

collaboration. Formative networks are those that are not sufficiently evolved to apply for a 3-year planning implementation grant and do not yet have a formalized structure.

The program is designed to support organizations that wish to develop formal collaborative relationships among health care providers to integrate systems of care administratively, clinically, financially, and/or technologically. The goal of the Rural Health Network Development Program is to achieve efficiencies; expand access to, coordinate, and improve the quality of essential health care services; and strengthen the rural health care system as a whole. The Planning Grant Program supports this overall program goal by providing support to entities in the formative stages of planning and organizing a rural health network.

**Eligibility:** The applicant must be a public or nonprofit entity that represents a network that includes at least three or more health care providers. In addition, the grantee must meet at least one of three following requirements:

The applicant organization must be located in a rural area or in a rural ZIP code of an urban county (list included in application materials and on program Web site) and all grant-funded activities must support rural areas; OR the applicant organization exists exclusively to provide services to migrant and seasonal farm workers in rural areas and is supported under Section 330(g) of the Public Health Service Act; OR the applicant is a federally recognized Native American Tribal or quasi-Tribal entity that will deliver services on Reservation or Federally recognized Tribal lands (documentation status must be included.)

Existing networks that seek to expand services or expand their service area are not eligible to apply to this program.

**Review Criteria:** Final review criteria are included in the application kit.

**Funding Preferences:** The authorizing legislation for Network Development Planning Grants provides a funding preference for some applicants. Applicants receiving the preference will be placed in a more competitive position among the applications that can be funded. A funding preference will be given to any qualified applicant that can demonstrate either of the following two criteria:

A. Those applicants for which at least 50% of the proposed rural health network's service area is located in officially designated health professional shortage areas (HPSAs) OR medically underserved communities (MUCs) OR

serve medically underserved populations (MUPs).

To ascertain HPSA and MUP designation status, please refer to the following Web site: <http://bhpr.hrsa.gov/shortage/>.

To qualify as a Medically Underserved Community (MUC), at least 50% of the network's participation must include facilities that are federally designated as any of the following:

- (a) Community Health Centers
- (b) Migrant Health Centers
- (c) Health Care for the Homeless Grantees
- (d) Public Housing Primary Care Grantees
- (e) Rural Health Clinics
- (f) National Health Service Corps sites
- (g) Indian Health Service sites
- (h) Federally Qualified Health Centers
- (i) Primary Medical Care Health Professional Shortage Areas
- (j) Dental Health Professional Shortage Areas
- (k) Nurse Shortage Areas
- (l) State or Local Health Departments
- (m) Ambulatory practice sites designated by State Governors as serving medically underserved communities; OR

B. Those applicants whose projects focus on primary care, and wellness and prevention strategies.

**Special Considerations:** The Office will consider geographic location when deciding which approved applications to fund to ensure balanced distribution of grant funds to rural areas across the U.S.

**Estimated Amount of This**

**Competition:** \$1,000,000.

**Estimated Number of Awards:** 10–15.

**Estimated Project Period:** 1 year.

**HRSA-04-003 Rural Health Network Development Planning Grant Program (RHNPGR)**

**Application Availability Date:** June 16, 2003/June 11, 2004.

**Application Deadline:** September 10, 2003/September 8, 2004.

**Projected Award Date:** December 1, 2003/December 1, 2004.

**Program Contact Person:** Michele Pray-Gibson.

**Program Contact Phone:** 301-443-7320.

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**HRSA-04-067 Delta State Rural Development Network Grant Program (DELTA)**

**CFDA:** 93.912.

**Legislative Authority:** Public Law 104-299, enacted in 1996, authorizes the Rural Health Outreach, Network Development, and Telemedicine Grant

programs. The Consolidated Appropriations Act, 2001, Public Law 106-554, includes in the Rural Health Outreach appropriation line, the section on Miscellaneous Appropriations, Division B, Title V, subtitle F the Delta Regional Authority and in Division B Title I Sec. 153 defined the States and counties considered as part of the Mississippi River Delta region.

**Purpose:** The purpose of these grants is to provide support to the rural Mississippi Delta region to strengthen community-based organizations' abilities to target the under- and uninsured. Specifically, the grants are used to fund statewide organizations having the capability to support development of community-based networks. The primary responsibility of the statewide networks is to help local Delta rural counties in their respective States identify greatest local health needs, identify potential funding for these projects, and develop and implement fundable health intervention projects to address local needs.

**Eligibility:** Eligible applicants are limited to the eight designated Delta Region States: Alabama, Arkansas, Illinois, Kentucky, Louisiana, Mississippi, Missouri, Tennessee.

**Review Criteria:** Final review criteria are included in the application kit.

**Estimated Amount of This**

**Competition:** \$5,500,000.

**Estimated Number of Awards:** 8.

**Estimated Project Period:** 3 years.

**HRSA-04-067 Delta State Rural Development Network Grant Program (DELTA)**

**Application Availability Date:** February 1, 2004.

**Application Deadline:** May 1, 2004.

**Projected Award Date:** September 1, 2004.

**Program Contact Person:** Michele Pray-Gibson.

**Program Contact Phone:** 301-443-7320.

**Program Contact E-Mail:** [mpray@hrsa.gov](mailto:mpray@hrsa.gov).

**HRSA-04-068 Small Rural Hospital Improvement Program (SHIP)**

**CFDA:** 93.301.

**Legislative Authority:** Social Security Act, Section 1820(g)(3).

**Purpose:** The Small Rural Hospital Improvement Program (SHIP) provides grants to small rural hospitals to help them do any or all of the following: (1) Pay for costs related to the implementation of PPS, (2) comply with provisions of HIPAA, and (3) reduce medical errors and support quality improvement.