

Colorado Rural Health Care

GRANT PROGRAM



FACT SHEET

The Colorado Rural Health Care Grant Program is available to support the health infrastructure in Colorado's rural communities. This Fact Sheet, provided by the Colorado Rural Health Care Grant Council, contains frequently asked questions to provide basic information about the program.

What is the purpose of the grant program?

The general purpose of this program is to improve the provision of health care services in rural Colorado. The funds are intended to support outpatient primary care – outpatient primary care services are considered to be the basic, entry level care (medical, oral and mental) provided by clinicians. This care is generally provided in an outpatient clinic or medical office setting.

What is the Colorado Rural Health Care Grants Council?

Through Executive Order B 007 07, Governor Ritter created the Colorado Rural Health Care Grant Council to develop and provide oversight for this grant program. Twelve members were appointed and the first meeting was held in December 2007. The Executive Order and a list of the Council members may be found at <http://www.coruralhealth.org/programs/crhcgp/>.

How much money is available?

The Executive Order states that a total of \$7.5 million is available from 2008 through 2012. The Council awards a minimum of \$1 million per year through scheduled grant cycles. A total of \$1,917,136.88 was awarded in 2008 and \$1,207,863 in 2009.

Where did these funds come from?

The funds were donated by UnitedHealth Group – www.unitedhealthgroup.com – to help remedy deficiencies in access to health care for rural and underserved Coloradans.

Who is eligible to apply?

While the Council members recognize the contributions made to rural Colorado from urban-based organizations, only applicants from rural Colorado are eligible to apply. However, rural applicants have the option of contracting for urban-based services or resources to meet the objectives of their grant proposals.

What is considered “rural”?

For the purposes of this grant program, applicants must be located outside of Colorado’s Urbanized Areas (UAs). The US Census defines a UA as *“a central place(s) and adjacent territory with a general population density of at least 1,000 people per square mile of land area that together have a minimum residential population of at least 50,000 people.”* Colorado currently has nine UAs: Boulder, Colorado Springs, Denver, Fort Collins, Grand Junction, Greeley, Longmont, Louisville and Pueblo. To determine whether or not an address is located outside of a UA, contact the Colorado Rural Health Center (CRHC) or visit <http://maps.rupri.org/circ/racrural/amirural.asp>.

What kinds of projects will be funded?

The Council realizes that an almost limitless array of health infrastructure needs exist in rural Colorado; however, these grant funds will focus on improving primary care services.

What is considered “primary care”?

For the purposes of this grant program, the definition of primary care is defined as follows: *“outpatient primary care services are considered to be the basic, entry level care (medical, oral and mental) provided by clinicians. This care is generally provided in an outpatient clinic or medical office setting.”*

What types of entities are eligible to apply?

Applicant entities must provide outpatient primary care services – medical, oral, or mental health services – to the underserved in rural Colorado. Recognizing that the underserved in rural Colorado are served by a wide variety of entities, an applicant may be private non-profit, public/government, or private for-profit.

Who is considered “underserved”?

For the purposes of this grant program, “underserved” includes people who cannot afford care, the uninsured, and those covered by Medicaid or the Children’s Health Plan Plus (CHP+) program. Each applicant entity will be asked to describe the types and amounts of service provided to underserved people.

What size are the grant awards?

The maximum award amount is \$50,000 per applicant.

Is there a match required?

Applicants are not required to match the amount of grant funds awarded; however, any matching funds available should be described in this section of the narrative and listed on the Budget Worksheet. The match may be cash or in-kind, and will be considered favorably, especially if evidence of community participation in the project is demonstrated.

What types of activities will be funded?

Grants will not be awarded for the delivery of direct health care services or to support operations or staffing. Grants will be funded for projects that support the rural health infrastructure and strengthen the capacity of rural entities to provide outpatient primary care services now and in the future. Infrastructure includes, but is not limited to: equipment, construction, physical plant improvements, vehicles and vehicle upgrades, information technology, and staff training or education. Although facility improvements or expansions are a viable use of the funds, projects must be completed within one year of the award. Therefore, long-term construction projects are generally not eligible.

Will funding be provided for multiple years to a grantee?

