

RURAL UTILITIES SERVICE Telecommunications Program

Delta Health Care Services Grant Program Application Guide



Committed to the future of rural communities

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Delta Health Care Services Grant Program

Rural Utilities Service Telecommunications Program Delta Health Care Services Grant Program

Introduction and General Information

The Delta Health Care Services Grant Program is authorized under Section 379G of the Consolidated Farm and Rural Development Act, as amended.

Advanced telecommunications services play a vital role in the economic development, education, and health care of rural America. The Delta Health Care Services Grant Program is designed to provide financial assistance to address the continued unmet health needs in the Delta Region through cooperation among health care professionals, institutions of higher education, research institutions, and other individuals and entities in the Delta Region. Grant funds may be utilized for the development of health care services; health education programs; health care job training programs; and for the development and expansion of public health-related facilities in the Delta Region. Grants will be awarded to eligible entities in the Delta Region serving communities of no more than 50,000 inhabitants to help to address the long standing and unmet health needs of the region.

Before You Get Started

**Please read the Notice of Funds Availability (NOFA) published in the *Federal Register* on April 4, 2011. A copy is available at the Agency Web site:
http://www.rurdev.usda.gov/UTP_deltahealthcare.html**

This Application Guide is intended to provide practical step-by-step help to assist applicants through the process. However, should anything in this guide appear to conflict with the NOFA, the NOFA takes precedence.

For additional information concerning this grant program, please contact:

**Craig R. Wulf, Program Advisor
Telecommunications Program, Rural Utilities Service
Phone: 202-720-8427 or Email- rd.deltahealth@wdc.usda.gov**

**Information about other RUS programs can be retrieved at:
<http://www.rurdev.usda.gov/RUSTelecomPrograms.html>**

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Where to Get Application Information

The application guide and copies of necessary forms and samples for the Delta Health Care Services Grant Program are available from these sources:

- The Internet at http://www.rurdev.usda.gov/utp_deltahealthcare.html
- <http://www.grants.gov> or,
- For paper copies of these materials: call (202) 720-8427

When and Where to Submit Your Application

The application deadline is

June 3, 2011

You may file an application in **either** paper or electronic format. RUS will not accept applications by fax or e-mail.

Whether you file a paper or an electronic application, you will need a DUNS number. You must provide your DUNS number on the SF-424, "Application for Federal Assistance."

To verify that your organization has a DUNS number or to receive one at no cost, call the dedicated toll-free request line at 1-866-705-5711 or access the Web site at http://www.grants.gov/applicants/request_duns_number.jsp. You will need the following information when requesting a DUNS number:

- a. Legal Name of the applicant;
- b. Headquarters name and address of the applicant;
- c. The names under which the applicant is doing business as (dba) or other name by which the organization is commonly recognized;
- d. Physical address of the applicant;
- e. Mailing address (if separate from headquarters and/or physical address) of the applicant;
- f. Telephone number;
- g. Contact name and title;
- h. Number of employees at the physical location.

Paper Applications

Submit an **original and one copy** of a completed paper application to:

**Craig R. Wulf, Program Advisor, Telecommunications Program
Rural Utilities Service, U.S. Department of Agriculture
Stop #1541, Room 2919 South Building
1400 Independence Ave., SW
Washington, D.C. 20250-1541**

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The application and any materials sent with it become Federal records by law, and cannot be returned to you.

Hand Delivered Applications

Hand-delivered applications will be accepted daily between 8:00 a.m. and 4:30 p.m. (Eastern Standard Time), except Saturdays, Sundays and Federal holidays. Individuals delivering applications must provide proper identification to enter the building.

Shipped Applications

Applications must show proof of shipping by the deadline consisting of one of the following:

1. A legible U.S. Postal Service (USPS) postmark;
2. A legible mail receipt with the date of mailing stamped by the USPS; or
3. A dated shipping label, invoice, or receipt from a commercial carrier.

Due to screening procedures at the Department of Agriculture, packages arriving via the USPS are irradiated, which can damage the contents and delay delivery. RUS encourages applicants to consider the impact of this procedure in selecting their application delivery method.

Electronic Applications

We accept electronic applications submitted by the deadline, though we may request original signatures on paper later. **Applications will not be accepted via facsimile machine transmission or electronic mail.**

Electronic applications for grants will only be accepted if submitted through the Federal government's Grants.gov initiative at:

<http://www.grants.gov>.

You must be registered with Grants.gov before you can submit a grant application. If you have not used Grants.gov before, you will need to register with the Central Contractor Registration (CCR) and the Credential Provider.

You will need a DUNS number to access or register at any of the services. The registration processes may take several business days to complete. Follow the instructions at Grants.gov for registering and submitting an electronic application.

Central Contractor Registration (CCR)

1. The CCR registers your organization, housing your organizational information and allowing Grants.gov to use it to verify your identity. In accordance with 2 CFR part 25, applicants, whether applying electronically or by paper, must be registered in the CCR prior to submitting an application. Applicants may register for the CCR at

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<https://www.uscontractorregistration.com/> or by calling 1-877-252-2700. Completing the CCR registration process takes up to 5 business days, and applicants are strongly encouraged to begin the process well in advance of the deadline specified in this Application Guide.

2. The CCR registration must remain active, with current information, at all times during which an entity has an application under consideration by an agency or has an active Federal Award. To remain registered in the CCR database after the initial registration, the applicant is required to review and update on an annual basis from the date of initial registration or subsequent updates its information in the CCR database to ensure it is current, accurate, and complete.

Credential Provider

The Credential Provider gives you or your representative a username and password, as part of the Federal Government's e-Authentication to ensure a secure transaction. You must register with the Credential Provider through Grants.gov:

http://www.grants.gov/applicants/register_credential_provider.jsp

You will need the username and password when you register with Grants.gov or use Grants.gov to submit your application.

We ask that you identify and number each page in the electronic application in the same way you would a paper application, so that we can assemble them as you intended.

The additional paper copies are not necessary if you submit the application electronically through Grants.gov.

Applications not received or shipped by the deadline of June 3, 2011, will not be considered for funding and will be returned.

Key Definitions

Consortium means a combination or group of regional institutions of higher education, academic health and research institutes, and economic development entities located in the Delta Region that have experience in addressing the health care issues in the region.

Delta Region means the 252 counties and parishes within the states of Alabama, Arkansas, Illinois, Kentucky, Louisiana, Mississippi, Missouri, and Tennessee that are served by the Delta Regional Authority. (The Delta Region may be adjusted by future Federal statute.)

Distance learning means a telecommunications link to an end user through the use of equipment to: Provide educational programs, instruction, or information originating in one area, whether rural or not, to students and teachers who are located in rural areas; or connect teachers and students, located in one rural area with teachers and students that are located in a different rural area.

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Grant Program means this Delta Health Care Services Grant Program.

Rural area means any area of the United States (a) not included within the boundaries of any incorporated or unincorporated city, village, or borough having a population in excess of 50,000 inhabitants and (b) any urbanized area contiguous and adjacent to a city or town described in clause (a).

RUS, or the Agency, means the Rural Utilities Service.

Telemedicine means a telecommunications link to an end user through the use of eligible equipment which electronically links medical professionals at separate sites in order to exchange health care information in audio, video, graphic, or other format for the purpose of providing improved health care services primarily to residents of rural areas.

Applying for a Grant

Organization of the application

We ask that all information relevant to a category be included under that category's tab. If that information is relevant to another category, it should be repeated under that category.

Applicant Eligibility

To be eligible for a grant:

- ◆ The applicant must be a Consortium of regional institutions of higher education, academic health and research institutes, and economic development entities located in the Delta Region with experience in addressing the health care issues in the region.
- ◆ At least one member of the Consortium must be legally organized as an incorporated organization, or other legal entity, and have legal capacity and authority to carry out the purposes of the projects in its application and to enter into contracts and to otherwise comply with applicable Federal statutes and regulations.
- ◆ Individuals are not eligible for Delta Health Care Services Grant Program financial assistance directly.

