



**Office of Statewide Health Planning and  
Development  
Rural Health Development  
Capital Grants Program**

**Request for Application  
RFA #00-0002**

**Office of Statewide Health Planning and Development  
And the  
California Rural Health Policy Council  
1600 9th Street, Room 439-C  
Sacramento, CA 95814  
(800) 237-4492  
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**October 2000**

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## SCHEDULE AND DEADLINES

October 13, 2000	Release of Request for Application.
October 18, 2000	(Optional) Bidders' Conference 1:00 P.M. 1600 9th Street, Room 470 Sacramento, CA 95814  <b>Written questions from bidders regarding RFA due to CRHPC Office by 5:00 P.M.</b>
October 24, 2000	Final responses to bidders' questions regarding RFA released by OSHPD.
<b>December 4, 2000</b>	<b>APPLICATIONS DUE. Completed applications must be physically received at the CRHPC office by 5:00 P.M. (postmarks not acceptable).</b>
December 8, 2000	Notification sent to non-eligible bidders.
<b>December 20, 2000</b>	<b>OSHPD Appeals (written) for non-eligibility due by 5:00 P.M. at CRHPC Office (see Appeals Process instructions on page 8).</b>
January 5, 2001	Decisions on appeals sent to applicants.
January 10, 2001	Posting and announcement of final awards.

## GRANT INFORMATION

### A. Expenditure of Funds

#### (1) Use of Funds

The funds may be expended for capital outlay projects or equipment that will improve the delivery of medical, dental, mental health, alcohol and drug treatment, and/or emergency medical services in rural areas including:

- *Health care facilities improvements*

For example, facility remodeling, renovation, or upgrades to meet licensing or fire and life safety requirements or to enhance patient care.

- *Health care data systems*

For example, computer purchases or upgrades to meet state reporting requirements or fiscal and medical record keeping.

- *Management information systems*

For example, computer purchases or upgrades for utilization, financial, billing, or other management information.

- *Patient care equipment*

For example, diagnostic equipment such as flexible sigmoidoscope, culposcope, EKG, ophthalmology, or dental equipment.

- *Patient transportation*

For example, purchase or lease/rental of vehicles to transport patient or clients in rural areas to and from service delivery sites.

- *Emergency services*

For example, communication systems, defibrillators, transportation.

- *Health personnel training and continuing education*

For example, telemedicine equipment, VCR and other teaching aids, classroom remodeling, and primary care training facilities.

The funds may also be used for consultant contracts for any of the following:

- Seismic safety assessment and planning;
- Financial systems and management improvements;
- Planning for accreditation application, such as JCAHO (but not the application or visit fees);
- Architectural design for facility improvements.

## (2) Inappropriate Use of Funds

The funds shall not be used for any of the following purposes:

- Indirect or administrative costs;
- Direct patient care or services;
- Bonuses/Commissions;
- Lobbying activities;
- Interest payments;
- Grant writing;
- Religious doctrine/beliefs; or
- Food and refreshments.

## **B. Applicant Eligibility**

Applicants must meet one of the eligibility requirements listed below:

- (1) Non-profit and public general acute care hospitals meeting the definition of “rural” as defined by Section 124840 of the Health and Safety Code which includes the hospitals listed on the following page.

