



## **ARKANSAS DEPARTMENT OF HEALTH**

**Center for Local Public Health**

**Office of Rural Health and Primary Care**

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### **NOTICE OF FUNDS AVAILABILITY**

**For**

**Arkansas Rural Health Services Revolving Fund**

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**Date Issued**

**December 11, 2017**

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**Notice of Available Funds for Arkansas Rural Health Services Revolving Fund  
December 11, 2017**

The Rural Health Services Revolving Fund was created to strengthen rural health care systems and service at the local level. The intent of the legislation was to give resources to the Arkansas Department of Health to help rural communities retain basic medical services and implement new, innovative approaches to health and health care. Funds will be awarded on a first come, first serve basis to the first four (4) Health Care System that respond to this proposal for the period February 1, 2018 – June 30, 2018. One proposal per clinic is allowed and maximum state funding available per entity is \$4,069.75. The focus of this current funding cycle of the Rural Health Services Revolving Fund Grant program is to target Chronic Disease Prevention at the community level and to coordinate activities with Hometown Health Improvement such as but not limited to:

- Support improvement or transition initiatives of rural hospitals
- Provide needed emergency medical services
- Provide non-emergency medical services
- Support other efforts to improve the health or the health care system of the community
- Support local community strategic planning efforts
- Provide community or county wide assessments with populations of 15,000 or less

**Funding Criteria:**

The maximum sub-grant request is \$4,069.75. Funds requested by applicants shall be matched on a 50% - 50% cash basis by the applicant. Grant funds and cash matching funds must both be used toward expenditures. The health center applicant will be reimbursed quarterly on an “Actual Cost” method of reimbursement. Actual cost reimbursement is based on a complete itemized listing of allowable program expenses. These expenses must be within an approved itemized budget listing of allowable program costs. Pursuant to Arkansas Code Annotated 19-4-1206, the ADH certifies that services have been performed or the goods received prior to payment being authorized and processed.

Communities having completed a Community Health Needs Assessment in the last five (5) years may be eligible for a 75% grant – 25% cash match. A Community Health Needs Assessment (e.g. County specific youth and/or adult surveys, Arkansas Prevention Needs Assessment or contact the Office of Rural Health & Primary Care to determine viability of the instrument used) is defined as a comprehensive plan for health system improvement. This compilation of community-specific data, agreed to by stakeholders, allows those involved to recognize and understand trends in various health and quality of life issues, and to prioritize health needs within the community:

- The sub-grant projects and services proposals must address one of the needs identified in the Community Health Needs Assessment.
- A copy of this completed assessment must be submitted and approved along with the application to be eligible for this level of funding.

Other funding restrictions include:

- No state dollars may be used as cash match.
- Research endeavors cannot be funded as part of the Rural Health Services Revolving Fund grant. Human subject research includes any activity that meets the definition of human subject research, interaction or intervention.
- All screening programs must include a referral process for follow-up.
- This program cannot fund salaries but will accept individual contracts.
- No reimbursement will be made for:
  - Purchases of equipment or services made prior to the sub-grant award date of effectiveness;
  - Professional services such as legal or financial consultants
  - Indirect and administrative costs and fees such as, but not limited to, membership fees, dues to professional organizations, country clubs, etc., financial audits, subscription fees, and license renewals;
  - Payment to any state agency for professional registrations, fees and licenses;
  - Real property, construction or renovation costs;
  - Promotional 'give away' items (clothing, pens, cups, bags, umbrellas, etc) promoting health center name or logo. This does not apply to educational materials.

The ADH will have the final decision on allowable costs.

**Eligibility Criteria:**

To be eligible to obtain funding from this Program, **the following requirements must be met at the time of application:**

- The applicant must be in a community with a population of 15,000 or less according to the 2010 Federal Decennial Census (US Census Bureau portal: <http://factfinder2.census.gov>)
- The applicant program, if relevant, must participate in the state Medicaid program or be willing to enroll in the program
- The applicant must identify the source and furnish proof of the cash match
- Applicants must show strong community collaboration documented by Letters of Agreement and collaboration from two (2) of the following representatives:

Either the County Judge or Mayor

**AND**

Either the Hometown Health Improvement Chair or the Local Health Unit Administrator.

- Failure to sign in ink will result in a disqualification due to a non-responsive application

**Submission Criteria:**

Proposals and supporting documents should be in an easily readable typed format on white paper. To be considered for funding, proposals and all supporting documentation must be received on or before 2:00 p.m., **January 8, 2018** by the ADH/ Office of Rural Health and Primary Care. Funds will be awarded on a first come, first serve basis to the first Health Care System that respond to this proposal. **NOTE: Proposal acceptance will close when which ever criteria are met first (i.e. deadline date or maximum number of**

**proposals targeted is received).** Failure to meet the submission requirements shall result in a disqualification from consideration of the application. Applicants are encouraged to include 1 copy of the proposal in Microsoft format on a CD in their submission packet.

