



STATE OF ARKANSAS

ARKANSAS DEPARTMENT OF HEALTH

Office of Rural Health and Primary Care

Announcement

For

Arkansas Rural Health Services Revolving Fund

REQUEST FOR APPLICATIONS

RFA-13-0006

Date Issued:

October 19, 2012

Schedule of Events

Event	Date
Request for Application (RFA) Issued	October 19, 2012
Due date for receipt of Mandatory Letters of Intent	By 3:30 p.m. on November 1, 2012
Due date for receipt of written RFA questions from applicants	By 3:30 p.m. on November 13, 2012
Due date for posting of ADH responses to written questions submitted by applicants	November 26, 2012
Due date for Applications to be received by the Issuing Officer	By 2:00 p.m. December 3, 2012
Anticipated completion of application reviews & sub recipients selection	January 14, 2013
Anticipated Arkansas Legislative Review	May 2013
Start date of Sub-grant	July 1, 2013

Available Funding

The maximum award amount will be \$ 15,000.00 for the funding period of July 1, 2013 through June 30, 2014, and shall be on a 50%-50% cash match by each successful applicant or on a 75%–25% cash match for communities that have completed a Community Health Needs Assessment in the last five (5) years and the project addresses one (1) of the needs identified in the needs assessment.

Acronyms Used in this RFA

Acronym	Description	Acronym	Description
ADH	Arkansas Department of Health	HRSA	Human Resources & Services Administration
AHEC	Arkansas Health Education Centers	MUA	Medically Underserved Areas
CFO	Chief Financial Officer	RFA	Request for Applications
CPA	Certified Public Accountant	RHSRF	Rural Health Services Revolving Fund
HPSA	Health Professional Shortage Area		

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SECTION I: PROGRAM OVERVIEW

A. Introduction

This program guide explains the requirements and provides guidelines for the Rural Health Services Revolving Fund Grant for 07/01/2013 to 06/30/2014. 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 sub-grant applications under this program. The application must be received no later than **2:00 pm December 3, 2012**. Applicant must submit one (1) original and five (5) copies of the grant application plus one (1) electronic (CD) copy using MS Word and Excel formatting.

Grant applicants may request technical assistance from the ADH Issuing Officer by email to timothy.w.smith@arkansas.gov. 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.

B. Purpose of the Program

The Rural Health Services Revolving Fund was created to strengthen rural health care systems and service at the local level. The intent of the legislation was to give resources to the Arkansas Department of Health 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 to coordinate activities with Hometown Health Improvement 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

C. Funding

The maximum sub-grant request is \$15,000 for funding period 07/01/2013 to 6/30/2014.

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.

The health center applicant will be reimbursed quarterly on an "Actual Cost" method of reimbursement. Actual cost reimbursement is based on a complete itemized listing of allowable program expenses with 25% anticipated to be the maximum allowable quarterly reimbursement. These expenses must be within an approved itemized budget listing of allowable program costs. Pursuant to Arkansas Code Annotated 19-4-1206, the ADH certifies that services have been performed or the goods received prior to payment being authorized and processed.

Communities having completed a Community Health Needs Assessment in the last five (5) years may be eligible for a 75% grant – 25% cash match. A Community Health Needs Assessment (e.g. County specific youth and/or adult surveys, Arkansas Prevention Needs Assessment or contact the Office of Rural Health & Primary Care 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:

- The sub-grant projects and services proposals must address one (1) of the needs identified in the Community Health Needs Assessment.
- A copy of this completed assessment must be submitted and approved along with the application to be eligible for this level of funding.

Funding Restrictions include:

- No state dollars may be used as cash match.
- Research endeavors cannot be funded as part of the Rural Health Services Revolving Fund grant. Human subject research includes any activity that meets the definition of human subject research, interaction or intervention.
- All screening programs must include a referral process for follow-up.
- This program cannot fund salaries but will accept individual contracts.
- No reimbursement will be made for:
 - Purchases of equipment or services made prior to the sub-grant award date of effectiveness;
 - Professional services such as legal or financial consultants
 - Indirect and administrative costs and fees such as, but not limited to, membership fees, dues to professional organizations, country clubs, etc., financial audits, subscription fees, and license renewals;
 - Payment to any state agency for professional registrations, fees and licenses;
 - Real property, construction or renovation costs;
 - Promotional 'give away' items (clothing, pens, cups, bags, umbrellas, etc) promoting health center name or logo. This does not apply to educational materials.
- The Arkansas Department of Health will have the final decision on allowable costs.

