**S*FY2023-2025 Small Rural Hospital Improvement Grant Program***

**NOTIFICATION OF GRANT FUNDING**

The Small Rural Hospital Improvement Grant Program (SHIP) is a federal grant program administered by the North Carolina Office of Rural Health (ORH) to support rural hospitals with 49 beds or fewer. Funding helps small, rural hospitals by assisting hospitals in participating in improvements in value and quality to health care such as:

* Value-Based Purchasing (VBP) Investment: Technical Assistance activities that facilitate quality reporting and improvement.
* Accountable Care Organization (ACO) or Shared Savings Investment: Technical Assistance activities that support becoming or joining ACO, development or the basic tenets of ACOs or shared savings programs.
* Payment Bundling (PB): Technical Assistance activities that improve hospital financial processes.

This grant will continue to assist the 32 SHIP eligible hospitals in improving both quality of care and operations by providing hospitals with focused quality and operational technical assistance. The two-year grant funding will be awarded to an eligible organization to conduct the scope of work defined below:

1. Ensure all SHIP hospitals implement and/or participate in approved activities.
2. Ensure each SHIP hospital receive technical assistant not to exceed $12,542. (amount dependent on federal funding allocation)
3. Monthly tracking and reporting on progress in achieving the agreed-upon deliverables.
4. Track and report each participating hospital’s status. Report successful completion of performance measures and achievements of target goals.
5. Submit Mid-Annual report of North Carolina hospitals that participate in SHIP approved activities for project year.
6. Submit Annual Report of North Carolina hospitals that participate in SHIP approved activities for the project year.
7. Facilitate group activities to provide technical assistance and project sharing between SHIP hospitals.
8. If any hospitals choose to forgo funds/projects, the contractor will develop a statewide project that would benefit all hospitals equally with documents information. Statewide project must be approved in advance by the Office of Rural Health.
9. Submit monthly expense reports documenting technical assistance provided to hospital(s).
10. The end of year annual meeting shall include at least one project presentation, project highlights, lessons learned, and hospital leadership (if available and willing).
11. Convene small rural hospitals, at least annually, to provide support and training.
12. The agenda shall be present and approved by the Office of Rural Health

***The maximum total per grant year not to exceed* $401,352*. The two-year grant programming maximum total grant award cannot exceed $*802,704*.*** All funding must be expended by May 31, 2025. *(****Funding amount is dependent on federal allocation****)*

The organization must submit the application to: **nick.galvez@dhhs.nc.gov by the deadline date.**

**S*FY 2023-2025 Small Rural Hospital Improvement Grant Program***

***RFA Instructions***

All required forms may be found on the ORH website [www.ncdhhs.gov/divisions/orh](http://www.ncdhhs.gov/divisions/orh)

**Application Deadline**

Grant applications must be submitted electronically by **5:00 pm April 4th, 2023**. Only electronic applications will be accepted.

**Eligible Applicants**

Any organization that is staffed to provide quality and operational technical assistance to small rural hospitals is eligible to apply. Applicants must submit a complete grant application to be considered for funding.

**Funding Cycle**

It is anticipated that notification of grant awards will be made by April 31st, 2023. Funding Period is June 2023 through May 2025. Regardless of application or approval date, grant funds must be expended by May 31, 2025.

**Organizational Information**

Grant application Page 1

Grant Request: This grant is reflective of a two-year cycle, each year maximum amount total is $401,352, with the total request cannot exceed $802,704.

Summary of Proposal: Provide a very brief (1 paragraph) description of the project(s).

Contact Person: Enter the name and contact information for the person best able to answer questions about the grant application.

Grant Application Submitted By: Specify a person authorized to enter into contracts for the organization.

**Grant Narrative**

PART I - Overview of Organization (1 page)

Describe the organization and its’s capacity and ability to meet the grant scope of work requirements. Organizations should include examples of technical assistance provided to small and rural hospitals. Describe the integration and coordination with the FLEX programs and other ORH programs with the grant guidelines.

PART II – Overview of Staffing (1-2 pages)

Describe the experience of the individual or team members with providing technical assistance to small, rural hospitals. Credentials for each team member working on this project must be included.

