***Community Need and Patient Population 20 Points***

***(2 Page Maximum Including Patient Population Table)***

1. Please provide a description of the proposed service area, including population demographics, other safety net services in the area, challenges, poverty levels, percent uninsured, and other pertinent data. Please reference your county/region community health needs assessment to provide information in this section.

*Available resources include*[*https://www.healthenc.org/*](https://www.healthenc.org/)*(Eastern NC) and*[*https://www.wnchn.org/*](https://www.wnchn.org/)*(Western NC). Check your local health department’s website to find your county’s community health needs assessment. If you still need assistance locating your region or county's community health needs assessment, please reach out to the Office of Rural Health.*[*Health Atlas Map*](https://schs.dph.ncdhhs.gov/data/hsa/)

1. Please provide a description of how the organization’s services will be communicated in the community or to stakeholders. *(Ex: using website, newsletter, community forums, social media, press release, etc.)*

***Improved Access to Care 20 Points***

***(3 Page Maximum)***

1. *Describe in detail how your organization is positioned to effectively use the Medical Access Plan, Behavioral Health and/or the Operational/Infrastructure funds to increase access to care for****underserved****residents in your defined service area.*

1. *Please indicate how much funding is requested for Medical Access Plan (MAP) and Behavioral Health (BH). (What percentage of the uninsured/underinsured in your service area?) Please indicate “N/A” if only Project Funds are requested. (These visits are reimbursable at a rate of $100.00 per MAP encounter to the health center based on medically necessary on-site face-to-face provider encounters, as follows: onsite x-rays, in-house labs, surgical procedures, services performed by practice providers, prophylaxis, and telemedicine. BH**funds available for behavioral health and mental health counseling services. The visits are reimbursable at a rate of $75.00 per encounter to the health center based on on-site face-to-face behavioral health provider encounters.)*

1. *Please list your agency’s plan to achieve 100% expenditure of MAP, BH,****and/or****Project Funds. Include information about activities planned throughout the year, community engagement/outreach activities, and how referrals are made into your program.*

1. *To support rural healthcare access, describe how your organization will educate the target population based on health care services/needs and access to additional resources in the community.*

1. *NC DHHS is committed to racial equity as part of an overall emphasis on diversity and inclusion that is critical to the sustainability and successful implementation of the agency’s mission. In 2020, NC DHHS added the value of “Belonging” to “intentionally promote an inclusive, equitable workplace that reflects the communities we serve, where everyone feels a sense of belonging, and our diverse backgrounds and experiences are valued and recognized as strengths.” This value should be subsequently reflected in both state Divisions’ and local Contractors’ work. Applicants must describe their approach to building racial equity and inclusion at the community, agency, staff, and/or programmatic levels.*

1. *If applicable, describe how you use or plan to use telehealth or telemedicine, etc. to reduce barriers to care. (Telehealth is defined as the use of electronic information and telecommunication technologies to support long-distance clinical health care, patient and professional health-related education, public health, and health administration. Technologies include video conferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications.  Telemedicine services - include both an originating site and a distant site. The originating site is the location of the patient at the time the service is being furnished. The distant site is the site where the physician or other licensed practitioner delivering the service is located.)*

***Community Collaboration***  **(2 Page Maximum)  *15 Points***

***(2 Page Maximum Including Patients by Race and Ethnicity Table)***

1. *Describe how your organization has built partnerships or anticipates collaborative partnerships with other organizations in your community that serve under- and uninsured individuals (e.g. homeless shelter, farmworker health program, hospital system). Include traditional and non-traditional organizations. Include collaborative partnerships directly related to your funding requests (e.g. Project Funding, Medical Access Plan, Behavioral Health). Please provide at least three examples.*

1. *Describe how your organization will provide or support the continuity of care with community providers. List agencies who refer patient to you and agencies you refer patients to when you are unable to provide services.*

*Enter Response Here*

***Sustainability Model (1 Page Maximum) \_\_ 10 Points***

***(1 Page Maximum)***

*Enter Response Here*