IDAHO STATE OFFICE OF RURAL HEALTH

Rural Health Care Access Program

FY 07 (7/1/06-6/30/07) GRANT APPLICATION
Application Deadline **April 15, 2006**

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The State Office of Rural Health will conduct a technical assistance conference call to assist with the RHCAP grant application process:

Thursday, February 2, 2006 at 11:00 AM MST

In the Boise calling area, dial: 846-8863
Outside the Boise calling area, dial: 1-800-575-8877
After dialing, enter the following conference security code: **348**

All potential applicants and interested parties are encouraged to participate. Please contact the State Office of Rural Health at (208) 334-0669 for questions and assistance.

I. Purpose of the Grant Program

Now entering its fifth year, the Rural Health Care Access Program (RHCAP) has been helping rural Idaho communities improve access to primary medical and dental health care by providing over one million dollars in grants assistance to date. RHCAP awards are limited to $35,000 a year for a maximum of three years in areas designated as Health Professional Shortage Areas and Medically Underserved Areas. Applicants may submit grant proposals that improve access to health care in any of the four assistance categories:

- Community development projects
- Telehealth projects
- Recruitment and retention
- Other activities to improve health care access

Grants may not be used for construction or for projects designed exclusively for the purchase of equipment. Funds may be allowed for the purchase of equipment essential to the project; however, the purchase may not exceed forty percent (40%) of the total proposal. Indirect costs may not exceed fifteen percent (15%).

RHCAP seeks to improve access to primary medical and dental care by strengthening healthcare systems, removing barriers that prevent people from obtaining healthcare, and developing partnerships to better serve communities. Barriers may include socioeconomic, cultural, and geographic factors, or an inadequate availability of practitioners.

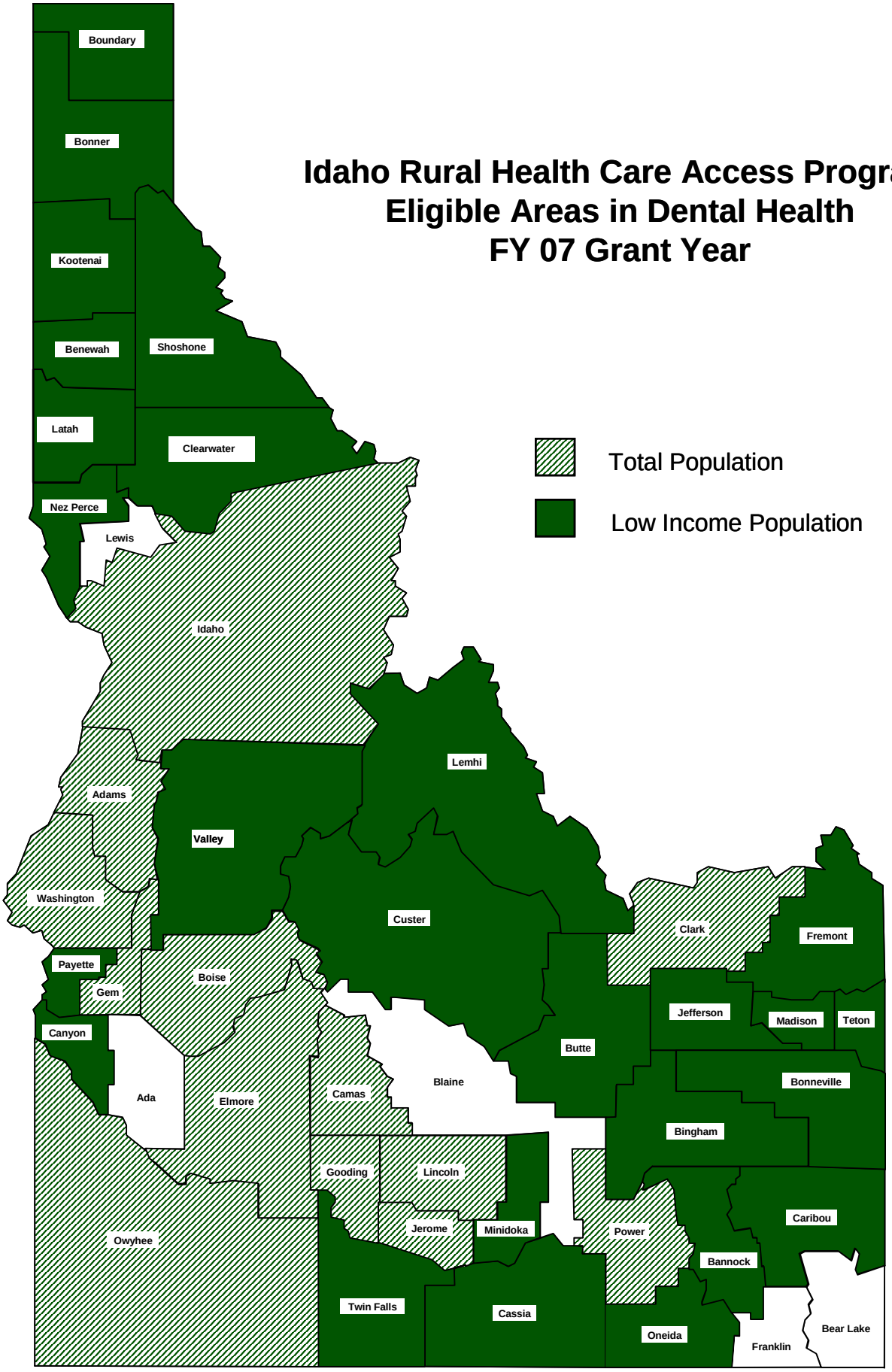
Grant program specifics are located in chapter 59, title 39, Idaho Code and found on pages 5-8 of this application.