Grant Amounts

The amount available to fund grant awards in this program is \$3,000,000. The minimum grant amount is \$50,000.

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Project Eligibility

1. To be eligible for a grant the project must serve a rural area in the Delta Region, as defined in this Application Guide.
2. Grant funds may be used to finance any of the following:
 - a. Develop health care services;
 - b. Develop health education programs;
 - c. Develop health care job training programs;
 - d. Develop and expand public health-related facilities in the Delta Region to address longstanding and unmet health needs of the region.
3. Applicants are strongly encouraged to emphasize distance learning and/or telemedicine projects in their proposed use of grant funds.
4. All facilities constructed or leased with grant funds must be new equipment.
5. The total amount for salaries and wages, administrative expenses, and recurring operating costs may not exceed 20 percent of the grant funds.

Rurality and Delta Region Requirement

The proposed project must provide health care services to rural areas located in the Delta Region as defined in this Grant Application Guide.

Ineligible Purposes

Facilities constructed or acquired before the completed application is approved by RUS are not eligible for grant funds.

No facilities located within or services provided within the boundaries of any incorporated or unincorporated city, village, or borough having a population in excess of 50,000 inhabitants or in any urbanized area contiguous and adjacent to a city, village, or borough having a population in excess of 50,000 inhabitants can be financed by this Grant Program.

Matching Funds Requirement

No matching funds are required under this program.

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Completing the Grant Application

This section addresses all of the information that must be submitted for an application to be complete and considered for financing:

- | | |
|--|--|
| A. <i>Completed Standard Form 424 “Application for Federal Assistance”</i> | H. <i>Budget</i> |
| B. <i>Evidence of Eligibility</i> | I. <i>Financial Information & Sustainability</i> |
| C. <i>Project Abstract</i> | J. <i>Statement of Experience</i> |
| D. <i>Executive Summary of the Project</i> | K. <i>Evidence of Legal Authority and Existence</i> |
| E. <i>Scoring Criteria Documentation</i> | L. <i>Compliance with Other Federal Statutes and Regulations</i> |
| F. <i>Service Area Maps</i> | |
| G. <i>Scope of Work</i> | |

A. Completed Standard Form 424, “Application for Federal Assistance”

Use the Standard Form 424, Application for Federal Assistance (SF-424), to apply for the Delta Health Care Services Grant. You can find a copy of the form in the Federal Forms and Attachments section, and a fillable PDF form on our website at:

http://www.rurdev.usda.gov/utp_deltahealthcare.html

It is important that you complete every relevant entry. Please use the following notes in conjunction with the SF-424 instruction page.

Block 1: Select “Application”

Block 2: Select “New”

Block 3: For RUS use - leave blank

Block 4: For RUS use - leave blank

Block 5: (a) and (b): For RUS use - leave blank

Block 6: Not Applicable

Block 7: Not Applicable

Block 8: There are multiple entries in this block. We will use the contact information provided in this box for all contact and correspondence. Please complete this in full and attach a sheet if you want to provide additional contacts. It is crucial that we have accurate information, including a reliable fax number for rapid correspondence. If you do not have a fax number, we will need a reliable e-mail address. Otherwise, correspondence will be sent by mail. You must provide full, accurate contact information for someone with the authority to answer any questions RUS staff may have about your application.

If you wish to supply a contact from outside your organization, attach a letter immediately behind the SF-424 listing these items: person's name, organization, contact information (phone,

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fax, e-mail, mailing address), and relationship to your organization. Make sure the letter contains language granting authority to the person to answer our questions or provide additional information on your behalf, and any time limit you wish to apply to that person's authority. This letter must be signed by the signatory on the SF-424.

It is extremely important that you include your organization's correct legal name. An incorrect legal name can jeopardize a grant.

As required by the Office of Management and Budget, **all applicants for grants must supply a Dun and Bradstreet Data Universal Numbering System (DUNS) number.** Obtaining a DUNS number costs nothing but requires a telephone call to Dun and Bradstreet (1-866-705-5711). Please see this website for more information:

http://www.grants.gov/applicants/request_duns_number.jsp

Block 9: Refer to Instructions; select appropriate letter (A-X)

Block 10: The Name of the Federal Agency is Rural Utilities Service

Block 11: The Catalog of Federal Domestic Assistance Number is **10.874**

Block 12: Funding Opportunity Number is **RDRUS-DeltaHealth-2011**
The Title is "**Delta Health Care Services Grant Program**"

Block 13: Not Applicable

Block 14: Provide the name of the community (s) (city, town, village, borough, or census designated place), county, and state

Block 15: Brief descriptive title of project

Block 16: Provide the Congressional District of the community you are in, and if different, provide the Congressional District for the community (s) you are proposing to serve in your project

Block 17: Self Explanatory

Block 18: (Estimated Funding)

a. Federal Show the amount requested from RUS as grant - the minimum grant amount is \$50,000

b, c, d, e, & f. Fill out as appropriate, matching funds are not required for this grant.

g. TOTAL Show the sum of a. through f., above - and it should also equal the Total amount shown in your Budget Section H.

Block 19: Select "C. Program is not covered by E.O. 12372."

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Block 20: You must supply an explanation of the delinquency if you check "yes." Examples of debts include, but are not limited to, delinquent taxes, guaranteed or direct government loans (more than 31 days past due) and other administrative debts.

Block 21: Please be sure to check "I AGREE." The application must be signed by an authorized representative of the organization that will own and operate the project if a grant is awarded. If the signer is not a corporate officer, you must include evidence that the signer is authorized to obligate the organization.

Please note: Additional instructions can be found with the SF-424.

B. Evidence of Eligibility

The Applicant must provide evidence demonstrating that it meets the definition of a consortium of regional institutions of higher education, academic health and research institutes, and economic development entities located in the Delta Region with experience in addressing the health care issues in the Delta Region.

C. Project Abstract

Provide a clear and concise summary description, not to exceed one page, suitable for dissemination to the public and to Congress. This summary must not include any proprietary/confidential information. The summary must identify the following, using the headers (in bold) and in the order below:

- **Project Title**
- **Type of Services Proposed**
- **Organization Legal Address** (street, city, state)
- **Authorized Official** (name, title, address, phone number; and email address)
- **Point of Contact for the Application** (name, title, address, phone number, and email address)
- **Consortium Partner Organization(s)** (include the names and addresses of all members of the Consortium)
- **Total Federal Funding Requested**
- **Geographic Areas/Communities**, cities, counties where services will be provided
- **Estimated residents** to benefit from project
- **Number of jobs** created by the project
- **Economic Impact** on the Delta Region as a result of implementing the project

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- **Program Purpose and Outcomes** (describe the project purpose and activities)

D. Executive Summary of the Project (Not to exceed two pages)

The Executive Summary should describe the Project's purpose, what problems the residents face, and how the proposed projects, programs, and services will address the unmet health needs in the Delta Region. Be clear and provide convincing links between the project and the benefits to the community to address its health needs.

The Executive Summary must provide a general project overview covering the following four categories:

1. A description of the community and why the project is needed.
2. The goals of the project:
 - a. the development of: health care services; health education programs; health care job training programs; and/or
 - b. the development and expansion of public health-related facilities in the Delta Region.
3. A general overview of the project's design including programs, services, equipment, technologies, facilities used, and service locations.
4. A description of the participating community organizations and partners (such as local government, schools, health care providers, police and fire departments, etc.).

Number each paragraph as shown above.

E. Scoring Criteria Documentation

There are three scoring categories that must be addressed by the Applicant in order to be considered for funding. They are:

- ◆ The rurality of the project area and communities served (up to 40 points);
- ◆ The community needs and the benefits derived from the project (up to 45 points); and
- ◆ Project management and organizational capability (up to 15 points).

