

Emergency Rural Health Care Grants
Track Two: Impact Grants Webinar

American Rescue Plan

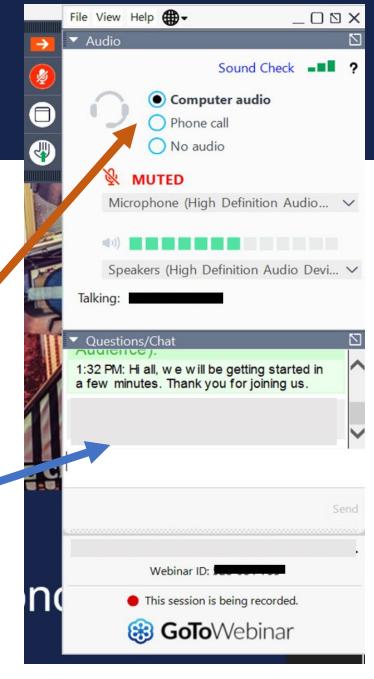
Community Facilities Program, Rural Housing Service



Welcome

Attendees:

- You are joined with computer audio by default.
- You can change to phone if needed.
 Check this button and use the PIN provided.
- You can submit comments via the Questions/Chat section





Farah Ahmad
Chief of Staff
Rural Development

USDA Rural Development





Telecommunications



Electric



Community Facilities



Water and Environmental



Business and Cooperative



Single Family Housing



Multifamily Housing

USDA Rural Development Offices

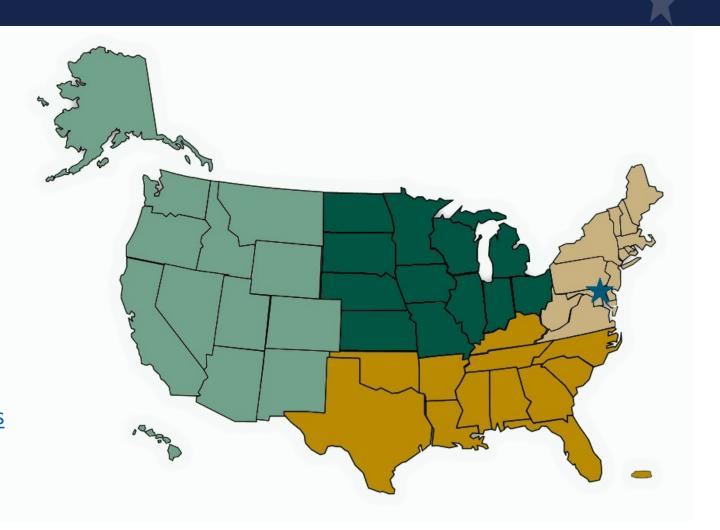
47 State Offices

400 Area Offices

1 National Office in DC

https://www.rd.usda.gov/about-rd/state-offices

Email: communityfacilities@usda.gov





Community Facilities

- Hospitals, health clinics
- Colleges
- Schools
- Daycares
- Fire houses, first responder vehicles and equipment
- Community centers and more

Emergency Rural Health Care Grants American Rescue Plan Act

This program provides up to \$500 million in grant funding to help broaden access to COVID-19 testing and vaccines, rural health care services, and food assistance through food banks and food distribution facilities.

Funding is available to eligible applicants through two tracks:

- Track One: Recovery Grants provide immediate relief to address economic conditions arising from the COVID-19 emergency. Grants range from \$25,000 - \$1 million.
- Track Two: Impact Grants advance ideas and solutions to solve regional health care problems to support the long-term sustainability of rural health. Grants range from \$5 million - \$10 million.



https://rd.usda.gov/erhc

Track Two: Impact Grants - Webinar Agenda

- Award Purpose
- Program Eligibility
- Review Criteria
- Submission Information
- Q&A throughout

Emergency Rural Health Care Grants Track Two - Purpose

Track Two: Impact Grants advance ideas and solutions to solve regional health care problems to support the long-term sustainability of rural health.

Track Two applicants are expected, with the help of a consortium, to do the following:

- · Identify a regional health care need,
- Identify expected outcomes and aims of the proposed project,
- · Identify and implement the steps necessary to further the project, and
- Evaluate the project's progress and success toward meeting program goals to support the long-term sustainability
 of rural health care.

\$125 million in available **Track Two** funding

- \$5 million grant minimum
- \$10 million grant maximum
- Approximately 10-15 awards nationally

Emergency Rural Health Care Grants Track Two - Purpose

The Agency encourages, but does not require, that **Track Two** applicants consider the following areas:

- Development of integrated health care models
- Reducing facility bypass whether through telemedicine or business plan adjustments
- Telehealth
- Electronic health data sharing
- Workforce development
- Transportation

- Paramedicine
- Obstetrics
- Behavioral health
- Farmworker health care
- Cooperative home care
- Supporting health care as a small community, anchor institution

Emergency Rural Health Care Grants Track Two – Eligible Use of Funds

Track Two: Impact funds must be used to advance ideas and solutions to solve regional rural health care problems and to support the long-term sustainability of rural health care.

