

# Rural Provider Access and Affordability Stimulus Grant Program

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*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.

<b>Section of the Application</b>	<b>Application Requirement</b>	<b>How to include in your application</b>	<b>Complete? (Yes or No)</b>
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: \_\_\_\_\_