SECTION II: APPLICANT 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 according to the 2010 Federal Decennial Census (US Census Bureau portal: <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>)
- The applicant program, if relevant, 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 and collaboration from two (2) of the following representatives:

Either the County Judge or Mayor

AND

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

NOTE:

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

SECTION III: SUBMISSION REQUIREMENTS

Mandatory Letter of Intent

Interested applicants are strongly encouraged to send a Letter of Intent to ADH Issuing Officer. A Letter of Intent does not obligate the submission of an application for funds, but it will provide information needed to plan for proposal review. See Appendix 1 for a Letter of Intent form. The Letter of Intent must be received by **3:30 pm on November 1, 2012**.

Submission Deadline

Applications must be received by the ADH Issuing Officer **by 2:00pm on December 3, 2012**. Applications received after this date and time will NOT be accepted and will be returned to the applicant.

Letters of Intent and Applications must be mailed to the following address:

**Arkansas Department of Health,
Procurement Branch RFA-13-0006
Attention: Tim Smith, CPPB
4815 W. Markham St. Slot 58
Little Rock, AR 72205 -3867**

For applications to be hand delivered use the following address:

**Arkansas Department of Health,
Tim Smith, CPPB
Procurement Branch RFA-13-0006
4815 West Markham Street, Room L163
Little Rock, AR 72205**

Applications should be submitted on 8 ½" by 11" white paper (single sided, unfolded). The entire application package may not exceed thirty (30) pages in length, including the maximum ten (10) pages of appendices. Margins must be a least one (1) inch at the top, bottom, left and right of the paper. (Community Needs Assessment is not counted in page limits.)

Applications that exceed the specified limit will not be accepted or processed for the Rural Health Services Revolving Fund Grant award.

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

Number of Copies: Include an original and five (5) copies (all unbound). One (1) CD is recommended. Completed applications must be received no later than 2:00 pm December 3, 2012.

SECTION IV: REPORTING REQUIREMENTS

Applicants receiving funding are required to submit:

- Quarterly Expenditure and Cash Match Report with accompanying copies of receipts for items purchased with grant funds
- Quarterly Report due dates are:
 - October 30, 2013
 - January 30, 2014
 - April 30, 2014
 - June 14, 2014
- Those applicants receiving awards over \$5,000 are required to provide audited financial reports for the year grant funds are received. A site visit may also be made to these grant recipients.
- Final Reports are due thirty (30) days after the end of the grant period (Final Report due date July 30, 2014).

A letter accompanying receipts must include:

- a brief description of what was purchased
- date of purchase
- where purchased equipment and/or supplies are located or stored
- how it is being used
- serial numbers and photographs of any item purchased that exceeds \$2,500
- purchase of intangibles (such as events) the same applicable information should be provided
- event attendance and sign-in sheets should also be provided

Final Report – Services Rendered:

- The final report should delineate the type and number of services provided through this funding.

SECTION V: REVIEW PROCESS AND CRITERIA

A Review Committee will evaluate and score each application, with a maximum score of one-hundred and ten (110) points possible. 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.

Scoring for these applications will use the following criteria:

I. MANDATORY LETTER OF INTENT (1 POINT)

Interested applicants **MUST** submit a Letter of Intent (LOI) to be received by the ADH Issuing Officer by November 1, 2012. E-mail is acceptable.

II. GRANT APPLICATION COVER SHEET AND COPIES (1 POINT)

Form A plus the application should include an original (1) and five (5) unbound copies and a CD (strongly recommended but not required).

III. PROJECT SUMMARY - 1 PAGE MAXIMUM (1 POINT)

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 (1) 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.

IV. 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 the specific reference 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, Charitable Clinics, Community Health Centers, AHEC Clinics, County Health Units, Rural Health Clinics, 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
- Have grant funds been awarded for a similar project to your organization in the past two (2) years? What makes this application different?

