



# **RURAL HEALTH DISASTER RELIEF & RECOVERY**

**Special Application Guide  
In Response to Hurricane Ike**

**For Rural Hospitals and Rural Health Clinics**



## **OFFICE OF RURAL COMMUNITY AFFAIRS**

**Mail Application To:**

**Office of Rural Community Affairs  
1700 North Congress - Suite 220  
Austin, Texas 78701**

**Phone: 512-936-6701  
Toll Free: 800-544-2042  
Fax: 512-936-6776**

**[www.orca.state.tx.us](http://www.orca.state.tx.us)**

September 17, 2008

The Office of Rural Community Affairs (ORCA) is pleased to announce the availability of the Rural Health Disaster Relief & Recovery Grant to assist rural hospitals and rural health clinics in responding to the recent federal disaster declarations resulting from Hurricane Ike.

ORCA has been created to develop policies addressing the needs of rural Texans and to improve the quality of life in small communities through State Office of Rural Health Programs, the Texas Community Development Program, and through training and technical assistance to local government officials. We are pleased to be able to provide this much needed assistance throughout the State of Texas.

Please address questions and comments about this application guide to:

David Darnell                      (512) 936-6730

Mailing Address:                  Office of Rural Community Affairs  
P.O. Box 12877, Capitol Station  
Austin, Texas 78711-2877

Street Address:                    1700 North Congress, Suite 220  
Austin, Texas 78701

Telephone Number:                (512) 936-6701  
Toll Free:                            (800) 544-2042  
Fax Number:                         (512) 936-6776

ORCA looks forward to working with you to provide the care and services to those affected by this natural disaster.

## INSTRUCTIONS FOR SUBMITTING APPLICATION

- (1) Please read all materials carefully before developing the application. Failure to follow the instructions and requirements described herein may result in the disqualification of the application.
- (2) Complete and sign the Application Face Page.
- (3) Eligible Applicants will be considered for funding on a "first-come, first-serve" basis, contingent upon available funds. Applications submitted electronically or by facsimile transmission will not be accepted and will not be eligible for funding consideration.
- (4) Submit the signed, original application to:

Mailing Address: Office of Rural Community Affairs  
P.O. Box 12877, Capitol Station  
Austin, Texas 78711-2877  
Attn: Rural Health Disaster Relief & Recovery Grant

OR

Street Address: Office of Rural Community Affairs  
1700 North Congress, Suite 220  
Austin, Texas 78701  
Attn: Rural Health Disaster & Recovery Grant

# 1. GENERAL INFORMATION

## 1A. Introduction

The Office of Rural Community Affairs (ORCA) announces the availability of the Rural Health Disaster Relief & Recovery Grant to assist rural hospitals and rural health clinics in response to the federal disaster declaration for Hurricane Ike. This document contains the program guide and grant application. Please read all materials carefully before preparing the application.

ORCA is the Federally designated Texas State Office of Rural Health by the U.S. Department of Health and Human Services, Health Resources & Services Administration's (HRSA) Office of Rural Health Policy (ORHP). This grant program is supported by the State Tobacco Settlement Endowment Fund.

## 1B. Eligible Applicants

Eligible applicants under this grant program include:

- (a) Rural hospitals located in a county that has a population of 150,000 people or less, and whose county is designated either as a Medically Underserved Area (MUA) or a Health Professional Shortage Area (HPSA);
- (b) Designated Texas Critical Access Hospitals (CAH);
- (c) Federally-designated Texas Rural Health Clinics (RHC); and

## 1C. Maximum Grant Award

Approximately \$300,000 is available for this grant program. The maximum grant award to eligible rural hospitals, as defined in section 1B (a) above, and Critical Access Hospitals, as defined in section 1B (b) above, will be determined by the needs of the Applicant, and by the decision of the Executive Director of ORCA based upon the demonstration of exceptional need.

The maximum grant award to eligible Rural Health Clinics will not exceed \$10,000 per Applicant, unless the Executive Director of ORCA determines that the application demonstrates exceptional need. The specific award amount to each eligible Applicant will depend upon the merit and need of the Applicant's scope of work.

Consideration for funding will be on a "first-come, first-serve" basis, contingent upon available funds, with priority to applicants in need of immediate relief from Hurricane Ike who are located in the following Councils of Government (COG): Houston-Galveston, Southeast Texas, Deep East Texas, Golden Crescent, Coastal Bend and Lower Rio Grande.