## ***Rural Hospitals***

1. Alta District Hospital
2. Avalon Municipal Hospital
3. Barton Memorial Hospital
4. Barstow Community Hospital
5. Bear Valley Community Hospital
6. Biggs-Gridley Memorial Hospital
7. Chowchilla District Memorial Hospital
8. Coalinga Regional Medical Center
9. Colusa Community Hospital
10. Corcoran District Hospital
11. Dos Palos Memorial Hospital
12. Eastern Plumas District Hospital
13. Fairchild Medical Center
14. Fallbrook Hospital District
15. Frank R. Howard Memorial Hospital
16. George L. Mee Memorial Hospital
17. Glenn Medical Center
18. Hanford Community Medical Center
19. Hazel Hawkins Memorial Hospital
20. Healdsburg General Hospital
21. Hi-Desert Medical Center
22. Indian Valley Hospital District
23. Inland Valley Regional Medical Center
24. Jerold Phelps Community Hospital
25. John C. Fremont Hospital
26. Kern Valley Hospital
27. Kingsburg Medical Center
28. Lassen Community Hospital
29. Lindsay Hospital Medical Center
30. Lompoc District Hospital
31. Los Banos Memorial Hospital
32. Mammoth Hospital
33. Mark Twain Saint Joseph's Hospital
34. Marshall Hospital
35. Mayers Memorial District Hospital
36. Memorial Hospital at Exeter
37. Mendocino Coast District Hospital
38. Oak Valley District Hospital
39. Mercy Medical Center - Mount Shasta
40. Modoc Medical Center
41. Mountains Community Hospital
42. Northern Inyo Hospital
43. Ojai Valley Community Hospital
44. Palm Drive Medical Center
45. Palo Verde Hospital
46. Pioneers Memorial Hospital
47. Plumas District Hospital
48. Redbud Community Hospital
49. Redwood Memorial Hospital
50. Ridgecrest Community Hospital
51. San Geronio Memorial Hospital
52. Sanger Hospital
53. Santa Ynez Valley Hospital
54. Selma District Hospital
55. Seneca District Hospital
56. Seton Medical Center Coastside
57. Sierra Kings District Hospital
58. Sierra Valley District Hospital
59. Sonora Community Hospital
60. Southern Inyo District Hospital
61. St. Elizabeth Community Hospital
62. Surprise Valley Community Hospital
63. Sutter Amador Hospital
64. Sutter Coast Hospital
65. Sutter Lakeside Community Hospital
66. Tahoe Forest Hospital District
67. Tehachapi Hospital
68. Trinity Hospital
69. Tuolumne General Hospital
70. Twin Cities Community Hospital
71. Ukiah Valley Medical Center
72. West Side District Hospital

- (2) Other non-profit, licensed health facility including:
- Skilled nursing facility.
  - Community clinic licensed under paragraph (1) or (2) of subdivision (a) of Section 1204 of the Health and Safety Code or community clinic that is exempt from licensure under subdivision (c) Section 1206 of the Health and Safety Code.
  - Non-profit, rural health clinic, including hospital-owned 95-210 clinics.
  - Indian health clinic.
  - Federally qualified health center.
- (3) Local governmental agency (city, county, special district), including but not limited to a county public health, mental health, alcohol and drug, and/or local emergency medical services department or agency.
- (4) Non-profit, community-based organization that provides health or health-related services including medical, dental, mental health, alcohol and other drug abuse, and emergency medical services.

*C. Rural Site Eligibility*

Funds awarded under this program to providers who do not qualify as small and rural hospitals in B (1) above, must be expended in service sites located in rural areas defined as follows:

“Rural areas are Medical Service Study Areas as defined by the Office of Statewide Health Planning and Development, that have a population density of less than 250 persons per square mile and have no incorporated community with a population greater than 50,000 people.” (Data Source: 1990 U. S. Census)

Applicants whose administrative offices are not located in a rural area will still be eligible to apply as long as the service site where the grant funds will be used meets the rural area definition, above. Organizations that operate multiple eligible sites must submit a separate application for each site to be considered and each site must meet the definition.

#### **D. Current Grantees**

1999-00 grant awardees, that are otherwise eligible, may apply for 2000-01 funds. However, no special consideration will be given to previous grantees.

#### **E. Appeals Process**

Only those applicants who have followed all the guidelines detailed herein and who have met all deadlines will be considered for appeal. There is no appeal process for late applications, incomplete applications, applications sent electronically, or for the funding amount awarded.

Decisions on appeals will be based solely upon whether eligibility requirements are met. Notification will be mailed to ineligible applicants no later than **December 8, 2000**. An ineligible applicant wishing to appeal must file a written appeal that includes the issue in dispute, and the basis for the appellant's position. Written appeals must be received no later than **5:00 P.M., December 20, 2000** at the address below (faxes, e-mail, or postmarks will not be accepted):

OSHPD Rural Health Development Capital Grants RFA Appeal  
California Rural Health Policy Council Office  
1600 9th Street, Room 439-C  
Sacramento, CA 95814

The Director of the Office of Statewide Health Planning and Development will make the final administrative decision with regard to the appeal.

#### **F. Notice of Awards**

The Director of the Office of Statewide Health Planning and Development will make the final decisions governing the distribution of awards. Notification of award decisions will be mailed to all applicants on January 10, 2001. We expect to post the list of final awards on the Rural Health Policy Council's web site at:

[www.ruralhealth.ca.gov](http://www.ruralhealth.ca.gov).

