**2025-2027 Small Rural Hospital Improvement Program**

**RFA Instructions**

All required forms may be found on the ORH website [www.ncdhhs.gov/divisions/orh](http://www.ncdhhs.gov/divisions/orh). Applications must be complete, and applicants must respond to all application requirements. Incomplete applications, or applications not completed in accordance with the instructions, will not be reviewed.

**Application Deadline**

Grant applications must be submitted electronically by 5:00 pm***,*** March 12th, 2025.

Applications must be emailed to nick.galvez@dhhs.nc.gov.

Only electronic applications will be accepted. All applicants will receive a confirmation notice after an application has been successfully submitted.

**Eligible Applicants**

Any organization that is staffed to provide quality, financial and operational technical assistance in areas specified in this RFA to Small Rural Hospitals is eligible to apply. All eligible applicants must submit a complete grant application to be considered for funding.

**Funding Cycle**

Funding Period is June 1, 2025, through May 31, 2027. Regardless of application or approval date, Year One grant funds must be expended by May 31, 2026, and Year Two grant funds must be expended by May 31, 2027.

**Organizational Information Sheet**

Grant application

* Grant Request: This grant is reflective of a two-year cycle. The maximum budget for each year is $403,792. (Funding amount is dependent on federal allocation and availability of funding.)
* Summary of Proposal: Provide a very brief (1 paragraph) description of the project.
* Contact Person: Enter the name and contact information for the person best able to answer questions about the grant application.
* Grant Application Submitted By: This form should be signed by a person authorized to enter into contracts for the organization.

**Grant Narrative**

PART I - Overview of Organization (1-2 paragraphs)

Provide 1-2 paragraphs describing the organization and its ability to positively affect Small Rural Hospital’s quality of care by focusing on improvement in the following areas:

* 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.

PART II - Project Description and Staffing (5 pages)

The purpose of these grant funds is to assist the 31 SHIP eligible hospitals in improving both quality of care and operations by providing hospitals with focused quality and operational technical assistance. Describe the proposed plan to assist hospitals. The two-year grant funding will be awarded to an eligible organization to conduct the scope of work defined below:

* Ensure all eligible hospitals implement and/or participate in a SHIP approved activities.
* Ensure each SHIP hospital receives technical assistance not to exceed $13,025 (amount dependent on federal funding allocation).
* Attend and participate in monthly stakeholder meeting hosted by ORH.
* Report and discuss each participating hospital status during monthly stakeholder meeting.
* Report successful completion of performance measures and achievements of target goals.
* Submit Mid-Annual report of North Carolina hospitals to ORH that participate in SHIP approved activities for project year.
* Submit Annual Report of North Carolina hospitals to ORH that participate in SHIP approved activities for the project year.
* Facilitate group activities to provide technical assistance and project sharing between SHIP hospitals. Any statewide project must be approved in advance by the Office of Rural Health.
* Submit monthly expense reports documenting technical assistance provided to hospital(s).
* Facilitate an end of year annual meeting that shall include at least one project presentation, project highlights, lessons learned, and hospital leadership. The agenda shall be presented and approved by the Office of Rural Health in advance.

Since small rural hospitals are located across the state, please explain the organization’s plan to conduct outreach, provide technical assistance, and engage CAHs located in the in western, central, and eastern NC.

List the number of FTEs working on each of the project objectives. Include an implementation timeline for the project(s). The project timeline must align with the budget/expenses.

PART III - Project Evaluation (2 pages maximum)

Complete the mandatory Program Performance Measure Tables included below.

Describe how your organization will use the mandatory Performance Measures to improve rural hospital quality and operational factors. Describe how your project will track, document, and report each measure. Discuss potential factors that could negatively affect your organization’s ability to reach its performance measure targets and describe how these factors might be mitigated. These performance measures are to align with and be the output visualization of your project description. These measures are to be reported to ORH annually:

Performance Measures:

|  |  |
| --- | --- |
| **Measure** | Number of SHIP eligible hospitals participating in ACO activity. |
| Baseline |  |
| Target |  |
| Data Source  |  |
| Collection Process and Calculations |  |
| Data Limitations/Mitigation |  |

|  |  |
| --- | --- |
| **Measure** | Facilitate Annual End of The Year Meeting for Small Rural Hospitals to discuss activity outcomes.  |
| Baseline |  |
| Target |  |
| Data Source  |  |
| Collection Process and Calculations |  |
| Data Limitations/Mitigation |  |

|  |  |
| --- | --- |
| **Measure** | Improvement of quality reporting data collection/related training or software.  |
| Baseline |  |
| Target |  |
| Data Source  |  |
| Collection Process and Calculations |  |
| Data Limitations/Mitigation |  |

|  |  |
| --- | --- |
| **Measure** | Implementation of efficiency or quality improvement training in support of PB or PPS related initiatives. |
| Baseline |  |
| Target |  |
| Data Source  |  |
| Collection Process and Calculations |  |
| Data Limitations/Mitigation |  |

|  |  |
| --- | --- |
| **Measure** | Implementation of MBQIP data collection process/related training |
| Baseline |  |
| Target |  |
| Data Source  |  |
| Collection Process and Calculations |  |
| Data Limitations/Mitigation |  |

|  |  |
| --- | --- |
| **Measure** | Number of SHIP eligible hospitals participating in Value-Based Purchasing (VBP) Investment Activities. |
| Baseline |  |
| Target |  |
| Data Source  |  |
| Collection Process and Calculations |  |
| Data Limitations/Mitigation |  |

|  |  |
| --- | --- |
| **Measure** | Number of SHIP eligible hospitals participating in Payment Bundling (PB) or Prospective Payment System (PPS) Investment Activities |
| Baseline |  |
| Target |  |
| Data Source  |  |
| Collection Process and Calculations |  |
| Data Limitations/Mitigation |  |

PART IV - Project Budget

Complete the Program Budget Template using the file SHIP SFY 2025-2027 Budget Template.

