

## Rural Hospital Innovation Grant Application

### **County Information**

Information in this section pertains to the County that is applying for the Rural Hospital Innovation Grant (RHIG) for use at a hospital within the county.

County Applying for RHIG funds:

County Commissioner Information:

Name and Title of Board of County Commissioners applying for grant:

County Commissioners Address:

Address 1:

Address 2:

City:

State:

Zip Code:

Phone Number:

Ext:

Email Address:

Board Designee applying for grant if different from Board members listed above:

Name:

Title:

Address 1:

Address 2:

City:

State:

Zip Code:

Phone Number:

Ext:

Email Address:

Primary County Contact:

Name:

Title:

Address 1:

Address 2:

City:

State:

Zip Code:

Phone Number:

Ext:

Email Address:

Secondary County Contact:

Name:

Title:

Address 1:

Address 2:

City:

State:

Zip Code:

Phone Number:

Ext:

Email Address:

County Employer or Taxpayer Identification Number (EIN/TIN):

Do you attest that the county is registered with SAM.gov, in good standing, and will maintain registration for the life of this program?

Yes  No

Provide a screenshot of your SAM.gov registration.

Do you attest that all other available Federal and/or State funds that could be applied to the proposed project have been exhausted, including but not limited to funds related to COVID-19 relief, State Loan Repayment Program (SLRP), National Health Service Corp (NHSC), Medicare Rural Hospital Flexibility Program (FLEX), Small Hospital Improvement Program (SHIP), SHIP COVID, and SHIP Testing and Mitigation?

Yes  No

Do you attest that no funds from other Federal and/or State programs are being utilized in duplication to fund the proposed project?

Yes  No

Has the county received previous American Rescue Plan Act (ARPA) funds such as State and Local Fiscal Recovery Funds (SLFRF)?

Yes  No

Does your organization have internal controls in place that include written policies and procedures for accounting separation of duties, conflict of interest, and grant program compliance/management?  
*Copies should be available to KDHE upon request as part of routine monitoring activities.*

Yes  No

Do you attest that all appropriate and necessary internal controls are being maintained, adhered to, and updated to assure that grant funds are being properly managed and utilized to achieve project objectives?

Yes  No

How many State or Federal grant programs are currently being managed by your county?

Total State:

Total Federal:

Do you attest that \$2 of outside stakeholder money has been or will be secured to match every \$1 of State money provided through RHIG?

*It is the responsibility of the county to assure matched funds have been secured.*

Yes  No

What is the source of the matched funds?

Will the matched funds be held privately or will it be deposited in the Kansas State Treasury for use at the designated hospital?

*If held privately, proof of private stakeholder matched funds deposited into county bank account where RHIG funds will be distributed from will be required prior to state fund disbursement.*

Held Privately  Deposited in state treasury

**Hospital Information**

Information if this section pertains to the Hospital where RHIG funds will be expended.

Hospital Name:

Hospital Address:

Address 1:

Address 2:

City:

State:

Zip Code:

Primary Hospital Contact:

Name:

Title:

Phone Number:

Ext:

Email Address:

Secondary Hospital Contact:

Name:

Title:

Phone Number:

Ext:

Email Address:

Do you attest that the hospital is registered with SAM.gov, in good standing, and will maintain registration for the life of this program?

Yes  No

What is the hospitals ownership type?

Other:

Briefly describe the ownership structure:

What is your county's or facility's Primary Care Health Professional Shortage Area (HPSA) score:

[HPSA Find](#)

Is the hospital located in a Frontier, Rural, or Urban county? Select one:  
[RHIHub am I rural?](#)

Does the hospital currently receive Small Hospital Improvement Program (SHIP) funding?  
Yes  No

Select the hospital's license classification:

Other:

Describe briefly the geographic area the hospital serves and any underserved or indigent populations served. Include demographics and percentages if available.

### **Project Information**

Provide information to the following questions as it pertains to the proposed use of RHIG funds at the hospital. Please try to limit responses to 500 words or less.

Provide a brief description of the proposed use of RHIG funds including the structure and objectives of the use.

How does the proposed use of funds address public health or negative economic impacts experienced in the community being served by the hospital?

Describe briefly how the proposed use of funds is related to and reasonable and proportional to the public health or economic impact being addressed.

What are the intended outcomes for the proposed use of funds?

If planning to utilize funds for a market study or other strategic analysis, will additional funds be needed to carry out a later project if deemed appropriate or necessary as a result of the study or analysis?

Yes  No  N/A

If additional funds will be required for a future project as a result of a market study or strategic analysis, what will be the source of the additional funding? N/A

How much money is being requested from state RHIG fund? Do not include the matched portion, only the portion being requested from the state RHIG fund.

What is the anticipated total cost of the project?

What is the timeline for the proposed use of funds?  
*Final closeout deadline must be on or before March 31, 2025.*

Will RHIG funds be used to pay outside vendors, contractors, or consultants?  
Yes  No   
If Yes, describe briefly.

I certify that the information provided is accurate and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of Authorized County Representative

\_\_\_\_\_  
Printed Name of Authorized County Representative

\_\_\_\_\_  
Date

Submit completed applications to: [kdhe.ruralhealth@ks.gov](mailto:kdhe.ruralhealth@ks.gov)  
Include the subject line: "**RHIG Application**" when submitting.