#### **G. Grant Agreement Provisions**

##### **(1) Audit**

All grant recipients will be subject to audit. Please refer to Attachment D (List of Audit Documents) for details regarding the retention of required documentation.

(2) Disbursement/Invoicing of Funds

Upon receipt of a fully executed agreement, grantees may request an advancement of 25 percent (25%) of the awarded amount. Grantees may bill for equipment/services purchased from March 1, 2001 through February 28, 2002. Upon receiving the Final Report, OSHPD will disburse any balance owed, up to the limit of the grant. (NOTE: Pursuant to statute, counties are not eligible for advance payment.) The 25% advanced amount shall be deducted from the first invoice submitted for payment. Grantees must expend awarded amount no later than February 28, 2002.

(3) Reporting Requirements

Upon completion of the project **but no later than March 31, 2002**, grantees shall file a Final Report and any outstanding invoices with OSHPD as stipulated by the grant agreement. The format for the Final Report will be provided to successful applicants. In general, it will include a statement that the project was completed; an expenditure summary; copies of documents recording receipt of equipment/services; and other supporting documentation as necessary.

## H. Funding

Applicants may submit proposals for funding amounts not to exceed \$50,000. OSHPD reserves the right to negotiate the terms and conditions of the award, including the amount of funding.

The contract period will not be extended beyond February 28, 2002. If, during the term of the grant award, the state funds appropriated for the purposes of the grant award are reduced or eliminated, the grant may be immediately terminated or reduced by written notice to the grantee.

## I. Review of Applications

A Selection Committee will review all complete and eligible applications. The Selection Committee will consist of representatives from within and outside of state government. In order to ensure a broad distribution of funds, priority consideration will be given to factors such as geographic location, proven ability to perform, and the probability of the project providing long-term benefits to patients and the rural community. To be eligible for funding, the application must receive a minimum score of 75 out of 100 possible points. Attachment C lists the specific criteria that will be used to evaluate applications.

## Email and Internet Communications

Additional copies of this RFA can be obtained at the following website: [www.ruralhealth.ca.gov](http://www.ruralhealth.ca.gov). If you did not fill out an RFA request form, please be sure to contact Kerri Muraki (RHPC) by telephone at (800) 237-4492 or by email at [kmuraki@oshpd.state.ca.us](mailto:kmuraki@oshpd.state.ca.us) to add your name to the fax and/or E-mail distribution lists. Additional communications regarding this RFA will be done electronically where possible.

### APPLICATION INSTRUCTIONS

- The project narrative should not exceed ten pages; be concise; and sufficient to describe the project.
- The application must be typewritten, word-processed, or laser-printed in hard copy. The type font is to be no less than 12 point and double-spaced between lines. Electronic mail applications will not be accepted.
- Five address labels for your facility should be included in your application packet.
- Each page of the application should be numbered at the bottom.
- Applications may be hand-delivered, mailed, or air-expressed. They must be physically received at the CRHPC Office by 5:00 P.M. on December 4, 2000. Applicants sending their proposals via regular US postal mail should allow at least three working days for delivery. A copy of the receipt will be affixed to each application; couriers may request a copy of that receipt. Faxes will not be accepted. LATE APPLICATIONS WILL NOT BE CONSIDERED FOR REVIEW OR APPEAL.
- The original application plus four (4) copies must be received by the due date to be considered complete.
- Clearly indicate on the outside of the mailing envelope: RFA #00-0002.
- OSHPD reserves the right to waive any non-material defects. Timelines are not a non-material defect.

## APPLICATION CONTENTS

A complete application packet must include all items listed below. A checklist for completion of the application submission has been included as Attachment E for your use.

### A. Application Information Sheet

Please complete Application Information Sheet (Attachment A) including original signatures where requested. An identification number will be assigned by OSHPD upon receipt of a completed application that will be the reference number used in any future correspondence regarding the application.