II. Eligibility

Applicants must be a non-profit organization registered with the Idaho secretary of state or government organization. Individuals may not apply for RHCAP funds.

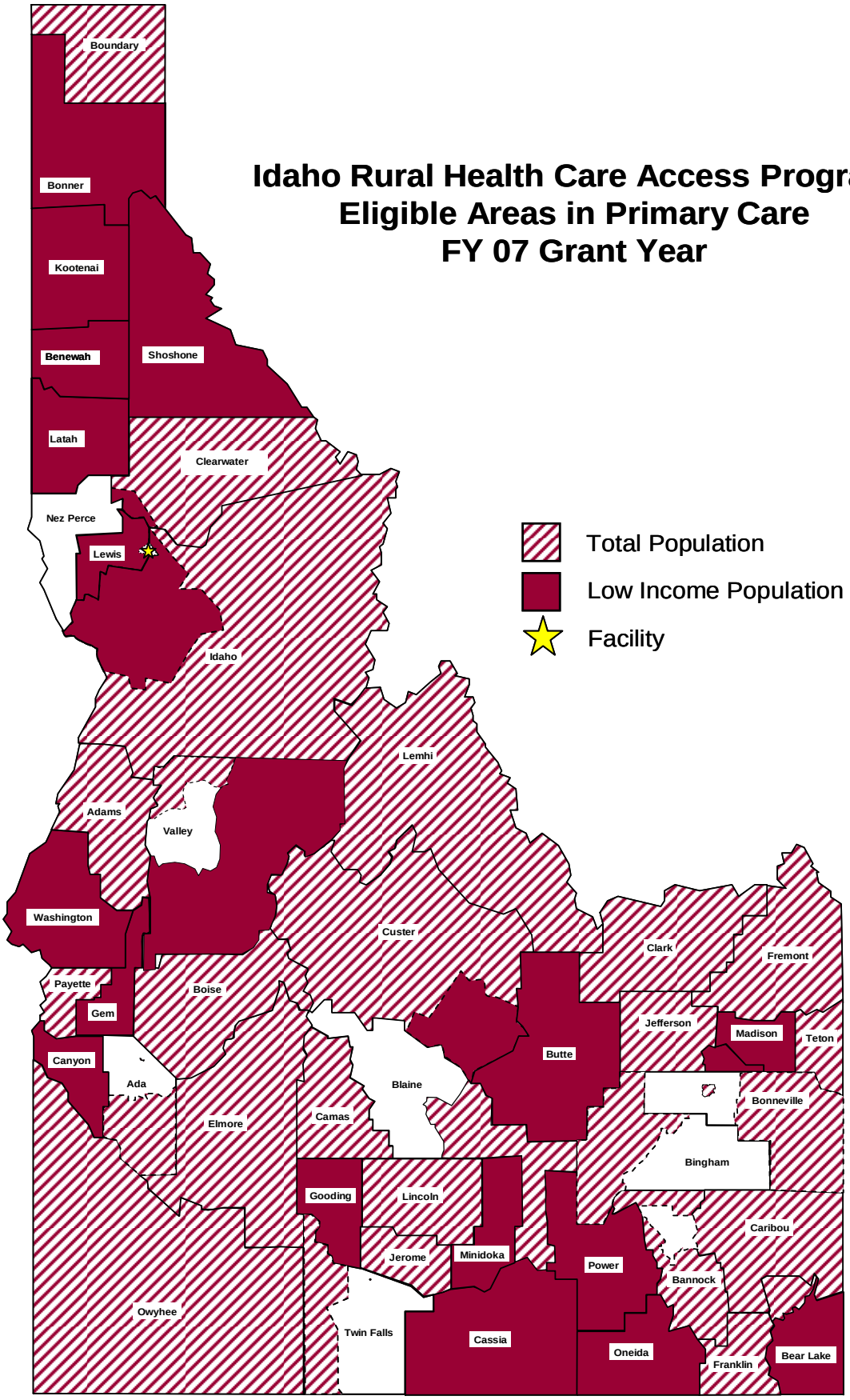
Projects must serve an area designated as a Primary Care Health Professional Shortage Area (HPSA), Medically Underserved Area (MUA), or Dental Health Professional Shortage Area in the state of Idaho. Maps indicating areas of the state that are eligible to apply are found on the following two pages of this application.

Idaho Rural Health Care Access Program
Eligible Areas in Dental Health
FY 07 Grant Year



State Office of Rural Health and Primary Care
Division of Health, Department of Health and Welfare, 11/05
For more information, contact ruralhealth@idhw.state.id.us, or (208) 334-0669

Idaho Rural Health Care Access Program
Eligible Areas in Primary Care
FY 07 Grant Year



State Office of Rural Health and Primary Care
Division of Health, Department of Health and Welfare, 1/06
For more information, contact ruralhealth@idhw.state.id.us or (208) 334-0669

III. Title 39: Health & Safety, Chapter 59: Idaho Rural Health Care Access Program

39-5901. SHORT TITLE. This act shall be known and cited as the "Idaho Rural Health Care Access Program."

39-5902. RURAL HEALTH CARE ACCESS FUND. (1) There is hereby created in the state treasury a fund known as the "Rural Health Care Access Fund." Subject to appropriation by the legislature, moneys in the fund shall be used exclusively for the purpose of grants for improving access to primary care medical services in areas designated as primary care health professional shortage areas and medically underserved areas and their administration pursuant to this chapter.

39-5903. DEFINITIONS. As used in this chapter:

(1) "Applicant" means an entity submitting documents required by the rural health care access program for the purpose of requesting a grant from the rural health care access fund.

(2) "Application period" means the time period from January 15 to April 15 prior to the state fiscal year for which funding is requested.

(3) "Approval" means written notification that the application will be awarded funding through the rural health care access fund.

(4) "Board" means the rural health care access program review board.

(5) "Department" means the department of health and welfare.

(6) "Director" means the director of the department of health and welfare.

(7) "Grant period" means the time immediately following the application period from July 1 through June 30 (state fiscal year) for which funding is granted.

(8) "Nurse practitioner" means a health care provider licensed pursuant to chapter 14, title 54, Idaho Code.

