



Bobby Jindal
GOVERNOR

STATE OF LOUISIANA
DEPARTMENT OF HEALTH AND HOSPITALS
BUREAU OF PRIMARY CARE AND RURAL HEALTH



Alan Levine
SECRETARY

Community-Based and Rural Health Program Grant

APPLICATION GUIDELINES

Letters of Intent Due Date:

July 17, 2009

Application Due Date:

July 31, 2009

Release Date: June 30, 2009

Contact: Sheree Taillon, Contracts Manager

Phone: (225) 342 - 9291

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ELIGIBILITY REQUIREMENTS

Eligible applicants include public or non-profit [a tax-exempt entity as described in Section 501(c)(3) of the IRC] health care provider organizations located in a rural area, a federally designated HPSA and/or an area identified in Act 162 from the 2002 First Extraordinary Session of the Louisiana Legislature (see Appendix K for qualifying areas). Any fiscal year 2009 CBRHP grantee that did not utilize any of the grant funds will not be eligible for funding consideration during fiscal year 2010. **Applications from for-profit organizations are not eligible for funding.**

APPLICATION SUBMISSION INFORMATION

All prospective applicants to the Community-Based and Rural Health Program (CBRHP) are asked to submit letters of intent, (postmarked, delivered, faxed or emailed) to the Department of Health and Hospitals' Bureau of Primary Care and Rural Health (BPCRH) by close of business **July 17, 2009** to the address below.

All completed CBRHP grant applications **MUST** be received by the BPCRH by **5:00 p.m. July 31, 2009 at the address below**. Applications received after the **July 31, 2009** deadline will be returned to the applicant without review. NOTE: BPCRH will not be responsible for postal delays.

A completed application must be signed in **blue** ink and the original should be identified by an "ORIGINAL" stamp or other means of notation after duplication. To facilitate the review process, the application must **NOT** be bound or stapled.

Please submit the signed original, three (3) copies of the application and an electronic copy of the application on CD to the following address:

Hand delivery or overnight carrier:
DHH Bureau of Primary Care and Rural Health
Attn: Sheree Taillon
628 N. Fourth St., 8th Floor
Baton Rouge, LA 70802

US Postal Service:
DHH Bureau of Primary Care and Rural Health
P.O. BOX 3118
Baton Rouge, LA 70821-3118
Attn: Sheree Taillon

New Submission Option: If you choose to submit your application electronically:
Submit your application (in Word or Adobe) by July 31, 2009 to sheree.taillon@la.gov with the subject line of CBRH Application. You will receive an email response notifying you of receipt of application. You **must** also send original signed application pages including: cover sheet, form A, and form D to the above address by August 7, 2009. If signed forms are not received by August 7, 2009 your application will not be reviewed.
For assistance, please contact: sheree.taillon@la.gov (225) 342-9291 or (225) 342-5839 fax

ABOUT THE BUREAU OF PRIMARY CARE AND RURAL HEALTH

The BPCRH was established in the early 1990s and is under the umbrella of the Louisiana Department of Health and Hospitals (DHH). The BPCRH is funded by the:

- State of Louisiana
- The Rapides Foundation
- U.S. Department of Health and Human Services
 - Health Resources and Services Administration
 - Bureau of Health Professions
 - Bureau of Primary Health Care
 - Office of Rural Health Policy
 - Centers for Disease Control and Prevention

Mission

The mission of the BPCRH is to improve the health status of Louisiana's residents in rural and underserved areas by proactively working to build community health systems' capacity to provide integrated, efficient and effective health care services.

Priorities

The priorities of the BPCRH are as follows:

- Integrating local health care services,
- Developing strong community partnerships,
- Building local health care resources,
- Supporting effective clinical practices and health care organizations,
- Recruiting and retaining primary health care providers,
- Promoting relevant state and national health policy,
- Providing valuable health information,
- Reducing health disparities
- Integrating services into the medical home model system of care

ABOUT THE COMMUNITY-BASED AND RURAL HEALTH PROGRAM (CBRHP)

NOTE: *Funding for the 2009/2010 grant year is dependent upon the Louisiana State Legislature's approval of the Department of Health and Hospitals' request for funding this grant program. Total funding for this (CBRH) program is determined by the Louisiana Legislature.*

Funds will be used to provide immediate financial assistance to rural and/or underserved areas throughout the state to maintain, enhance or expand access to community-based primary and preventive health care services. (See Appendix A for definition of primary care services and Appendix L for maps and listing of qualifying areas.)

CBRH applicants will demonstrate the following in their proposals:

- Service providers or communities utilized or conducted needs-assessments that indicate a gap in the proposed service(s)
- Service providers illustrate existing unmet needs for the proposed service(s) in the

community

- Provision of the proposed service(s) is needed and supported by the community
- The applicant and/or community is working towards a medical home system of care.

Each year the Community-Based and Rural Health Program grant guidance is updated to reflect current priorities and initiatives of the Department of Health and Hospitals. For Fiscal Year 2010, the CBRHP will prioritize funding to projects that align with development and/or implementation of the patient centered medical home model consistent with the National Committee on Quality Assurance (NCQA, see Appendix A). Such projects must demonstrate at least one of the following components of the medical home system of care:

- ◆ Evidence-based, patient-centered care
- ◆ Coordination of care across multiple providers
- ◆ Disease management
- ◆ Quality improvement initiatives
- ◆ Health information technology

Applicants may apply for funding of up to \$75,000 from the CBRHP for either of the following focal areas:

- Projects that expand, enhance and/or strengthen access to quality primary care services; or
- Enhancement of school-based health center(s).

Regardless of focal area, within each project application a maximum of \$30,000 may be requested in aggregate for the following categories:

- Capital Improvements,
- Equipment,
- Technology

***Note: CBRHP funding can not be used for writing the CBRH grant proposal. The designated applicant's Project Director must be an employee of the applicant entity. No CBRH grant funding will be allocated towards CBRH grant management or project direction through contractual services.**

BPCRH recognizes and fully supports the movement towards a patient-centered medical home model of care. Applicants must demonstrate that they will be using CBRHP funding to add to or enhance one or more of the components of the patient-centered medical home model This can include, but is not limited to:

- Information system technology for interoperability, electronic health records, referral systems, and/or data collection relative to quality improvement and patient safety
- Implementation of services for managing chronic disease and/or care coordination
- Provision of pharmacological services/management
- Addition/integration of services such as mental health, dental, preventative care

A variety of health care settings are included within the patient-centered medical home model. Often the primary care provider collaborates with other health professionals, utilizing consultations with specialists and referrals as appropriate. This includes specialty care, inpatient

care, community preventative services and medical home extension services for complex care needs.

The patient-centered medical home model uses evidence-based practices and accepted standards of care, is quality driven, cost effective and promotes strong medical management. The redesigned health care delivery system will be integrated electronically using the effective application of interoperable health information technology. An evidenced-based or accepted standard of care referral system will reduce the exclusive reliance on face-to-face specialist visits. The interoperability of the electronic medical record will allow the specialist to provide feedback to a medical home provider with recommendations that will make it more convenient for patients to benefit from expertise without creating the need for additional, potentially unnecessary appointments.

Applicant organizations may submit one application. Each potential CBRHP grantee **and** collaborating partners must participate in a site visit conducted by BPCRH staff prior to the award of grant funds.

TECHNICAL ASSISTANCE will be provided by BPCRH staff July 08, 2009 at the Bienville Buiding in Baton Rouge, La. from 1:00 p.m. to 3:00 p.m. **This training session is strongly recommended for organizations planning to submit applications for the CBRHP.** Applicants are encouraged to submit questions prior to the training workshop based on their efforts to develop their proposals. Submit questions to Sheree Taillon at sheree.taillon@la.gov.

NOTE: PROJECTS THAT ARE DESIGNED FOR THE SOLE PURPOSE OF PLANNING WILL NOT BE CONSIDERED.

PROJECTS FOCUSED ON EXPANDING, ENHANCING OR STRENGTHENING ACCESS TO PRIMARY CARE SERVICES

Projects focused on development of primary health care service projects in federally designated health professional shortage areas (HPSA), rural areas or other eligible areas (see Appendix L for eligibility) may request CBRHP funding for:

- Innovative project designs for the delivery of primary and preventive care services in underserved areas;
- Projects striving to integrate health care services for the purpose of improved access to primary care (including dental, behavioral health and preventive care services)
- Projects related to the development of future service delivery systems (e.g., clinic business activities, etc.);
- Development of new federally qualified health centers (FQHCs), FQHC Look-Alike clinics, expanded scope projects, service expansion projects and expanded medical capacity projects located in medically underserved areas (MUA) or medically underserved populations (MUP).

Examples of projects that may be funded include:

- Outpatient service expansion projects,
- Service integration projects,

- Establishment of an oral health clinic,
- Expand/establish mental health services,
- Information technology to facilitate quality improvement and infrastructure, personal health records, and communication technology in health care,
- Service delivery projects of community networks and/or collaborative efforts,
- Equipment for clinic, tied to service expansion and/or to a quality initiative (must not be the majority of funding request),
- Teleradiology/telemedicine projects to increase access to primary care services.