Applicants may request **Track Two: Impact** funding for personnel costs, construction, equipment, technical assistance, or indirect costs to carry out eligible activities:

- a) To establish or scale a consortium of community entities and health care partners to plan, implement, and evaluate a model(s) to support solving regional health care problems and long-term sustainability
- b) To establish or scale an evidence-based model and disseminate lessons learned
- c) To identify a health-related problem, develop and implement a method and solution, and conduct an evaluation
- d) To establish a methodology to calculate summary impact measures or estimated return on investment
- e) To cover the cost of TA to assist with one or more aspects of the project
- f) To cover indirect costs
- g) To make sub-awards
- h) To pay certain professional service fees and charges, only when necessary, secondary, and reasonable

Emergency Rural Health Care Grants Track Two – Ineligible Use of Funds

Grant funds <u>must not</u> be used to reimburse for the following purposes:

- Expenses or losses that have been reimbursed from any other sources or that other sources are obligated to reimburse.
- Expenses related to staffing needs may not exceed an annual salary of \$100,000, as prorated over the applicable time period. This limitation is placed on cash compensation and does not include other health care or retirement plan compensation.
- Construction and renovation for facilities located in nonrural areas.
- Purchase or acquisition costs for facilities or property.
- Pay for existing indebtedness unrelated to the COVID-19 pandemic. Refinance may be eligible for Track One,
 Recovery applicants for short-term debt incurred for an eligible purpose.
- With exception for eligible pre-award costs for Track One, Recovery applicants, paying obligations incurred before the beginning date or after the ending date of the grant agreement; and
- Any purpose prohibited in 2 CFR part 200 or 2 CFR part 400.

Questions

Emergency Rural Health Care Grants Questions

What connection to COVID-19 must Track Two applications have?

- All grant funds must be used to support health care or nutritional assistance needs in correlation with the COVID-19 pandemic.
- The pandemic has impacted nearly all aspects of providing rural health care, and the critical issues challenging the availability of rural health care have been intensified by the pandemic.
- Track Two funds must be used to support the long-term sustainability of rural health care. Track Two applicants must define how the proposed project will contribute to improving rural health care access, rural health outcomes, or the economic viability of rural health care.
- It is not necessary that Track Two applications directly relate to COVID-19 health care, vaccines, or testing.

Is Rural Development placing an emphasis on construction activities for Track Two funding?

- RD is not prioritizing construction for Track Two projects. RD is looking to support projects that plan for, implement, and evaluate models to solve regional health care problems and to support the long-term sustainability of rural health care.
- Track Two applicants are expected, with the help of an identified consortium, to:
 - Identify a regional health care need,
 - Identify expected outcomes and aims of the proposed project,
 - Identify and implement the steps necessary to further the project, and
 - Evaluate the project's progress and success toward meeting program goals to support the long-term sustainability of rural health care. 14

Emergency Rural Health Care Grants Questions

What professional service fees and charges may be included in a Track Two grant request?

The NOFA allows applicants to utilize ERHC grant funds to pay professional service fees and charges under certain circumstances:

- The expenses are a necessary part of a facility or project allowable under the Emergency Rural Health Care program,
- The expenses are a secondary part of the grant amount requested,
- The Agency agrees that the amounts are reasonable and customary, and
- The professional service provider is selected through a qualifications-based selection process OR the professional service provider is a project architect, project engineer, environmental professional and/or consultant, or legal counsel, in which case a competitive procurement process is not required.

The Agency does not consider packaging expenses, including origination costs, as a necessary part of a facility or project allowable under this program.

Program Eligibility

Emergency Rural Health Care Grants Eligible Applicants – Track Two

Who May Apply?

- Public bodies
- Nonprofits
- Federally-recognized Tribes

Entity must be engaged in provision of health care services or nutritional assistance.

Nonprofit **Track Two** applicants must demonstrate a consortium of partners with significant ties with the local community.

 Significant ties may be satisfied as long as at least 66% (two-thirds) of consortium members are located in a rural area and primarily serve a rural area.



Emergency Rural Health Care Grants Eligible Applicants – Track Two Consortium

What Type of Consortium?

Track Two: Impact applicants must establish a network or consortium of health care provider organizations, economic development entities, federally-recognized tribes or institutions of higher learning. The network or consortium must:

- Be comprised of at least three or more entities
- Be comprised of rural or urban nonprofit entities, as long as at least 66 percent (two-thirds) of the network members are located in a rural area, and primarily serve a rural area
- Identify one lead entity to serve as the primary or lead applicant and recipient of grant funds.
- Demonstrate significant ties to the local community (nonprofit lead applicants only) which may be satisfied as long
 as at least 66% (two-thirds) of consortium members are located in and primarily serve a rural area.

