

**ARKANSAS RURAL HEALTH SERVICES REVOLVING FUND GRANT  
GRANTS TO COMMUNITIES  
PROGRAM GUIDELINES**

**FUNDS AVAILABILITY SHOULD NOT BE EXPECTED EARLIER THAN  
MARCH 1, 2008.**

**Grant payments must be processed before 5/15/2008**

I. INTRODUCTION

This program guide explains the requirements and provides guidelines for the Rural Health Services Revolving Fund Grant. It is recommended that this guide and the application materials be reviewed before preparing an application. County, local, commercial, and non-profit organizations are eligible to submit competitive grants under this program. The application must be received no later than **11/30/2007**. Applicants must submit **one original and four copies** of the grant application.

Grant applicants may request technical assistance from the Office of Rural Health and Primary Care. Personnel will be available to provide assistance and/or arrange for consultative services to communities in completing the grant application. These services will be available to all grantees during the planning and implementation phases.

II. PURPOSE OF THE PROGRAM

The Rural Health Services Revolving Fund was created to strengthen rural health care systems and services at the local level. The intent of the legislation was to give the Arkansas Department of Health resources to help rural communities retain basic medical services and implement new, innovative approaches to health and health care.

The focus of this current funding cycle of the Rural Health Services Revolving Fund Grant program is to target **Chronic Disease Prevention** at the community level and coordinate with Hometown Health Improvement activities such as but not limited to:

- Support improvement or transition initiatives of rural hospitals
- Provide needed emergency medical services
- Provide non-emergency medical services
- Support other efforts to improve the health or the health care system of the community
- Support local community strategic planning efforts
- Provide community or county wide assessments with populations of 15,000 or less

### III. FUNDING

Funds requested by applicants shall be matched on a 50% - 50% cash basis by the applicant. Grant funds and cash matching funds must both be used toward expenditures. **Upon notification of a grant award, a checking account should be opened by the recipient using the amount of the cash match. Grant funds received should also be deposited into this account for payments of grant expenditures.** Communities having completed a Community Health Needs Assessment may be eligible for a 75% grant - 25% cash match. A Community Health Needs Assessment (e.g. BRFSS, YRBS, Arkansas Prevention Needs Assessment or Healthy Arkansas Plan or contact ORH&PC to determine viability of the instrument used) is defined as a comprehensive plan for health system improvement. This compilation of community-specific data, agreed to by stakeholders, allows those involved to recognize and understand trends in various health and quality of life issues, and to prioritize health needs within the community. A copy of this completed assessment must be submitted and approved along with the application for the application to be eligible for this level of funding. The need addressed in the proposal must be identified in the assessment. The grant award will be made direct to the Grantee. This program cannot fund salaries; program operating costs; or the purchase of equipment or services made prior to the grant award.

### IV. ELIGIBILITY REQUIREMENTS

To be eligible to obtain assistance from this program, **the following requirements must be met:**

- The applicant must be in a community with a population of 15,000 or less
- The applicant program, if applicable, must participate in the state Medicaid program or be willing to enroll in the program
- The applicant must identify the source and furnish proof of the cash match
- Applicants must show strong community collaboration documented by letters of support from the following:

Either the County Judge or Mayor

**AND**

Either the Hometown Health Improvement Chair or the Local Health Unit Administrator

Applications from organizations not meeting these requirements will not be considered.

## V. SUBMISSION REQUIREMENTS

Applications should be submitted on 8 ½ “ by 11” white paper. **The entire application package may not exceed thirty (30) pages in length**, including the maximum ten (10) pages of appendices. Margins must be at least one (1) inch at the top, bottom, left and right of the paper. Please left-align the text.

**Applications that exceed the specified limit will be deemed non-compliant. All non-compliant applications will be returned to the applicant.**

Please use an easily readable typeface, such as Times New Roman, Courier, or Arial. The text portions of the application must be submitted in not less than 12 point and 1.0 line spacing. Pages must be numbered consecutively from page 1 (cover letter) to the end of application (may be hand written if necessary).

