



Type of Application: CAH SME Financial Consulting, COVID-19 Emphasis

North Dakota State Office of Rural Health Application Form

CAH SME Financial Consulting, COVID-19 Emphasis

This Request for Proposal (RFP) is released on behalf of the North Dakota Medicare Rural Hospital Flexibility (Flex) Program and the State Office of Rural Health (SORH). The North Dakota Flex Program is administered by the University of North Dakota Center for Rural Health, School of Medicine & Health Sciences. Its partners include the North Dakota Hospital Association, the North Dakota EMS Association, and Quality Health Associates of North Dakota (North Dakota's quality improvement organization). The Flex Program's Steering Committee is comprised of one or more members from each of the partners. The North Dakota Critical Access Hospital (CAH) Subcontract Program is designed to support the goals of the Flex and SORH programs by supporting rural hospitals in remaining viable to maintain

access to care for rural North Dakotans. Funding for this program is supported through the Medicare Rural Hospital Flexibility Program, the State Office of Rural Health, and the Centers for Disease Control and Prevention (CDC). These programs are funded through the Federal Office of Rural Health Policy (FORHP), Department of Health and Human Services.

All North Dakota CAHs are eligible to apply for Flex subcontract funding. A CAH may submit more than one application; however, may only have one active subcontract for each area of focus. Expenses for proposed activities cannot be incurred prior to award. A separate online application must be submitted for each area of focus

Managing long-term financial performance during the COVID-19 Public Health Emergency (PHE) and post-PHE has great significance on the survival of small, rural CAHs. This activity is intended to allow CAHs to work with a financial Subject Matter Expert to address accounting of COVID-19 related funding and its financial impacts to the CAH's long-term financial performance and stability. The CAH will select its preferred vendor to complete the consulting. CDC funding has \$50,000 available for this purpose.

Hospital Information

Hospital Name

County

Address

Phone Number

Name of Contact Person

Email Address of Contact Person

PROJECT DESCRIPTION

Provide a brief description of why your facility should be selected to receive funding.



Include the goals, action steps and specific project deliverables. Make sure they are time sensitive and measurable. Include a timeline with specific dates. All project activities must be completed by May 31, 2023. If you prefer to upload a workplan you may do so.



Upload workplan (optional - may include as a supplement/replacement of the goals, action steps, deliverables, and timeline).

State the dollar amount of funding requested for consulting services.

Provide a description of anticipated outcomes. What is the intended plan for using the information/resources obtained through this project? Explain the plan for results and follow-through.

BUDGET & BUDGET NARRATIVE

The budget section should cover such areas as line item expenses, contractual costs, as well as in-kind contribution. A sample budget and narrative can be found on the Flex website at:

http://ruralhealth.und.edu/projects/flex/funding_programs

NOTE: Rural Hospital Flexibility funds cannot be used: for direct patient care, healthcare services, equipment, or

supplies; to purchase vehicles or communications equipment; to purchase or acquire real property or to improve existing property; for building and/or physical structural improvements; for hospital personnel time or associated expenses; for t-shirts, hats, prizes, etc., for the purchase of food.

PLEASE TAKE NOTE: These subcontracts are intended to fund new activities, not any activity or projects which begin before the Flex subcontract is awarded. Any expenditures incurred prior to the formal contractual signing by both parties are the responsibility of the hospital. Prior expenses cannot be submitted for reimbursement. All project activities must be completed by May 31, 2023.

Upload your line-item budget. Be sure to include all expenses (contractual, in-kind, etc.)

Budget Narrative: Following in the order of your line-item budget, please describe the items listed in detail that will assist the reviewers in understanding the proposed budget.

The budget narrative should identify line item expenses and explain how the line items are determined and/or calculated.

PROJECT MANAGEMENT

Please identify the individual responsible for management and oversight of this project and include contact information.

Contact Name

Contact's Title

Email

Contact's Signature

SIGN HERE

×

clear

Hospital official authorized to enter into contract:

Name

Title

Email