Rural Health Center Capital Grant

**Funding Agency Name:** North Carolina Office of Rural Health (NC ORH)

**Funding Agency Address:** 311 Ashe Avenue, Raleigh, NC 27603

**Funding Agency Contacts/Inquiry Information:** Monifa Charles, 919 527-6474, [monifa.charles@dhhs.nc.gov](mailto:monifa.charles@dhhs.nc.gov); and Maggie Sauer, 919 527-6450, maggie.sauer@dhhs.nc.gov

**Description**

The purpose of grants awarded under this program is to support state-designated rural health centers. NC ORH assists underserved communities and populations with developing innovative strategies for improving access, quality, and cost-effectiveness of health care. The ability of a healthcare facility to meet the needs of a rural patient population is directly related to the efficiency, size, and quality of the facility and its equipment. Capital funding sources allow for investment in healthcare infrastructure, including the construction, renovation, and expansion of rural healthcare facilities. Capital investments can also be made through the purchase and installation of major equipment and technology.

**Eligibility**

To be eligible to apply for these funds, your organization must be designated a State-Designated Rural Health Center by NC ORH. The maximum total grant award is dependent upon demonstrated need at the rural health center or by the organization and is contingent upon funding availability.

**Application Instructions**

* **Please read the following grant instructions and requirements carefully. Applications that do not adhere to all instructions and requirements will be ineligible.**

**You must submit your application through the online survey tool. Click the link below and provide your contact information to receive a personalized link to the application:**

<https://ncruralhealth.az1.qualtrics.com/jfe/form/SV_5ngAqyHY7Y7Sd2B>

**Application and Submission Instructions:** Grant applications must be received via electronic survey. Applications are accepted on a rolling basis or until available funds are fully obligated. We encourage organizations to apply at least two months prior to their project to allow for application review and grant processing. Applicants will be notified of awards within **20 days** business days of submitting their application.

**Timeline**

**1. Submission and Requirements**

* Applicants are required to submit within the application an estimation of quotes from vendors, **at least two vendors**. If vendor or sub-contractor has specific payment terms please include. For example: If vendor or sub-contractor requesting upfront payment of 10%, 20%, 50%, etc.
* **NOTE: Submission of all Information Technology Equipment will be routed to DHHS IT Central Office: The purchase of IT Equipment for approval is within 45 calendar days.**
* Applicants are required to report any changes in the project or proposed activities as appropriate or monthly to ORH Operation Specialist: [monifa.charles@dhhs.nc.gov](mailto:monifa.charles@dhhs.nc.gov)
* Applicants are required to participate in **quarterly** audit activities, as appropriate.

**2. Review of Applications**

* **Within 1-5 business days**, upon receipt of application, applicants will receive an email confirmation from ORH that your application is being reviewed.
* **Within 12 business days** ORH will review budget request and contact applicant and determine if there is a need to negotiate the budget request, if applicable.

**3. Proposal Approved**

* **Within 20 business days** applicants will receive notification of award for capital funds and approval for project.

**4. Finalize Process**

* Applicants will review and sign off on contract send by ORH. Note: there will be two original contracts.
* Applicants will mail back both original contracts.
* ORH will mail back one original contract to applicants.
* An electronic copy will be available for applicant.

**5. Applicants are required to submit closeout supporting documentations and expend all funds on or before June 30, 2020.**

**Funding Cycle**

The funding cycle is from July 1, 2019 through June 30, 2020. All grantees must fully expend grant funds prior to June 30, 2020. All invoices for the completed and projected work must be submitted to ORH for reimbursement no later than **June 7, 2020.**

**Application**

SFY 2019-2020 Rural Health Centers Capital Grant

**ORGANIZATIONAL INFORMATION & SIGNATURE SHEET**

Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization EIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Fiscal Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site (where the grant will be utilized): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Capital Grant Application Submitted By:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Board Chair Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Name/Title**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Period: Please select the quarter in which you plan on starting your project**

🞎 Q 1: July 1-31, 2019- September 1- 30, 2019 🞎 Q 2: October 1-31, 2019- December 31, 2019

🞎 Q 3: January 1-31, 2020- March 1-31, 2020 🞎 Q 4: April 1-30, 2020 - June 1-30, 2020

**Type of Project:** Check all that apply

🞎 Building expansion Renovations 🞎 Computer Systems (Software/Hardware)

🞎 Purchase of Computers 🞎 Equipment 🞎 Furnishing and other major materials

🞎 Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Amount of Request**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note: Use template provided –Attachment I on Page 7**

1. Please list any additional funding received from Office of Rural Health (if applicable).

🞎Community Health Grant: Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 Medication Assistance Plan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎Medical Access Plan (MAP) Funding: Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 North Carolina Farmworker: Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 None

**Capital Project Description**

1. **Describe the program and services to be provided in the completed capital project. State the project’s objective in measurable, achievable terms.**

Insert Text

1. **Describe how this capital project will enhance the organization’s ability to provide direct services.**

Insert Text

1. **Describe any potential challenges you may encounter in completing this capital project and alternative approaches or solutions to these challenges.**

Insert Text

1. **Briefly describe how you will monitor the success of the capital project. Provide specific benchmarks that you plan to reach and provide a defined timeline. *For example: complete renovations by 12/15/2019.***

Insert Text

**List any additional financing the organization is seeking (as applicable).**

🞎 Economic Development Assistance Programs

🞎 USDA Rural Economic Development Loan and Grant Program

🞎 Foundation Grants\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 Other (fundraising, matching funds, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 None

**Please provide any additional information you think would be helpful (if applicable)**

Insert Text

Attachment I: BUDGET JUSTIFICATION

The purpose of this budget justification is to explain and justify all expenses required to achieve project objectives.

|  |  |  |
| --- | --- | --- |
| Expenditure Type | Estimated cost | Justification |
| Building Expansion/Renovations |  |  |
| Information Technology Equipment  The purchase of IT Equipment for approval is within 45 calendar days |  |  |
| Equipment |  |  |
| Materials and Supplies |  |  |
| Contractual Services |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Attachment II: Examples of Supporting Documentations

|  |  |
| --- | --- |
| Supplies and Materials | Vendor invoices or receipts  Proof of payment (canceled check, bank statement, electronic reference) |
| Equipment Purchase | Vendor invoices or receipts  Proof of payment (canceled check, bank statement, electronic reference)  Photographs for high-dollar items  Inventory records (make/model serial #/purchase date/item location) |
| Property Purchase | Title  Closing documents  Invoice or receipt  Proof of payment (canceled check, bank statement, electronic reference) |
| Construction Contracts | Third-party contracts  Vendor invoices or receipts  Proof of payment (canceled check, bank statement, electronic reference) |
| Lease of Equipment | Lease agreement  Proof of payment (canceled check, bank statement, electronic reference) |
| Management Consultant Fees | Third-party Contract  Invoices  Proof of payment (canceled check, bank statement, electronic reference) |
| Repairs and Renovations | Third-party contract  Vendor invoices or receipts  Proof of payment (canceled check, bank statement, electronic reference) |
| Information Technology  Equipment  **The purchase of IT Equipment for approval is within 45 calendar days** | Third-party contract  Vendor invoices or receipts \*Note:(at least two quotes from vendor)  Proof of payment (canceled check, bank statement, electronic reference) |