

# Rural Population Health Incubator Program

## Rural Population Health Incubator Program Request for Proposals 2025-2026 Grant Cycle

Please read the entirety of this document before submitting your grant application. Grant applications must be submitted online [at this link](#) by **5:00 p.m. PT on April 11, 2025**.

### **About the Incubator Program**

The mission of the [Rural Population Health Incubator Program](#) (the Incubator) is to strengthen community health in rural Oregon by funding and supporting population health and health equity programs initiated by rural hospitals, clinics, public health or community-based organizations.

The goals of the Incubator are as follows:

1. To provide rural organizations with funding to create or enhance an innovative program that supports community needs around population health, health equity and/or social drivers of health.
2. To prioritize funding for programs that:
  - a. Serve a high-needs service area as outlined in ORH's [Areas of Unmet Health Care Need Report](#);
  - b. Serve historically disadvantaged populations;
  - c. Address a pressing community health need identified by the organization's Community Health Needs Assessment or county's Community Health Assessment; and/or
  - d. Bring together multiple community partners to address the specific population health need they have identified.
3. ORH will provide connections, mentorship, resources and referrals to experts to Incubator grantees as needed.
4. ORH to provide a supportive and collaborative environment for Incubator grantees to share knowledge and learn from one another.

Through this program, grantees will:

- Receive a grant of up to \$10,000 to support their population health program;
- Join a cohort of other Incubator grantees and attend three cohort meetings throughout the grant cycle on the following dates:
  - Oct. 16, 2025, 12:00 p.m. - 1:00 p.m. PT

- Jan. 15, 2026, 12:00 p.m. - 1:00 p.m. PT
- April 16, 2026, 12:00 p.m. - 1:00 p.m. PT; and
- Receive specialized support from ORH, including resources, information and referrals to experts to assist their program.

A strong application demonstrates an innovative, sustainable and scalable model with strong community partners. Applications that support medical supplies for direct patient care and/or food/drink will not be considered.

Examples of past awardees can be found on the [Incubator website](#).

### Key dates

Jan. 27, 2025	Request for proposals released and proposal window opens
Feb. 13, 2025 (12:00 p.m. – 12:50 p.m.)	Incubator information session #1 ( <a href="#">Register here</a> )
Mar. 21, 2025 (12:00 p.m. – 12:50 p.m.)	Incubator information session #2 <i>*Please note that both information sessions will present the same content so there is no need to attend both</i> ( <a href="#">Register here</a> )
<b>April 11, 2025 (by 5:00 p.m. PT)</b>	<b>Deadline to submit proposals</b> ( <a href="#">Submit here</a> )
May 16, 2025	Notification of funding
June 15, 2025	Distribution of funds
June 15, 2025 – June 14, 2026	Project period

### Eligibility

To be eligible for this grant opportunity, you must:

- Be a rural hospital, clinic, public health agency or community-based organization;
- Be located in a rural area in Oregon, as defined by the Federal Office of Rural Health Policy eligibility in the [Am I Rural? Tool](#); and
- Be implementing a program aimed at increasing community health, whether directly or indirectly.

Applicants may request funding to support a new program or sustain an existing program.

Priority will be given to applications that:

1. Are administered by a rural hospital, clinic, public health agency or community-based organization partnering with a hospital or clinic;
2. Serve a high-needs service area as outlined in ORH’s [Areas of Unmet Health Care Need Report](#);
3. Serve historically marginalized or excluded populations, including but not limited to:

- a. Communities of color and Indigenous communities;
  - b. People with disabilities;
  - c. LGBTQIA+ people;
  - d. People experiencing houselessness;
  - e. People experiencing substance use and/or mental health disorders;
  - f. People experiencing chronic health conditions;
  - g. People currently or previously incarcerated;
  - h. Uninsured and/or Medicaid populations; and/or
  - i. Older adults.
4. Address a pressing community health need as identified by the organization's Community Health Needs Assessment or county's Community Health Assessment; and
5. Bring together multiple community partners to address the specific population health need they have identified:
- a. For example, the program incorporates coalitions or partner meetings
  - b. Partners may include, but are not limited to:
    - i. Hospitals or clinics;
    - ii. Local public health departments;
    - iii. EMS;
    - iv. Schools;
    - v. Nonprofit organizations;
    - vi. Local, county and/or state public officials;
    - vii. Relevant associations; or
    - viii. Universities.

