



State of Arkansas
Arkansas Department of Health
4815 West Markham Street
Little Rock, AR 72205

APPLICATION PACKET

DH-24-0008

Request for Application

Purpose of Sub-Grant:

Medicare Rural Hospital Flexibility Program

APPLICATION SIGNATURE PAGE

Type or Print the following information.

APPLICANT'S INFORMATION				
Company:				
Fiscal Year:				
Address:				
City:		State:		Zip Code:
Business Designation:	<input type="checkbox"/> Individual	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Public Service Corp	
	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Nonprofit	
	<input type="checkbox"/> Intergovernmental			
Minority and Women-Owned Designation*:	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> American Indian	<input type="checkbox"/> Asian American	<input type="checkbox"/> Service-Disabled Veteran
	<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic American	<input type="checkbox"/> Pacific Islander American	<input type="checkbox"/> Women-Owned
AR Certification #:	_____		* See <i>Minority and Women-Owned Business Policy</i>	
APPLICANT CONTACT INFORMATION				
<i>Provide contact information to be used for bid solicitation related matters.</i>				
Contact Person:	Jeff Griffin	Title:	Issuing Officer	
Phone:	(501) 280-4594	Alternate Phone:	501-280-4594	
Email:	jeffrey.h.griffin@arkansas.gov			
Alternate Email:	Timothy.obrien@arkansas.gov			
ILLEGAL IMMIGRANT CONFIRMATION				
By signing and submitting a response to this <i>solicitation</i> , the applicant agrees and certifies that they do not employ or contract with illegal immigrants. If selected, the recipient certifies that they will not employ or contract with illegal immigrants during the aggregate term of a contract.				
ISRAEL BOYCOTT RESTRICTION CONFIRMATION				
By signing and submitting a response to this Bid Solicitation, a prospective contractor agrees and certifies that they do not boycott Israel, and if selected, will not boycott Israel during the aggregate term of the contract.				
Geographical Coverage Area: Indicate geographical coverage area as either statewide or by individual counties, alphabetically.				

An official authorized to bind the prospective recipient to a resultant contract shall sign below.

By signing and submitting a response to this Request for Application (RFA), the applicant agrees to comply with all requirements, and that any exception that conflicts with a requirement of this RFA will cause the application to be disqualified.

Authorized Signature: _____ **Title:** _____
Use Ink Only.

Printed/Typed Name: _____ **Date:** _____

PROPOSED SUBCONTRACTORS FORM

- **Do not** include additional information relating to subcontractors on this form or as an attachment to this form.

PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.

Type or Print the following information

Subcontractor's Company Name	Street Address	City, State, ZIP

PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.

INFORMATION FOR EVALUATION

- Provide a response to each item/question in this section. Prospective Contractor may expand the space under each item/question to provide a complete response.
- **Do not** include additional information if not pertinent to the itemized request.

		Maximum Raw Score Available
E.1	Statewide Operational and Financial Needs Assessment	
	Your response and proposal for 2.2.A	5 Points
E.2	Financial Improvement	
	Your response and proposal for 2.2.B	5 Points
E.3	Operational Management	
	Your response and proposal for 2.2.C	5 Points
E.4	Reporting	
	Your response and proposal for 2.2.D	5 Points
	Also include demonstration that all requirements of Section 1.5 are met.	