NOTE: Any project focused on the development of new federally qualified health centers (FQHCs), FQHC Look-Alike clinics, expanded scope projects, service expansion projects and expanded medical capacity projects will be required, if funded, to adhere to the following:

- Must submit grant application to HRSA in federal fiscal year 2009-2010, but no later than June 30, 2010.
- Must submit final draft of HRSA application to BPCRHR no later than two week prior to federal submission deadline.
- Must submit copy of feasibility study to BPCRHR (if not completed by the Bureau).
- Must submit HRSA reviewers' comments to BPCRHR.
- If BPCRHR grant or match funds are used for grant writing services, prior approval from BPCRHR is required.
- If funds are utilized for 330 grant writing training, grantee must be present.
- Failure to meet all above requirements will make applicant ineligible to apply for 2010/2011 BPCRHR funding.

PROJECTS FOCUSED ON THE ENHANCEMENT OF SCHOOL-BASED HEALTH CENTERS

Projects focused on enhancing school-based health centers may utilize CBRHP funding for:

- Information technology to facilitate quality improvement and infrastructure
- Software, training, or educational events to enhance the SBHC's sustainability or expand their scope of care (i.e. mental health, dentistry, psychiatric services, etc.)
- Any project that facilitates repositioning the SBHC towards a patient-centered medical home model.
- Capital improvements (must not be the majority of funding request)
- Equipment, related to service expansion and/or to a quality initiative (must not be the majority of funding request).

Applicants are required to collaborate with the Office of Public Health's Adolescent and School Health Program (OPH-ASHP). Applicants are required to provide a letter of support from the local school board and **also from the OPH-ASHP that includes the outcome of the SBHC sponsor's most recent continuous quality improvement (LaPERT) site visit.** CBRHP monies are expected to supplement funding from OPH-ASHP and increase sustainability of the SBHC or improve access to services. Applicants are expected to demonstrate matching sources of funds (up to 30% cash or in kind) towards the proposed project that is "new money" (not included in prior year's budget).

INTRODUCTION TO THE GRANT APPLICATION

The following application guidelines provide a **REQUIRED** format for the grant proposal, budget and forms needed to assemble a complete proposal.

Letter of Intent

A letter of intent should be received by BPCRHR by close of business **July 17, 2009**. The letter should include a succinct description of the proposed project, be limited to no more than two (2) pages and include the following information:

- A. Description of applicant organization, the name of the project director and a description of the major collaborative partners;
- B. A brief description of the major components of the project, including a brief summary of the major interventions and anticipated accomplishments of the initiative;
- C. Proposed funding amounts requested from BPCRHR and the matching funds source(s) and amounts. Individual grant awards may not exceed \$75,000.

Within each project application a maximum of \$30,000 may be requested in aggregate for the following categories:

- **Capital Improvements,**
- **Equipment, and**
- **Technology.**

All letters of intent will be reviewed to verify that the geographic area and project qualify for CBRHP funding. Should BPCRHR have concerns regarding eligibility for the project, the designated representative will be contacted.

Format for Proposals

- A. A completed CBRHP grant application will consist of:
 - Face Page
 - Cover Letter
 - Table of Contents
 - Project Summary
 - Narrative of Proposal
 - Line Item Budget
 - Budget Narrative
 - Table of Matching Funds
 - Continuation of Funding Strategy
 - Appendices
 - Tax Exempt Documentation
 - Board Resolution
 - Form - “*Request for Project Support and Conditions of Grant*”
 - Letters of Commitment/Support
 - Bio-sketches/Job Description of Key Project Personnel
 - Organizational Chart
 - Additional Support Documentation

- Checklist

Font: Use an easily readable typeface such as Times New Roman, Courier, Arial or Tahoma. The text and table portions of the application must be no less than 12 point. Line Item Budget Spreadsheet may be in 10 point.

Paper Size and Margins: Submit application on 8 ½” x 11” white paper. Margins must be at least one (1) inch at the top, bottom, left and right of the paper.

Name and Numbering: In the upper right hand corner of each page of the grant application (including Appendix and Checklist), the organization’s name and current page number **MUST** be included.

Page Limit: Application may not exceed 50 pages in length; signed Conditions of Grant form and tax-exempt documentation are not included in the 50-page limit.

Application materials MUST be organized as follows:

1. Face Page

The face page (see attached **Form A**) **MUST** be completed fully and should be the first page of the grant application.

- Type the applicant organization name and parish where entity is located.
- Type the title of proposed project.
- Type the name of project’s contact person.
- Type the project’s contact person’s phone number.
- Type the project’s contact person’s email address.
- Type the amount of funding requested from BPCRHR.
- Type the date/time submitted to BPCRHR.
- Select the type of method grant application will be submitted.
- Read and sign under paragraph acknowledging the data in the application is true and correct.

2. Cover Letter (2 Points)

A cover letter signed by an authorized individual on behalf of the applicant organization should indicate the organization, type of project proposed, brief description of the proposed project, the dollar amount of the request, the dollar amount of matching funds committed, source(s) of matching funds and time frame for receipt of the matching funds of the project.

The cover letter should include a statement certifying that the tax documentation provided is a true and correct copy of the originals on file with the institution and that they remain in full force and effect.

Include the name, title, mailing address, email address and telephone number of the Administrator/Chief Executive Officer of the applicant organization, as the BPCRHR notifies this person when an award is made. Please see Appendix B for required cover letter format.

3. Table of Contents (2 Points)

Page numbers **MUST** be included for each section and attached documents. See Appendix C for required format of Table of Contents.

4. Project Summary (10 Points)

Limit the project summary to one page or less, single spaced, 12-point font. The summary should serve as a succinct description of the proposed project and **MUST** include the all of following items in bullet format:

- Name and description of applicant organization
- Name of the project director (point of contact for entire grant process)
- Name and description of the major collaborative partners
- Name of Proposed Project
- Brief description of the major components of the project
- Purpose and goals of project
- Anticipated accomplishments/outcomes of the initiative
- Proposed funding amounts requested from BPCRH
- Matching funds amount
- Matching funds source(s)

5. Narrative of Proposal (85 Points)

The narrative of the proposal should be no longer than 12 pages, single-spaced, 12 point font. [The budget, matching funds, sustainability strategy, letters of support and appendix sections are **NOT** included in the 12 page limit.]

A. Background/Overview of Problems (35 Points) – Answers to the following questions, should describe the essential background information necessary to understand the need for the proposed project. The narrative to the following questions should detail the proposed strategies to improve access to primary and preventative health care services. The reviewer should have a strong understanding of what rural health access needs will be met and how the applicant will measure how the project has made a difference meeting those rural health needs is limited to one page (maximum of 15 points).

1. Describe in detail the relevant health care statistics of the project area, parish, and state and the level of need for the requested services in the project area (e.g. health professional shortage areas (HPSA), medical capacity to address the needs, etc.). Applicant must cite source for all data included in the proposal.
2. What is/are the identified problem(s) that this project will address?
3. Why is the requested funding critical to addressing these needs?
4. Are there any additional factors that are relevant to this project that are not listed elsewhere in this application?

B. Strategy/Descriptions (25 Points) – When appropriate, applicant needs to demonstrate collaboration with community partners.

1. What is the overall purpose/goal of the proposed project?
2. What new strategies will be utilized by the applicant and its partners to meet the project's purpose/goal?
3. Why has the strategy proposed been chosen to address the defined need?
4. What are the goals, objectives, activities, measurable outcomes and potential impact of each of the chosen strategies? What are the problem(s) or need(s) that each chosen strategy will address?
5. What are the key organizations and personnel that will implement the chosen strategies and what are their role(s) in program oversight and implementation? You may list in bullet format partners and key personnel.

C. Project Outcome/Evaluation (10 Points) – In addressing the questions below, the applicant should speak to the overall, long term effect(s) (3-5 years) on the target population and community.

1. What is the anticipated **long-term impact** that the project will have on the target population and community? (e.g. 10 percent reduction of diabetics in ABC service area)
2. What is the anticipated **financial** impact on the community, including project partner organizations, by implementing the proposed project (e.g. change in costs or revenue, less work days missed, fewer visits to ER, etc.)?. How will this change be measured?
3. What is the anticipated **service** impact of implementing the proposed project (e.g. number of encounters/visits, higher compliance rates, preventive care vs. emergent care services, etc.)? How will this be measured?
4. How will the requested funds be used to leverage other resources? Applicant will identify and quantify these resources.

D. Work Plan (10 Points) – Please use attached Form B to detail the work plan for the entire project. The work plan should include the specific activities to be undertaken, responsible parties and appropriate timelines. The CBRH grant will be effective beginning October 1, 2009. While the time frame of the work plan will depend on the scope of the project, it is expected that most projects will have time frames between 6 and 12 months. Note: The grant monies must be expended by June 30, 2010 due to the state's fiscal year; however, work plans may extend beyond June 30, 2010 to reflect the entire time frame/scope of the project. Be sure the work plan describes the major work products resulting from the tasks undertaken and all agreements or contracts that will need to be developed. Include in the "Indicators" column those specific measureables relative to the project during the grant period (i.e. increase in patient visits, financial impact/savings benefit). There is no page limit for the work plan charts.