PART III - Project Description (up to 4 pages)

Describe the proposed project to satisfy the scope of work requirements. Include a strategy for hospital engagement and for facilitating group activities for sharing information and/or providing technical assistance among small, rural hospitals.

PART IV - Project Evaluation (1 page)

Describe evaluation of the project(s). Describe potential factors that could negatively affect the organization’s ability to reach evaluation targets and describe how these factors will be mitigated. Report the following performance measures to the Office of Rural Health at least quarterly: Hospital that completed (or intend to complete) projects in one of the following areas:

* Value Based Purchasing (projects/technical assistance)
* Accountable Care Organization (activities/assistance)
* Payment Bundling/Prospective Payment System (projects/activities)

PART V - Project Budget

Complete and submit the Program Budget Template in the application (attached).

**Budget Template**

Applicants must submit the budget template with their application. The budget period is June 1, 2023 to May 31, 2025. The information should be project specific.

Provide a detailed cost breakdown for the project and identify all sources of funding for the project. Clearly identify which project costs will be covered with SHIP Grant funds and enter these in Column A and all other project costs should be entered in Column B.

Ensure each SHIP hospital(s) project assistance/technical assistance shall not exceed $12,542.

**Scoring Criteria**

Complete applications will be reviewed and scored on the following criteria:

Part I – Overview of Organization 10 points

Part II – Overview of Staffing 25 points

Part III – Project Description 20 points

Part IV – Project Evaluation 25 points

Part V – Project Budget 20 points  **Total Available Points: 100 points**

**Application Packet Checklist**

* Application Information should be organized in the following order:
	+ Organizational Information
	+ Overview of Organization
	+ Overview of Staffing
	+ Project Description
	+ Project Evaluation
	+ Budget Template
* Provider Documents: The following documents must be included in the application. If the applicant organization has up-to-date Provider Documents on file at the Office of Rural Health, new provider documents do not need to be submitted as part of the application. Questions regarding Provider Documents should be directed to Renee Clark at [Renee.Clark@dhhs.nc.gov](file:///C%3A%5CUsers%5Cjohnresendes%5CDesktop%5CRenee.Clark%40dhhs.nc.gov) for copies of these documents.
* [Federal Certification Forms](https://ncruralhealth.az1.qualtrics.com/CP/File.php?F=F_cZMMk9XiQOxxl7n) for:
	+ Certification Regarding Environmental Tobacco Smoke
	+ Certification Regarding Lobbying
	+ Certification Regarding Debarment
	+ Certification Regarding Drug-Free Workplace
* North Carolina - Contractor Certifications Required by North Carolina Law

The following Provider Documents are required for nongovernmental entities only:

* + Copy of [No Overdue Tax Debt Certification](https://ncruralhealth.az1.qualtrics.com/CP/File.php?F=F_6eSU3cvTNvst1lj)
	+ Copy of [Conflict of Interest Acknowledgement and Current Policy](https://ncruralhealth.az1.qualtrics.com/CP/File.php?F=F_3PpSlegE5gYw1bT)
	+ Copy of [Conflict of Interest Annual Verification](https://ncruralhealth.az1.qualtrics.com/CP/File.php?F=F_bE3jSrFgH5q0wQd)

**2023-2025 *Small Rural Hospital Improvement Program***

**ORGANIZATIONAL INFORMATION and SIGNATURE SHEET**

|  |  |
| --- | --- |
| Organization Name:  |  |
| Organization EIN:  |  |
| Mailing Address: |  |
| Organization Fiscal Year  |  |
| Organization Type  |  |
|  |  |

Grant Amount Request:

|  |
| --- |
| **Summary of Request** – *Provide a brief one to two sentence description of your request*. |

|  |  |
| --- | --- |
| Contact Person: |  |
| Title: |  |
| Email Address: |  |
| Phone Number: |  |

Grant Application Submitted By:

|  |  |
| --- | --- |
| Name: |  |
| Signature: |  |
| Organization Name: |  |
| Date:  |  |