1. The rurality of the project area and communities served (up to 40 points):

The rurality of the communities served by the project is an objective criterion that measures the rurality of the project's service area. It is determined by the population of the community. An applicant must base the rurality calculation on 2000 U.S. Census data contained in the U.S. Bureau of the Census, U.S. Department of Commerce at <http://factfinder.census.gov>. The 2010 Census is being released over time. As of the writing of this Application Guide, all of the

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detailed 2010 Census information required to complete the rurality calculation is not available. As a result, we will continue to use statistics from the 2000 Census for this application period.

Instructions for determining the correct census data:

A rurality calculation table is provided in this application guide to assist you with this process (Attachment 4).

U.S. Bureau of the Census:

1. Go to <http://factfinder.census.gov>.
2. Locate the heading "Fast Access to Information" and the search box titled "Get a fact sheet for your community." Enter your community and select your state from the state list, then click on "go."
3. At the top of your community fact sheet, check to confirm that your community is: city, town, village, borough, or census designated place (CDP).
4. Select the year "2000" tab.
5. The total population for your community is listed at the top in the first row of data of the fact sheet.
6. Use the rurality evaluation table, below, to determine the correct points for your community's population.

Instructions for Native American Indian Reservations: If your eligible community is an Indian Reservation, follow these instructions for determining the correct population:

1. Go to <http://factfinder.census.gov>.
2. Scroll down the web page to find the "Special Interest" heading on the bottom and click on "American Indian and Alaska Native data and links."
3. Scroll down the web page; under the "Census 2000" heading, click on "Fast access to popular data."
4. Select the state where the reservation is located and type an asterisk "*" in the reservation box.
5. Select your reservation from the list.
6. The total population for your reservation is listed at the top in the first row of data of the factsheet.
7. Use the rurality evaluation table, below, to determine the correct points for your reservation's population.

Urbanized areas

The Census defines an urbanized area (UA) as consisting of densely settled territory that contains 50,000 or more people. An urbanized area may include several named communities. Even if a community, itself, that is within an urbanized area has a population of no more than 50,000, it will receive zero points because it is included within an urbanized area. You must be careful, however, in making this determination because sometimes only part of a community will be included in the urbanized area. The actual location of the facilities or services provided and whether those are within the urbanized area is what matters. Attachment 4a shows the urbanized areas in the eight states in the Delta Region. Some of these urbanized areas are outside of the specific Delta Region.

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You can check to see if the facilities and services that would be financed by the proposed grant are included in one of these urbanized areas by going to the American FactFinder web site of the U.S. Bureau of the Census at: <http://factfinder.census.gov/home/saff/main.html?lang=en>. This is the legacy site for American FactFinder and includes the 2000 census. Do not use the site NEW American FactFinder (<http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>) that includes the preliminary data from the 2010 census.

Look at the left column of the legacy FactFinder main page, click on “Data Sets,” and then click on the drop-down menu “Decennial Census.” You will need to use “reference maps” in the right hand column under 2000 census. The mapping tool found here is quite versatile. It allows zooming and precise identification of a site’s location with respect to whether it is inside an urbanized area. When you click on “reference maps,” it will bring up a map of the U.S. Click on “Reposition on - A street address or ZIP code.” Enter the appropriate zip code to bring up a detail map.

When the detail map appears, click on “Change Boundaries and Features.” Remove the checks from every item except “2000 Urban Areas,” then click the “Update” button. If you wish, you may leave the block checked for “2000 Place” in the Label Column, not the Boundary Column. You want the jurisdictional boundaries to disappear, but it is sometimes useful to have the place names remain. This will alter the map you brought up based on the zip code so that it shows only the Census rural area (in yellow) and the urbanized area or urban cluster (in pink cross hatching). You may disregard urban clusters, as they do not enter into the scoring. It is only urbanized areas that are considered in scoring. You can use the various features to re-center and zoom until you precisely locate your site. To re-center, click on the hand button, move your cursor to the location you wish to center, and drag it to the center while holding down the left mouse button.

The following table outlines the ranges used in evaluating rurality and lists the points assigned:

Level	Community Having a Population		Points
	Over	Not in Excess of	
1	0	2,500	40
2	2,500	5,000	35
3	5,000	10,000	25
4	10,000	20,000	15
5	20,000	50,000	5
6	50,000 or located in an Urbanized Area		0

Points are awarded based on the population of the community where funds from this Grant Program finance facilities or services. Level 1 also includes any area in the Delta Region having a population under 2,500 not included within the boundary of a town, village, or community.

Each location where facilities or services will be provided should be shown separately. One exception is if two or more buildings are on the same “campus.” These should be shown as a single location. Thus, a community can be counted more than once. Include the street address for each location.

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For illustration only, a project proposes to serve the hypothetical towns of Delta and Rural, Arkansas. In this example, the U.S. Bureau of the Census statistics show the towns of Delta and Rural to have a population of 1,350 (level 1@40 points) and 2550 (level 2@35 points), respectively. The average rurality score for these two communities is rounded to 38.

	Facility/Service Location & Community	Population	Level	Rurality Points
1	130 Main Street Delta, Arkansas	1,350	1	40
2	1215 Elm Street Rural, Arkansas	2,550	2	35
3				

Applicant’s Estimated Rurality Score (Sum of Rurality Points ÷ # of Locations/Communities)	38
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Rurality Score (For Agency Use)	
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You are not restricted to a number of communities. If you have many communities, add continuation sheets.

2. The community needs and the benefits derived from the project (up to 45 points):

This criterion will be scored based on the documentation in support of the community need for health services and public health-related facilities and the benefits to people living in rural communities derived from the implementation of the proposed project. It should lead clearly to the identification of the project participant pool and the target population for the project, and provide convincing links between the project and the benefits to the community to address its health needs.

RUS will consider:

- a. The extent of the applicant’s documentation explaining the health care needs, issues, and challenges facing the service area. Include what problems the residents face, and how the project will benefit the residents in the region.
- b. The extent to which the applicant is able to show the relationship between the project’s design, outcome, and benefits.
- c. The extent to which the applicant explains the project and its implementation and provides milestones that are well defined and can be realistically completed.
- d. The extent to which the applicant clearly defines performance standards and provides a plan to track, report, and evaluate performance outcomes.

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Applicants should attempt to quantify benefits in terms of outcomes from the project; that is, ways in which peoples' lives, or the community, will be improved. Provide estimates of the number of people affected by the benefits arising from the project.

3. Project management and organizational capability (up to 15 points):

This criterion will be scored based on the documentation of the project's management and organizational capability. RUS will evaluate the applicant's experience, past performance, and accomplishments addressing health care issues to ensure effective project implementation.

RUS will consider:

- a. The degree to which the organization has a sound management and fiscal structure including: well-defined roles for administrators, staff, and established financial management systems.
- b. The extent to which the applicant identifies and demonstrates that qualifications, capabilities, and educational background of the identified key personnel (at a minimum the Project Manager) who will manage and implement programs are relevant and will contribute to the success of the project.
- c. The extent to which the applicant demonstrates current successful and effective experience (or recent past experience) addressing the health care issues in the Delta Region.
- d. The extent to which the applicant has experience managing grant-funded programs.
- e. The extent to which the applicant is able to correlate and support the budget to the project phases and implementation timeline.
- f. The extent to which administrative/management costs are balanced with funds designated for the provision of programs and services.
- g. The extent and depth of membership in the applicant's Consortium of regional institutions of higher education, academic health and research institutes, and economic development entities located in the Delta Region.

F. Service Area Maps

Include maps with sufficient detail to show the service area that will benefit from the proposed facilities and services, and the proposed location of the health care services and or health care community facilities purchased with grant funds.

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G. Scope of Work

The scope of work explains what you plan to do. It is your opportunity to make a clear and convincing presentation of how you will achieve the goals of your project. It should include how your organization proposes to proceed with the project and the methods that will be used to meet each of the project requirements and grant award expectations. **An application that does not include a scope of work cannot be evaluated and will be returned as ineligible.**

The scope of work must include (1) the specific activities and services, such as programs and training, to be performed under the project, (2) the facilities to be purchased or constructed, in addition to who will carry out the activities and services, and specific time frames for completion and (3) documentation regarding how the applicant solicited input for the project from local governments, public health care providers, and other entities in the Delta Region.

