

### CAH Physical Plant Grant Program

# Critical Access Hospital Physical Plant Grant Program Funding Period (July 1, 2021 – May 31, 2023)

The Center for Rural Health, University of North Dakota (UND) School of Medicine and Health Sciences is pleased to announce that we are accepting applications for physical plant improvement awards. The purpose of this one-time funding opportunity is to support the strategic analysis and implementation of necessary physical plant improvements that need to be made to modify, enhance, and expand quality healthcare infrastructure.

Deadline for Proposal Submission: 5:00 PM, Tuesday, February 15, 2022 Total Funding Available: \$1,000,000 Anticipated Number of Awards: 10 Anticipated Amount of Each Award: \$100,000 Cost Sharing/Match Required: No Period of Performance July 1, 2021 – May 31, 2023 (2 years) Eligible Applicants: North Dakota Critical Access Hospitals

The Center for Rural Health will offer technical assistance to applicants seeking this funding opportunity. Please contact Kylie Nissen at kylie.nissen@und.edu or 701-777-5380.

The purpose of this one-time funding opportunity is to support the strategic analysis or implementation of a plan based off of a strategic analysis that has been completed since November 2019. The funding may be used for conducting a strategic analysis or costs associated with plant improvements based off of a recent strategic analysis. The funding may be used for consultant fees or construction, expansion, alteration, renovation, and other capital improvements to modify, enhance, and expand health care infrastructure.

You may submit one application to request funding to support one or more of the following project types:

A. Conduct a strategic analysis of your existing facility. This includes, but is not limited to, land surveying fees, consultant fees, financial adviser costs, etc.

B. Consultation fees associated with securing funding for implementation of plan resulting from the strategic analysis (strategic analysis must have been conducted on or after November 2019). C. Construction of a new facility, expansion of an existing facility, or alterations/renovations of an existing facility.

CAH Information	
Hospital Name	
County	
Address	
Phone Number	
Name of Contact Person	
Email Address of Contact Person	

# **Proposal Components**

# Summary/Overview:

Provide a comprehensive, consolidated description of the proposed project(s), including: What project type or types you will be using the funding to support. The alteration, renovation, construction, expansion, and other capital improvements needed to modify, enhance, and expand health care infrastructure in response to the strategic analysis that was conducted and other emerging primary health care infrastructure needs. Include when the strategic analysis was conducted and who conducted it, or when you propose to conduct the analysis and who will be hired to conduct it. Amount of funding being requested.

What were issues that you encountered/are encountering during the COVID-19 pandemic that could be remedied or less of a burden if your facilities were up-to-date?

**Project Type:** Select which type or types of projects you will utilize the funds to address.

- A. Conduct a strategic analysis of your existing facility. This includes, but is not limited to, land surveying fees, consultant fees, financial adviser costs, etc.
- B. Consultation fees associated with securing funding for implementation of plan resulting from the strategic analysis (strategic analysis must have been conducted on or after November 2019).
- C. Construction of a new facility, expansion of an existing facility, or alterations/renovations of an existing facility.

**Project Description:** If you are seeking funding for more than one project type you will need to provide the information requested for each.

For Project Type A. Conduct a strategic analysis of your existing facility – Who do you propose to hire to conduct the strategic analysis? When do you propose that the analysis will be started and completed? What existing facilities will they be analyzing (ex. hospital, RHC, LTC)? What do you hope to learn from the strategic analysis? **Project Description:** If you are seeking funding for more than one project type you will need to provide the information requested for each.

For Project Type B. What were the findings from your strategic analysis? When was the strategic analysis completed and by whom? What will the funding be used for as you seek to secure financing for physical plant improvements?

**Project Description:** If you are seeking funding for more than one project type you will need to provide the information requested for each.

For Project Type C. What were the findings from your strategic analysis? When was the strategic analysis completed and by whom? What physical plan construction, modifications, etc. do you plan to make as a result of the finding? What is the location/address of the plant improvements (new location, new build on existing location, etc)?

# Site Information:

Tell us about your current facility (ies). Year built? Issues/concerns with the current facilities.

### **Project Timeline:**

Provide a timeline to achieve the planned activities. Include the activity, who is responsible for its completion, and the anticipated month and year of start and completion. These will include, but are not limited to, things such as planning, design, obtaining permits, solicitation of bids, and awarding contracts. What is the expected project completion date? You may upload a workplan if you prefer to utilize that format. Reminder, all expenses must be paid for between July 1, 2021 and May 31, 2023.

If you prefer to upload a workplan for the project timeline, upload it here.

### **Funding Sources:**

Identify the total cost associated with the proposed project and describe all public, private or other sources of funding, including governmental agencies, or other grant funds or proposed debt. Identify the status of obtaining the full funding needed to undertake the project (e.g., whether the funds are secured, expected, or forthcoming including the date, the source, and amount).

#### **Budget Information**

Upload the completed Budget Template (provided on the CRH website).

### **Budget Narrative:**

Provide a budget narrative detailing the information provided in the Budget Template. Provide a budget narrative for each proposed project that provides a concise cost estimate, showing quantities, unit prices and total cost for each line item/costs classification in the budget, as well as a breakout of what the funds from this grant will cover and the funding from other sources for each line item.

#### Other:

Include any additional information you would like to supply those that will be reviewing your proposal.

Other: Include any additional uploads you would like to supply those that will be reviewing your proposal.

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

Hospital official authorized to enter into contract:

Name	
Title	
Email	

Thank you for submitting a proposal. If you have any questions, please contact Kylie at kylie.nissen@und.edu.

If, once you click and submit this proposal, you don't get a screen that says "We thank you for your time spent taking this survey. Your response has been recorded." please contact Kylie to ensure that your proposal has been received. If you get that message it means that it has been received in our system. Powered by Qualtrics