(9) "Oral health care provider" means a dentist or dental hygienist licensed pursuant to chapter 9, title 54, Idaho Code.

(10) "Physician assistant" means a health care provider licensed pursuant to chapter 18, title 54, Idaho Code.

(11) "Primary care" means the provision of professional comprehensive health services, including oral health care services, that includes health education and disease prevention, initial assessment of health problems, treatment of acute care and chronic health problems, and the overall management of an individual's or family's health care services as provided by an Idaho licensed internist, obstetrician, gynecologist, pediatrician, family practitioner, general practitioner, dentist, dental hygienist, nurse practitioner or physician assistant. It provides the initial contact for health services and referral for secondary and tertiary care.

(12) "Primary care health professional shortage area" means a geographic area or population group which the U.S. secretary of health and human services has determined is underserved by primary care health professional(s).

(13) "Medically underserved area" means a geographic area which the U.S. secretary of health and human services has determined is underserved by primary care health professional(s).

(14) "Rural health care access grant" means a grant awarded pursuant to this chapter.

(15) "Rural health care access program" means the program that administers the rural health care access fund.

39-5904. RURAL HEALTH CARE ACCESS GRANT REVIEW BOARD.

(1) The director shall appoint the members of a board to be known as the rural health care access grant review board, who shall serve at the pleasure of the director. Board members shall not be compensated, but shall be reimbursed for travel expenses incurred for attendance at board meetings.

(2) The board shall meet at least annually, for the purposes described in this chapter.

(3) The board shall be composed of the following: a representative from the Idaho academy of family physicians, a representative from the nurse practitioner conference group, a rural hospital administrator, a representative from the physician assistant association, the health resources section supervisor from the division of health, a faculty member from one (1) of the Idaho family residency programs, an Idaho medical association representative, an Idaho hospital association representative, and an Idaho primary care association representative.

(4) Appointments to the board shall be for three (3) years. Board members may be reappointed at the end of each three (3) year period. Initial appointments shall be staggered in such a manner that approximately one-third (1/3) are appointed for one (1) year, one-third (1/3) are appointed for two (2) years, and one-third (1/3) are appointed for three (3) years.

(5) A majority of the board members constitutes a quorum for the transaction of business. A majority vote is required by the quorum in finalizing decisions.

39-5905. SCOPE OF GRANT SUPPORT. The board may award grants, in accordance with the procedures and criteria in this chapter, to governmental and nonprofit entities for the purpose of improving access to primary health care services to rural and underserved areas.

(1) Individual grant awards will be limited to a total of thirty-five thousand dollars ($35,000), direct and indirect costs, per year.

(2) Applicants may propose projects for funding for up to three (3) years.

(a) Continued funding for projects beyond the first grant year, years two (2) and three (3), shall be subject to the appropriation of funds and grantee performance.

(b) No project may be funded for more than a total of three (3) years.

(c) Any unused grant funds shall be returned to the rural health care access fund by the applicant no later than June 10 of the grant period.

(3) No funds awarded under a grant may be used for purchase, construction, renovation or improvement of real property or for projects which are solely or predominantly designed for the purchase of equipment. Use of funds for the purchase of equipment may be allowed when such equipment is an essential component of a program. However, the purchase of equipment may not represent more than forty percent (40%) of the total annual share of a proposal. Indirect costs shall not exceed fifteen percent (15%) of the total project.

39-5906. CATEGORIES OF GRANTS. There are four (4) categories of grant assistance:

(1) Recruitment and retention of primary care providers -- Grant funds may be used for loan repayment for primary care providers, recruitment incentive, and/or reimbursement of relocation expenses for primary care providers.

(2) Telehealth projects -- Grant funds may be used for projects that involve the use of telecommunications technologies for distance learning and for projects to improve access to care for rural communities.

(3) Community development projects -- Grant funds may be used for health needs assessments, marketplace analysis, financial analysis and strategic planning activities.

