

Rural Provider Access and Affordability Stimulus Grant Program

B. 2023 Application Checklist & Parts I-III

Date issued: 03/08/2023



COLORADO
Department of Health Care
Policy & Financing

CHECKLIST

Please use the checklist below to ensure that all required application elements are included in your submission.

Section of the Application	Application Requirement	How to include in your application	Complete? (Yes or No)
B, Part I	Applicant information	Fill out this form and attach	
B, Part II	Project summary	Fill out this form and attach	
B, Part III	Affirmation & signature	Fill out this form and attach	
B, Part IV, Q1-Q8	Program design, scope of project, services and goals	Add answers as an attachment	
B, Part V, Q9-Q14	Budget narrative	Add answers as an attachment	
B, Part VI	Budget worksheet	Add as an attachment	

APPLICATION PARTS I - III

I. APPLICANT INFORMATION WORKSHEET

Legal Name of Applicant: _____

Legal Address of Applicant: _____

Business Name of Applicant (if different than Legal Name): _____

Mailing Address (if different than Legal Address): _____

Name of person authorized to execute contract: _____

Title: _____ Email address: _____

Telephone: (____) _____ Fax: (____) _____

Name of Applicant Contact Person: _____

Title: _____ Email address: _____

Telephone: (____) _____ Fax: (____) _____

Agency Federal Employer Identification Number (nine digits): _____

List the lead personnel that will oversee the proposed project (add lines as necessary).

Name	Title

II. PROJECT SUMMARY WORKSHEET

Project Title: _____

Applicant Name: _____

Project category (Select one category for your project):

Primary Focus of Project (select one):

Access	Affordability
New or replacement hospital beds	Shared analytics and care coordination platforms
Expand sites for specialty care (including chemotherapy, imaging, behavioral health care)	
Remote monitoring systems	Telehealth and e-consult enabling technologies
Extended hours including primary care and behavioral health	Other (please note the type of project):
Dual track ED management	
Telemedicine	
Long-term care and recovery care in skilled nursing facilities	
Other (please note the type of project):	

Total Funds Requested (not to exceed \$650,000 per project per hospital):

\$ _____

Provide a brief project summary, in 300 words or less, sharing a concise overview of the problem you are trying to solve and your solution including the following details:

1. The problem or need
2. The goals of the project page
3. How the goals will be accomplished
4. The target geographical area

Please provide the project start date and anticipated completion date as well as any additional information regarding timelines for anticipated project milestones. Note: all American Rescue Plan Act (ARPA) projects will commence no earlier than July 1, 2023, and funds must be spent by grantees by December 31, 2026.

Start date: _____ End date: _____

Has your organization applied for any other ARPA grant?

Yes or No

If yes please indicate what grant(s) you have applied for:

III. AFFIRMATION & SIGNATURE

To my knowledge, the content of this application for the Rural Provider Access and Affordability Stimulus Grant Program is complete, true, and accurate.

Applicant

Printed Name of Authorized Representative

Signature of Authorized Representative

Date: _____