List all programs and describe purposes of the programs and services offered under the project, including the development of: health care services; health education programs; health care job training programs; and the development and expansion of public health-related facilities in the Delta Region. Also discuss all costs of the project, all existing and proposed facilities that are a part of the project, and the proposed service areas by communities and counties. Be specific about which programs and purposes will be available at each location.

H. Budget

Overall Budget Worksheet: Provide a budget for all capital and operating expenditures reflecting the line-item costs for eligible purposes for the grant funds, and other funds necessary to complete the project. The budget justification should specifically describe how each item will support the achievement of the proposed objectives. The budget justification **MUST** be concise. Do **NOT** use the justification to expand the project narrative.

Show the entire project budget on the Budget Worksheet in line-item form. Include every line-item that will be part of the project, regardless of the source of funds. The Budget Worksheet should show every financial aspect of the project, whether it is funded by the Delta Health Care Services grant, or by other funds. Number each line-item in the first column. Provide a description of the item, the number of units, unit cost, grant funds you are requesting and any other funding you may have for the project, if applicable, and total. Provide the purpose of the item and the physical location where the item or service will be placed. Undocumented items or assertions of use cannot be evaluated as to eligibility by the Agency and can result in the item being moved to an ineligible for funding worksheet. Do not bundle items. For example, if your project is health care job training, and you have more than one kind of training, we will not accept an item called training; you must itemize the training components. You may use another sheet of paper to expand your description, purpose, and location. Make sure we can easily associate all the support information you provide with the appropriate item number.

Remember, grant funds may be used to finance any of the following:

1. Develop health care services;
2. Develop health education programs;
3. Develop health care job training programs;

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4. Develop and expand public health-related facilities in the Delta Region to address longstanding and unmet health needs of the region.

Applicants are strongly encouraged to emphasize distance learning and/or telemedicine projects in their proposed use of grant funds.

All facilities constructed or leased with grant funds must be new equipment.

The total amount for salaries and wages, administrative expenses, and recurring operating costs may not exceed 20 percent of the grant funds.

The following Sample Budget Worksheet is a simplified example of a project cost spreadsheet. It is illustrative of one approach, not a required format. A larger version is included as Attachment 5.

At the bottom of the Budget Worksheet is a block labeled Total Project Cost. This should be the same amount you have placed as the total line 18g on your *Application for Federal Assistance*, SF-424.

Line Item No.	Item Description, including purpose & location	No. of Units	Unit Cost	Grant Funds	Other Funds	Total
1						
2						
3						
4						
Total Project Cost						

I. Financial Information & Sustainability

The applicant must provide a narrative description demonstrating sustainability of the project, including having sufficient resources and expertise necessary to undertake and complete the project, and how the project will be sustained following completion. The following financial information is required:

1. Certified financial statements, if available; otherwise, the most current income statement and balance sheet for existing operations; and
2. Three years of pro-forma financial information for the project, or for the applicant taking into consideration the conclusion of the project, including income statements, balance sheets, and cash flow statements. Applicants must also include a list of assumptions in support of the pro-forma.

J. Statement of Experience

An applicant must provide a written narrative describing its demonstrated capability and experience in addressing the health care issues in the Delta Region and in managing and

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operating a project similar to the proposed project. The applicant must include the owner's and principal employees' relevant work experience that would ensure the success of the project.

K. Evidence of Legal Authority and Existence

The applicant must provide evidence of its legal existence and authority to enter into a grant agreement with the Rural Utilities Service and perform the activities proposed under the grant application.

Satisfactory documentation of legal authority includes, but is not limited to: articles of incorporation, bylaws, board resolutions, excerpts from state statutes, or an attorney's opinion of counsel.

Satisfactory documentation of legal existence includes, but is not limited to, certificates from the Secretary of State, state statutes, or laws establishing your organization. Letters from the IRS awarding tax-exempt status are not considered adequate evidence.

L. Compliance with Other Federal Statutes and Regulations

The applicant is required to submit evidence that it is in compliance with other Federal statutes and regulations as follows:

- ◆ Equal Employment Opportunity and Nondiscrimination (see Attachment 3);
- ◆ Architectural Barriers (see Attachment 6);
- ◆ Flood Hazard Area Precautions (see Attachment 7);
- ◆ Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (see Attachment 8);
- ◆ Drug-Free Workplace Act of 1988 (see Attachment 9);
- ◆ Debarment and Suspension (see Attachment 10);
- ◆ Lobbying for Contracts, Grants, Loans, and Cooperative Agreements (see Attachment 11);
 - If the applicant is engaged in lobbying activities, the applicant must submit a completed disclosure form, "Disclosure of Lobbying Activities" (See 7 CFR Part 3018);
- Non-Duplication of Services (see Attachment 12); and
- Environmental Impact and Historic Preservation (see Attachment 13).
 - Details of the project's impact on the environment and historic preservation must be provided as a separate section entitled "Environmental Impact of the Project." An "Environmental Questionnaire/Certification" may be used by applicants to assist in complying with the requirements of this section. Refer to 7 CFR 1794 for additional information.

Delta Health Care Services Grant Program

Putting It All Together

Organization of the application

The grant application should be assembled and tabbed in the order listed below. Material not located under the proper tab will not be considered by reviewers. If material is relevant under more than one tab, it should be repeated under each relevant tab. Any supplemental information that the applicant wants to submit should be included under the relevant tab. Numbered sample attachments are provided at the end of this guide for your use. Use only the applicable attachments listed below. Please identify and number each page.

Tab & Description:	Sample Attachment Number
A. Completed Standard Form 424 "Application for Federal Assistance"	1
B. Evidence of Eligibility	
C. Project Abstract	
D. Executive Summary of the Project	
E. Scoring Criteria Documentation	
1. Rurality Calculation Table	4
2. Community Needs and Benefits	
3. Project Management and Organizational Capability	
F. Service Area Maps	
G. Scope of Work	
H. Budget	5
I. Financial information and sustainability	
1. Certified Financial Statements, if available, or most current income statement and balance sheet	
2. Three years of pro-forma financial statements for the project	
J. Statement of Experience	
K. Evidence of Legal Authority and Existence	
L. Compliance with Other Federal Statutes and Regulations	
• Survey on Ensuring Equal Opportunity for Applicants (Voluntary)	2
• Equal Opportunity and Nondiscrimination Certification	3
• Certificate Regarding Architectural Barriers	6
• Certificate Regarding Flood Hazard Area Precautions	7
• Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 Certification	8
• Certification Regarding Drug-Free Workplace Requirements	9
• Certification Regarding Debarment, Suspension, and Other Responsibility Matters – Primary Covered Transactions	10
• Certification Regarding Lobbying for Contracts, Grants, Loans, and Cooperative Agreements	11
• Non-Duplication of Services Certificate	12
• Environmental Impact of the Project - Questionnaire/Certification	13

Delta Health Care Services Grant Program

The United States Department of Agriculture prohibits discrimination in its programs on the basis of race, color, National origin, sex, religion, age, disability, political beliefs, and marital or family status. (Not all bases apply to all programs.)

Persons with disabilities who require alternative means for communications of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center on (202) 720-2600 (voice) or 1-800-877-8339 (TTY).

USDA is an equal opportunity employer

Delta Health Care Services Grant Program

Federal Forms and Attachments

The following sample attachments are provided for your use.