(4) Other -- Communities may choose to apply for funds for activities that they have identified and determined will help to improve access to primary care in rural areas.

39-5907. ELIGIBILITY FOR GRANTS. Applicants must meet the following requirements:

(1) The geographical area to be benefitted must be located in a current primary care health professional shortage area or a medically underserved area.

(2) Applicant must be a governmental entity or a nonprofit entity registered with the Idaho secretary of state.

39-5908. APPLICATION REQUIRED.

(1) A completed rural health care access grant application must be submitted by the applicant for the purpose of requesting a grant, on or before the conclusion of the application period specified for the appropriate grant cycle.

(2) Each application shall include:

(a) Geographical area of need;

(b) Individual or entity requesting funds;

(c) Narrative description of the methods to be used to address needs and demonstrate the potential of the project to improve access to health care services in the community;

(d) Identification of measurable goals, objectives to be used to reach the goals, and the resources necessary to complete each activity;

(e) Estimation of how long it will take to accomplish the individual activities of the project;

(f) Demonstrated community and organizational support for the project;

(g) County or local governmental endorsement;

(h) Operating budget including:

(i) Proportion of operating budget, if any, the applicant proposes to match with the rural health care access grant funds;

(ii) Documentation of one (1) or more vendor price quotes for all proposed equipment purchases;

(iii) Contact person for verification of fiscal information;

(i) Federal tax identification number; and

(j) Other information required by the board.

(3) All applications must include the required information.

(4) The grant application and any attachments submitted by the applicant shall be the primary source of information for awarding a grant. Additionally, the board may request and/or use other information known to them in making their decision.

39-5909. GRANT AWARD SCHEDULE. The board shall conduct the grant process in accordance with the following schedule:

(1) The rural health care access director will generate, and make available, a list of areas eligible for potential grant assistance no later than November 15 prior to the application period.

(2) The rural health care access director shall develop an application form and make guidance available no later than January 15 which shall initiate the application period prior to the grant period.

(3) The completed application shall be submitted no later than April 15 of the application period.

(4) The board shall issue notification to every applicant regarding the disposition of their grant request by June 15 prior to the grant period.

(5) Funds for approved grants shall be disbursed during July of that grant period or over the course of the current grant year as funds become available.

39-5910. AWARD CRITERIA. The board shall award grants based on the following weighted criteria:

(1) Background of bidding organization. The applicant must show adequate experience, knowledge, and qualifications to adequately perform the scope of work: weight = 10%;

(2) Community and organizational support. The applicant must demonstrate community and organizational support for the project: weight = 15%;

(3) Specificity and clarity of scope of project. The proposal will be evaluated based on the extent to which the goals and objectives are specific, measurable, and relevant to the purpose of the proposal and the activities planned to accomplish those objectives are germane and can be sustained beyond the grant time frame. Additionally, there must be a demonstrated need for and lack of availability of funds from other sources to address the primary health care needs of the defined area of service: weight = 35%;

(4) Monitoring and evaluation. The proposal will be evaluated based on the extent to which the monitoring and evaluation system will document program or activity progress and measure effectiveness: weight = 15%;

(5) Budget. The proposal will be evaluated based on the extent to which a detailed itemized budget and justification are consistent with stated objectives and planned program activities: weight = 25%;[.]

39-5911. NEGOTIATION. The board shall have the authority to negotiate the amount of the grant award and any potential continuation, not to exceed a total of three (3) years.

39-5912. FRAUDULENT INFORMATION ON GRANT APPLICATION. Providing false information on any application or document submitted under this statute is a misdemeanor and grounds for declaring the applicant ineligible. Any and all funds determined to have been acquired on the basis of fraudulent information must be returned to the rural health care access fund. This section shall not limit other remedies which may be available for the filing of false or fraudulent applications.

39-5913. ADMINISTRATIVE APPEALS. Applicants aggrieved by the award or failure to award a grant pursuant to this chapter shall be afforded the remedies provided in chapter 52, title 67, Idaho Code.