Lead applicant may be rural or urban.

Consortium must be comprised of public bodies, nonprofits, or tribes.

Emergency Rural Health Care Grants Eligible Applicants – Tracks One and Two

What Rural Areas?

- Population Facilities must be <u>located in & primarily serve</u> rural areas with no more than 20,000 population based on the 2010 decennial Census data
 - Prison populations and the first 1,500 military base populations may be excluded
- Income Median Household Income (MHI) of the population to be served must be less than the poverty line or 90% of statewide nonmetropolitan MHI
 - Smaller communities with the lowest median household incomes (MHI) are eligible for a higher proportion of grant funds

Emergency Rural Health Care Grants Maximum Percentage of Grant – Tracks One and Two

Cost-Sharing / Matching Funds Requirement

Grant assistance is limited to the following percentages of eligible project costs:

- 75% when the proposed project is located in a rural community with a population of 5,000 or less and MHI of the population to be served is below the higher of the poverty line or 60% of State nonmetro MHI
- 55% when the proposed project is located in a rural community with a population of 12,000 or less and MHI of the population to be served is below the higher of the poverty line or 70% of State nonmetro MHI
- 35% when the proposed project is located in a rural community with a population of 20,000 or less and MHI of the population to be served is below the higher of the poverty line or 80% of State nonmetro MHI
- 15% when the proposed project is located in a rural community with a population of 20,000 or less and MHI of the population to be served is below the higher of the poverty line or 90% of State nonmetro MHI

Emergency Rural Health Care Grants Maximum Percentage of Grant – Track Two

The minimum Track Two grant is \$5 million.

The maximum Track Two grant is \$10 million.

Here is an example of how this minimum and maximum translates into total project costs.

Maximum Grant %	Grant Amount	Minimum Cost Sharing Required	Minimum Total Project Costs
75%	\$5,000,000	\$1,666,667	\$6,666,667
	\$10,000,000	\$3,333,333	\$13,333,333
55%	\$5,000,000	\$4,090,909	\$9,090,909
	\$10,000,000	\$8,181,818	\$18,181,818
35%	\$5,000,000	\$9,285,714	\$14,285,714
	\$10,000,000	\$18,571,429	\$28,571,429
15%	\$5,000,000	\$28,333,333	\$33,333,333
	\$10,000,000	\$56,666,667	\$66,666,667

Emergency Rural Health Care Grants Maximum Percentage of Grant – Track Two

Cost-sharing / Matching Funds Requirements

- Applicants may not use grant funds received under other RD programs to satisfy cost-sharing or matching requirements.
- Federal and state resources may be acceptable sources to the extent it is allowable under the Federal or state program(s).
- Matching funds must be identified at application submission.
- Matching funds must be In-Hand or Firmly Committed prior to obligation/grant award.
- RD will verify evidence of the availability of matching funds before award and before disbursement of grant award funds.

Questions

Emergency Rural Health Care Grants Questions

How does this program define "rural?"

- To be eligible for grant funds under this program, a facility or project must be located in a city, town, or unincorporated area of 20,000 or fewer people.
- The facility or project must also primarily **serve** rural residents in cities, towns, or unincorporated areas with populations of 20,000 or fewer.
- An applicant's total service area population may exceed 20,000, but a majority of the population must live in rural areas.

Emergency Rural Health Care Grants Questions

The program requires facilities to be located in communities with populations of 20,000 or fewer.

From what source should the population data be collected?

For population data, use the 2010 Decennial Census; population data may be found at Total Population (Table P1) in the 2010 Decennial Census, available at this link: https://go.usa.gov/xF6wZ. The program requires applicants to establish the median household income (MHI) of a facility's service area in order to determine the maximum applicable grant percentage that can be awarded.

What is the data source for median household income (MHI) data?

Rural Development relies on the 2006-2010 American
Community Survey dataset for median household income
(MHI) data, available at this link: https://go.usa.gov/xF6wf.

These data sources are provided for information purposes only. The Rural Development State Office, in the state where the project is located, will determine the maximum percentage of grant for which the project is eligible.