### B. Budget

Provide detailed line-item financial information on what will be purchased with these grant funds or the nature of the expenditures. A sample budget is provided in Attachment B. Include narrative explanations and/or documentation of how estimates were derived. **Note: Indirect costs are not allowable under this program.**

### C. Project Description Narrative

Please limit the Project Description Narrative to ten pages, but include at a minimum:

(1) Problem Statement:

*Provide a description of the problem in rural health that is to be addressed by the project. Include any data and/or other evidence to document the problem, for example, any special access problems, health status disparities, or special difficulties in providing services for the target population.*

(2) Overall Objectives (Scope of Work)

*Provide a clear and concise description of how you will use the requested funds to address the problem described in the Problem Statement. What project objectives will be met? How will they be met?*

(3) Implementation Schedule

*Identify the major activities and expected deliverables leading to project completion, and their respective scheduled completion dates.*

(4) Project Feasibility

*Does the application demonstrate the applicant has the capacity to accomplish the proposed project? Can the proposed project be accomplished within the grant period and within the resources proposed?*

(5) Evaluation - Final Report Plan

*Briefly describe how you will determine whether the project has effectively addressed the identified problem.*

(6) Supplementary Information (OPTIONAL):

*Submit any additional information that will assist the application review team in determining the merits of your project.*

**Application Information**  
**Rural Health Development Capital Grants**  
**Request For Application #00-0002**

**Part I: Facility Information**

Facility Name: Emergency Services Foundation

Facility Contact: John Cannan Title: Foundation Director

Address 43 Hilltop Drive

City Redding State: CA Zip 96003

Phone: (530)229-3975 Fax: (530)229-3984

Contract Coordinator John Cannan

Phone: (530)229-3975 Fax: (530)229-3984

Total Grant Amount Requested: \$50,000.00

*Check all that apply to the amount requested:*

- Capital (Facility) Project (e.g., facility remodeling, renovation or upgrades)
- Equipment (e.g., computers, diagnostic equipment, communication systems, patient transportation vehicles etc.)
- Consultant Services (e.g., consultations on architectural design, seismic safety assessment/planning, etc.)

**Part II: Eligibility Requirements**

***Please check only one of the following categories that apply to your facility.***

- Non-profit and public general acute care hospitals meeting the definition of “rural” as defined by Section 124840 of the Health and Safety Code (see list on Page 6).

Specify hospital name \_\_\_\_\_

- Non-profit licensed health facility, such as a: skilled nursing facility, community clinic licensed under paragraph (1) or (2) of subdivision (a) of Section 1204 of the Health and Safety Code or community clinic that are exempt from licensure under subdivision (c) of Section 1206 of the Health and Safety Code, rural health clinic (including non-profit PL 95-210 clinics), Indian Health Clinic, or Federally Qualified Health Center (FQHC).

Specify type \_\_\_\_\_

- Local governmental agency (cities, counties, special districts), including but not limited to the county public health, mental health, alcohol and drug, and/or local emergency medical services department or agency (a county may apply on behalf of physicians providing uncompensated medical treatment in rural areas for that medical care for patients who cannot afford to pay for their care and for whom payment will not be made through private or public programs).

Specify type \_\_\_\_\_

- Non-profit, community-based organization that provides health or health-related services including medical, dental, mental health, alcohol and other drug abuse, and emergency medical services.

Specify type Special focus community foundation for emergency services

Funds awarded under this program must be expended in services sites located in rural areas as defined below:

Rural areas are Medical Service Study Areas as defined by the Office of Statewide Health Planning and Development, that have a population density of less than 250 persons per square mile and have no incorporated community with a population greater than 50,000 people.

Provide address of the location where patient services will be provided (no P. O. Boxes).

Address Throughout qualifying rural and frontier areas in nine counties

City \_\_\_\_\_ County \_\_\_\_\_ Zip Code \_\_\_\_\_

Census Tract Number(s) See attachment.  
(If not known, contact your county planning Department.)

If the primary applicant is a governmental agency (i.e., city, county, etc.), a resolution from the governing board of that agency may be required before any funding award can be accepted and any agreement finalized. Please submit under supplementary documentation.

**Part III: Authorization To Bind Corporation**

The Board of Directors of Emergency Services Foundation, in a duly  
**(Name of Corporation)**

executed meeting held on 4 December, 2000 and where a quorum was present,  
**(Date)**

resolved to authorize:

John Cannan and/or designee \_\_\_\_\_  
**(Typed Name)** **(Typed Name)**

Foundation Director \_\_\_\_\_  
**(Title)** **(Title)**

\_\_\_\_\_  
**(Signature)** **(Signature)**

to negotiate and sign the Rural Development Capital Grants Program application, and any grant that may result.