The Idaho Code is the property of the state of Idaho, and is copyrighted by Idaho law, I.C. § 9-350. According to Idaho law, any person who reproduces or distributes the Idaho Code for commercial purposes in violation of the provisions of this statute shall be deemed to be an infringer of the state of Idaho's copyright.

IV. Application and Submission Information

A. Application Format Requirements

Applications are limited to 14 pages, not including materials in the appendices. Applications that exceed the page limit will not be reviewed.

Submit one (1) original copy of your application on 8 1/2" X 11" white paper. Margins must be at least one (1) inch at the top, bottom, left and right sides. Please left-align text.

Use an easily readable typeface, such as Times New Roman, Courier, or Arial. The text and table portions of the application must be submitted in not less than 12 point font and 1.0 line spacing.

Pages must be numbered consecutively from the face page, through the appendices. Handwritten numbering is acceptable.

Please do **not** bind or staple the application.

Do not include materials other than those specifically requested in this application guidance.

Contact the State Office of Rural Health at (208) 334-0669 for questions and assistance with the application and submission process.

B. Components of an Application

A completed application will include these components in the following order:

i. Application Face Page
ii. Table of Contents
iii. Project Summary
iv. Background Information
v. Statement of Need
vi. Scope of Work
vii. Evaluation
viii. Grant Budget
ix. Support & Collaboration
x. Appendices
   A. Letters of support, required
   B. Additional information required for recruitment and retention assistance
   C. Additional budget information, if applicable

C. Specific Application Instructions

i. Application Face Page

The face page is found on page 14 of this application packet. All fields must be completed and signed as indicated.

ii. Table of Contents

To facilitate evaluation, applicants should include a Table of Contents which reflects the major sections of the application including the page numbers on which they can be found.

iii. Project Summary (limit 1 page)

Please provide a brief summary which concisely states the following:

a) Description of the applicant organization, other major organizations involved, as appropriate, and the area of the state the proposed project will serve
b) Objectives of your proposed project
c) Descriptions of the activities that your proposed project would undertake to achieve its objectives

This section could be used for outside publication (e.g., press releases, reports to the Idaho State Legislature).

iv. Background Information (limit 2 pages)

a) Provide a description of the applicant organization. The applicant must show the experience, knowledge and qualifications to adequately perform the scope of work. This section may include: mission, organizational history, previous projects, and fiscal stability.
b) Provide a description of partners and other agencies collaborating on the project.
c) Describe existing primary medical or dental healthcare services in the area to be served by the project.

v. Statement of Need (limit 1 page)

a) Describe the general health issue the grant seeks to address. Use current demographic data and other background sources in the description.
b) Explain how the problem was identified by the applicant.
c) Describe the target population and service area.

vi. Scope of Work (limit 4 pages)

a) Provide a detailed description of the project.
b) Demonstrate the potential of the project to improve access to healthcare services.
c) Describe the community or population to be served by the project. (If the area is designated as a Health Professional Shortage Area for the l*ow income population*, describe how the project intends to serve that population.)
d) Demonstrate the need for this project and the lack of resources from other sources to address the healthcare needs of the proposed project area.
e) Submit a work plan that includes all of the following elements: measurable project objectives, methods/activities to achieve stated objectives, time line for completion, and cost. The work plan may be in narrative or table form. An example of a work plan table is provided on page 16.
f) Describe how the benefits of your proposed project or the project itself will be sustained beyond the grant funding period.

vii. Evaluation (limit 1 page)

Demonstrate how you will determine/measure that your project was successful. For each objective in your work plan, there should be a corresponding method of evaluating outcomes. The evaluation may be in narrative or table form. An example of an evaluation table is provided on page 17.

viii. Grant Budget (limit 2 pages, including table)

⇒ The total amount requested can not exceed $35,000 per year, for a maximum of three years.
⇒ If applicable, indicate other funding sources that will also be used to support the proposed project.
⇒ Indirect costs cannot exceed fifteen percent (15%) of the total project.
⇒ The purchase of equipment may not represent more than forty percent (40%) of the total annual share of the proposal.
⇒ The first year of the grant begins on July 1, 2006 and ends on June 30, 2007.