## 1D. Eligible Uses of Grant Funds

Grant funds may be used only for relief efforts in response to, or recovery from, Hurricane Ike.

For rural hospitals: Eligible uses of grant funds for rural hospitals and Critical Access Hospitals (CAH) include Emergency acquisition, construction, repair or improvement of facility or equipment for the purpose of providing relief to or recovery from a natural disaster event.

For Rural Health Clinics: Eligible uses of grant funds for Rural Health Clinics (RHC) include:

- Pharmaceuticals and medical supplies
- Infection control supplies
- First-Aid and life-saving equipment and supplies for use in first-response activities
- Emergency capital, electronic, or communication equipment damaged as a result of the hurricane.
- Emergency dietary supplies

**1E. Program Requirements**

Eligible Applicants must comply with all guidelines and requirements in this application guide and any contract, which may be awarded as a result thereof, including complying with the reporting requirements of ORCA. The Selected Applicant is responsible fully for the administrative and financial control and management of the grant award.

**1F. Compliance**

Applicants who are selected for an award through this grant program must provide evidence of expenditures supporting implementation of the grant award. ORCA will monitor the contract award and all expenditures not in compliance with the award will be required to be repaid.

Selected applicants understand that acceptance of funds under a contract awarded by ORCA acts as acceptance of the authority of the State Auditor's Office, or any successor agency, or ORCA, to conduct an audit in connection with these funds.

**1G. Duration of Grant**

This grant will remain open for 180 days from the date of issuance or until all funds are exhausted.

**1H. Program Contact**

The Office of Rural Community Affairs is the only entity authorized to clarify, modify, amend, or withdraw the requirements, terms, and conditions of this grant program and any contract awarded as a result thereof. Contact ORCA at 512-936-6701 or toll free at 800-544-2042 with any questions regarding this program.

## 2. APPLICATION REVIEW & SELECTION

### 2A. Screening and Selection Process

Applications will be screened for eligibility and completeness. Incomplete applications and those that do not meet the program requirements will not be reviewed for funding consideration. All applications will remain with the Office and will not be returned. Selected Applicant(s) will receive the Award Notification Letter and an Award Contract from ORCA. This announcement of selection is not legally binding until a Grant Award Contract is fully executed.

### 2B. Execution of Contract

ORCA shall determine the final funding amount and terms of the contract and reserves the right to adjust the funding allocation during the term of the contract, pursuant to its terms. Contingent upon available funds, Grantee(s) may be requested to submit a revised budget and project narrative to reflect available funding limits. Grantee will receive two copies of the Grant Award Contract, which must be signed in duplicate with original signature by the Grantee's authorized representative and returned to ORCA. Grantee will receive an original executed contract for its record.

## 3. ADMINISTRATIVE INFORMATION

### 3A. Costs Incurred Prior to Executed Contract

ORCA reserves the right to reject all applications and is not liable for any costs incurred by the Applicant in the development, submission, or review of the application; any costs incurred by the Applicant prior to the effective date of contract; or any costs incurred by the Applicant related to a change in the approved work performance prior to an executed contract amendment.

### 3B. Right to Amend or Withdraw Program

ORCA reserves the right to amend or modify any provisions of this program or to withdraw this program at any time prior to the execution of a contract if it deems any such action to be in the best interest of ORCA and the State of Texas. The decision of ORCA will be administratively final in this regard.

### 3C. Confidential Information

The Applicant is responsible for clearly designating any portion of the application that contains confidential information and for stating the reason(s) the information is designated as such. Marking the entire application as confidential is not acceptable and will not be honored. ORCA shall determine whether the information in the application marked as confidential is an exception to the Open Records Act, Chapter 552 of the Texas Government Code. If it constitutes an exception, the information shall be forwarded to the Texas Attorney General (AG) along with a request for a ruling on its confidentiality. The AG's procedure includes obtaining input from the Applicant. Applicants are advised to consult with their legal counsel regarding disclosure issues and to take appropriate precautions to safeguard trade secrets or any other confidential information. Following the award of any contract, applications submitted under this program are subject to release as public information, unless any application or specific parts of any such application can be shown to be exempt from the Open Records Act, Chapter 552 of the Texas Government Code.