E. Project Infrastructure (5)

1. Describe the experience and responsibilities of the applicant organization in managing the type of project proposed.
2. Include as an attachment brief bio-sketches of the key staff (generally one or two paragraphs) describing the qualifications and prior experience relevant to the goals of the project and the amount of time (in % FTE as applicable) to be

dedicated to the project. Also as an attachment, provide job descriptions for vacant positions.

6. **Line Item Budget and Budget Narrative (25 Points)** - All proposals should contain a line-item budget (Form C) with an attached financial narrative justification for the time period covered by the project. Please carefully review “Budget Preparation Guidelines” (Appendix F) and “Policies Related to Sub-contractual Agreements” (Appendix G) as guides to prepare your budget.
7. **Matching Funds**- Each project must obtain 30% cash and/or in-kind matching funds for every dollar requested from the CBRH. At least 5% of the total funding requested must be cash match (new funds). For example: if \$75,000 is requested, then the total 30% match = \$22,500—of which \$3750 must be cash/new funding dollars.
 - Note: Office of Public Health funding or a line of credit cannot be considered as matching funds. All matching funds should be NEW DOLLARS (funds not obligated to another project).
 - NOTE: Cash match can NOT be used for salaries.

All applicants must provide, in table format in the budget narrative, the amount, sources, and duration of matching funds that are committed for this project. Please see the attached “Matching Funding Guidelines” (Appendix H).

8. **Sustainability Strategy (10 Points)** – BPCRH’s goal is to support long-term health care improvement in communities. Therefore, funding preference will be given to those projects demonstrating long term viability. Briefly describe your strategy to continue key components of the project after the CBRHP grant funding ends. Applicants that show the ability to leverage future/new funding as a result of the CBRHP funds will be given strong consideration in the review process. Applying for CBRHP funding for this same project in upcoming years is NOT considered an acceptable strategy for continuation of funding.
9. **Appendix (15 Points) – Required documents are:**
 - **Tax Exempt Documentation** - BPCRH is required to have evidence that the applying facility/organization is an Internal Revenue Code (IRC) Section 501(c)(3) entity. If applicant is a public entity, documentation certifying public status is required. (See Appendix D for tax-exempt requirements.) All documents must indicate either non-profit status or government entity as of the date of CBRHP application submission. Applications from organizations in process of establishing non-profit status will not be accepted.
 - **Board Resolution** - A Board Resolution dated within the last two years, must be submitted within the CBRHP application. It must be signed by the Board of Directors’ President or Chairman on behalf of the applicant organization. It must indicate the full name and title of the individual authorized to sign, deliver and/or accept all agreements and instruments for the facility. (See sample in Appendix E) Notarization is not required.

- **Form E: Request for Project Support and Conditions of Grant**– Each applicant must complete and submit the attached **Form E** “Request for Project Support and Conditions of Grant” with original signatures as part of the grant proposal. This document outlines other terms and conditions of the grant (i.e. assuring that grant funds shall not be used for lobbying) and should be read carefully. **NOTE: This is NOT included in the 50 page application limit.**
- **Letters of Support/Commitment** –
 - Letter of Commitment: Any partner agency listed in the application must submit a letter of commitment demonstrating their roles and responsibilities in carrying out the grant program. If they are providing funding (in kind or cash) this must also be included in the letter of commitment.
 - Letters of Support- Letters of support for the project can be included in the grant application from any individual receiving services through the grant, or any organization that has or will collaborate to support the program’s success.

Letters of support or commitment from agencies that are pertinent to the success of the program are highly recommended (i.e. The Diabetes Association supports a program designed to address diabetic needs). All letters of commitment or support must be dated within one year of CBRHP application date.

Note: FQHC-development grantees are required to collaborate with the Louisiana Primary Care Association to determine their readiness to develop an application for a new access point. This must be demonstrated through a letter of support or commitment.

Bio-sketches/Job Descriptions – Provide brief biographical sketches (one to two paragraphs) of key personnel describing qualifications and prior experience relevant to goals of the project. For the purposes of this grant application, “key personnel” is defined as persons funded by this grant or persons conducting activities central to the project. In the event a position is vacant, include a job description for that position. **The Designated Applicant’s Project Director must be an employee of the applicant entity. No CBRHP grant funding will be allocated towards CBRHP grant management or project direction through contractual services.**

- **Organizational Chart** – Provide an organizational chart including all employees mentioned in grant application and how each relates to the proposed project (this can be hand sketched).
- **Support Documentation** – Provide maps, statistics, etc. with sources to support narrative. Maps of service area, relevant health providers, etc. are strongly encouraged.

- 10. Checklist for Proposals (1 Point)** – Please use the attached “Checklist for Proposals” (Appendix I) to determine if you have submitted all required documents. Please submit the completed checklist with your proposal.

REVIEW PROCESS

BPCRH convenes an Objective Review Committee (ORC) to review all grant applications. The purpose of peer review for grant applications is to obtain the best available professional assessments for each application submitted. The ORC recommendations serve as the basis for funding actions. Two reviewers (primary and secondary reviewers) formally review each application. These reviews are completed and evaluation reports are brought to the ORC meeting.

During the review process, reviewers will be asked to indicate their initial overall assessment of an application. This will be done during oral presentations of the applications at the objective review committee meeting. The purpose is to provide other committee members with a general impression of the reviewer's assessment of the application at the beginning of the committee's discussion of the application. The reviewer's overall assessment may change as a result of these discussions, but the initial assessment provides a useful starting point.

PROPOSAL DEADLINE

All CBRHP grant proposals (original, 3 copies and electronic copy on CD) must be received by **5:00 p.m. July 31, 2009** at the Bureau of Primary Care and Rural Health. Appropriate addresses, based on delivery method, are listed below:

Hand delivery or overnight carrier to:

Sheree Taillon
DHH Bureau of Primary Care and Rural Health
628 N. 4th Street, Bienville Building 8th Floor
Baton Rouge, LA 70802

US Postal Service:

Sheree Taillon
DHH Bureau of Primary Care and Rural Health
P.O. BOX 3118
Baton Rouge, LA 70821

New Submission Option: If you choose to submit your application electronically: Submit your application (in Word or Adobe) by July 31, 2009 to sheree.taillon@la.gov with the subject line of CBRHP Application. You will receive an email response notifying you of receipt of application. You **must** also send original signed application pages including: cover sheet, form A, and form D to the address listed above by August 7th, 2009. If signed forms are not received by August 7, 2009, your application will not be reviewed.

For assistance, please contact: sheree.taillon@la.gov (225) 342-9291 or (225) 342-5839 fax

AWARD ANNOUNCEMENTS

Grant awards will be based on an objective committee review. Before the announcement of the grant awards, BPCRH will conduct site visits. The project director and all collaborating partners must be present at the site visit. Please note that grant awards also may be determined at the

discretion of the BPCRHR based on past contract/grant performance measures with DHH.

All applicants will receive written notification of the funding decisions. The TARGETED date for award announcements is **September 30, 2009**.

Note: Evaluations of grant applications are confidential. A copy of the evaluation will be issued ONLY to the designated representative of the entity stated in the grant proposal. Should anyone other than the designated representative of the entity wish to obtain a copy of the evaluation, they must contact that representative.

CONTRACTS

After the announcement of the CBRHP grant awards, contracts will be initiated between DHH and the grantee. The contract process usually takes eight to twelve weeks. Quarterly monitoring reports providing status of project implementation and expenditure of funds will be required (template will be provided with approved contract). All contract payments will be based on cost-based reimbursement and a request for reimbursement will be required on a monthly basis. Before reimbursement will be issued copies of invoices, cancelled checks indicating payment of these invoices, and packing slips are required as well as time sheets/travel logs as applicable. Requests to change budget allocation after grant award must be submitted in writing to Sheree Taillon for approval.

A mandatory meeting of all grantees will be held in October, 2009. BPCRHR staff will discuss contractual procedures and expectations regarding monitoring, reimbursement and progress of expenditures.

INQUIRIES

All inquiries regarding the grant application can be directed to:

Sheree Taillon
(225) 342-9291
Sheree.taillon@la.gov

APPENDIX

APPENDIX A

DEPARTMENT OF HEALTH AND HOSPITALS BUREAU OF PRIMARY CARE AND RURAL HEALTH COMMUNITY-BASED AND RURAL HEALTH PROGRAM GRANT

PRIMARY CARE SERVICES - DEFINITION

The term ‘primary care services’ means:

- Basic health services which shall consist of:
 - Health services related to family medicine, internal medicine, pediatrics, obstetrics, or gynecology that are furnished by physicians and where appropriate, physician assistants, nurse practitioners, and nurse midwives
 - Preventive health services
 - Prenatal and perinatal services
 - Screening for breast and cervical cancer
 - Well-child services
 - Immunizations against vaccine preventable diseases
 - Screenings for elevated blood lead levels, communicable diseases, and cholesterol
 - Pediatric eye, ear, and dental screenings to determine the need for vision and hearing correction and dental care
 - Voluntary family planning services
 - Preventive dental services
 - Emergency medical services
 - Pharmaceutical services as may be appropriate for particular centers
- Referrals to providers of medical services and other health-related services (including substance abuse and mental health services);
- Patient case management services (including counseling, referral, and follow-up services) and other services designed to assist health center patients in establishing eligibility for and gaining access to Federal, State, and local programs that provide or financially support the provision of medical, social, educational, or other related services;
- Services that enable individuals to use the services of the healthcare facility (including outreach and transportation services and, if a substantial number of the individuals in the population served by a facility are of limited English-speaking ability, the services of appropriate personnel fluent in the language spoken by a predominant number of such individuals); and
- Education of patients and the general population served by the health center regarding the availability and proper use of health services.