V. 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. Additionally, time frames should be assigned to each activity and the responsible person should be identified (charts identifying the activity, the time frame, and the responsible person could be used).

For those eligible for a 75% grant – 25% cash match, specific page references to the Community Health Needs Assessment need or needs the RHSRF program supports must be included in the project plan, goals and objectives for health system improvement.

An example that follows the above guidelines might read:

GOAL: Increase the physical activity level of community residents

Objectives: Develop a community health fitness program

Activity: 1. Purchase a treadmill and other exercise equipment

Activity: 2. Provide a maintenance plan and funding for repair or replacement

VI. 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. Also provide a brief history of your successes and experience in managing grant funds.

VII. 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.

VIII. COMMUNITY SUPPORT (10 POINTS)

Offer evidence of community participation in identifying the needs to be addressed and demonstrating support for the project. Partnerships 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)

IX. 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

X. GRANT APPLICATION BUDGET SHEET (3 POINTS)

Completion of FORM B
including a completed W9 for the applicant's organization

XI. SERVICE AREA DESIGNATION (4 POINTS)

The applicant's service area or Community Health Center, identified as either a Medically Underserved Area (MUA) or a Primary Care Health Professional Shortage Area (HPSA) will be awarded points based on the area's HPSA score.

HPSA scores can be located on the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA) web site:

<http://hpsafind.hrsa.gov/HPSASearch.aspx>

Medically Underserved Areas (MUA) can be located on the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA) web site:

<http://muafind.hrsa.gov/index.aspx>

(A) Any service area with a HPSA designation will qualify for up to three (3) points based on their HPSA score:

3 PTS Service Area Primary Care Health Professional Shortage Area (HPSA)
Designation with a HPSA Score fourteen (14) or greater

2 PTS Service Area Primary Care Health Professional Shortage Area (HPSA)
Designation with a HPSA Score one – thirteen (1-13)

(B) Any service area with a MUA designation, will qualify for one (1) point based on their MUA designation:

Service Area

1 PT Designation Medically Underserved Area (MUA)

SECTION VI: GRANTS TO COMMUNITIES APPLICATION CHECKLIST

Applications submitted must include the following elements and supporting documentation:

POINTS

1	Section I	Letter of Intent (on or before 3:30 pm November 1, 2012)
1	Section II	Grant Application Cover Sheet – Form A (Deadline for application December 3, 2012 at 2:00)
1	Section III	Project Summary (1 page only)
20	Section IV	Problem Description
30	Section V	Goals and Objectives
15	Section VI	Project Management
15	Section VII	Plans to Sustain Project
10	Section VII	Community Support
10	Section IX	Budget Narrative
3	Section X	Grant Application Budget Sheet – Form B and W-9
4	Section XI	<i>Health Professional Service Areas (HPSAs) designations</i>

<i>SERVICE AREA DESIGNATION POINT AWARDS, IF APPLICABLE</i>
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3 PTS Service Area Primary Care Health Professional Shortage Area (HPSA) Designation with a HPSA Score fourteen **(14) or greater**

2 PTS Service Area Primary Care Health Professional Shortage Area (HPSA) Designation with a HPSA Score one-thirteen **(1-13)**

1 PTS *Medically Underserved Area (MUA) Service Area designation*

Appendices – Letters of Community Collaboration (supporting documentation maximum of ten (10) additional pages)

Appendix A – Letters of Collaboration

1. Hometown Health Improvement Chair or Local Health Unit Administrator
2. Letter from the County Judge or Mayor.

Appendix B – Other Supporting Documentation [not to exceed eight (8) pages]

Community Needs Assessment [send at least one (1) copy, do not include as a numbered part of the application]

Thirty (30) Page Maximum (excluding Community Needs Assessment)

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 that shows the collaboration between the applicant and

Either the County Judge or Mayor

AND

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

A budget must be provided that breaks out how support to the program will be utilized (see the following example of a budget spreadsheet on page 18). You may divide the program budget into the three (3) separate columns of Grant Funds, Cash Match, and Row Total. For the purpose of this grant, **In-Kind Match 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.)

