



Center for Rural Health

University of North Dakota  
School of Medicine & Health Sciences

## North Dakota Flex Program Critical Access Hospital Improvement Activity Application – Due online June 11, 2021 4:00 pm Central

Funding Notification Date: June 18, 2021  
Award Completion Deadline: August 31, 2021

Funding is available to support North Dakota Critical Access Hospitals (CAHs) in identifying potential opportunities for improvement through the areas of Quality, Outcomes, Patient Perspectives, or Financial Indicators. All North Dakota CAHs are eligible to apply for Flex subcontract funding. The ND Flex Program anticipates funding up to \$25,000 will be made available for awarded CAHs to select a vendor of choice and work on an identified area of improvement OR submit a project improvement plan for one of the identified areas.

### Program Funds

- A. The ND Flex Program anticipates funding up to \$25,000. Individual awards will be made on a competitive basis to successful applicants.
- B. Funds will be awarded to grantees on a cost reimbursement basis. The time frame for implementing the individual grants will be June 18, 2021 – August 31, 2021.
- C. A direct financial match on the part of the applicant is not required. However, cost participation (e.g. in-kind, physical space, etc.) is strongly encouraged. Please provide details in the budget section.
- D. The following items may not be purchased with these funds. If they are included in your budget, the cost of these items must be paid by a source other than this Program. These funds may not be used to purchase:
  - food/beverages (including alcohol)
  - prizes/giveaways
  - promotional items
  - legal fees
  - personnel costs (salary/fringe)
  - subawards
  - equipment items over \$5,000
  - construction
  - stipends/honorariums
  - indirect costs

Examples of allowable include (but are not limited to):

- supplies (i.e. paper, printer ink, etc.)
- consultant services
- registration fees
- communications/advertising
- travel
- equipment under \$5,000

**Please prepare your response to the following questions and enter them electronically through this link: [https://und.qualtrics.com/jfe/form/SV\\_diiNPWqqwE7LejY](https://und.qualtrics.com/jfe/form/SV_diiNPWqqwE7LejY)**

*This activity is federally-funded by the Health Resources and Services Administration of the U.S. Department of Health and Human Services and awarded to the University of North Dakota as part of the Medicare Rural Hospital Flexibility (FLEX) program.*



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Your proposal must be submitted in one sitting – you cannot exit and go back in to complete it at a later time. Please prepare accordingly.

- 1) Explanation of why there is a need for this project.
- 2) Please select a focus area:
  - a) Quality
  - b) Outcomes
  - c) Patient Perspectives
  - d) Financial Indicators
- 3) Proposed time frame (start/finish) of activity. Subcontract funding is available to fund new activities only, not projects begun before the Flex subcontract is awarded. Prior expenses cannot be submitted for reimbursement. All project activities must be completed by 8/31/2021.
- 4) Brief explanation of proposed project activity(s) and methodology. What is your goal? What do you aim to improve within your identified focus area? How do you aim to improve? How will you measure success?
- 5) Line Item Budget Worksheet and Budget Narrative
  - a) The budget is divided into two parts:
    - i. Line item budget worksheet
    - ii. Budget narrative

The line item budget worksheet lists costs (grant funded and in-kind) associated with the proposed budget.

The budget narrative describes, in detail, how the funds requested for each line item will be spent and how the amount was determined. Use your best judgement when projecting expenses.

- 6) In an effort to best demonstrate outcomes resulting from use of these dollars, CAHs receiving Flex funding for these improvement activities will be surveyed at the end of their project, and re-surveyed again at a later, future date.

(Checkbox) If funded, I agree to share results, as appropriate, how the project information was used, and what changes were implemented in my health system as a result.

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- 7) Hospital Information
  - a) Hospital Name
  - b) Address
  - c) City
  - d) State
  - e) Postal Code
  - f) Hospital Contact name
  - g) Hospital Contact Phone
  - h) Hospital Contact Email
  
- 8) Signature line

For questions, please contact:

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