**Budget Template**

Applicants must submit the budget template provided with this RFA; if the budget template is not used, zero points will be awarded for the budget feasibility section. The Budget 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; all other project costs should be entered in Column B.

Please use the guidelines below to align each project expense with the proper budget category.

|  |  |
| --- | --- |
| **Project Expenses** | **Description** |
| Staffing |
| Employee Salary | Include separate descriptions of each position allocated to the grant, including position title, position duties relative to project activities, and part/full-time status. Include the total annual salary for each staff person in the project. List only staff members that will work on project activities. Only include hours worked (regular and overtime). Do not include bonuses.  |
| Employee Fringe Benefits | Include the employer part of health, dental and vision insurance, FICA (Social Security & Medicare tax) and 401k employer match. Indicate cost per category per staff person. Fringe cannot exceed 30% of total line item for salary allocated to the grant.  |
| Contracted Staff | Temporary workers or subcontractor staff. Include hours to be worked and hourly rate. |
| Facility Expenses |
| Rent | Office space, program meeting space |
| Rented Equipment | Rented or leased equipment, such as copier machine or phone system |
| Utilities (If not included in the rent) | Gas/Electric/Water expenses |
| Telephone/Internet | Phone/Internet/Wi-Fi expenses |
| Security | Security services in the form of personnel, such as a security guard retained by the Contractor. Purchase of a security system belongs under Other Operating Expenses – Other. |
| Repair and Maintenance | Custodial services or basic repair/maintenance not billed in the Professional Services line item. |
| General Supplies (Not Capital Equipment): |
| Office Supplies | Business cards, printer ink, paper, etc. |
| Medical Supplies | Masks, gloves, table paper, etc. |
| Patient Education Materials | Training manuals, handouts, one-pagers, information cards. List the specific materials |
| Postage and Delivery | Postage expenses |
| Other Operating Expenses (Not Capital Equipment) |
| Travel | Include purpose of travel (e.g. travel to visit patients, travel to conferences). Note that travel reimbursement cannot exceed current North Carolina State Government rates as defined by the NC Office of State Budget and Management  |
| Staff Development | Conferences and conference registration, training |
| Marketing/Community Awareness | Advertising, publications, PSAs, websites, and web materials. Marketing expenses shall not exceed 10% of the grant total |
| Professional Services | Legal services, IT related technical services, accounting, bookkeeping, payroll |
| Capital Expenses  |  |
| Capital Equipment | Any single item purchased outright exceeding $500.00 is considered capital equipment. Organizations must provide 2 (two) quotes for individual purchases over $5,000.00. |
| Indirect Costs | Indirect costs of projects cannot exceed 10% of total budget. |

**Scoring Criteria**

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

Part I – Overview of Organization 10 points

Part II – Project Description and Staffing 40 points

Part III – Project Evaluation 25 points

Part IV – Project Budget 25 points

 **Total Available Points: 100 points**

**2025-2027 Small Rural Hospital Improvement Program**

**ORGANIZATIONAL INFORMATION and SIGNATURE SHEET**

|  |  |
| --- | --- |
| Organization Name:  |  |
| Organization EIN:Organization UEI:  |  |
| Mailing Address:Payment Remittance Address: |  |
| Organization Fiscal Year:  |  |
| Organization Type:  |  |
| Counties Served: |  |
| If contract has a Subcontractor, please list the Organization: |  |

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

Grant/Contract signatory:

|  |  |
| --- | --- |
| Name: |  |
| Signature:Signatory Email: |  |
| Phone Number:  |  |
| Organization Name: |  |
| Date: |  |

**Application Packet Checklist**

* Application Information should be organized in the following order:
	+ Organizational Information and Signature Sheet
	+ Overview of Organization
	+ Project Description and Staffing
	+ Project Evaluation
	+ Budget Template
* Provider Documents:
* [Federal Certification Forms (including)](https://www.ncdhhs.gov/federal-certificationsdoc/open):
	+ Environmental Tobacco Smoke
	+ Lobbying
	+ Debarment
	+ Drug-Free Workplace
* North Carolina - Contractor Certifications Required by North Carolina Law

The following Provider Documents are required for nongovernmental entities only:

* + [No Overdue Tax Debt Certification](https://ncruralhealth.az1.qualtrics.com/CP/File.php?F=F_6eSU3cvTNvst1lj)
	+ [Conflict of Interest Acknowledgement and Current Policy](https://www.ncdhhs.gov/media/15081/open)
	+ [Conflict of Interest Annual Verification](https://www.ncdhhs.gov/conflict-interest-verificationdoc/open)
	+ [State Certification](https://www.ncdhhs.gov/state-certificationsdocx/open)
	+ IRS Tax [Exemption](https://www.ncdhhs.gov/irs-tax-exemption-form/download?attachment)
	+ eProcurement Confirmation
	+ Vendor Electronic Payment Form