a) Create a budget table to itemize your proposed budget. An example of a budget table is provided on page 15.
b) Provide a detailed budget justification narrative to support your proposed budget. The narrative includes the following expenses as requested in your proposal: personnel, fringe benefits, travel, equipment, supplies, operating, contractual agreements, and indirect costs.
c) All proposed equipment purchases require one (1) or more vendor price quotes. This documentation should be included as Appendix C of your application and is not included in the page limit.

ix. Support & Collaboration (limit 1 page)

a) Describe the community awareness and support for your project. Identify key participants and collaborative efforts that have been developed.
b) Community backing for your project must be demonstrated through letters of support. At least one endorsement must be from your county or local government. Please include these letters as Appendix A in your application.

x. Appendices (no page limit on this section)

A. Letters of Support

a) Endorsement from county or local government, required
b) Letters of support from community members and community organizations

B. Additional Information Required for Recruitment and Retention Assistance

a) The following information must be included if your proposal is for recruitment and retention assistance and a practitioner has been identified:

1. The practitioner's name and type/specialty
2. Indicate if the practitioner is currently licensed in the state of Idaho or pursuing licensure. All candidates must be eligible for licensure in the State of Idaho.
3. Provide a statement indicating the practitioner's academic debt load (loan amount and lender).
4. Disclose any information regarding supplemental scholarships, grants or awards a practitioner, or site, is receiving from recruitment and retention incentives or academic loan repayment; including, but not limited to National Health Service Corps funding.

b) Include a signed letter of assurance (letter of agreement or contract) with the practitioner attesting to their level of commitment to the community throughout the grant funding period, with an agreement for pro-rated payback of funds in the event of a contract default.

C. Additional Budget Information for Equipment, if necessary

All proposed equipment purchases require one (1) or more vendor price quotes and should be included in this portion of your application.

D. SUBMISSION REQUIREMENTS

Only one application will be accepted from each eligible applicant.

Applications must be submitted, by post or delivery, to:

State Office of Rural Health & Primary Care
450 W. State St. – 4th Floor
P.O. Box 83720
Boise, Idaho 83720-0036
(208) 334-0669

Applications due before: **5:00pm MST, April 15th, 2006**

Each applicant will receive a card verifying receipt of the application. All applicants will be notified of the status of their application before June 15, 2006.

V. Application Evaluation and Award Criteria

As defined by statue, the Rural Health Care Access grant review board meets at least annually to review all grant submissions based on the following criteria:

a) Background of the Applicant Organization: The applicant must show adequate experience, knowledge and qualifications to adequately perform the scope of the work. This section has a weight of 10%.

b) Community and Organizational Support: The applicant must demonstrate community and organizational support for the proposed project. This section has a weight of 15%.

c) Specificity and clarity of the scope of work: The proposed project will be evaluated based on the extent to which the goals and objectives are specific, measurable, and relevant to the purpose of the project. The activities planned to accomplish stated objectives must be relevant and sustainable beyond the grant time frame. Additionally, there must be a demonstrated need for the project and a lack of funds from other sources to sources to address the primary health care needs of the defined area. This section has a weight of 35%.

d) Monitoring and Evaluation: The proposed project will be evaluated upon proposed methods of evaluation. The measures used to demonstrate success of the project must be relevant and effective. This section has a weight of 15%.

e) Budget: The proposal will be evaluated based on the extent to which a detailed itemized budget and justification are consistent with stated objectives and planned program activities. This section has a weight of 25%.