Grants will only be awarded for one year, but applicants may apply for additional awards in subsequent years.

Are there additional funding preferences?

The Council hopes to learn from the grant application and awards process each year, and may alter or add preferences and expectations in subsequent years. While all applicants must meet the basic eligibility and grant application requirements, preference will be given to applications that:

- Demonstrate collaboration with other organizations in the delivery of services;
- Demonstrate leveraging, but not duplication, of other available resources;
- Are from counties with limited primary care access; and/or
- Integrate mental health or oral health services in the delivery of primary care.

In addition, preference will be given to applications from organizations that have not been awarded funds in the past.

How does the grant application process work?

The Request For Applications will be issued and available on December 14, 2009 at <http://www.coruralhealth.org/programs/crhcgpp/>. Announcements will be distributed statewide. The Council has set a grant application deadline date of March 11, 2010. Potential applicants will be asked to submit a Letter of Intent (LOI) by January 22, 2010, stating their intent to apply, and briefly describing their entity and proposed project. The LOI process will allow the Council and staff members to monitor statewide outreach, prepare adequately for the number of applications that might be received, and contact any potential applicant whose entity or project might not meet eligibility requirements. The application guidelines and instructions will be made available through the Colorado Rural Health Center. Applicants will not be deemed ineligible if they do not submit the LOI before the deadline, but are encouraged to do so in order to develop a communication link with the Colorado Rural Health Center in the event that additional information is made available.

How will grants be reviewed?

Grant applications will initially be reviewed for completion by staff from the Colorado Rural Health Center to ensure that basic requirements are met. Then, multiple reviewers will be assigned to review and score each application. Review Committee members may include Council members, staff and/or board members from CRHC, and community volunteers. The Council will make final award decisions based on the scores of each application, community impact, geographic distribution, diversity of projects, and applicant type. NOTE: If you are interested in volunteering as a grant reviewer, information is available at <http://www.coruralhealth.org/programs/crhcgp/>. You are not precluded from applying if *you serve as a reviewer. Reviewers are assigned to review applications with which they have no conflict of interest.*

Where can I get more information?

CRHC (the State Office of Rural Health) is managing the program on behalf of the Council. The CRHC website contains information about the Colorado Rural Health Care Grant program including:

- A copy of the Executive Order
- A list of Council members and meeting minutes
- Grant application deadlines
- Grant application guidelines and instructions
- Grant application checklist
- Questions and answers that arise during the process
- Information regarding the appeal process
- Information regarding volunteering as a reviewer
- Information about awards made (when available)

Colorado Rural Health Care GRANT PROGRAM



REQUEST FOR APPLICATIONS

COLORADO RURAL HEALTH CARE GRANT PROGRAM

Supporting Health Infrastructure in Colorado's Rural Communities

Date Issued: December 14, 2009

Letter of Intent Due: January 22, 2010

Grant Application Deadline: March 11, 2010

The Colorado Rural Health Care Grant Council is accepting applications for State fiscal year (FY) 2010-11 (July 1, 2010 through June 30, 2011) for projects that support the health infrastructure in Colorado's rural health facilities and communities. The total amount of funding to be awarded by the Council is \$1 million.

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I. Background

Rural communities in Colorado have limited access to resources to enhance their health care infrastructure. This solicitation focuses on supporting the rural health infrastructure and strengthening the capacity of rural entities to provide primary care services now and in the future. Colorado's Governor, Bill Ritter, Jr., issued an Executive Order (B 007 07) creating the Colorado Rural Health Care Grant Council. The Council is responsible for developing and providing oversight for a new grant program funded by the UnitedHealth Group. In 2006, the UnitedHealth Group committed to donate \$7,500,000 over six years to the State of Colorado to remedy deficiencies in access to health care for rural and underserved Coloradans. The Executive Order states that grant funds will be available from 2008 through 2012. The Council is planning to award a minimum of \$1 million per year through scheduled grant cycles.