1. Application for Federal Assistance SF-424
2. Survey on Ensuring Equal Opportunity for Applicants
3. Equal Opportunity and Nondiscrimination Certification
4. Rurality Calculation Table
- 4a Urbanized Areas in the eight states in the Delta Region
5. Budget Worksheet
6. Certificate Regarding Architectural Barriers
7. Certificate Regarding Flood Hazard Area Precautions
8. Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 Certification
9. Certification Regarding Drug-Free Workplace Requirements
10. Certification Regarding Debarment, Suspension, and Other Responsibility Matters – Primary Covered Transactions
11. Certification Regarding Lobbying for Contracts, Grants, Loans, and Cooperative Agreements
12. Non-Duplication of Services Certificate
13. Environmental Impact of the Project - Questionnaire/Certification

Delta Health Care Services Grant Program

OMB Number: 4040-0004
Expiration Date: 03/31/2012

Application for Federal Assistance SF-424							
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none; vertical-align: top;"> * 2. Type of Application: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </td> <td style="border: none; vertical-align: top;"> <table style="width: 100%; border: none;"> <tr> <td style="border: none;">* If Revision, select appropriate letter(s):</td> <td style="border: 1px solid black; width: 200px; height: 20px;"></td> </tr> <tr> <td style="border: none;">* Other (Specify):</td> <td style="border: 1px solid black; width: 200px; height: 20px;"></td> </tr> </table> </td> </tr> </table>	* 2. Type of Application: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<table style="width: 100%; border: none;"> <tr> <td style="border: none;">* If Revision, select appropriate letter(s):</td> <td style="border: 1px solid black; width: 200px; height: 20px;"></td> </tr> <tr> <td style="border: none;">* Other (Specify):</td> <td style="border: 1px solid black; width: 200px; height: 20px;"></td> </tr> </table>	* If Revision, select appropriate letter(s):		* Other (Specify):	
* 2. Type of Application: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<table style="width: 100%; border: none;"> <tr> <td style="border: none;">* If Revision, select appropriate letter(s):</td> <td style="border: 1px solid black; width: 200px; height: 20px;"></td> </tr> <tr> <td style="border: none;">* Other (Specify):</td> <td style="border: 1px solid black; width: 200px; height: 20px;"></td> </tr> </table>	* If Revision, select appropriate letter(s):		* Other (Specify):			
* If Revision, select appropriate letter(s):							
* Other (Specify):							
* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: <input style="width: 300px;" type="text"/>						
5a. Federal Entity Identifier: <input style="width: 300px;" type="text"/>	* 5b. Federal Award Identifier: <input style="width: 300px;" type="text"/>						
State Use Only:							
6. Date Received by State: <input style="width: 80px;" type="text"/>	7. State Application Identifier: <input style="width: 300px;" type="text"/>						
8. APPLICANT INFORMATION:							
* a. Legal Name: <input style="width: 95%; height: 20px;" type="text"/>							
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input style="width: 300px;" type="text"/>	* c. Organizational DUNS: <input style="width: 100px;" type="text"/>						
d. Address:							
* Street1: <input style="width: 95%; height: 20px;" type="text"/> Street2: <input style="width: 95%; height: 20px;" type="text"/> * City: <input style="width: 80%; height: 20px;" type="text"/> County/Parish: <input style="width: 300px;" type="text"/> * State: <input style="width: 95%; height: 20px;" type="text"/> Province: <input style="width: 300px;" type="text"/> * Country: <input style="width: 95%; height: 20px;" type="text"/> USA: UNITED STATES * Zip / Postal Code: <input style="width: 200px;" type="text"/>							
e. Organizational Unit:							
Department Name: <input style="width: 300px;" type="text"/>	Division Name: <input style="width: 300px;" type="text"/>						
f. Name and contact information of person to be contacted on matters involving this application:							
Prefix: <input style="width: 100px;" type="text"/>	* First Name: <input style="width: 550px;" type="text"/>						
Middle Name: <input style="width: 350px;" type="text"/>							
* Last Name: <input style="width: 650px;" type="text"/>							
Suffix: <input style="width: 100px;" type="text"/>							
Title: <input style="width: 450px;" type="text"/>							
Organizational Affiliation: <input style="width: 650px;" type="text"/>							
* Telephone Number: <input style="width: 250px;" type="text"/>	Fax Number: <input style="width: 150px;" type="text"/>						
* Email: <input style="width: 650px;" type="text"/>							

Delta Health Care Services Grant Program

Application for Federal Assistance SF-424			
9. Type of Applicant 1: Select Applicant Type: <div style="border: 2px solid red; background-color: yellow; height: 15px; width: 100%;"></div>			
Type of Applicant 2: Select Applicant Type: <input style="width: 100%; height: 15px;" type="text"/>			
Type of Applicant 3: Select Applicant Type: <input style="width: 100%; height: 15px;" type="text"/>			
* Other (specify): <input style="width: 100%; height: 15px;" type="text"/>			
* 10. Name of Federal Agency: <div style="border: 2px solid red; background-color: yellow; height: 15px; width: 100%;"></div>			
11. Catalog of Federal Domestic Assistance Number: <input style="width: 100%; height: 15px;" type="text"/>			
CFDA Title: <input style="width: 100%; height: 15px;" type="text"/>			
* 12. Funding Opportunity Number: <div style="border: 2px solid red; background-color: yellow; height: 15px; width: 100%;"></div>			
* Title: <div style="border: 2px solid red; background-color: yellow; height: 40px; width: 100%;"></div>			
13. Competition Identification Number: <input style="width: 100%; height: 15px;" type="text"/>			
Title: <input style="width: 100%; height: 40px;" type="text"/>			
14. Areas Affected by Project (Cities, Counties, States, etc.): <input style="width: 100%; height: 15px;" type="text"/>			
<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>			
* 15. Descriptive Title of Applicant's Project: <div style="border: 2px solid red; background-color: yellow; height: 40px; width: 100%;"></div>			
Attach supporting documents as specified in agency instructions.			
<input type="button" value="Add Attachments"/> <input type="button" value="Delete Attachments"/> <input type="button" value="View Attachments"/>			

Delta Health Care Services Grant Program

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant: <input style="width: 100px;" type="text"/>	* b. Program/Project: <input style="width: 100px;" type="text"/>
Attach an additional list of Program/Project Congressional Districts if needed.	
<input style="width: 200px;" type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
17. Proposed Project:	
* a. Start Date: <input style="width: 100px;" type="text"/>	* b. End Date: <input style="width: 100px;" type="text"/>
18. Estimated Funding (\$):	
* a. Federal	<input style="width: 150px;" type="text"/>
* b. Applicant	<input style="width: 150px;" type="text"/>
* c. State	<input style="width: 150px;" type="text"/>
* d. Local	<input style="width: 150px;" type="text"/>
* e. Other	<input style="width: 150px;" type="text"/>
* f. Program Income	<input style="width: 150px;" type="text"/>
* g. TOTAL	<input style="width: 150px;" type="text"/>
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input style="width: 100px;" type="text"/> .	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes", provide explanation and attach	
<input style="width: 200px;" type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)	
<input type="checkbox"/> ** I AGREE	
<small>** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.</small>	
Authorized Representative:	
Prefix: <input style="width: 100px;" type="text"/>	* First Name: <input style="width: 200px;" type="text"/>
Middle Name: <input style="width: 200px;" type="text"/>	
* Last Name: <input style="width: 300px;" type="text"/>	
Suffix: <input style="width: 100px;" type="text"/>	
* Title: <input style="width: 250px;" type="text"/>	
* Telephone Number: <input style="width: 150px;" type="text"/>	Fax Number: <input style="width: 150px;" type="text"/>
* Email: <input style="width: 300px;" type="text"/>	
* Signature of Authorized Representative: <input style="width: 200px;" type="text"/>	* Date Signed: <input style="width: 150px;" type="text"/>

Delta Health Care Services Grant Program

INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

This is a standard form (including the continuation sheet) required for use as a cover sheet for submission of preapplications and applications and related information under discretionary programs. Some of the items are required and some are optional at the discretion of the applicant or the Federal agency (agency). Required items are identified with an asterisk on the form and are specified in the instructions below. In addition to the instructions provided below, applicants must consult agency instructions to determine specific requirements.