Rural Health Care Access Program

APPLICATION FACE PAGE

Applicant organization:_____

Federal tax identification number (TIN):_____

Is your organization: ☐ Governmental or ☐ Nonprofit

County or area served by project:_____

Special population served (if applicable): ☐ Low-income ☐ Migrant farm worker

Name of contact person:_____

Phone number:_____ **FAX number**:_____

Address:_____

City & zip code:_____

E-mail:_____

Name of budget contact:_____

Grant category: ☐ Recruitment and Retention ☐ Other
☐ Telehealth ☐ Community Development

Brief project description:

Amount of funding requested: Year 1: $_____

Year 2: $_____

Year 3: $_____

Total amount of funding requested: $_____

I hereby certify that the information contained in this application is true and correct. Providing false information on any application or document submitted under this statute is a misdemeanor and grounds for declaring the applicant ineligible. All funds determined to have been acquired on the basis of fraudulent information must be returned to the Rural Health Care Access Fund.

Authorized Signature:_____ **Date:**_____

Printed Name and Title:_____

Idaho
State Office of Rural Health
& Primary Care

Example of Grant Budget

Category	Description	Subtotal	Total
Personnel	grant manager (20hrs/week * 50 weeks) at $12.00/hr	$12,000.00	$12,000.00
Fringe Benefits	15%	$1800.00	$1800.00
Travel	Airfare:(one trip from rural town to Spokane) Lodging: (two nights) Car Rental	$200.00 $250.00 $50.00	$500.00
Equipment	Computer * Software * Facsimile Machine *	$1200.00 $350.00 350.00	$1900.00
Supplies	Paper Envelopes Educational Materials * (health promotion program)	$75.00 $30.00 $450.00	$555.00
Contractual	Strategic planning consultant	$3200.00	$3200.00
Operating	Phone Postage Printing fees Rental space Advertising costs	$315.00 230.00 500.00 1500.00 700.00	$3245.00
Other	Retention of Dr. Smith (loan repayment)	$15,000	$15,000.00
Subtotal			38,200.00
Indirect Costs (Cannot be more than 15%)		$2700.00	$2700.00
Total			$40,900
Income from additional resources **	Received grant from *Idaho Community Foundation Grant*	*$10,000*	
Total Grant Request per year			**$30,900.00**

Total Grant Request ($30,900.00 for 3 years) = $92,700.00

*Cost estimates / vendor price quotes included in Appendix C

**Having additional resources to support your project is optional, however, you must disclose these resources if they will be used to help support the project.

Example of a Work Plan

Objectives	Activities/Methods	Time Line	Budget
Increase access to primary healthcare services in X County by hiring a nurse practitioner by June 2008	Advertise for nurse practitioner vacancy	July 1, 2006 – Nov 2006	$3,000
	Hire N.P.	July 1, 2006 – June 30, 2007	$0
	Provide recruitment incentive in the form of loan repayment to newly hired N.P.	Anticipate June 1, 2007	$12,000
Increase access to primary healthcare services by successfully retaining practitioner for two years post hire	Provide retention incentive to newly hired N.P. for 2 additional years.	June 1, 2008 and June 1, 2009	$15,000 and $15,000

Objectives should be specific, measurable, achievable/realistic, and time lined. Objectives indicate how much a condition will change for a community/constituency within a specific timeframe.

Methods describe the activities that you are going to utilize to achieve stated objectives. The methods section answers the question, what can be done to change the situation that is being addressed? This is place to include the who, what, when, where and how's.

Each item of the proposed budget for your project should also be contained in the work plan.

Example of an Evaluation Plan

Objectives	Activities/Methods	Performance Indicators
Increase access to primary healthcare services in X County by hiring a nurse practitioner by June 2007	Advertise for nurse practitioner vacancy	# of locations and frequency of vacancy postings
	Hire N.P. (This will increase the number of primary care providers from 1 to 2 in X County)	Date contract was signed with practitioner # of providers in X County before and after hiring N.P.
	Provide recruitment incentive in the form of loan repayment to newly hired N.P.	N.P. employed on 06/30/07
Increase access to primary healthcare services by successfully retaining practitioner one and two years post hire	Provide retention incentive to newly hired N.P. for 2 additional years.	N.P. remains employed through 06/30/09

An evaluation plan demonstrates the effectiveness and efficiency of your program. How will you measure the success of your project?