The Colorado Rural Health Center (CRHC), Colorado's State Office of Rural Health, has been appointed to serve as administrator of the grant program. CRHC has had a longstanding interest in identifying and addressing rural health issues. As Colorado's State Office of Rural Health, CRHC's general purpose is to help rural communities build health care delivery systems. Created in 1991 by the Colorado Rural Health Consortium, a group of volunteers that included representation from most major health organizations, the legislature, and local foundations, CRHC is one of three State Offices of Rural Health in the country that are structured as non-profit organizations.

CRHC utilizes its existing relationships with rural health care facilities, communities, and partner organizations to assist the Colorado Rural Health Care Grant Council in coordinating its activities and administering the grant program funded by the UnitedHealth Group. CRHC has extensive experience in meeting coordination and facilitation, grants management, and marketing and outreach. CRHC is highly dedicated and committed to addressing enhanced access to health care.

II. Eligibility

The Colorado Rural Health Center, in partnership with the Colorado Rural Health Care Grant Council, is issuing this request for applications from organizations providing outpatient primary care services in rural Colorado (exclusive of emergency care), including medical, oral and mental health services. The purpose of this grant program is to fund projects that support the rural health infrastructure and strengthen the capacity of rural entities to provide outpatient primary care services.

For purposes of this grant program, infrastructure includes but is not limited to: equipment, construction, physical plant improvements, vehicles and vehicle upgrades, information technology, and staff training or education. Although facility improvements or expansions are a viable use of the funds, projects must be completed within one year of the award. Therefore, long-term construction projects are not eligible.

Examples of eligible projects include:

Construction and physical plant improvements

- renovation of reception area; expansion of facility to add space for oral health services; upgrade of baby exam room; clinic remodel; installation of double-doors

Equipment

- bariatric exam tables; mobile dental health equipment; laptop computers; basic lab and x-ray diagnostic equipment that is used in the delivery of primary care services; video-conferencing equipment

Vehicles and/or vehicle improvement, upgrade, or repair

- repair and upgrade of vehicle used for primary care home visits; purchase of tires, tune up for mobile dental health van

Information technology

- purchase new health information technology system; develop internet-based telehealth services; implement electronic medical records in satellite sites

Staff training or education

- training for staff in use of new equipment; diabetes certification training for staff; training in pesticide exposure diagnosis and treatment

Other projects that meet the intent of the program

- Contact staff for approval or describe in Letter of Intent to verify eligibility.

Grants will not be awarded for:

- Equipment to be placed in non-primary care facilities; for example, hospitals
- The delivery of direct health care services
- Support of day-to-day operations or staffing

Examples of INELIGIBLE projects include:

- Salaries or reimbursement for providers, administrative staff, or consultants
- Overhead or administrative costs
- Equipment not used in the delivery of primary care services
- General operating support to continue an existing program
- Emergency transport

Project Timeframe:

Grants will only be awarded for one year in duration. Proposed projects are to be completed and funds are to be expended within one year of the date the award is made. Applicants may apply in subsequent years, but it is not the intent of the program to fund long-term projects.

General Preferences:

While all applicants must meet the basic eligibility and grant application requirements, preference will be given to projects that include descriptions of one or more of the following:

Collaboration with other statewide or local organizations in the delivery of primary care services.

- *Examples - health information technology project connects multiple clinics to pharmacy information center; school-based health center will work with public health department and local clinic to provide oral health services*

Integration of mental or oral health services with the delivery of medical primary care services.

- *Examples - family physicians and mid-level providers are trained to apply dental sealants; public health department nurses trained in suicide prevention*

Limited primary care access in the county where primary care services are delivered.

- *Examples - clinic is only primary care facility in county; county has Health Professional Service Area (HPSA) designation*

Availability of additional funding and resources to support the project.

- *Examples - remodel is also supported by funding from Department of Local Affairs, American Revitalization and Reinvestment Act (ARRA) funding, or grant from local foundation or county commissioners*

Applicants are welcome to include descriptions for more than one of these grant program preferences, but they must justify each one.

Applicants receiving awards in the past are eligible to reapply, but the Council will give special consideration to applicants not awarded funds in the past.