**PATIENT CENTERED MEDICAL HOME MODEL DEFINITION
as defined by National Committee for Quality Assurance (NCQA)**

The patient-centered medical home is a model for care provided by physician practices that seeks to strengthen the physician-patient relationship by replacing episodic care based on illnesses and patient complaints with coordinated care and a long-term healing relationship. The American College of Physicians, the American Academy of Family Practice, the American Academy of Pediatrics and the American Osteopathic Association have jointly defined the medical home as a model of care where each patient has an **ongoing relationship with a personal physician** who leads a team that takes collective responsibility for patient care. The physician-led care team is responsible for providing all the patient's health care needs and, when needed, arranges for appropriate care with other qualified physicians.

These physician offices:

- Use evidence-based guidelines in the treatment of chronic conditions, acute illness and injury, and the provision of preventive care;
- Coordinate care across all settings – practices, hospitals, nursing homes, consultants and other components of the complex health care network;
- Use a team approach, capitalizing on the expertise of mid-level practitioners and medical subspecialists;
- Serve as the patient's "library" of medical records, where the essential elements of a patient's history and health care interactions would be stored; and
- Use, or commit to using, health information technology (e.g., registries, electronic prescriptions, electronic health records, personal health records, secure e-mail) to guide and facilitate each patient's care.

APPENDIX B

**DEPARTMENT OF HEALTH AND HOSPITALS
BUREAU OF PRIMARY CARE AND RURAL HEALTH
COMMUNITY-BASED AND RURAL HEALTH PROGRAM GRANT**

SAMPLE COVER LETTER

Institutional Letterhead

Date

Sheree Taillon, CBRHP
DHH Bureau of Primary Care and Rural Health
628 N. 4th Street, 8th Floor, PO Box 3118
Baton Rouge, LA 70821

Dear Ms. Taillon:

On behalf of the **(Organization)**, we are submitting a proposal for the Community-based and Rural Health Program Grant requesting **(\$ amount)** for **(type of project applying for / one sentence description of the project)**. The matching amount we have committed for this project is **(\$ amount)**. **[Name of organization(s)]** is/are the source(s) of the matching funds/in-kind support and these funds will be committed **(describe the time frame of the matching funds)**.

The attached copies of our documentation are true and correct copies of the originals on file with the **(Organization)** and they remain in full force and effect. The **(Administrator / Chief Executive Officer)** of our organization with authority to commit to a contract is:

Name

Title

Institution

Mailing Address

Telephone Number

Fax Number

Email Address

Sincerely,

Administrator/CEO/Executive Director/Designated Official

APPENDIX C

DEPARTMENT OF HEALTH AND HOSPITALS BUREAU OF PRIMARY CARE AND RURAL HEALTH COMMUNITY-BASED AND RURAL HEALTH PROGRAM GRANT

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APPENDIX D

DEPARTMENT OF HEALTH AND HOSPITALS BUREAU OF PRIMARY CARE AND RURAL HEALTH COMMUNITY-BASED AND RURAL HEALTH PROGRAM GRANT

TAX EXEMPT DOCUMENTATION

Tax-Exemption Requirements

BPCRH is required to have evidence that your facility/organization is currently either a tax-exempt entity as described in Section 501(c)(3) of the Internal Revenue Code (IRC) and not a private foundation as described in Section 509(a) or an organization described in Section 170(c)(1) or Section 511(a)(2)(B). These requirements will be satisfied by providing the BPCRH with the following:

If your facility/organization is a tax-exempt entity as described in Section 501(c)(3) of the IRC and not a private foundation as described in Section 509(a), provide the BPCRH with:

- A copy of the letter your facility/organization received from the Internal Revenue Service (IRS) stating that your facility/organization is exempt from taxation as described in Section 501(c)(3).
- A copy of the letter your facility/organization received from the IRS stating that your facility/institution is not a private foundation as described in Section 509(a).

If your facility/organization is an entity described in Section 170(c)(1) or Section 511(a)(2)(B), provide the BPCRH with:

- A copy of the correspondence, if any, from the IRS stating that fact.
- A copy of the legislation establishing your facility/organization.

Based on the information contained in these documents, the BPCRH may be required to request further documentation from you.

You should give written notice immediately to BPCRH if your facility/organization ceases to be exempt from federal income taxation under Section 501(c)(3), has its status as not a private foundation under Section 509(a) changed or fails to retain its status as described in Section 170(c)(1) or Section 511(a)(2)(B).

APPENDIX E

**DEPARTMENT OF HEALTH AND HOSPITALS
BUREAU OF PRIMARY CARE AND RURAL HEALTH
COMMUNITY-BASED AND RURAL HEALTH PROGRAM GRANT**

SAMPLE BOARD RESOLUTION

On the _____ day of _____, 20____, at a meeting of the Board of Directors of

_____ a corporation, held in the City of

_____ , _____

Parish, Louisiana, with a quorum of the directors present, the following business was conducted:

It was duly moved and seconded that the following resolution be adopted:

BE IT RESOLVED that the Board of Directors of the above corporation do hereby authorize

_____ (Name and Title) to negotiate at any time within 24 months from this date and on terms and conditions that he/she may deem advisable, a contract or contracts with the Louisiana Department of Health and Hospitals, and to execute said documents on behalf of the corporation, and further we do hereby give him/her the power and authority to do all things necessary to implement, maintain, amend or renew said documents.

The above resolution was passed by a majority of those present and voting in accordance with the by-laws and articles of incorporation.

I certify that the above and foregoing constitutes a true and correct copy of a part of the minutes of a meeting of the Board of Directors of _____.

HELD ON THE _____ DAY OF _____, 20____.

President/Chairman

APPENDIX F

DEPARTMENT OF HEALTH AND HOSPITALS BUREAU OF PRIMARY CARE AND RURAL HEALTH COMMUNITY-BASED AND RURAL HEALTH PROGRAM GRANT

BUDGET PREPARATION GUIDELINES

An important component of your proposal is the preparation of a detailed line item budget and budget narrative. The budget document links the requested funding with specific elements of the proposed project. Therefore, the budget you propose should appropriately and accurately project the program expenses.

Policy guidelines usually preclude support for:

1. Ongoing general operating expenses or existing deficits
2. Items for which third-party reimbursement is available
3. Conferences or symposia, publications or media projects - unless they are integrally related to the project objectives or are an outgrowth of one of its grant programs
4. Research on unapproved drug therapies or devices
5. International programs or institutions
6. Direct support to individuals
7. Costs incurred by this grant application for the specific purpose of writing this proposal or for the instruction or direction of its own personnel in such writing
8. Retainer fees for grant writer (may be paid by match funds).

The proposed budget will be reviewed in detail to ensure that it meets the goals and objectives of the proposed project.

Applicants should read carefully the “Request for Project Support and Conditions of Grant” form, which must be signed as a part of the application package. This document contains information regarding the legal, financial, communications and program responsibilities of a grantee and becomes binding should your facility receive a grant.

Any questions concerning the budget preparation for the grant proposal may be submitted to Sheree Taillon at 628 N. Fourth St. 8th Floor, Baton Rouge, LA 70802 or e-mail at sheree.taillon@la.gov

The budget must be independent of the proposal document. If information that will strengthen the budget narrative provided is contained in the proposal, please reference the page number. This, however, cannot substitute for a separate and complete justification for each line item in the budget.

The budget should be divided into two parts: a line item budget and a budget narrative. See **Form D** for formatted Line Item Budget in Excel spreadsheet.

The following **SAMPLE** line item budget and budget narrative show the format in which costs associated with the proposed project should be identified. **Not all line items will be applicable to your proposal and in some cases, you will need to add line items.**

The budget narrative must include an explanation for **every** line item. In general, each narrative statement should describe, in as much detail as possible:

- What the specific item is.
- How the specific item relates to the project.
- How the amount shown in the budget was arithmetically determined.

A column labeled “**CASH MATCHING FUNDS**” is included in the sample line item budget. Identify the amount of cash matching funds in this column and provide detailed documentation of the cash matching funds of the applicable line item in the budget narrative. The “**IN-KIND/OTHER SUPPORT**” column is to be completed if other sources of funds are to be applied to the line items in the budget. Any other funds should be included in this column. For example, if the Project Director is to be partially funded by the CBRH grant and partially or completely by his/her facility, the facility’s commitment should be listed as “**IN-KIND/OTHER SUPPORT**”.

NOTE: At the end of the budget narrative, include a table that describes the sources, amounts and duration of the in-kind/other and cash match support.

IMPORTANT: All travel expenses must be based on state travel guidelines (see Appendix J).