**Number of Copies: Include an original and four (4) copies (all unbound).**

## VI. REVIEW PROCESS AND CRITERIA

The applicant’s service area, if identified as either a Medically Underserved Area (MUA) or a Primary Care Health Professional Shortage Area (HPSA) will be awarded additional points.

### HPSA

Patient to physician ratio of:

5000 –1 = 4 points

4000 to 4999 –1 = 3 points

3500 to 3999 –1 = 2 points

3000 to 3499 –1 = 1 point

CHCs\* = 1 point

### MUA

1 point

\*NOTE: Community Health Centers receive an automatic designation as a HPSA for the purpose of National Health Service Corp placements. CHCs located in a HPSA by virtue of the patient to physician ratio will receive only the points designation of the HPSA and will not include the CHC point, whichever is higher.

Competing applications will undergo a Technical Review conducted by ORH&PC staff as a precursor to the Peer Review Process.

- Prior to the applications being distributed to the Peer Review Panel, a technical review of applications will be conducted by ORH&PC staff.
- Technical review will determine if the application is in compliance with the minimum requirements contained in the RFA. Applications that do not meet

basic requirements will not be forwarded to the Peer Review Panel. Those applications that are rejected during the technical review will be notified in writing of the reasons for the rejection. Examples of reasons for technical review rejection may include but are not limited to: late submissions, requests for more than the maximum amount allowed, no spreadsheet showing planned grant fund and cash match expenditures, failure to include the necessary eligibility documents in the application, and/or other obvious factors indicating the application is not responsive to the requirements/criteria of the RFA.

- Applications passing technical review will move to the Peer Review Process to be read by all panel members. Additionally, each of these applications will be assigned a Primary and two Secondary Reviewers for performing an in-depth review.

The Peer Review Panel will evaluate and score each application. A recommendation for approval or disapproval for funding will be made to the Director of the Arkansas Department of Health.

Focus will be placed on proposals demonstrating the greatest potential for improving access to medical care without duplicating existing services, promoting broad-based community groups formed to develop and implement the requested award, collaboration of multiple agencies or providers leading to the success of the project, and stabilization of necessary services.

## VII. REPORTING REQUIREMENTS

Applicants receiving funding are required to submit a Quarterly Expenditure Report with accompanying copies of receipts for items purchased with grant funds. Those applicants receiving awards of over \$5,000 are required to provide audited financial reports for the year grant funds are received. A site visit will also be made to these grant recipients.

Any unexpended grant funds must be returned to the Department of Health, Office of Rural Health and Primary Care for deposit back into the Rural Health Services Revolving Fund. In the letter accompanying receipts include a brief description of what was purchased, when it was purchased, where it is located and how it is being used. For purchases of intangibles such as events, the same applicable information should be provided.

## GRANTS TO COMMUNITIES – APPLICATION GUIDELINES

### I. PROJECT SUMMARY (1 PAGE MAXIMUM)

The project summary should clearly frame for the reviewer what follows in the full proposal. This description should be single-spaced and must not exceed one page. Detail the proposed project including the need to be addressed, the services and/or equipment to be purchased, the population (in numbers) the request will target, the source of the community match monies, and the amount of funds requested from this program.

### II. PROBLEM DESCRIPTION (20 POINTS)

This section details the problem. Include the following information:

- Identity of the community and/or service area including any unique characteristics contributing to the difficulty in obtaining health care or improving the health of the area (a map may be included to identify the target area outlined in the narrative)
- A description of the socioeconomic and/or demographic issues of the area justifying the request for funds
- Population of the community and/or service area (Please cite your source of population data)
- A listing of all other health providers in the community and/or service area (primary care providers, hospitals, emergency medical services, community health centers, AHEC offices, county health units, etc.)
- Definitions of current access barriers (geographic, financial, personnel, etc.)
- A demonstration of how the funding of the request will impact the community and/or service area
- If requesting replacement equipment, provide information concerning the utilization of the equipment presently in use, the age and/or year model, and the manufacturer

### III. GOALS AND OBJECTIVES (30 POINTS)

This section provides clear and concise goals, outlining the major focus of the project in broad terms. The objectives describe how the goals will be accomplished through the implementation of specific activities. These objectives must outline the strategy used to accomplish the goals, be measurable, and always begin with an action word.

