Lease of Equipment | Lease agreementProof of payment (canceled check, bank statement, electronic reference) |
| Management Consultant Fees | Third-party Contract InvoicesProof of payment (canceled check, bank statement, electronic reference) |
| Repairs and Renovations  | Third-party contractVendor invoices or receiptsProof 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 contractVendor invoices or receipts (\*Note: at least two quotes from vendor) Proof of payment (canceled check, bank statement, electronic reference) |