SAMPLE LINE ITEM BUDGET

Budget Period: (from 10 / 1 / 09 to 6 / 30 / 10)

Budget Object	Position	Base/Annual Salary	% Time to Work on Project	Total	BPCR Support (Up to 9 months)	Cash Match	In-Kind/ Other Support
I. Personnel							
Jane Smith	Project Director	\$50,000	25%	\$9,375			\$9,375
Betty Thompson	Case Manager	\$40,000	40%	\$12,000	\$12,000		
Vacant	Administrative Asst.	\$26,000	50%	\$9,750			\$9,750
Subtotal				\$31,125	\$12,000	\$0	\$19,125
II. Fringe Benefits (25%)				\$7,782	\$3,000		\$4,782
III. Supplies				\$2,250	\$2,250		
IV. Operating Expenses							
Meeting Expenses				\$0			
Duplicating				\$2,100			\$2,100
Telephone				\$4,200			\$4,200
Postage				\$500			\$500
Rental				\$1,800			\$1,800
Marketing				\$950		\$950	
Service Agreement(s)				\$1,200			\$1,200
Dues/Subscriptions				\$0			
Software Licensing				\$1,000	\$300	\$700	
Utilities				\$0			
Subtotal				\$11,750	\$300	\$1,650	\$9,800
V. Travel				\$1,162	\$1,162		
VI. Equipment				\$26,250	\$26,250		
VII. Contractual Agreements				\$9,000		\$9,000	
TOTAL				\$89,319	\$44,962	\$10,650	\$33,707

_____ x 30% = _____ (Match Funds)
Total CBRH Funds requested

_____ x 5% = _____ (Cash Funds)
Total CBRH Funds requested

BUDGET NARRATIVE GUIDELINES

This appendix includes a description and examples of the narrative that should accompany the line item budget. **Please note that the examples (indented in *italics*) serve only to suggest the kinds of items which each category may include and the level of detail desired in the narrative. The examples are not meant in any way to prescribe what specific items a budget should include.** Listed within each category is a description of the required information needed to review your proposed budget; applicants are to include narrative for each funding source (BPCRH request, In-Kind, Cash) within each category. Each category is organized by the Roman numeral corresponding to the sample line item budget form.

NOTE: At the end of the budget narrative, include a table that describes the sources, amounts and duration of the in-kind/other and cash match support.

SAMPLE BUDGET NARRATIVE

I. Personnel

Total Personnel = \$31,125

Total Personnel, BPCRH = \$12,000

Staff Job Descriptions: In addition to the information required on the sample line item budget form, include a detailed description of the activities of each position as it relates to the project. Please note that only employees of the lead agency are considered to be personnel in these budgets. If a position is filled, provide name of employee. All other people who work in the project but who are paid directly through a consulting contract or via a subcontract with their employers should appear in the consultants and subcontracts section of the budget (Section VII).

The Case Manager provides comprehensive case management services to residents and potential residents of housing and supported work programs. Duties include needs and skills assessment, service planning, agency linkage and liaison, resource development, family liaison and support, transportation coordination and assistance, services evaluation and record keeping. The maximum caseload will be 30 clients per case manager with a projected client turnover rate of 20 percent every six months. The Case Manager will spend 40 percent of his/her time on this project.

The Project Director will oversee all aspects of project management. S/he is accountable for planning, organizing and directing the implementation and operations of this grant project. Specific responsibilities include directing staff, orientation, training, counseling, evaluation and discipline in accordance with department standards. The Project Director is accountable for ensuring conformance with budget guidelines, tracking the utilization of funds and ensuring that appropriate financial records are kept. The Project Director will spend 25 percent of his/her time on this project.

The Administrative Assistant will be responsible for typing, record keeping, filing, scheduling meetings and other clerical duties. The Assistant will maintain the

correspondence and prepare documents related to the project and will work 50 percent of his/her time on the project.

<i>Employee</i>	<i>12 month Salary</i>	<i>9 month Salary</i>	<i>%FTE</i>	<i>BPCRHR Request</i>	<i>In-Kind</i>
<i>Case Manager</i>	\$40,000	\$30,000	40%	\$12,000	
<i>Project Director</i>	\$50,000	\$37,500	25%		\$9,375
<i>Admin. Asst.</i>	\$26,000	\$19,500	50%		\$9,750

II. Fringe Benefits

Total Fringe Benefits = \$7,782
Total Fringe Benefits, BPCRHR = \$3,000

Indicate what benefits will be provided and how the amount was calculated. If different rates were used for different individuals, your narrative should contain a table, which summarizes the calculation for each individual.

Fringe benefits represent 25% of the salaries and consists of: 1) 19.1% retirement; 2) 1.45% FICA; and 3) 4.45% health insurance.

<i>Employee</i>	<i>Requested Salary</i>	<i>Fringe Rate</i>	<i>BPCRHR Fringes</i>	<i>In-Kind Fringe</i>
<i>Case Manager</i>	\$12,000	.25	\$3,000	
<i>Project Director</i>	\$9,375	.25		\$ 2,344
<i>Admin. Asst.</i>	\$9,750	.25		\$ 2,438

III. Supplies

Total Supplies, BPCRHR = \$2,250

The requested supply budget is \$2,250. This includes \$1,000 for office supplies such as tape, paper, pens, pencils and business cards. Additionally, \$1,250 is budgeted for computer supplies to support the component of the project which involves data analysis.

IV. Operating Expenses

Total Operating Expenses = \$1,000
Total Operating, BPCRHR = \$ 300

Software Licensing - Itemize the software requested and include a statement outlining how the software will be used to fulfill project goals. For example:

A customized software licensing package will be developed to collect data, which will allow us to link maternal and neonatal outcomes with prenatal care. The software vendor's estimate is \$1,000.

	<i>BPCRHR</i>	<i>In-Kind</i>	<i>Cash</i>
<i>Software licensing</i>	\$300		\$700.

V. Travel

Total Travel = \$1,162

The projected expenditures for travel should be described in this section. The basis for calculation, as well as the purpose for all travel should be provided. Travel estimates for

local travel should be based on the State's current travel policies, e.g., \$0.34/mile. **See Appendix J for travel regulations.**

VI. Equipment

Total Equipment = \$26,250

Although the CBRHP grants can be used for funding capital costs, a limited amount of equipment may be requested if appropriate for the accomplishment of program objectives. Itemize the equipment requested and include a statement outlining how the equipment will be used to achieve project goals. Applicants should explore the option of purchasing versus leasing or renting and explain the choice. Generally, the CBRH prefers to support only a portion of the equipment line item. Therefore, applicants should explore whether other sources can be obtained for equipment.

VII. Contractual Agreements

Total Contractual Agreements = \$0

N/A

APPENDIX G

DEPARTMENT OF HEALTH AND HOSPITALS BUREAU OF PRIMARY CARE AND RURAL HEALTH COMMUNITY-BASED AND RURAL HEALTH PROGRAM GRANT

POLICIES RELATED TO SUB-CONTRACTS

General Information

CBRHP grantees often establish contracts with individual consultants or agencies in order to facilitate the work of the project. In the CBRHP project, grantees are encouraged to build strong partnerships with other agencies and may find it useful to develop formal contracts with partners to share resources and to strengthen the bonds among the partners.

Sub-contractors

The BPCRH budget policies distinguish between personnel and consultants. Anyone supported by the project working as an employee on the payroll of the lead agency should be listed in the budget in the Personnel category (i.e. category I). All other individuals and organizations that receive payment for work performed during the project period, but who are not employees of the lead agency belong in Category VII, Contractual Agreements, of the budget. **NOTE: All subcontractors must be approved by BPCRH including grant writers. Resumes must be submitted for internal and external grant writers.**

Application Budgets

When an applicant prepares the line item budget and the budget narrative for the application, all anticipated contracts with individuals or agencies should be listed individually. Each of the anticipated contracts should be described in the budget narrative. The budget narrative should explain the components of each contract (i.e. payments of work, payments for technology, supplies, services, etc.) and should explain how the figures were arithmetically derived, where appropriate.

Grantees will be expected to send copies of sub-contracts to BPCRH.

APPENDIX H

DEPARTMENT OF HEALTH AND HOSPITALS BUREAU OF PRIMARY CARE AND RURAL HEALTH COMMUNITY-BASED AND RURAL HEALTH PROGRAM GRANT

MATCHING FUNDS GUIDELINES

Applicants seeking Community-Based and Rural Health Program (CBRHP) grant funds are expected to obtain co-funding from regional, local or national philanthropies, state or local public funds and/or private sources. However, use of own entity's funds may be used for cash match if not allocated to another project. The match should be funds specifically earmarked to accomplish the objectives of the project. A project should secure a 30% cash and/or in-kind match for every dollar requested from the CBRHP. As part of the 30%, 5% of the total requested funding from CBRHP must be cash match. The match funding must be **new dollars** not already included in a project. **NOTE: Cash match can NOT be used for salaries.** For example, a \$65,000 budget would include \$50,000 from the CBRH and \$15,000 in matching funds of which \$2500 must be cash funds. Applicants are encouraged to exceed the 30% matching requirement. This will provide tangible evidence that the project is in a position to successfully implement its strategy.