An **example** that follows the above guidelines might read:

**Goal:** To develop a community health fitness program.

- Objectives:** 1. To purchase a treadmill and other exercise equipment.  
2. To provide a maintenance plan and funding for repair or replacement.

IV. PROJECT MANAGEMENT (15 POINTS)

Provide a description of the management structure, financial systems, and facilities that are essential to the management of the project. This could include a description of the organization structure and lines of authority of the applicant agency using organizational charts. Additionally, assign time frames to each activity and identify the responsible person. Charts identifying the activity, the time frame, and the responsible person could be used. Also provide a brief history of your successes and experience in managing grant funds.

V. PLANS TO SUSTAIN PROJECT (15 POINTS)

Prepare a plan describing how the project will continue after the grant funds are expended. If requesting equipment, discuss how the equipment will be maintained and/or replaced. Equipment purchased with grant funds may not be sold, leased, or transferred without written consent of the Arkansas Department of Health.

VI. COMMUNITY SUPPORT (10 POINTS)

Offer evidence of community participation in identifying the needs to be addressed and demonstrating support for the project. Partnerships with local hospitals, especially Critical Access Hospitals, are encouraged. Community participation can be demonstrated through town meetings, community surveys, focus groups, community needs assessments, or community participation in the planning process. Summarize community participation in this portion of the application with supporting documentation (news articles, minutes from community meetings, letters of support, etc.).

VII. BUDGET NARRATIVE (10 POINTS)

The budget portion of the application reflects the nature and scope of the project activities and resources. The budget must include the following information:

- The source of the cash match, as required by this program, must be identified, verified, and documented by a letter from the CFO, CPA, bank, financial institution or financial representative certifying cash match for your grant.
- A justification for all requested budget expenditures
- A completed Form B – Grant Application Budget Sheet
- A detailed spreadsheet showing planned grant fund and cash match expenditures

**MAXIMUMS -- (100 POINTS) (30 PAGES)**

**GRANTS TO COMMUNITIES  
APPLICATION CHECKLIST**

**Applications submitted must include:**

<b><u>POINTS</u></b>	
<b>0</b>	<b>Form A – Grant Application Cover Sheet</b>
<b>0</b>	<b>Section I – Project Summary (1 page only)</b>
<b>20</b>	<b>Section II – Problem Description</b>
<b>30</b>	<b>Section III – Goals and Objectives</b>
<b>15</b>	<b>Section IV – Project Management</b>
<b>15</b>	<b>Section V – Plans to Sustain Project</b>
<b>10</b>	<b>Section VI – Community Support</b>
<b>10</b>	<b>Section VII – Budget Narrative</b>
<b>0</b>	<b>Form B – Grant Application Budget Sheet</b>
<b>===== 100</b>	<b>Appendices – Letters of Community Collaboration (supporting documentation, maximum of ten additional pages)</b>
	<b>Appendix A – Letters of Collaboration (Hometown Health Improvement Chair OR Local Health Unit Administrator) AND (County Judge OR Mayor)</b>
	<b>Appendix B – Other Supporting Documentation (not to exceed eight pages).</b>
	<b>Community Needs Assessment (send at least one copy, do not include as a numbered part of the application).</b>

**30 pages maximum**

**FORM A**  
**Rural Health Services Grant**  
**Grant Application Cover Sheet**  
(Print or Type Answers)

**SECTION ONE: Identification and Legal Status of Applicant**

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

County: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Phone Number for Contact Person: \_\_\_\_\_