Submit proposals & supporting documents to:

Arkansas Department of Health  
Office of Rural Health and primary Care  
Daniel Trotta  
4815 W. Markham Street, Slot 22  
Little Rock, AR 72205-3867

Questions regarding this proposal can be phoned or emailed to Daniel Trotta, at 501-280-4705 or via email at [daniel.p.trotta@arkansas.gov](mailto:daniel.p.trotta@arkansas.gov).

### **ADDITIONAL REQUIREMENTS**

#### **Reporting:**

Applicants receiving funding are required to submit Expenditure Reports to the Office of Rural Health and Primary Care (ORHPC) with accompanying copies of receipts, cancelled checks and bank statements for items and services purchased with grant funds. Those applicants receiving awards over \$5,000 are required to provide audited financial reports for the year grant funds are received. A site visit may also be made to these grant recipient. In the letter accompanying receipts include a brief description of what was purchased, when it was purchased, where it is located and how it is being used. For purchases of intangibles such as events, the same applicable information should be provided.

Receipt of these funds requires the completion of Expenditure Reports and Cash Match Report and a Final Report covering the grant period February 1, 2018 through June 30, 2018 which must be submitted to the ORHPC no later than July 3, 2018. The final report should delineate the type and number of services provided through this funding.

#### **Reimbursement:**

Payments will be made based on invoices and documentation received. Reimbursement is based on actual costs. Final payments must occur prior to June 30, 2018. State funds for this grant are available for the time period February 1, 2018 through June 30, 2018. All expenditures for this program must occur prior to June 30, 2018. Grant payments will be made from General Improvement Funds and are contingent on availability.

# Arkansas Rural Health Services Revolving Fund Program Guidelines

## Proposal Narrative – Description of Purpose

Please provide the following information in this order. Do not use more than five pages for all categories, exclusive of attachments.

**I. Project Name** - List (If applicable)

**II. Project Summary** - Provide a brief description of the proposed project including a summary of the clinic's history, mission, and description of current programs, activities, strengths/accomplishments and challenges faced by the clinic. Include how the need was determined.

**III. Problem Description** – Identity of the community and/or service area including any unique characteristics contributing to the difficulty in obtaining health care or improving the health of the area. Include a description of the socioeconomic and/or demographic issues of the area. Provide population and a listing of all other health providers of the community and/or service area. Give definitions of current access barriers. A demonstration of how the funding of the request will impact the community and/or service area. If requesting replacement equipment, provide information concerning the utilization of the equipment presently in use, the age and/or year model, and the manufacturer. Have grant funds been awarded for a similar project to your organization in the past two years? What makes this application different?

**IV. Goals and Objectives** - State the key objectives of your grant proposal and provide a description of the measurable activities through which you will accomplish each objective. List specific time frames and responsible parties for completion of objectives. Explain how the proposed activities will impact the designated community or population. For those eligible for a 75% grant – 25% cash match, specific page references to the Community Health Needs Assessment need or needs the RHSRF program supports must be included in the project plan, goals and objectives for health system improvement.

**V. Project Management** - Provide a description of the management structure, financial systems, and facilities that are essential to the management of the project. Also provide a brief history of your successes and experience in managing grant funds.

**VI. Plans to Sustain Project** - Prepare a plan describing how the project will continue after the grant funds are expended. If requesting equipment, discuss how the equipment will be maintained and/or replaced. Equipment purchased with grant funds may not be sold, leased, or transferred without written consent of the ADH.

**VII. Evaluation** - Explain how you will measure success in achieving your goals and objectives. How will your results be used, disseminated, or publicized?

## Arkansas Rural Health Services Revolving Fund Program Guidelines

### **Sample Budget Spreadsheet and Explanation of Match**

A budget that lists the total grant amount requested through the application year and breaks out how support to the program will be utilized must be provided. A sample spreadsheet has been provided as well as a budget form. You may divide the program budget into the two separate columns of Grant Funds and Cash Match.

Cash Match may be used for the purchase of goods or services that are considered an inappropriate use of State funds, (e.g. Salaries, travel for out-of-State training, seminars, conferences, training related to certification or licensure of program personnel, etc.)

**NOTE:** The table below is provided as a sample spreadsheet that represents a dollar for dollar Grant/Cash Match. Cash Match is the amount of actual certified Cash provided as Matching to the project that is or will be deposited into an account for this project and then expended for goods or services. No In-Kind Match, such as donated goods and services, is calculated.