Both private and public sources are acceptable. Matching funds may be obtained from entities such as foundations, local or state governments, health maintenance organizations, other private insurers, hospitals or other health care providers, the United Way, institutions of higher learning, community development corporations, private sector donations and other partners involved in the project. Applications with matching sources that have the potential to be sustained beyond the life of the CBRHP grant will be given strong consideration in the review process.

All applicants must provide, in table format in their budget narrative, the amount, sources, and duration of matching funds that are committed for this project. Each proposal must contain a letter of commitment documenting the amount, source and time frame of the matching funds for the project. Multiple matching sources are encouraged as they may strengthen the project's long term funding prospects.

Confirmation of actual provision of matching resources will be part of the project monitoring process. In all cases, it is the applicant's responsibility to substantiate that the matching funds contribute to the overall project as proposed. Final decisions on the acceptability of the match will be made by BPCRH.

APPENDIX I

DEPARTMENT OF HEALTH AND HOSPITALS BUREAU OF PRIMARY CARE AND RURAL HEALTH COMMUNITY-BASED AND RURAL HEALTH PROGRAM GRANT

CHECKLIST FOR PROPOSALS

- _____ Face Page
- _____ Project Information Page
- _____ Cover Letter
- _____ Table of Contents
- _____ Project Summary
- _____ Narrative of Proposal
- _____ Line Item Budget and Budget Narrative
- _____ Matching Funds
- _____ Sustainability Strategy
- _____ Tax Exempt Documentation
- _____ Board Resolution
- _____ Request for Project Support and Conditions of Grant Form
- _____ Letters of Support/Commitment
- _____ Bio-sketches/Job Description of Key Project Personnel
- _____ Organizational Chart
- _____ Additional Support Documentation

Return package to:

Sheree Taillon, CBRHP Program Monitor
DHH Bureau of Primary Care and Rural Health
628 N. 4th Street, 8th Floor, P.O. Box 3118
Baton Rouge, LA 70821
(225) 342-9291

APPENDIX J

DEPARTMENT OF HEALTH AND HOSPITALS BUREAU OF PRIMARY CARE AND RURAL HEALTH COMMUNITY-BASED AND RURAL HEALTH PROGRAM GRANT

EXCERPT FROM 2009-2010 STATE TRAVEL REGULATION

Mileage

Mileage shall be reimbursable on the basis of **52 cents per mile**.

Meals

Single Day Travel: Meals are not eligible for reimbursements on single day travel. This means that when an authorized traveler of the State is in travel status where no overnight stay is required, no meals are eligible for reimbursement.

Travel with Over Night Stay: Travelers may be reimbursed for meals according to the following schedule.

- a. Breakfast: When travel begins at/or before 6 a.m. on the first day of travel and extends beyond 9 a.m. on the last day of travel, and for any intervening days.
- b. Lunch: When travel begins at/or before 10 a.m. on the first day of travel and extends beyond 2 p.m. on the last day of travel, and for any intervening days.
- c. Dinner: When travel begins at/or before 4 p.m. on the first day of travel and extends beyond 8 p.m. on the last day of travel, and for any intervening days.

Traveler's Meals (Including Tax and Tips)

Travelers may be reimbursed up to the following amounts for meals

	Tier I	Tier II	Tier III	Tier IV
Breakfast	\$8	\$9	\$12	\$13
Lunch	\$11	\$13	\$16	\$18
Dinner	\$15	\$19	\$24	\$29

Tier I – In-State cities: with the exception of New Orleans

Tier II – New Orleans and Out of State cities; with the exception of the cities listed in Tier III and Tier IV.

Tier III – Atlanta, Austin, Cleveland, Dallas/Fort Worth, Denver, Detroit, Fort Lauderdale, Galveston, Hartford, Houston, Kansas City (MO), Las Vegas, Los Angeles, Miami, Minneapolis/St. Paul, Nashville, Oakland, CA., Orlando, Philadelphia, Phoenix, Pittsburgh, Portland, ME, Portland, OR., Sacramento, San Antonio, San Diego, St. Louis, Tampa, Wilmington, DE., Puerto Rico, Virgin Islands, all of Alaska and Hawaii, American Samoa, and Guam, American Samoa.

Tier IV – Alexandria, VA, Arlington, VA, Baltimore, Boston, Chicago, New York City, San Francisco, Seattle, Washington D.C. and International cities.

Lodging (Employees will be reimbursed lodging rate plus tax. Receipt Required)

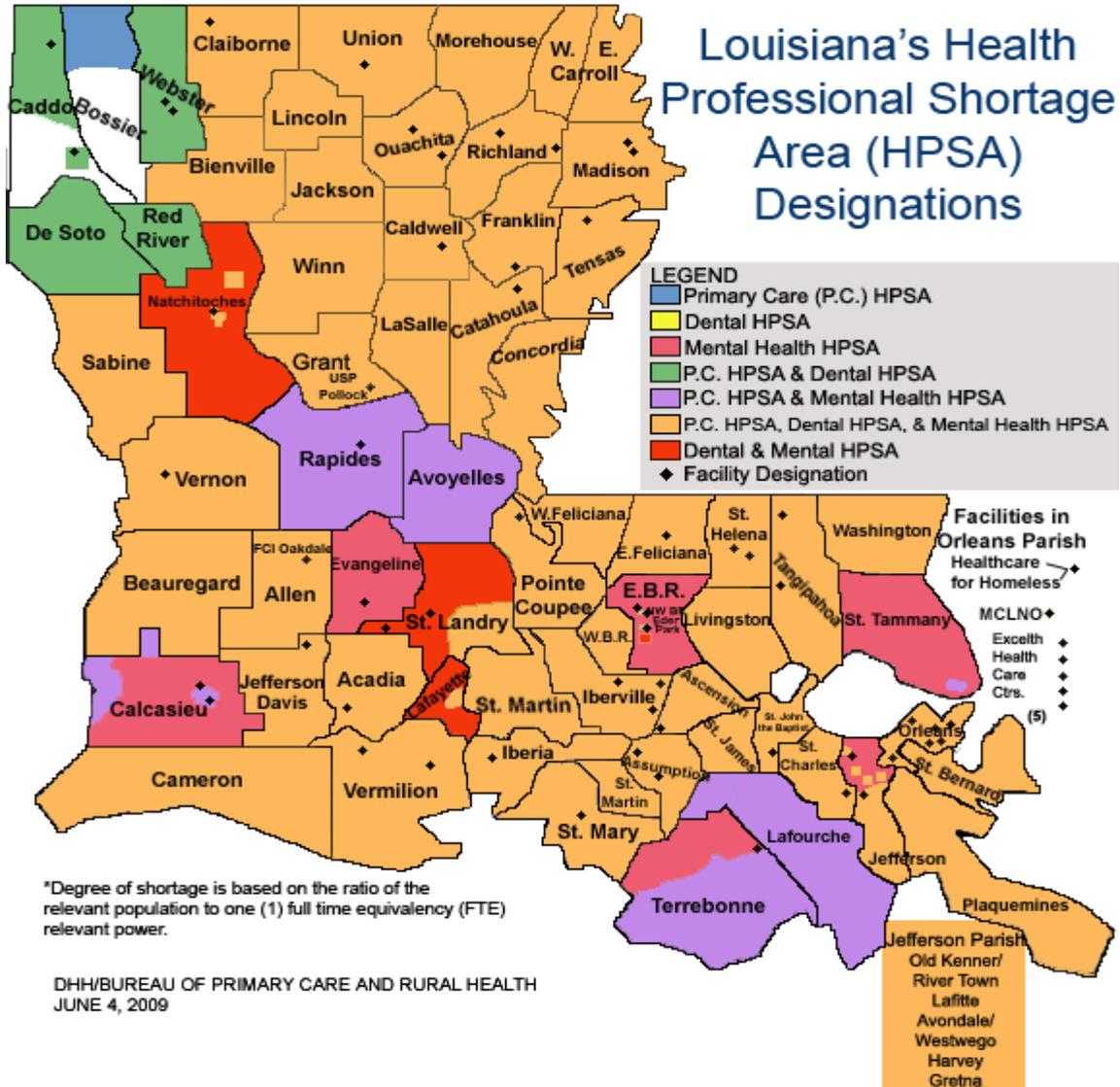
\$70	In-state (except as listed)
\$70	Shreveport- Caddo/Bossier
\$99	Baton Rouge- EBR
\$96	Covington, Slidell- St. Tammany
\$76	Lake Charles, Sulphur
\$79	Lafayette
\$99	New Orleans, Orleans, St. Bernard, Jefferson, Plaq. Parish (July 1-Sept 30)
\$131	New Orleans, Orleans, St. Bernard, Jefferson, Plaq. Parish (Oct. 1-June 30)
\$85	Out-of-State (except those listed in Tier III and IV)
\$135	Atlanta, Cleveland, Dallas/Fort Worth, Denver, Detroit, Hartford, Houston, Los Angeles, Miami, Minneapolis/St. Paul, Nashville, Oakland, CA., Orlando, Philadelphia, Phoenix, Pittsburgh, Portland, ME, Portland, OR., San Diego, San Antonio, St. Louis, Tampa, FL., Wilmington, DE., all of Alaska and Hawaii.
\$155	Baltimore, Boston, San Francisco, Seattle,
\$180	New York City, Chicago, Washington, D.C. and International cities

The inclusion of suburbs shall be determined by the department head on a case-by-case basis.