**Budget guidance**

**The budget for this grant is up to \$10,000.** Applications that support medical supplies for direct patient care and/or food/drink **will not** be considered.

Provide a budget using the format below. You can find a downloadable budget worksheet on the [grant website](#). You will be able to upload your completed budget worksheet into the online application form.

1. In the first column, list the project expenses (travel, room rental, printing, etc.) along with a brief description if necessary. If there are personnel costs, state as hourly rate \* hours.
2. In the second column, list the funds coming from other sources, if any.
3. In the last column, list the funding requested through this grant.

Expense (please itemize)	Non-Grant Funds	Grant Funds Requested
	\$	\$

Total Non-Grant Funds	\$	
Total Grant Funds		\$
Non-Grant Funds + Grant Funds = Total Project Cost:		\$

### **Application instructions**

**Please submit an online application at the link below by 5:00 p.m. PT on April 11, 2025.**

[Submit your application here](#)

The online application form will ask for the following information:

\* All character limitations include spaces.

#### 1. Contact Information

- a. Contact information for the person submitting the application (who will serve as the point person for this grant cycle), including name, title, organization, email address and weekday telephone number.
- b. Contact information for program staff who you would like to be a part of the grantee cohort and workshops (optional).
- c. Type of organization (please note, you must be a **rural** hospital, clinic, local public health organization or community-based organization. Rural locations are defined by the Federal Office of Rural Health Policy. You can check to see if your location is designated by FORHP as rural by using the [Am I Rural? Tool](#)):
  - i. Community-based organization and/or nonprofit
  - ii. Critical Access Hospital (CAH)
  - iii. Other hospital type (non-CAH)
  - iv. Public health organization
  - v. Rural Health Clinic (RHC)
  - vi. Other clinic type (non-RHC)
  - vii. Other
- d. If you are a non-CAH organization, do you plan to collaborate with a CAH or CAH-owned RHC? (Please note, if you are partnering with a CAH or CAH-owned RHC, you must submit a letter of support from them as additional documentation):
  - i. Yes, this program will partner with a CAH or CAH-owned RHC. I will be partnering with \_\_\_\_\_ (please provide name of organization and the email address for your main contact at this organization). [Please see this list](#) for hospitals in Oregon that are designated as CAHs.
  - ii. No, this program will not partner with a CAH or CAH-owned RHC.
  - iii. N/A: I am applying as a CAH or CAH-owned RHC.

- e. As part of the grant process, grantees are expected to attend three cohort meetings (Oct. 16, 2025, 12:00 p.m. - 1:00 p.m. PT, Jan. 15, 2026, 12:00 p.m. - 1:00 p.m. PT and April 16, 2026, 12:00 p.m. - 1:00 P.M. PT)
  - i. I acknowledge that attendance is expected at these three sessions.

2. Project Description:

- a. Short title for the proposed project. (maximum 75 characters)
- b. Amount of funding requested.
- c. Executive summary/overview of proposed project. (maximum 1700 characters)  
*What will this program consist of? What is the goal for the program? What do you hope to accomplish? What are the major components of this program?*
- d. Description of the identified population health need(s) in your community and supporting evidence of the need. (maximum 1700 characters including spaces)  
*Why is this program needed? Who will this program serve? How will the population be impacted by this program?*
- e. What is the current status of this program? (to establish a baseline) (maximum 1000 characters)  
*Has this program started yet? What stage is this program in (planning, early implementation, etc.)? What have you accomplished for this program at this point? All stages of programs are welcome.*
- f. If the project is derived from an evidence-based model, please describe and cite the model on which it is based. (maximum 1000 characters) (Optional)  
*Are you using another program or model as a guide for your program? Is there research-based evidence showing the potential impact of this program/your approach?*

3. Priority population:

- a. Check off the populations your program is specifically prioritizing:
  - i. Communities of color and Indigenous communities;
  - ii. People with disabilities
  - iii. LGBTQIA+ people
  - iv. People experiencing homelessness
  - v. People experiencing substance use and/or mental health disorders
  - vi. People experiencing chronic health conditions
  - vii. People currently or previously incarcerated
  - viii. Uninsured and/or Medicaid populations
  - ix. Older adults
  - x. Other
  - xi. Other
  - xii. Other
- b. Please describe how your program aims to increase the health of your priority population. (maximum 1500 characters)