Location:

The applicant seeking an award must be located outside of Colorado's Urbanized Areas (UAs) as defined by the United States Census Bureau. The Census Bureau classifies UAs through a complex formula, which includes denoting Urban Areas as regions with 50,000 or more people. The Census Bureau does not identify or classify entire counties as urban or rural. Geographic entities such as places, counties, metropolitan areas, etc., are often split between urban and rural territory. Therefore, for purposes of this grant program, a "rural" area is an area located outside of a Census Bureau designated Urbanized Area.

The Rural Assistance Center (RAC) has a resource that can help determine whether an entity is located in a rural area as defined by various grant programs. RAC's website contains a "rural locator" where providers and staff can enter a proposed clinic address and search the location.

To access the features of this valuable resource:

1. Log on to: <http://maps.rupri.org/circ/racrural/amirural.asp>
2. Enter the prospective entity's address, city, state and zip code
3. Click on "Next"
4. Click on "CMS-Rural Health Clinics Program" (also uses Urbanized Area as "rural")
5. Click on "Am I Rural"

If the entity location exists outside of the Census Bureau defined Urbanized Area and is considered rural, a "YES" message will appear.

If assistance is needed in determining whether or not a community is located outside of a UA, please contact the Colorado Rural Health Center at (800) 851-6782.

Organization Type:

Applicant entities **must provide outpatient primary care – medical, oral, or mental health services – to underserved people in rural Colorado.** Recognizing that a wide variety of healthcare entities provide services to the underserved in rural Colorado, an applicant entity can be owned/managed by a larger health organization – as long as the proposed project targets the underserved people in the surrounding geographic area; a free-standing or independent facility; a physician or midlevel provider-owned practice – medical, oral, or mental health. The entity can be organized as a private non-profit, public/government, or private for-profit.

Definition of Primary Care:

For the purposes of this grant program, "Primary Care" is defined as follows:

"Outpatient primary care services are considered to be the basic, entry level care (medical, oral and mental) provided by clinicians. This care is generally provided in an outpatient clinic or medical office setting."

Patient Population:

For the purposes of this grant program, "underserved" will include people who cannot afford care, the uninsured, and those covered by Medicaid or the Children's Health Plan Plus (CHP+) program. Each applicant entity will be asked to describe the types and amounts of service provided to underserved people.

III. Review Process

Grant applications will initially be reviewed for completion by staff from the Colorado Rural Health Center to ensure that basic requirements are met. Then, multiple reviewers will be assigned to review and score each application. Review Committee members may include Council members, staff and/or board members from CRHC, and community volunteers. The Council will make final award decisions based on the scores of each application, community impact, geographic distribution, diversity of projects, and applicant type.

IV. Application Components

Application Format:

Narrative portions of the application should be single-spaced, with at least one inch margins, and 12-point font.

Application Content and Order:

In preparing applications in response to this RFA, applicants should ensure that the following forms and components are included, and in this order:

- A. **Application Form** – Provided in application packet.
- B. **Project Narrative** – See Project Narrative section for details.
- C. **Budget Worksheet Form** – Provided in application packet.
- D. **Budget Narrative** – See Budget section for details.
- E. **Project Work Plan Form** - Provided in application packet.
- F. **Patient Population Questionnaire Form** – Provided in application packet.

Do not include additional attachments. Reviewers will only receive the components and required forms listed above, and will not consider other information.

Project Narrative

The Project Narrative is limited to five pages and should include the following sections in this order:

1. **Organizational Description** – State the mission of the applicant organization, and briefly describe its structure, purpose and history.
2. **Provision of Primary Care** – Describe the services provided by the applicant and how they align with the definition of primary care noted previously.
3. **Service to Underserved Population** – Describe activities the applicant has in place to care for the underserved. The underserved will include people who cannot afford care, the uninsured, and those covered by Medicaid or the Children’s Health Plan Plus (CHP+) program. Documentation of the percentage of the applicant’s patient population that is uninsured or low income must be provided on the attached Patient Population Questionnaire form (see Application Components).
4. **Amount Requested** – Clearly state the amount requested for the project. The maximum award amount is \$50,000. Requests for greater than \$50,000 will not be accepted. Applicants are not required to match the amount of grant funds awarded; however, any matching funds available should be described in this section of the narrative and listed in the budget. The match may be cash or in-kind, and will be considered favorably.
5. **Proposed Use of Funds** – Describe the proposed project and how the funds will be utilized to address the applicant or community need. Proposals may include one major project or a variety of projects combined to accomplish an overall goal or related objective(s). Additional detail may be provided in the Work Plan form.