Item	Entry:
1.	<p>Type of Submission: (Required): Select one type of submission in accordance with agency instructions.</p> <ul style="list-style-type: none"> • Preapplication • Application • Changed/Corrected Application – If requested by the agency, check if this submission is to change or correct a previously submitted application. Unless requested by the agency, applicants may not use this to submit changes after the closing date.
2.	<p>Type of Application: (Required) Select one type of application in accordance with agency instructions.</p> <ul style="list-style-type: none"> • New – An application that is being submitted to an agency for the first time. • Continuation -An extension for an additional funding/budget period for a project with a projected completion date. This can include renewals. • Revision -Any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision, enter the appropriate letter(s). More than one may be selected. If "Other" is selected, please specify in text box provided. <ul style="list-style-type: none"> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify)
3.	<p>Date Received: Leave this field blank. This date will be assigned by the Federal agency.</p>
4.	<p>Applicant Identifier: Enter the entity identifier assigned buy the Federal agency, if any, or the applicant's control number if applicable.</p>
5a.	<p>Federal Entity Identifier: Enter the number assigned to your organization by the Federal Agency, if any.</p>
5b.	<p>Federal Award Identifier: For new applications leave blank. For a continuation or revision to an existing award, enter the previously assigned Federal award identifier number. If a changed/corrected application, enter the Federal Identifier in accordance with agency instructions.</p>
6.	<p>Date Received by State: Leave this field blank. This date will be assigned by the State, if applicable.</p>
7.	<p>State Application Identifier: Leave this field blank. This identifier will be assigned by the State, if applicable.</p>
8.	<p>Applicant Information: Enter the following in accordance with agency instructions:</p>
	<p>a. Legal Name: (Required): Enter the legal name of applicant that will undertake the assistance activity. This is the name that the organization has registered with the Central Contractor Registry. Information on registering with CCR may be obtained by visiting the Grants.gov website.</p>
	<p>b. Employer/Taxpayer Number (EIN/TIN): (Required): Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444.</p>
	<p>c. Organizational DUNS: (Required) Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting the Grants.gov website.</p>
	<p>d. Address: Enter the complete address as follows: Street address (Line 1 required), City (Required), County, State (Required, if country is US), Province, Country (Required), Zip/Postal Code (Required, if country is US).</p>
	<p>e. Organizational Unit: Enter the name of the primary organizational unit (and department or division, (if applicable) that will undertake the assistance activity, if applicable.</p>
	<p>f. Name and contact information of person to be contacted on matters involving this application (required), organizational affiliation (if affiliated with an organization other than the applicant organization), telephone number (Required), fax number, and email address (Required) of the person to contact on matters related to this application.</p>

Delta Health Care Services Grant Program

9.	<p>Type of Applicant: (Required) Select up to three applicant type(s) in accordance with agency instructions.</p> <p>A. State Government B. County Government C. City or Township Government D. Special District Government E. Regional Organization F. U.S. Territory or Possession G. Independent School District H. Public/State Controlled Institution of Higher Education I. Indian/Native American Tribal Government (Federally Recognized) J. Indian/Native American Tribal Government (Other than Federally Recognized) K. Indian/Native American Tribally Designated Organization L. Public/Indian Housing Authority M. Nonprofit N. Nonprofit O. Private Institution of Higher Education P. Individual Q. For-Profit Organization (Other than Small Business) R. Small Business S. Hispanic-serving Institution T. Historically Black Colleges and Universities (HBCUs) U. Tribally Controlled Colleges and Universities (TCCUs) V. Alaska Native and Native Hawaiian Serving Institutions W. Non-domestic (non-US) Entity X. Other (specify)</p>
10.	<p>Name Of Federal Agency: (Required) Enter the name of the Federal agency from which assistance is being requested with this application.</p>
11.	<p>Catalog Of Federal Domestic Assistance Number/Title: Enter the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested, as found in the program announcement, if applicable.</p>
12.	<p>Funding Opportunity Number/Title: (Required) Enter the Funding Opportunity Number and title of the opportunity under which assistance is requested, as found in the program announcement.</p>
13.	<p>Competition Identification Number/Title: Enter the Competition Identification Number and title of the competition under which assistance is requested, if applicable.</p>
14.	<p>Areas Affected By Project: List the areas or entities using the categories (e.g., cities, counties, states, etc.) specified in agency instructions. Use the continuation sheet to enter additional areas, if needed.</p>
15.	<p>Descriptive Title of Applicant's Project: (Required) Enter a brief descriptive title of the project. If appropriate, attach a map showing project location (e.g., construction or real property projects). For preapplications, attach a summary description of the project.</p>
16.	<p>Congressional Districts Of: (Required) 16a. Enter the applicant's Congressional District, and 16b. Enter all District(s) affected by the program or project. Enter in the format: 2 characters State Abbreviation – 3 characters District Number, e.g., CA-005 for California 5th district, CA012 for California 12th district, NC-103 for North Carolina's 103rd district. • If all congressional districts in a state are affected, enter "all" for the district number, e.g., MD-all for all congressional districts in Maryland. • If nationwide, i.e. all districts within all states are affected, enter US-all. • If the program/project is outside the US, enter 00-000.</p>
17.	<p>Proposed Project Start and End Dates: (Required) Enter the proposed start date and end date of the project.</p>
18.	<p>Estimated Funding: (Required) Enter the amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines, as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses.</p>
19.	<p>Is Application Subject to Review by State Under Executive Order 12372 Process? Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process. Select the appropriate box. If "a." is selected, enter the date the application was submitted to the State.</p>
20.	<p>Is the Applicant Delinquent on any Federal Debt? (Required) Select the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes. If yes, include an explanation on the continuation sheet.</p>
21.	<p>Authorized Representative: (Required) To be signed and dated by the authorized representative of the applicant organization. Enter the name (First and last name required) title (Required), telephone number (Required), fax number, and email address (Required) of the person authorized to sign for the applicant. A copy of the governing body's authorization for you to sign this application as the official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)</p>

Delta Health Care Services Grant Program

Survey on Ensuring Equal Opportunity for Applicants

OMB No. 1890-0014 Exp. 02/28/09

Purpose: The Federal government is committed to ensuring that all qualified applicants, small or large, non-religious or faith-based, have an equal opportunity to compete for Federal funding. In order for us to better understand the population of applicants for Federal funds, we are asking nonprofit private organizations (not including private universities) to fill out this survey.

Upon receipt, the survey will be separated from the application. Information provided on the survey will not be considered in any way in making funding decisions and will not be included in the Federal grants database. While your help in this data collection process is greatly appreciated, completion of this survey is voluntary.

Instructions for Submitting the Survey: If you are applying using a hard copy application, please place the completed survey in an envelope labeled "Applicant Survey." Seal the envelope and include it along with your application package. If you are applying electronically, please submit this survey along with your application.

Applicant's (Organization) Name: _____

Applicant's DUNS Number: _____

Federal Program: _____

CFDA Number: _____

1. Has the applicant ever received a grant or contract from the Federal government?

- Yes No

2. Is the applicant a faith-based organization?

- Yes No

3. Is the applicant a secular organization?

- Yes No

4. Does the applicant have 501(c)(3) status?

- Yes No

5. Is the applicant a local affiliate of a national organization?

- Yes No

6. How many full-time equivalent employees does the applicant have? *(Check only one box).*

- 3 or Fewer 15-50
 4-5 51-100
 6-14 over 100

7. What is the size of the applicant's annual budget?
(Check only one box.)

- Less Than \$150,000
 \$150,000 - \$299,999
 \$300,000 - \$499,999
 \$500,000 - \$999,999
 \$1,000,000 - \$4,999,999
 \$5,000,000 or more

Attachment 2

Delta Health Care Services Grant Program

SURVEY INSTRUCTIONS ON ENSURING EQUAL OPPORTUNITY FOR APPLICANTS

Provide the applicant's (organization) name and DUNS number and the grant name and CFDA number

1. Self-explanatory.
2. Self-identify.
3. Self-identify.
4. 501(c)(3) status is a legal designation provided on application to the Internal Revenue Service by eligible organizations. Some grant programs may require nonprofit applicants to have 501(c)(3) status. Other grant programs do not.
5. Self-explanatory.
6. For example, two part-time employees who each work half-time equal one full-time equivalent employee. If the applicant is a local affiliate of a national organization, the responses to survey questions 6 and 7 should reflect the staff and budget size of the local affiliate.
7. Annual budget means the amount of money your organization spends each year on all of its activities.

Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1890-0014. The time required to complete this information collection is estimated to average five (5) minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** The Agency Contact listed in this grant application package.

Delta Health Care Services Grant Program

**U.S. Department of Agriculture
Rural Utilities Service**

Equal Opportunity and Nondiscrimination Certification

All grants made under the Delta Health Care Services Grant Program are subject to the nondiscrimination provisions of Title VI of the Civil Rights Act of 1964, as amended, (7 CFR Part 15); Section 504 of the Rehabilitation Act of 1973, as amended, (29 U.S.C. 901 *et seq.*; 7 CFR Part 15b); and Age Discrimination of 1975, as amended (42 U.S.C. 6101 *et seq.*; 45 CFR Part 90); and as amended by Executive Order 11375 Amending Executive Order 11246, Relating to Equal Employment Opportunity (3 CFR, 1966, 1970 Comp., p. 684).

All recipients of financial assistance from Rural Development, the prospective primary participant commits to carry out Rural Development established policy to comply with the requirements of the above laws and executive orders to the effect that no person in the United States shall, “on the basis of race, color, national origin, handicap, or age, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under the Grant Program.

The _____ (Grantee)
hereby certifies that, as a prospective recipient under the said Health Care Services Grant Program, it will comply with the above reference laws and executive orders.

(Date)

(Authorized Representative’s Signature)

(Name Typed or Printed)

(Title)

(This is not an official Government form. It has been prepared to assist and expedite the application process and is only intended for use in the Delta Health Care Services Grant Program.)

Attachment 3

Delta Health Care Services Grant Program

**U.S. Department of Agriculture
Rural Utilities Service**

Rurality Calculation Table

Please list the proposed community to be served with the proceeds of the Delta Health Care Services Grant Program, its population based upon 2000 Census data, its rurality level, and the associated number of points.

	Facility/Service Location & Community	Population	Level*	Rurality Points*
1				
2				
3				
4				
5				

Applicant's Estimated Rurality Score Sum of Rurality Points ÷ # of Locations/Communities		Rurality Score (For Agency Use)	
--	--	---	--

You are not restricted to a number of communities. If you have many communities, add continuation sheets.

*** Community Population Level & Points - use the following table:**

Level	Community Having a Population		Points
	Over	Not in Excess of	
1	0	2,500	40
2	2,500	5,000	35
3	5,000	10,000	25
4	10,000	20,000	15
5	20,000	50,000	5
6	50,000 or located in an Urbanized Area		0

(This is not an official Government form. It has been prepared to assist and expedite the application process and is only intended for use in the Delta Health Care Services Grant Program)

Attachment 4

Delta Health Care Services Grant Program

Urbanized Areas in the Eight States in the Delta Region

Alabama

Anniston, AL
Auburn, AL
Birmingham, AL
Columbus, GA
Decatur, AL
Dothan, AL
Florence, AL
Gadsden, AL
Huntsville, AL
Mobile, AL
Montgomery, AL
Pensacola, FL
Tuscaloosa, AL

Arkansas

Fayetteville--Springdale, AR
Fort Smith, AR
Hot Springs, AR
Jonesboro, AR
Little Rock, AR
Memphis, TN
Pine Bluff, AR
Texarkana, TX--Texarkana, AR

Illinois

Alton, IL
Beloit, WI
Bloomington--Normal, IL
Champaign, IL
Chicago, IL
Danville, IL
Davenport, IA
Decatur, IL
DeKalb, IL
Dubuque, IA
Kankakee, IL
Peoria, IL
Rockford, IL
Round Lake Beach--McHenry--Grayslake, IL
St. Louis, MO
Springfield, IL

Kentucky

Bowling Green, KY
Cincinnati, OH
Clarksville, TN
Evansville, IN
Huntington, WV
Lexington-Fayette, KY
Louisville, KY
Owensboro, KY
Radcliff--Elizabethtown, KY

Louisiana

Alexandria, LA
Baton Rouge, LA
Houma, LA
Lafayette, LA
Lake Charles, LA
Mandeville--Covington, LA
Monroe, LA
New Orleans, LA
Shreveport, LA
Slidell, LA

Mississippi

Gulfport--Biloxi, MS
Hattiesburg, MS
Jackson, MS
Memphis, TN
Pascagoula, MS

Missouri

Columbia, MO
Jefferson City, MO
Joplin, MO
Kansas City, MO
Lee's Summit, MO
St. Joseph, MO
St. Louis, MO
Springfield, MO

Tennessee

Bristol, TN--Bristol, VA
Chattanooga, TN
Clarksville, TN
Cleveland, TN
Jackson, TN
Johnson City, TN
Kingsport, TN
Knoxville, TN
Memphis, TN
Morristown, TN
Murfreesboro, TN
Nashville-Davidson, TN

Delta Health Care Services Grant Program

U.S. Department of Agriculture
Rural Utilities Service

Budget Worksheet						
Name of Project (Program):						
Line Item No.	Item Description, including purpose & location	No. of Units	Unit Cost	Grant Funds	Other Funds	Total
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total Project Cost						

Attachment 5

Delta Health Care Services Grant Program

**U.S. Department of Agriculture
Rural Utilities Service**

Certificate Regarding Architectural Barriers

All facilities financed with Rural Development grants that are open to the public, or in which physically handicapped persons may be employed or reside, must be designed, constructed, and/or altered to be readily accessible to, and usable by handicapped persons. Standards for these facilities must comply with the Architectural Barriers Act of 1968, as amended, 42 U.S.C. 4151 *et seq.*) and with the Uniform Federal Accessibility Standards (UFAS), (Appendix A to 41 CFR subpart 101-19.6).

As a prospective primary participant recipient of financial assistance from Rural Development, this organization commits to carry out Rural Development established policy to comply with the requirements of the above referenced law to the effect that all facilities must be readily accessible to and usable by handicapped persons.

The _____ (Grantee) hereby certifies, that, as a prospective recipient under the Delta Health Care Services Grant Program, it is in compliance, or will be in compliance upon completion of the project, with the above referenced law.

(Date)

(Authorized Representative's Signature)

(Name Typed or Printed)

(Title)

(This is not an official Government form. It has been prepared to assist and expedite the application process and is only intended for use in the Delta Health Care Services Grant Program.)

Attachment 6

Delta Health Care Services Grant Program

**U.S. Department of Agriculture
Rural Utilities Service**

Certificate Regarding Flood Hazard Area Precautions

If the project is located in an area subject to flooding, flood insurance must be provided to the extent available and required under the National Flood Insurance Act of 1968, as amended by the Flood Disaster Protection Act of 1973, as amended (42 U.S.C. 4001 through 4128). If applicable, the insurance must cover, in addition to the buildings, any machinery, equipment, fixtures, and furnishings contained in the buildings. Rural Development will comply with Executive Order 11988, Floodplain Management (3 CFR, 1977 Comp., p. 117), and 7 CFR 1794.41, of this chapter in considering the application for the project.

Please check the appropriate line below:

- a) The project is not located in a 100 year flood plain; therefore, no Flood Insurance is required.
- b) The project is located in a 100 year flood plain and the required insurance is or will be provided by:

The _____ (Grantee) hereby certifies, that, as a prospective recipient under the Delta Health Care Services Grant Program, it is in compliance, or will be in compliance during construction and/or installation of equipment and upon completion of the project, with the above referenced law.

(Date)

(Authorized Representative's Signature)

(Name Typed or Printed)

(Title)

(This is not an official Government form. It has been prepared to assist and expedite the application process and is only intended for use in the Delta Health Care Services Grant Program.)

