

**APPLICATION COVER SHEET**

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

Name of Project Director/Principal Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and title of the person(s) authorized to represent the Applicant in any negotiations and sign any Grant Agreement that may result:

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

By signing this page and submitting an application, the Authorized Representative certifies that the following statements are true:

1. No attempt has been made or will be made by the Applicant to induce any other person or organization to submit or not submit an application.
2. The Applicant does not discriminate in its employment practices with regard to race, creed, age, religious affiliation, sex, disability, sexual orientation or national origin.
3. Information and costs included in this application shall remain valid for 90 days after the application due date or until a grant is approved, whichever comes first.
4. The statements contained in this application are true and complete to the best of the Applicant’s knowledge and the Applicant accepts as a condition of the grant, the obligation to comply with the applicable State and Federal requirements, policies, standards and regulations. The undersigned recognizes that this is a public document and open to public inspection.
5. The Applicant, by submitting an application in response to this Request for Grant Proposals (RFGP), certifies that it understands that any statement or representation contained in, or attached to, its application, and any statement, representation or application the Applicant may submit under any grant awarded under this RFGP, that constitutes a “claim” (as defined by the Oregon False Claims Act, ORS 180.750(1)), is subject to the Oregon False Claims Act, ORS 180.750 to 180.785, and to any liabilities or penalties associated with the making of a false claim under that Act.
6. The Applicant acknowledges receipt of all addenda issued under this RFGP.
7. If the Applicant is awarded a grant as a result of this RFGP, the Applicant will be required to complete, and will be bound by, a Grant Agreement. At the time of signing the Grant Agreement, the Applicant will be required to provide the Federal Employer Identification Number (FEIN) or Social Security Number (SSN) as applicable.

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

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Authorized to Bind Applicant)

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**RHC INNOVATION PROJECT DESCRIPTION FORM**

**PROJECT DESCRIPTION:**

1. What are your identified need(s) and how did you identify those needs?
2. Describe your project and your goal(s)?
3. What detailed activities are proposed to meet the goal?
   1. Is the proposed project and activities new or a continuation of previous work (if a continuation, please provide detail surrounding that project and its progress to date)?
4. Person(s) responsible for the project as well as their role(s) and experience.
5. Is there collaboration with community partners? If so please list their project responsibilities, if any?
6. What are the expected outcomes and how will they help meet the project goals?
7. Is the project innovative, sustainable, and/or scalable? How?

**PROJECT TARGETS, MEASURABLE INDICATORS AND TIMELINE:**

For each project (if more than one) please describe:

1. What is the measurable metric and target/deliverable for each objective (outcome indicator)?
2. What is the timeline for when each of the targets/deliverables will be completed?
3. What is the measurable indicator that will measure progress quarterly (process indicator)?

**BUDGET:**

Please provide a budget (up to $5000) in the format you choose. Funds may be used for personnel cost including person(s), role(s) and hours assigned to project, training supplies/materials, consultant or trainer, travel to attend education, travel for staff to visit another RHC for peer learning, peer advisor from another RHC, and data analysis to understand data relevant to quality improvement.

Funds **may not be used for** food/catering and alcohol, to provide individuals with services that are already funded through Medicare/Medicaid/or CHIP, to lobby or advocate for changes in Federal and/or State law, marketing or advertising to promote recipient’s organization, to pay for patient encounters or equipment and supplies for patient care and hospital operation.

*This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant numberU2WRH33327, Rural Hospital Flexibility Program. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.*