6. **Community Impact** – Explain how this project will improve access to primary health care and strengthen the infrastructure of the applicant, community and/or region; and, explain its long-term impact. Be sure to include detail on how it will impact care for the underserved.
7. **Alignment and Grant Program Preferences** – Describe how the project aligns with any or all of the grant program preferences. Preference will be given to applications that demonstrate:
 - Collaboration with other organizations in the delivery of services;
 - Leveraging, but not duplication, of other available resources;
 - Limited primary care access in the county; and/or
 - Integration of mental health or oral health services in the delivery of primary care.Applicants are welcome to request more than one of the grant program preferences, but they must justify each one.
8. **Timeline** – Describe the timeline along which the project will be undertaken and completed. Additional detail must be provided in the Project Work Plan form. Projects must be completed within one year of the award.
9. **Evaluation** – Describe the information the applicant will provide to demonstrate intended outcomes. Grantees will be asked to provide documentation to demonstrate evidence of the project's results and impact after project completion. This may include completion of an evaluation form, statistics, demographics, spreadsheets, photos, testimonials, maps, etc.

Budget – Worksheet and Narrative

On the Budget Worksheet, provide the requested amount of funds, in-kind (if available), other funds (if available), and the total budget for the proposed project. Add rows as necessary to include various components of your project. Include an additional budget narrative – limited to one page – that provides additional detail to the information listed on the worksheet. Justify costs; explain pricing research; provide rationale for type of equipment requested; show cost breakdowns, etc. For those project costs not covered by the grant request, explain how the additional costs will be covered.

V. Letter of Intent and Application Deadline

Letter of Intent:

Potential applicants are asked to submit a Letter of Intent (LOI) stating their intent to apply, briefly describing their entity and proposed project, and stating an approximate amount to be requested. The LOI process will allow the Council and staff members to monitor statewide outreach, prepare adequately for the number of applications that might be received, and contact any potential applicant whose entity or project might not meet eligibility requirements. **Interested applicants should submit their LOI's by January 22, 2010.**

The letter of intent should include the following information:

- Contact person's name, address, email, and telephone number
- Entity name and a brief description of organization and primary care services provided
- Brief description of the proposed project and how it improves access to primary care services
- Estimated amount of request

Applicants will not be deemed ineligible if they do not submit the LOI before the deadline; they are, however, encouraged to do so, even after the deadline, in order to develop a communication link with the Colorado Rural Health Center in the event that additional information is made available. Letters of Intent may be submitted by email, mail or fax, and should be sent to:

Kent O'Connor
Colorado Rural Health Center
3033 South Parker Road, Suite 606
Aurora, CO 80014
(303) 832-7493
ko@coruralhealth.org

Application Deadline:

Applications must be submitted electronically as one PDF or Word document by 3:30 P.M. Mountain Time (MT) on or before, March 11, 2010. Applicants must contact CRHC if they are unable to submit the application and all of its components as one document. The complete application must be received by the deadline. Proposals received after the deadline will not be accepted. CRHC will verify receipt of application to application contact person by email within two days of receiving the completed application. If verification is not received, applicants should notify CRHC to ensure that the application was received. The review and recommendations will be finalized by May 2010. All applicant organizations will be notified of the outcome of the RFA.

Applications should be submitted to:

Kent O'Connor
Colorado Rural Health Center
3033 South Parker Road, Suite 606
Aurora, CO 80014
(303) 832-7493
ko@coruralhealth.org

VI. Additional Requirements for Recipients of 2009 Award

Progress Report:

Applicants receiving previous awards in the 2009 grant cycle must submit a Progress Report with their current application. The Progress Report should be no longer than one page. The Progress Report must provide an update on the funded project, including funds expended, activities completed, objectives met, and impact on the population served.

VII. Regional Grant Writing Workshops

The Colorado Rural Health Center will hold three pre-application regional grant writing workshops and one webinar in early February. The workshops are free and open to any organization interested in attending. Registration information will be forthcoming.