Attachment 7

Delta Health Care Services Grant Program

**U.S. Department of Agriculture
Rural Utilities Service**

***Uniform Relocation Assistance and Real Property Acquisition
Policies Act of 1970 Certification***

The _____ (Grantee) assures that it will comply with the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (Uniform Act), 42 U.S.C. 4601-4655, and with implementing Federal regulations in 49 CFR Part 24 and 7 CFR Part 21.

Specifically, the _____ (Grantee) assures that:

Whenever Federal financial assistance is used to pay for any part of the cost of a program or project which will result in the displacement of any person:

- (a) Fair and reasonable relocation payments and assistance shall be provided to or for displaced persons in accordance with sections 202, 203, and 204 of the Uniform Act;
- (b) Relocation assistance programs offering the services described in section 205 of the Uniform Act shall be provided to displaced persons; and
- (c) Within a reasonable period of time prior to displacement, comparable replacement dwellings will be available to displaced persons in accordance with section 205(c) (3) of the Uniform Act.

Date

(Authorized Representative's Signature)

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Attachment 8

**U.S. Department of Agriculture
Rural Utilities Service**

***Certification Regarding Drug-Free Workplace Requirements
Alternative I – For Grantees Other than Individuals***

This certification is required by the regulations implementing Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (P.L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 *et seq.*), 7 CFR Part 3017, Subpart F, Section 3017.600, Purpose. The January 31, 1989, regulations were amended and published as Part II of the May 25, 1990, Federal Register (pages 21681-21691). Copies of the regulations may be obtained by contacting the Department of Agriculture agency offering the grant.

ALTERNATIVE I

- A. The grantee certifies that it will or will continue to provide a drug-free workplace by:
- (a) Publishing a statement notifying employees that unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
 - (b) Establishing an ongoing drug-free awareness program to inform employees about:
 - (1) The dangers of drug abuse in the workplace;
 - (2) The grantee's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
 - (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
 - (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:
 - (1) Abide by the terms of the statement; and
 - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than 5 calendar days after such conviction;
 - (e) Notifying the Agency in writing, within 10 calendar days after receiving notice under subparagraph (d) (2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

Delta Health Care Services Grant Program

- (f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:
 - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency; and
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

B. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance:

Street Address

City

County

State

Zip Code

Check if there are workplaces on file that are not identified here.

Organization Name

Authorized Representative's Signature

Date

Name Typed or Printed

(This is not an official Government form. It has been prepared to assist and expedite the application process and is only intended for use in the Delta Health Care Services Grant Program.)

Delta Health Care Services Grant Program

**U.S. Department of Agriculture
Rural Utilities Service**

***Certification Regarding Debarment, Suspension, and Other
Responsibility Matters – Primary Covered Transactions***

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 7 CFR Part 3017, Section 3017.510, Participants' Responsibilities. The regulations were published as Part IV of the January 30, 1989, Federal Register (pages 4722-4733). Copies of the regulations may be obtained by contacting the Department of Agriculture agency offering the proposed transaction.

- (1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
 - (a) are not presently debarred, suspended, proposed for Debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - (b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - (c) are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
 - (d) have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.
- (2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Organization Name

Authorized Representative's Signature

Date

Name Typed or Printed

(This is not an official Government form. It has been prepared to assist and expedite the application process and is only intended for use in the Delta Health Care Services Grant Program.)

Attachment 10

Delta Health Care Services Grant Program

**U.S. Department of Agriculture
Rural Utilities Service**

***Certification Regarding Lobbying for Contracts, Grants,
Loans, and Cooperative Agreements***

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant or loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (Copies of this form may be obtained from the Rural Utilities Service.)
- (3) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Organization Name

Authorized Representative's Signature

Date

Name Typed or Printed

(This is not an official Government form. It has been prepared to assist and expedite the application process and is only intended for use in the Delta Health Care Services Grant Program.)

Attachment 11

Delta Health Care Services Grant Program

**U.S. Department of Agriculture
Rural Utilities Service**

Non-Duplication of Services Certificate

As a prospective primary participant recipient of assistance from RUS, this organization commits to carry out RUS' established policy to comply with the requirements that no facilities using financial assistance will duplicate adequate established health care services.

The _____ (Grantee) hereby certifies that as a prospective recipient under the said Delta Health Care Services Grant Program, that it will not use RUS grant funds to duplicate any adequate established services as referenced above.

Date

Signature

Name Typed or Printed

Title

(This is not an official Government form. It has been prepared to assist and expedite the application process and is only intended for use in the Delta Health Care Services Grant Program.)

Attachment 12

Delta Health Care Services Grant Program

**U.S. Department of Agriculture
Rural Utilities Service**

***Delta Health Care Services Grant Program
Environmental Impact of the Project -Questionnaire/Certification***

Environmental Project Summary:

(This description should encompass all construction in the project, no matter the source of funding. It should provide details of how the project will impact the environment (wetlands, farmlands, floodplain, cultural environment, endangered species, environmental quality, and historic preservation). If additional space is needed, continue on white bond paper and insert between the first and second pages.)

If the construction proposed in this application, as described above, will not impact the environment or historic preservation, you may sign the certification indicating that no adverse impact and skip filling out the questionnaire.

CERTIFICATION

I hereby certify that the construction proposed in this application will not adversely impact the environment or historic preservation.

(Signature and Date)

(Print or Type Title)

Delta Health Care Services Grant Program

QUESTIONNAIRE

Note: It is extremely important to respond to all questions completely to ensure expeditious processing of the Delta Health Care Services Grant Program application. The information herein is required by Federal law.

Important: Any activity related to the project that may adversely affect the environment or limit the choice of reasonable development alternatives shall not be undertaken prior to the completion of Rural Utilities Service's environmental review process.

Legal Name of Applicant _____

Signature (Type, sign, & date) _____

The applicant's representative certifies to the best of his/her knowledge and belief that the information contained herein is accurate. Any false information may result in disqualification for consideration of financial assistance or the rescission of financial assistance.

I. Project Description - Detailing construction, including, but not limited to internal modifications of existing structures, and/or installation of telecommunications transmission facilities including satellite uplinks or downlinks, microwave transmission towers, and cabling.

1. Describe the portion of the project, and site locations (including legal ownership of real property), involving internal modifications, or equipment additions to buildings or other structures (e.g., relocating interior walls or adding computer facilities) for each site.

Delta Health Care Services Grant Program

2. Describe the portion of the project, and site locations (including legal ownership or real property), involving construction of transmission facilities, including cabling, microwave towers, satellite dishes, or disturbance of property of .99 acres or greater for each project site.

3. Describe the nature of the proposed use of the facilities and whether any hazardous materials, air emissions, wastewater discharge, or solid waste will result.

4. State whether or not any project site(s) contain or are near properties listed or eligible for listing in the National Register of Historic Places, and identify any historic properties. (The applicant must supply evidence that the State Historic Preservation Officer (SHPO) has cleared development regarding any historical properties).

5. Provide information whether or not any facility(ies) or site(s) are located in a 100-year floodplain. A National Flood Insurance Map should be included reflecting the location of the project site(s).

II. For projects that involve construction of transmission facilities, including cabling, microwave towers, satellite dishes, or physical disturbance of real property of .99 acres or greater, the following information must be submitted.

1. A map (*preferably a U.S. Geological Survey map*) of the area for each site affected by construction (include as an attachment).

Delta Health Care Services Grant Program

2. A description of the amount of property to be cleared, excavated, fenced, or otherwise disturbed by the project and a description of the current land use and zoning and any vegetation for each project site affected by construction.

3. A description of buildings or other structures (i.e., transmission facilities), including dimensions, to be constructed or modified.

4. A description of the presence of wetlands or existing agricultural operations and/or threatened or endangered species or critical habitats on or near the project site(s) affected by construction.

5. Describe any actions taken to mitigate any environmental impacts resulting from the proposed project (use attachment if necessary).

Note: The applicant may submit a copy of any environmental review, study assessment, report or other document that has been prepared in connection with obtaining permits, approvals, or other financing for the proposed project from State, local or other Federal bodies. Such material, to the extent relevant, may be used to meet the requirements herein.

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