Review Criteria
Track Two: Impact Grant

Emergency Rural Health Care Grants Track Two: Impact Grants – Review Criteria

Track Two: Impact Grants

- Applications submitted to State Office or National Office, if applicant is headquartered in DC
- Selections made at National Office

Review Criteria

- Distressed Communities (10 pts)
- Median household income (15 pts)
- Population (10 pts)
- Socioeconomic Equity, based on CDC's Social Vulnerability Index (5 pts)
- Need, methodology, and innovation* (25 pts)
- Organizational capacity and strength of consortium* (15 pts)
- Workplan and proposed budget* (10 pts)
- Evaluation, impact, and ability to duplicate* (10 pts)

^{*} Subjective ratings, determined by panel of internal and external qualified reviewers

Emergency Rural Health Care Grants Track Two: Impact Grants – Review Criteria

- **Need, methodology, and innovation (25 points)** The extent to which the application clearly describes the purpose of the proposed project, the local/regional health care environment and how the need was identified, expected outcomes, focus area(s) and the aim(s) of the project.
 - The extent to which the applicant describes an *innovative approach* to address the need, goals, and objectives and the appropriateness of the proposed strategy.
 - The extent to which the applicant's project will provide *demonstrable impact* to rural community(ies) and the health community.
- Organizational capacity and strength of consortium (15 points)
 - Clarity of the roles and responsibilities for each consortium member and the *strength* of their mutual commitment
 - The extent to which the application identifies the composition, capacity, and expertise of each consortium member and successfully *connects this expertise* to the consortium members' (and project director's) proposed responsibilities.
 - The extent to which the application describes the geographical relationship with the *rural service population*.
 - Strength of the *relationship* between the consortium and the community or region it serves. Strength and qualifications of the project director, and how the project director's role contributes to the success of the network 28

Emergency Rural Health Care Grants Track Two: Impact Grants – Review Criteria

Workplan and proposed budget (10 points)

- The feasibility of activities and objectives identified in the work plan including *measurable outcomes*
- The *reasonableness* of the proposed budget for each year of the period of performance in relation to the objectives, the complexity of the project activities, and the anticipated results.

Evaluation, impact, and ability to replicate (10 points)

- The clarity and appropriateness of the proposed goals, objectives, strategy to *calculate* summary impact measures and/or return on investment, and extent to which project activities would result in *achieving the proposed goals* outlined in the work plan.
- The appropriateness and strength of data collection efforts.
- The appropriateness and strength of the proposed process for evaluation.
- The extent to which the applicant clearly identifies factors and strategies that will lead to viability and sustainability of the network beyond Federal funding, and after the program ends. The clarity and reasonableness of proposed steps to disseminate lessons learned and encourage replication where appropriate.

More Information Emergency Rural Health Care Grants

Emergency Rural Health Care Grants Track Two: How to Apply

To Apply:

Contact your local Rural Development office (a list is available at this link: https://www.rd.usda.gov/about-rd/state-offices) to discuss and submit your application.

Track Two: Impact applications must be received by the applicable Rural Development Office by 4 p.m. local time on October 12, 2021. Track Two: Impact applications received after October 12, 2021 will not be considered.

Resources

- Track Two Application Guide
- · Track Two Checklist

https://www.rd.usda.gov/erhc/track-two



Together, America Prospers

Emergency Rural Health Care Grants Application Checklist

Track Two: Impact Grants

Track Two: Impact Grants must be used in relation to

the COVID-19 pandemic to solve regional rural health care problems and to support the long-term sustainability of rural health care. Long-term sustainability is defined as "improved health outcomes, improved access to quality health care, and creating and maintaining sustainable economic development for small communities."

Track Two: Impact Grants are awarded in ranges of \$5 million – 10 million.

Track Two: Impact applications must be received by the applicable Rural Development Office by 4 p.m. local time on October 12, 2021. Track Two: Impact applications received after October 12, 2021 will not be considered.

Before You Submit an Application

Please read the Notice of Funds Availability (NOFA) published in the Federal Register on August 12, 2021. The NOFA and additional program materials are available at the program webpage: https://www.rd.usda.gov/erhc.

Checklist

To apply for a **Track Two: Impact Grant**, submit an application to the USDA Rural Development state office (available at this link: https://www.rd.usda.gov/about-rd/state-offices) in the state in which your project is headquartered, and include the following information:

- A summary page, double-spaced between items, listing the following (this information should not be presented in narrative form):
 - Specify funding track requested: Track Two: Impact Grant
 - Applicant name
 - Amount of grant request
 - Project description: No more than three sentences summarizing applicant entity, location of assistance, and purpose of grant funds
- A detailed Table of Contents containing page numbers for each component of the application
- SF-424 "Application for Federal Assistance," available at this link: https://go.usa.gov/xFWt6
- SF-424A "Budget Information Non-Construction Programs," available at this link: https://go.usa.gov/xFWz3

-or-

SF-424C "Budget Information – Construction Programs," available at this link: https://go.usa.gov/xFWza

Organizational documents demonstrating the applicant is an eligible entity as described in Section IV: "Eligibility Information of the Notice of Funding Availability" (NOFA).

Emergency Rural Health Care Grants Questions

Questions?

CommunityFacilities@usda.gov