4. Program administration:

- a. Description of persons responsible for the project as well as their roles and experience. (maximum 1200 characters)
- b. Will this program be partnering with other community institutions? Please select all that apply.
  - i. Hospitals or clinics

- ii. Local public health departments
  - iii. EMS
  - iv. Schools
  - v. Nonprofit organizations
  - vi. Local, county and/or state public officials
  - vii. Relevant associations
  - viii. College/university
  - ix. None
- c. List of the partner organizations and their role in your program. (maximum 1200 characters)
5. Project goals, timeline and evaluation:
- a. Provide at least one and up to three program goals. *For example, "To improve the safety, efficiency, and quality of care for 50 primary care clinic patients by implementing and sustaining a care coordination management program by December 2025."* (maximum 1000 characters)
  - b. Please provide a timeline for major project milestones to achieve the aforementioned goal(s). *For example, "By October 2025, we will have hired a Community Health Worker to serve as a patient navigator for the primary care clinic patients. By December 2025, the CHW will have made x number of visits with x number of patients... etc."* List all major projected milestones for this specific goal. (maximum 1000 characters)
  - c. Description of expected outcomes/accomplishments and how they will address the identified population health need in your area (maximum 1500 characters). *For example, "80% of primary care patients will have had a touchpoint with patient navigator by the end of the project period, thus working to improve ongoing patient support and population health outcomes."*
  - d. How will you determine the success of this goal? Please outline your measures for evaluating whether you achieved the major goals of the program. (maximum 1500 characters). *For example, "we will evaluate the success of our program based on the patient navigator reaching 80% of primary care patients, as well as creating and evaluating a patient satisfaction survey. Further, health improvements for patients in the program will be tracked over x years."*
  - e. How will this project be sustained after the grant year ends? (maximum 1000 characters)
6. Budget:
- a. Upload a budget using the template found [here](#). Please note that the grant is up to \$10,000, and funds cannot support medical supplies or directly support patient care and/or food or drink.
7. Supplemental materials:
- a. You have the option of uploading one additional document of your choosing to support your application. If you have a formal partnership with a CAH or CAH-owned RHC, please upload a letter of support.

## Review process

All applications undergo a review process by the review committee. The reviewers will score the applications based on the categories below.

### **Mandatory criteria**

- All grantees must be located in and serve a rural area. Rural is defined by the Federal Office of Rural Health Policy. To see if your location qualifies as rural, you can run a report through the [Am I Rural? Tool](#).
- Eligible organizations include rural hospitals, clinics, public health organizations, EMS, community-based nonprofits or other community-serving organizations.
- This program must address a population health need, whether directly or indirectly.

### **Priority criteria**

*Please note that four out of ten grants are reserved for Critical Access Hospitals (CAH) or CAH-owned Rural Health Clinics. The remaining grants are available for other rural hospitals, clinics and community-based organizations.*

Priority will be given to applications that:

1. Serve a high-needs service area as outlined in ORH's [Areas of Unmet Health Care Need Report](#).
2. Serve historically marginalized populations.
3. Address a pressing community health need as identified by the organization's Community Health Needs Assessment or county's Community Health Assessment.
4. Bring together multiple community partners to address the specific population health need they have identified.

### **Overall impact and approach**

*Does this application show how the applicant's approach will impact the priority population? Does the project address an area of high need per ORH's Areas of Unmet Health Care Needs Report?*

Applications will be scored on the program's overall impact on the priority population.

### **Innovation, sustainability and replicability**

*Is this application innovative, sustainable and replicable?*

Applications will be scored on their innovation, ability to last after the grant period and ability to be replicated in other areas.

### **Organization and project team**

*Is this program supported by knowledgeable and capable staff? Is this program supported by the community?*

Applications will be scored on the expertise of the staff overseeing the program, in addition to community support and partnerships.

### **Budget**

*Is the budget request in alignment with the program activities?*

The application's budget will be scored based on its alignment with the proposed grant activities and if they align with the allowable expenses (applications that support medical supplies for direct patient care and/or food/drink will not be considered).

### Contact

For more information, visit the [Rural Population Health Incubator Program website](#) or email Stepha Dragoon | [dragoon@ohsu.edu](mailto:dragoon@ohsu.edu).