Fax Number of Contact Person: \_\_\_\_\_

Legal Status of Applicant: (only check one)

\_\_\_\_\_ Public      \_\_\_\_\_ County      \_\_\_\_\_ Corporate Entity  
\_\_\_\_\_ Non-Profit      \_\_\_\_\_ State      Other \_\_\_\_\_

Total amount of state funds requested: \_\_\_\_\_

Use of Grant Funds

**SECTION TWO:**

**Area of Chronic Disease Prevention** \_\_\_\_\_



**FORM B**

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**Rural Health Services Grant**

**Grant Application Budget Sheet**  
(Print or Type Answers)

**SECTION ONE: Summary**

Amount of State Grant Funds Requested: \$ \_\_\_\_\_

Community's Cash Match (50% or 25%) \$ \_\_\_\_\_

**Total Project Cost:** \$ \_\_\_\_\_

**PLEASE SUBMIT COMPLETED W-9 FOR APPLICANT ORGANIZATION**

## CHECKSHEET

Although having the following information in your grant application will not assure your receipt of funding, it can make certain that all of the necessary information has been provided and the likelihood of a “FATAL FLAW” in the application will be minimized.

A letter not just of support but showing a collaboration between the applicant and

County Judge

**OR**

Mayor

**AND**

The Hometown Health Improvement Chair.

**OR**

The Local Health Unit Administrator.

A budget that breaks out how support to the program will be utilized. A sample spreadsheet has been provided. You may divide the program budget into the three separate columns of Grant Funds, Cash Match, and In-Kind Match. For the purpose of this grant, In-Kind Match may be provided to show the dollar value of support given to the project. **It may not be used as a substitute for Cash Match.**

Cash Match may be used for the purchase of goods or services that might not be considered appropriate use of State funds, (e.g. Travel for out-of-State training, seminars, conferences, Training related to certification or licensure of program personnel, etc.)

**SAMPLE SPREADSHEET**

NOTE: The table below is provided as a sample spreadsheet that represents a 50/50 Grant/Cash Match. No In-Kind is calculated in the formula of Grant/Cash Match. However, donated goods and services may be reflected as In-Kind Match. Cash Match is the amount of actual certified Cash provided as Matching to the project that is or will be deposited into an account for this project and then expended for goods or services.

The manner in which these funds are distributed within the table should not be taken as indicative of how your spreadsheet should be broken out for expenses. This table will assist reviewers in seeing how Grant and Cash Match were utilized and assists in clarification of your Budget Narrative.

**NO SALARIES OR OPERATING COSTS MAY BE PAID FOR WITH GRANT OR CASH MATCHING FUNDS. CONTRACTED SERVICES MAY BE PAID FOR.**

Grant awards from the Rural Health Services Revolving Fund are subject to review by the Arkansas State Legislature and will therefore require bids. If your project involves an Out-of-State provider of services, it should be noted that they usually undergo more scrutiny during a Legislative Review.

**SAMPLE BUDGET**

ITEM/SERVICE TO BE PURCHASED	GRANT FUNDS	CASH MATCH	IN-KIND MATCH	ROW TOTAL
One lap-top computer	\$1,000.00			\$1,000.00
One color printer	\$1,000.00			\$1,000.00
Contracted trainer	\$2,000.00	\$1,550.00		\$3,550.00
Travel & lodging for contracted trainer		\$750.00		\$750.00
Materials for training		\$450.00		\$450.00
Catered food for training		\$250.00		\$250.00
Volunteer trainers			\$2,200.00	\$2,200.00
Space for training		\$1,000.00		\$1,000.00
25% Administrative Assistant's time			\$2,150.00	\$2,150.00
COLUMN TOTAL	\$4,000.00	\$4,000.00	\$4,350.00	\$12,350.00