FORM A

Arkansas Department of Health
Procurement Branch
Attention: Tim Smith CPPB
4815 West Markham, Slot 58
Little Rock, Arkansas 72205-3867

**Grant Application Cover Sheet
RURAL HEALTH SERVICES REVOLVING FUND GRANT
RFA-13-0006**

Name of Applicant (Name of Organization): _____

Mailing Address: _____

Street Address: _____

City _____ County: _____

Contact Person: _____ Title: _____

E-mail Address: _____

Phone Number: _____

Fax Number of Contact Person: _____

Email Address of Contact Person: _____

Amount of state funds requested: _____

FORM B (Include W-9)

<p>Rural Health Services Revolving Fund Grant Application BUDGET SHEET</p> <p>(Print or Type Answers)</p>
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Business Name of Applicant: _____

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'S ORGANIZATION
(W-9 is not included in Application's page limit of 30 maximum pages)

BUDGET TABLES

Sample budget tables, found on the following page, represent a 50/50 Grant/Cash Match and 75/25 Grant/Cash Match.

The Budget Tables will assist reviewers in seeing how Grant and Cash Match were utilized and assists in clarification of your Budget Narrative. (The manner in which these funds are distributed within the sample tables should not be taken as indicative of how your budget table should be broken out for expenses. The sample budget tables are only examples.)

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 related to achieving the success of the project. Cash Match is calculated on total project costs.

An example of how to calculate your matching funds is as follows for a 25% match:

1. Take the amount of grant funds you are requesting and divide it by .75. This will give you your total project cost.
Example: $\$15,000 \text{ (grant amount)} / .75 \text{ (percentage for use of grant funds)} = \$20,000.00 \text{ (total project cost)}$.
2. Subtract the amount of grant funds you are requesting from your total project cost. This will give you your matching funds requirement.
Example: $\$20,000.00 \text{ (total project cost)} - \$15,000 \text{ (grant amount)} = \$5,000.00 \text{ (matching funds requirement)}$.
3. A quick way to double check that you have the correct amount of matching funds is to take your total project cost and multiply it by .25.
Example: $\$20,000.00 \text{ (total project cost)} \times .25 \text{ (maximum percentage of matching funds requirement)} = \$5,000.00 \text{ (matching funds requirement)}$.

No In-Kind, donated goods and services, amounts are calculated in the formula of Grant/Cash Match. Funds from other State of Arkansas sources may not be used as Cash Match.

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

Grant awards from the Rural Health Services Revolving Fund exceeding \$10,000 are subject to review by the Arkansas State Legislature

NOTE: 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 TABLES

50/50 SAMPLE BUDGET

ITEM/SERVICE TO BE PURCHASED	50% STATE GRANT FUNDS	50% GRANTEE CASH 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
Space for training		\$1,000.00	\$ 1,000.00
COLUMN TOTAL	\$4,000.00	\$4,000.00	\$8,000.00

75/25 SAMPLE BUDGET (completion of a Community Health Needs Assessment required)

ITEM/SERVICE TO BE PURCHASED	75% STATE GRANT FUNDS	25% GRANTEE CASH MATCH	ROW TOTAL
One lap-top computer	\$1,000.00		\$ 1,000.00
One color printer	\$1,000.00		\$ 1,000.00
Contracted trainer	\$3,550.00		\$ 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
Space for training		\$1,000.00	\$ 1,000.00
COLUMN TOTAL	\$6,000.00	\$2,000.00	\$8,000.00

***In-Kind Contributions, donated goods and services, may not be used for cash match.**

Date

Arkansas Department of Health
Procurement Branch
Attention: Tim Smith, CPPB
4815 West Markham Street, Slot 58
Little Rock, Arkansas 72205-3867

Dear Mr. Smith:

RE: Letter of Intent
Arkansas Rural Health Services Revolving Fund
RFA-13-0006

This letter has been prepared to confirm **(name of Organization)** intention to apply for the Arkansas Rural Health Services Revolving Fund **RFA-13-0006**.

(Name of organization) plans to use any awarded grant funds to obtain assistance in **(explain what funding will be used for)**.

It is our intent to apply for **(indicate maximum of \$15,000 or the amount requesting)**. Funds requested will be matched on a **(indicate the percent grant/cash match, either 50/50 or 75/25)** match criteria.

Sincerely,

(Name), Executive Director
(Signature of Executive Director)
(Name of Organization)