NOTES:

- A log of all travel must be kept.
- Receipts are required.
- Reimbursement for alcohol is prohibited.

APPENDIX K



Maintaining, Expanding or Enhancing Access to Primary Care Qualifying Areas

Acadia Parish
Allen Parish
Ascension Parish
Assumption Parish
Avoyelles Parish
Beauregard Parish
Bienville Parish
Bossier Parish...as indicated
 Northern Bossier (CT 0112.00)
Caddo Parish...as indicated
 North Caddo (CT 248, 249, 250, 251.98)
 Central Shreveport (CT 201, 202, 204-213, 217-225, 232-238, 246.01, 246.02)
 David Raines Community Health Center
Calcasieu Parish
Caldwell Parish
Cameron Parish
Catahoula Parish
Claiborne Parish
Concordia Parish
De Soto Parish
East Baton Rouge Parish
East Carroll Parish
East Feliciana Parish
Evangeline Parish
Franklin Parish
Grant Parish
Iberia Parish
Iberville Parish
Jackson Parish
Jefferson Parish...as indicated
 Old Kenner/River Town (CT 205.05, 206.00, 207.00, 208.00, 209.00, 210.00, 236.00,
 237.00, 238.00)
 Lafitte (CT 277.04, 278.09, 279)
 East Jefferson Community Health Center
Jefferson Davis Parish
Lafourche Parish
LaSalle Parish
Lincoln Parish
Livingston Parish
Madison Parish
Morehouse Parish
Natchitoches Parish
Orleans Parish...as indicated
 Lower 9th Ward (CT 7.01, 7.02, 8.00, 9.01, 9.02, 9.03, 9.04)

Irish Channel/Central City (CT 68, 77, 78, 79, 80, 81.01, 81.02, 82, 83, 84, 85, 86, 87, 88, 89, 91, 92, 93.01, 93.02, 94.00)

New Orleans East (CT 17.01, 17.02, 17.20, 17.21, 17.22, 17.23, 17.24, 17.25, 17.26, 17.27, 17.28, 17.29, 17.30, 17.32, 17.33, 17.34)

Gert Town (CT 69.00, 70.00, 72.00, 75.00, 75.02, 76.05, 129.00, 130.00, 131.00, 132.00)

Midtown (CT 11.00, 13.01, 13.02, 13.03, 13.04, 14.01, 14.02, 15.00, 16.00, 17.03, 17.06, 17.98, 19.00, 20.00, 21.00, 22.00, 23.00, 27.00, 28.00, 29.00, 30.00, 31.00, 33.06, 33.07, 34.00, 35.00, 36.00, 39.00, 40.00, 44.01, 44.02)

Algiers/Fisher (CT 1, 2, 3, 4, 6.01, 6.02, 6.03, 6.04, 6.05)

Adolescent Healthcare

Health Care for Homeless Clinic

Excelth, Inc. Health Care

Medical Center of Louisiana at New Orleans

Ouachita Parish

Pointe Coupee Parish

Rapides Parish

Red River Parish

Richland Parish

Sabine Parish

St Bernard Parish

St Charles Parish

St Helena Parish

St James Parish

St John Parish

St Landry Parish

St Mary Parish

Tangipahoa Parish

Tensas Parish

Terrebonne Parish

Union Parish

Vermilion Parish

Vernon Parish

Washington Parish

Webster Parish

West Carroll Parish

West Feliciana Parish

Winn Parish

FORMS

FORM A
DEPARTMENT OF HEALTH AND HOSPITALS
COMMUNITY-BASED RURAL HEALTH PROGRAM
FACE PAGE

Applicant Organization _____

Project Director _____

Address _____

Telephone _____ Fax _____

Email Address

Type of Organization

Parishes Served

Amount Requested

Tax ID #

Brief Description of Project _____

Applicant Contact Signature & Date

For BPCRH Office Use Only: Date/Time Received _____ Initials _____

FORM B
DEPARTMENT OF HEALTH AND HOSPITALS
BUREAU OF PRIMARY CARE AND RURAL HEALTH
CBRHP PROJECT WORK PLAN
 (insert additional charts as needed)

Problem/Need #1:

Goal #1:				
Objective	Key Action Steps/Activities	Person/Org Responsible	Date Start/Complete	Evaluation Methods/Indicators
1	1.1			
	1.2			
	1.3			
2	2.1			
	2.2			
3	3.1			
	3.2			

Goal #2:				
Objective	Key Action Steps/Activities	Person/Org Responsible	Date Start/Complete	Evaluation Methods/Indicators
1	1.1 1.2 1.3			
2	2.1 2.2			

Problem/Need #2:

Goal #1:				
Objective	Key Action Steps/Activities	Person/Org Responsible	Date Start/Complete	Evaluation Methods/Indicators
1	1.1 1.2 1.3			
2	2.1 2.2			
3	3.1			

FORM C: LINE ITEM BUDGET

Budget Period: (from 10 / 1 / 09 to 6 / 30 / 10)

Budget Object	Position	Base/Annual Salary	% Time to Work on Project	Total	BPCRH Support (Up to 9 months)	Cash Match	In-Kind/ Other Support
I. Personnel							
				\$0			
				\$0			
Subtotal				\$0	\$0	\$0	\$0
II. Fringe Benefits (_____%)				\$0			
III. Supplies				\$0			
IV. Operating Expenses							
Meeting Expenses				\$0			
Duplicating				\$0			
Telephone				\$0			
Postage				\$0			
Rental				\$0			
Marketing				\$0			
Service Agreement(s)				\$0			
Dues/Subscriptions				\$0			
Software Licensing				\$0			
Utilities				\$0			
Subtotal				\$0	\$0	\$0	\$0
V. Travel				\$0			
VI. Equipment				\$0			
VII. Contractual Agreements				\$0			
TOTAL				\$0	\$0	\$0	\$0

_____ x 30% = _____ (Match Funds)
Total CBRH Funds requested

_____ x 5% = _____ (Cash Funds)
Total CBRH Funds requested

FORM D

**DEPARTMENT OF HEALTH AND HOSPITALS
BUREAU OF PRIMARY CARE AND RURAL HEALTH
COMMUNITY-BASED AND RURAL HEALTH PROGRAM GRANT**

**REQUEST FOR PROJECT SUPPORT
AND
CONDITIONS OF GRANT**

NOTE: All information requested below MUST be provided.

Title of Project:

Purpose of Project:

Applicant's Organization (*name, address and phone number*)

Administrator/Chief Executive Officer (*full name, title, address, phone number, fax number and email address*)

Amount of Support Requested:

Period for Which Support is Requested:

Project Director: (*full name, title, address, phone number, fax number and email address*) **Note:**
The Project Director is the individual directly responsible for developing the proposed activity, its implementation and day-to-day direct supervision of the project should funds be made available.

CONDITIONS OF GRANT

Following are the conditions applying to grants made by the Department of Health and Hospitals' (DHH) Bureau of Primary Care and Rural Health (BPCRH). You should read these conditions carefully prior to signing this form. Your signature on this form constitutes your acceptance in full of all conditions contained herein. To induce BPCRH to make the grant requested hereby, you ("the grantee") accept and agree to comply with the following conditions **in the event that such grant is awarded**.

1. The grant shall be used exclusively for the purposes specified in the grantee's proposal, dated _____, the Request for Project Support Form on the first page of this form hereof, and related documents, all as approved by the BPCRH. The grantee will directly administer the project or program being supported by the grant and agrees that no grant funds shall be disbursed to any organization or entity, whether or not formed by the grantee, other than as specifically set forth in the grant proposal referred to above.
2. No part of the grant shall be used for a grant to another organization.
3. Grantee hereby agrees to adhere to the mandates dictated by Titles VI and VII of the Civil Rights Act of 1964, as amended; the Vietnam Era Veterans' Readjustment Assistance Act of 1974; Americans with Disabilities Act of 1990; Section 503 of the Rehabilitation Act of 1973; Section 202 of Executive Order 11246 as amended, and all requirements imposed by or pursuant to the regulations of the United States Department of Health and Human Services (DHHS). Grantee agrees that he/she will not discriminate in the rendering of services to and/or employment of individuals because of race, color, religion, sex, age, national origin, handicap, political beliefs, disabled veteran, veteran status or any other non-merit factor.
4. Expenditures of the grant funds must adhere to the specific line items in the grantee's approved grant budget. Transfers among line items (increases and decreases) are permitted only after written request from the grantee and written approval from BPCRH.
5. Grantee shall abide by the laws and regulations concerning confidentiality which safeguard information and patient/client confidentiality. Information obtained through grant shall not be used in any manner except as necessary for the proper discharge of the grantee's obligations. The grantee shall establish, subject to review and approval of the Department, confidentiality rules and facility access procedures, to safeguard protected health information in accordance with the Health Insurance Portability and Accountability Act (HIPAA).
6. The State Legislative Auditor, Office of the Governor, Division of Administration Auditors and Department Auditors or those designated by the Department shall have the option of auditing all accounts pertaining to this grant. Grantee acknowledges to the State of Louisiana, through the Office of the Legislative Auditor, DHH, Inspector General's Office, Federal Government and/or other such officially designated body the right to inspect and review all books and records pertaining to services rendered under this grant and further agrees to guidelines for fiscal administration as may be promulgated by the Department. Records will be made available during normal working hours. Grantee shall comply with federal, state laws and/or DHH policy requiring an audit of the Grantee's operation as a whole or of specific program activities. All audit fees and other costs associated with the audit shall be paid entirely by the Grantee. Audit reports shall be sent within 30 days after the completion of the audit but no later than six months after the end of the audit period. If an audit is performed within the grant period, for any period, four **(4) copies** of the audit report shall be sent to the DHH, Attention: **Division of Fiscal**

Management, P.O. Box 91117, Baton Rouge, LA 70821-3797, and one **(1) copy** of the audit shall be sent to the **originating DHH Office**.