The manner in which these funds are distributed within the table should not be taken as indicative of how your spreadsheet should be broken out for expenses. This table will assist with explaining how Grant and Cash Match funds will be utilized and assists in clarification of your Budget Narrative.

**NO SALARIES MAY BE PAID WITH GRANT FUNDS. FUNDS MAY BE USED FOR CONTRACTED SERVICES.**

Grant awards are subject to review by the Arkansas State Legislature. If your project involves an Out-of-State provider of services, it should be noted that this may involve additional Legislative review.

**50/50 SAMPLE BUDGET**

<b>ITEM/SERVICE TO BE PURCHASED</b>	<b>GRANT FUNDS</b>	<b>CASH MATCH</b>	<b>ROW TOTAL</b>
One lap-top computer	\$1,000.00		\$1,000.00
One color printer	\$1,000.00		\$1,000.00
Contracted trainer	\$2,000.00	\$1,550.00	\$3,550.00
Travel & lodging for contracted trainer		\$750.00	\$750.00
Materials for training		\$450.00	\$450.00
Catered food for training		\$250.00	\$250.00
Space for training		\$1,000.00	\$1,000.00
<b>COLUMN TOTAL</b>	<b>\$4,000.00</b>	<b>\$4,000.00</b>	<b>\$8,000.00</b>

**75/25 SAMPLE BUDGET**(completion of a Community Health Needs Assessment required)

<b>ITEM/SERVICE TO BE PURCHASED</b>	<b>GRANT FUNDS</b>	<b>CASH MATCH</b>	<b>ROW TOTAL</b>
One lap-top computer	\$1,000.00		\$1,000.00
One color printer	\$1,000.00		\$1,000.00
Contracted trainer	\$3,550.00		\$3,550.00
Travel & lodging for contracted trainer		\$750.00	\$750.00
Materials for training	\$450.00		\$450.00
Catered food for training		\$250.00	\$250.00
Space for training		\$1,000.00	\$1,000.00
<b>COLUMN TOTAL</b>	<b>\$6,000.00</b>	<b>\$2,000.00</b>	<b>\$8,000.00</b>



# Arkansas Rural Health Services Revolving Fund Program Guidelines

## Proposal Overview

### Clinic Overview

1. Please provide the following details about your clinic:

Legal Name of Clinic: \_\_\_\_\_

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

Name of Clinic: \_\_\_\_\_

Clinic Address: \_\_\_\_\_

Name of Executive Director: \_\_\_\_\_

Name of President of Board: \_\_\_\_\_

Total number of Board Members: \_\_\_\_\_

Federal ID number: \_\_\_\_\_

Grant Requestor Contact Name and Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

2. IRS 501(c)3 nonprofit? \_\_\_\_\_

A copy of designation letter from IRS must be provided.

3. End of year income (clinic): \_\_\_\_\_ End of year expenses (clinic): \_\_\_\_\_

4. Total annual operating budget (clinic): \_\_\_\_\_ Dates of fiscal year: \_\_\_\_\_

5. List the amounts and sources of your four largest sources of income.

Income Source	Income Amount

# Arkansas Rural Health Services Revolving Fund Program Guidelines

## List of Required Supporting Documents

Please include the following information with the completed application in the order below.

### **I. Organizational Information**

1. An organizational chart (if applicable) and a one-paragraph description of key staff.

### **II. Financial Information**

1. The source(s) of the cash match must be verified and documented by a letter from the Executive Director or Board Chairman/President (1 page). This grant year, matching funds may be verified from February 1, 2018 through June 30, 2018.
2. Itemized budget spreadsheet showing planned grant fund cash match expenditures. An example spreadsheet is attached (1 page).
3. A justification for all requested budget expenditures (1–2 pages).
4. A completed W-9 for the applicant clinic (1 page).
5. Annual operating budget and actual income and expenses for most recently completed fiscal year **AND** for current year-to-date (1–2 pages).
6. Clinic's most recent AUDITED financial statement (if organization's budget is greater than \$500,000) or IRS Form 990 (if required by Federal tax law). If neither document is available, include unaudited financial statements (no page limit).
7. A copy of the organization's 501(c)3 designation letter from the IRS.
8. A copy of your Community Needs Assessment

### **III. Forms (Complete and Sign as Required)**

1. Proposal Overview

### **IV. Other Supporting Materials**

1. Letters of agreement from any collaborating or affiliated agencies, if applicable.
2. The applicant's service area or Community Health Center identified as either a Medically Underserved Area (MUA) or a Primary Care Health Professional Shortage Area (HPSA).
  - a. HPSA scores can be located on the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA) web site:  
<http://hpsafind.hrsa.gov/HPSASearch.aspx>
  - b. Medically Underserved Areas (MUA) can be located on the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA) web site:  
<http://muafind.hrsa.gov/index.aspx>