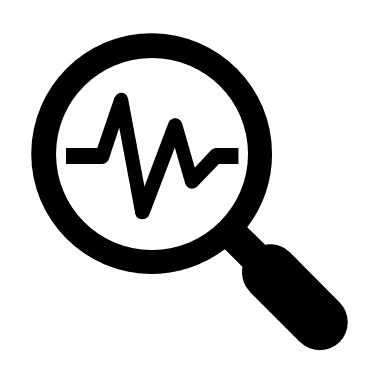
March 2021

North Carolina Office of Rural Health

Readiness Assessment Tool Guide

**Purpose:** The organizational readiness assessment tool is designed to identify an organization’s level of readiness for new rural health applicants.

**New Rural Health Center Applicant Eligibility**: An organization that meets the above criteria, is not currently funded through ORH, and seeks to cover a service area and target population that is uninsured, and underserved is eligible to apply for State designation. The organization must have one or more permanent service delivery sites.

 The organization may have received funds from other ORH programs but not as a State Designated Rural Health Center (SDRHC). **New applications deemed eligible for funding will be asked to complete the readiness assessment within 60 days of notification.**

**ORGAINZATION PROFILE INFORMATION**

|  |  |
| --- | --- |
| Applicant Name |  |
| Organization Name: |  |
| Current Mailing Address: |  |
| If applicable, proposed address: |  |
| Email Address: |  |
| Contact Number: |  |
| Website: |  |
| Status: 501(c)(3) | Yes  No If yes, what year established: \_\_\_\_\_\_\_\_\_ |
| Organization Type: (check all that applies) | FQHC  FQHC Look-Alike  Free and Charitable Clinic  Rural Health Clinic  Health Department  Faith-based Organization  Small/Rural Hospital State- Designated Rural Health Center (current)  Community coalition Other\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Primary County served (where the grant will be utilized) |  |
| Other Counties serviced (if applicable) |  |
| If applicable, please check all that applies, if your organization in the last year had received funds or have not received from the Office of Rural Health. | Community Health Grant Amount:\_\_\_\_\_\_\_\_\_\_\_  Medication Assistance Plan Amount:\_\_\_\_\_\_\_\_\_\_\_  Medical Access Plan (MAP) Amount:\_\_\_\_\_\_\_\_\_\_\_  North Carolina Farmworker Amount:\_\_\_\_\_\_\_\_\_\_\_\_  None |

1. Provide a summary:
2. Intent request seeking eligibility for becoming a State-Designated Rural Health Center or continuing services as a State-Designated Rural health Center.

1. Describe your community project or proposed service(s):
2. Describe how you will address the health care access, or any other unique health care needs with the funding request:

**Instructions: For each item below, please rate each statement that most accurately describes your request supporting areas**

**1= does not need support; 2= least likely need support, 3= moderately need support, 4= need support. Upon completing the assessment, record the totals for all your responses.**

**(Note: This assessment will also be reviewed internally to best accommodate your request).**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Request Supporting Areas | | 1 | 2 | 3 | 4 |
| **Vision/ Mission and Goals** | The organization has a written vision and mission statement but requires additional support to complete. |  |  |  |  |
| **Leadership and Governance** | Actively seeking input and contributions from internal staff, boards, community, stakeholders, and other informal leaders but requires additional support to maintain. |  |  |  |  |
| **Staffing** | Organization has direct service clinical staff, administrative support staff, and senior management, etc but requires additional recruitment and retentions support. |  |  |  |  |
| **Primary Care Services** | Organization services includes primary care but seeking guidance for additional support to improve or fill the health care gap. |  |  |  |  |
| **Community Health Needs Assessment** | Well-informed about the strengths, needs, challenges, and concerns in the community but requires additional support. |  |  |  |  |
| **Financial Management** | The organization has sought out other funding sources but requires additional support. |  |  |  |  |
| **Project Summary** | Organization demonstrates a need to work or collaborate on a project but requires additional support. |  |  |  |  |
| **Partnerships** | Organization is informed about coordination, organizations, and collaborations in the community, region, state, but requires additional support etc. letter of support/ commitment. |  |  |  |  |
| **Project Budget** | Organization describes the ability to leverage other grants funds or other funding sources but requires additional support. |  |  |  |  |

Total:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_