7. Grantee agrees to retain all books, records and other documents relevant to the grant and funds expended thereunder for at least four years after final payment or as described in 45 CFR 74:53 (b) whichever is longer. The grantee shall make available to the Department such records within 30 days of the Department's written request and shall deliver such records to the Department's central office in Baton Rouge, Louisiana, all without expense to the Department. The grantee shall allow the Department to inspect, audit or copy records at the grantee's site, without expense to the Department. If Medicare reimbursable, these shall be made available to the Secretary, United States DHHS and the United States Comptroller General and their representatives to certify the nature and extent of costs of services, as provided at Section 2440.4 of the Provider Reimbursement Manual (HIM 15-1).

8. Grantee shall not assign any interest in this grant and shall not transfer any interest in the same (whether by assignment or novation), without the proper written consent of the Department thereto, provided, however, that claims for money due or to become due to the Grantee from the Department under this grant may be assigned to a bank, trust company or other financial institution without such approval. Notice of any such assignment or transfer shall be promptly furnished to the State.

9. Grantee hereby agrees that the responsibility for payment of taxes from the funds received under this grant shall be said Grantee's obligation.

10. It is also agreed that in consideration for goods delivered or services performed, the Department shall make all checks payable to the grantee in the amounts and intervals as expressed or specified in the grant agreement. In cases where travel and related expenses are required to be identified separate from the fee for services, such costs shall be in accordance with State Travel Regulations and shall be specified under "Special Provisions." The grant shall contain a maximum compensation which will be inclusive of all payments including fees and travel expenses. When applicable, the amounts may be stated by category and then as a comprehensive total.

11. No funds provided herein shall be used to urge any elector to vote for or against any candidate or proposition on an election ballot nor shall such funds be used to lobby for or against any proposition or matter having the effect of law being considered by the legislature or any local governing authority. This provision shall not prevent the normal dissemination of factual information relative to a proposition on any election ballot or a proposition or matter having the effect of law being considered by the legislature or any local governing authority.

12. The grantee shall promptly repay the BPCRH any portion of the grant not used exclusively for the purposes of this grant and as specified in the grantee's proposal.

13. When applicable, upon completion of this grant or if terminated earlier, all records, reports, work sheets or any other materials related to this grant shall become the property of the State.

14. Any alterations, variations, modifications or waivers of provisions of this agreement shall be valid only when they have been reduced to writing, duly signed and attached to the original of this agreement. No claim for services furnished or requested for reimbursement by Grantee, not provided for in this grant agreement, shall be allowed by the Department. This grant is not effective until approved by the required

authorities of the Department and if grant exceeds \$20,000, the Director of the Office of Contractual Review in accordance with La. R.S. 39:1502. It is the responsibility of the grantee to advise the Department in advance if grant funds or grant terms may be insufficient to complete grant objectives.

15. In the event the Department determines that certain costs which have been reimbursed to Grantee pursuant to this or previous grant agreements are not allowable, the Department shall have the right to set off and withhold said amounts from any amount due the Grantee under a grant agreement for costs that are allowable or ask the Grantee to repay those funds.

16. This agreement is subject to and conditioned upon the availability and appropriation of State funds; and no liability or obligation for payment will develop between the parties until agreement has been approved by required authorities of the Department and if grant exceeds \$20,000, the Director of the Office of Contractual Review, Division of Administration.

17. Any amendment to this agreement shall not be valid until it has been executed by the undersecretary or other designated authority of the Office which is a party to the grant, and the Grantee and approved by required authority of the Department and if grant exceeds \$20,000, the Director of the Office of Contractual Review, Division of Administration.

18. Any grant disputes will be interpreted under applicable Louisiana laws in Louisiana administrative tribunals or district courts as appropriate.

19. The grantee represents that it is currently either (i) a tax-exempt entity described in Section 501(c)(3) of the Internal Revenue Code, and either (a) is not a private System described in Section 509(a) or (b) is an exempt operating System described in Section 4940(d)(2), or (ii) an organization described in Section 170(c)(2) or Section 511(a)(2)(B). The grantee shall immediately give written notice to the BPCRHR if the grantee ceases to be exempt from federal income taxation as an organization described in Section 501(c)(3) or its status as not a private System under Section 509(a), as an exempt operating System described in Section 4940(d)(2) or as a Section 170(c)(2) or Section 511(a)(2)(B) organization is materially changed.

20. The grantee will warrant all materials, products and/or services produced hereunder will not infringe upon or violate any patent, copyright, trade secret or other proprietary right of any third party. In the event of any claim by any third party against DHH, the Department shall promptly notify the grantee in writing and the grantee shall defend such claim in DHH's name but at the grantee's expense and shall indemnify and hold harmless DHH against any loss, expense or liability arising out of such claim, whether or not such claim is successful.

21. Contractor shall not enter into any subcontract for work or services contemplated under this agreement without obtaining prior written approval of the Department (which approval shall be attached to the original agreement). Any subcontracts approved by the Department shall be subject to conditions and provisions as the Department may deem necessary; provided, however, that notwithstanding the foregoing, unless otherwise provided in this agreement, such prior written approval shall not be required for the purchase by the contractor of supplies and services which are incidental but necessary for the performance of the work required under this agreement; and provided, further, however that no provisions of this clause and no such approval by the Department or any subcontract shall be deemed in any event or manner to provide for the incidence of any obligation of the Department beyond those specifically set forth herein. Further provided that no subcontract shall relieve the contractor of the responsibility for the performance of any

subcontractor.

22. Grantee agrees to protect, indemnify and hold harmless the State of Louisiana, DHH, from all claims for damages, costs, expenses and attorney fees arising in contract or tort from this grant or from any acts or omissions of grantee's agents, employees, officers or clients, including premises liability and including any claim based on any theory of strict liability.

23. **LIMITATION, CHANGES** It is expressly understood that the BPCRH by making this grant has no obligation to provide other or additional support to the grantee for purposes of this project or any other purposes. Any changes, additions or deletions to the conditions of grant must be made in writing and must be jointly approved by the BPCRH and the grantee.

24. **SPECIAL CONDITIONS** The grantee accepts and agrees to comply with the following Conditions:

FQHC-DEVELOPMENT GRANT PROPOSALS--Grantees will be required to submit a grant application to the Health Resources and Services Administration's Bureau of Primary Health Care (BPHC) in the federal fiscal year 2008, or at the next opportunity, for operational support for new health center access points under the Consolidated Health Center Program authorized under section 330 of the Public Health Service Act as amended, FQHC Look-Alike clinics, expanded scope projects, service expansion projects and expanded medical capacity projects.

FQHC-DEVELOPMENT GRANT PROPOSALS – Grantees will be required to submit to the BPCRH a final draft of the grant application submitted to the Health Resources and Services Administration's Bureau of Primary Health Care Consolidated Health Center Program, no less than two weeks prior to submission of said application. In the event that the federal submission deadlines are extended beyond the State's fiscal year-end of June 30, 2009, grantees will be required to submit to the BPCRH a final draft of said grant application no later than June 30, 2009. Grantees will be required also to submit to the BPCRH a copy of reviewer comments received by the grantee from HRSA after federal applications have been reviewed.

FQHC-DEVELOPMENT GRANT PROPOSALS: Should grantees fail to submit grant application to the Health Resources and Services Administration's Bureau of Primary Health Care Consolidated Health Center Program, grantee may be subject to returning all CBRH funding to the Bureau.

ALL GRANT PROPOSALS: Grantees are required to submit documentation verifying delivery of goods or performed services, as detailed and requested in the grant application budget, prior to reimbursement for said expenses. Such documentation includes receipts for services, packing slips for purchased goods, time sheets, travel logs, etc.

ALL GRANT PROPOSALS: Each potential grantee and collaborating partners will participate in a site visit conducted by BPCRH staff prior to the announcement of the CBRH awards.

ALL GRANT PROPOSALS: Each grantee will participate in at least one site visit conducted by BPCRH staff during the term of grantee's CBRH award.

The foregoing conditions are hereby accepted and agreed as of the date indicated.

Date: _____

Grantee Institution: _____

By: _____

Title: _____