### 3D. Conflict of Interest

Applicant is required to disclose any existing or potential conflicts of interest relative to the performance of the requirements of this program guide. Failure to disclose any such relationship may result in the Applicant's disqualification or termination of contract.

## PART 4. GRANT APPLICATION

### APPLICATION FACE PAGE

#### APPLICANT INFORMATION

Applicant's Legal Name:

Applicant's Full Mailing Address or Street Address (indicate which one):

County in which Applicant is Located:

Federal Tax ID # (9 digit) or State of Texas Comptroller Vendor ID # (14 digit):

Applicant's Fiscal Year End (Month & Day):

Month

Day

Type of Entity (check appropriate choice below):

Governmental Entity

Other Political Subdivision

Non-profit Organization

For-Profit Organization

Other

Brief Description of Project:

Amount Requested:

Is the Applicant delinquent on any Federal debt?  No  Yes (If "yes" attach explanation)

Printed Name of Authorized Representative

Title

Signature of Authorized Representative

Date

Telephone Number

Fax Number

Email Address

I affirm that the facts and statements contained in this application are true, accurate, and complete to the best of my knowledge and ability. I understand that the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award of the grant and contract. The Applicant's governing body has duly authorized this document and the person signing this document is authorized to represent the Applicant.

## PROJECT DESCRIPTION

**INSTRUCTIONS:** Fully respond to each of the three questions below. (Attach additional sheets as needed. Be sure to clearly identify any attached response with each question and attach the responses behind this page.) Your request for assistance should clearly describe what is needed and why; who is in need, how many are in need, and how they will benefit from your relief effort?

This grant program is not intended to support general capital or facility improvement or purchase of supplies. The Office of Rural Community Affairs (ORCA) reserves the sole discretion to determine the merits and need of each request for assistance in response to this Federal disaster declaration. The funding decision of ORCA is administratively final in this regard.

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**Applicant Name**

(1) Identify and describe the natural disaster event from which you need relief or from which you are providing relief.

(2) What is the extent of the damage or impact to your facility, the affected area(s), and the population who is in need of your relief effort? Provide an estimate of the number of people who will benefit from activities funded by this grant.

(3) What are your specific disaster relief needs? (Be as specific as possible in describing your request.)



## BUDGET FORM & JUSTIFICATION

**INSTRUCTIONS:** Follow the explanations provided to complete the budget form below. Be sure to identify all amounts requested and describe their intended use or purpose. If available, attach copies of bids, estimates, and description of items to be purchased. Attach additional responses as needed.

- I. Cost Categories: Personnel, fringe benefits, travel, and training are NOT ALLOWABLE costs under this grant. Only costs for equipment, supplies, and other related costs (such as related emergency and disaster management services) are eligible under this grant.
- II. Amount Requested: Identify specific name, type, and quantity of each type of equipment and supplies requested. Identify and explain all other related expenses, such as installation cost or professional service fees, under the "Other" category.
- III. Description of Use/Purpose: Briefly describe the intended use or purpose for each item requested (see section 1D for eligible uses of funds). Wherever appropriate, indicate the number of each type of equipment or supplies requested.

**Applicant Name**

| I. Cost Categories                              | II. Amount Requested                                     | III. Brief Description of Use/Purpose and Itemize All Costs and Quantities, where possible |
|---|--|--|
| A. Personnel                                    | Not an allowable cost                                    | -----  |
| B. Fringe Benefits                              | Not an allowable cost                                    | -----  |
| C. Equipment                                    | <input style="width: 100px; height: 20px;" type="text"/> | <div style="border: 1px solid black; height: 80px;"></div>                                 |
| D. Supplies<br><i>Allowable for RHC only</i>    | <input style="width: 100px; height: 20px;" type="text"/> | <div style="border: 1px solid black; height: 80px;"></div>                                 |
| E. Travel                                       | Not an allowable cost                                    | -----  |
| F. Training                                     | Not an allowable cost                                    | -----  |
| G. Other  | <input style="width: 100px; height: 20px;" type="text"/> | <div style="border: 1px solid black; height: 80px;"></div>                                 |
| <b>Total Amount Requested</b><br>(Sum of C+D+G) | <input style="width: 100px; height: 20px;" type="text"/> |  |