**AUTHORITY TO CONTRACT:**

If someone other than the Corporate Board of Director’s Chairperson is to negotiate and sign any resultant grant of this application, a letter of agreement and authorization must be signed and dated by the Board of Director’s Chairperson, indicating the name of such person and stating that person’s area of responsibility in this matter.

Shan Patterson \_\_\_\_\_  
**(Board Chairperson’s Typed Name)** **(Signature)**

\_\_\_\_\_  
**(Date)**

**SAMPLE BUDGET**

**XYZ Rural Health Provider  
Contract #**

**EQUIPMENT:**

Description of item(s)  
Installation  
Tax

**TOTAL**

\$xx,xxx.xx  
xx,xxx.xx  
x,xxx.xx

EQUIPMENT TOTAL

\$xx,xxx.xx

**CAPITAL (FACILITY) PROJECT:**

Architectural design services by ABC Architects

\$xx,xxx.xx

CAPITAL (FACILITY) TOTAL

\$xx,xxx.xx

**CONSULTANT SERVICES:**

CONSULTANT SERVICES TOTAL

**TOTAL BUDGET**

**\$ XXXXXX**

**Application Evaluation Criteria**

**1. Problem Statement (25 points)**

*Is statement clear and concise?*

*Is any data or evidence included that supports the statement?*

**2. Overall Objectives (Scope of Work) (20 points)**

*What projective objective will be met?*

*How will project objectives be met?*

**3. Implementation Schedule (10 points)**

*Is a list of activities provided?*

*Are the activities completed within the grant period?*

*Do the activities relate clearly to the request and to the budget?*

**4. Project Feasibility (20 points)**

*Is it reasonably an effective solution to the stated problem?*

*Does it address any of the following considerations as the possible bases for justifying the request?*

**5. Budget (20 points)**

*Is the line item budget complete?*

*Do the costs appear reasonable and justified?*

*Does the narrative provide explanations of the estimates?*

**6. Evaluation– Final Report Plan (5 points)**

*Has the applicant adequately described how it will assess the success of the project?*

**7. Supplemental Information**

*Does the supplementary information add merit to the application? If yes, add points, as appropriate, to scores given in sections 1-5 above.*

**Total (100 points)**

## Attachment D

### LIST OF AUDIT DOCUMENTS (MAY BE REQUIRED FOR AUDITS)

The documentation required for each audit typically includes, but is not limited to the following:

#### **Fiscal Records**

- A. General Ledger Journals, and Charts of Accounts
- B. Cash Receipts and Disbursements Journal with supporting documents
- C. Vendor invoices to support expenditures
- D. Program remittance advices from the State Controller
- E. Payroll records
- F. Travel logs
- G. Billing (Program Log) records
- H. State and Federal tax withholding records
- I. Audited financial statements and independent auditor's report
- J. Program budget

#### **Program Records**

- A. Application submitted in response to this RFA
- B. Correspondence awarding grant
- C. Progress reports and final report
- D. Audit reports on other grants or programs
- E. Project workplan
- F. All correspondence regarding this contract and with subcontractors, if used
- G. Program implementation and utilization records that document the number of people served, types of services provided, resources utilized, etc.
- H. Patient medical records to substantiate uncompensated care

#### **Other Records**

- A. Board of Directors' minutes and Articles of Incorporation
- B. Documentation verifying non-profit status
- C. Organizational chart and duty statements
- D. Personnel policies and procedures
- E. Affirmative Action Plan

**Rural Health Development Capital Grants  
Request For Application #00-0002**

**APPLICATION PACKET CHECKLIST**

- Completed application information sheet **(include all of Attachment A)**
  - Facility Information (Part I)
  - Eligibility Section checked off (Part II)
  - Census Tract No. identified (Part II)
  - Authorization To Bind Corporation (Part III)
  
- Budget
  
- Project Description
  - Problem Statement
  - Overall Objectives (Scope of Work)
  - Implementation Schedule
  - Evaluation (Final Report)
  - Supplementary Information
  
- Original PLUS four (4) Copies of the Application Packet, Five Address Labels

**NOTE: THE APPLICATION PACKET MUST BE COMPLETE WHEN SUBMITTED.**