

**Rural Health Grant Application**



MultiPlan’s Rural Health Grant seeks to help hospitals, rural health clinics and federally qualified health centers serving rural areas develop programs that support the healthcare needs of their communities.

**MultiPlan Rural Health Grant**

**Program Information**

**Key Program Dates**

* Deadline for applications: May 31, 2019
* Grant recipients announced: July 2019

**Grant Amounts**

The total amount to be awarded will not exceed $30,000. The grant may be distributed to one applicant or among multiple applicants at the discretion of the grant committee upon review of each year’s applications.

**Eligibility Requirements**

* The following healthcare facility types are eligible: acute care hospitals, rural health clinics and federally qualified health clinics.
* The applicant must be located in a rural area as defined by the US Census Bureau.
* The applicant must be a participating provider in at least one of MultiPlan’s PPO networks.
* The grant award may be used to expand an existing program or establish a new program.
* The program must be access-oriented; it must enhance its community’s access to quality healthcare.
* The applicant must demonstrate how progress of the proposed program will be assessed and monitored.
* The applicant must show that, through the proposed program, a new population will be served or a new service will be offered to an existing population, for example, through health screenings.

**Submission Instructions**

Applications must be received by 5:00 p.m. ET on May 31, 2019. Applicants may submit only one program for consideration.

|  |  |  |
| --- | --- | --- |
| **E-mail**rural@multiplan.comPlease include “Rural Grant Application” in the Subject line. | **Fax**781-895-3455Attn: Rural Grant | **Mail**MultiPlan, IncAttention: Rural Grant16 Crosby DriveBedford, MA 01730 |

**Questions?**

For more information about MultiPlan’s Rural Health Grant, please email rural@multiplan.com.

**MultiPlan Rural Health Grant Application**

**Part I: General Information**

Facility Name:

Mailing Address:

City:       State:       Zip:

TIN:

Name of Chief Executive Officer:

Has this hospital received a previous Rural Grant from MultiPlan? [ ]  Yes [ ]  No

If yes, what year?

**Contact person regarding this grant —**

Name:

Title:       Department:

Telephone:       Fax:       E-mail:

**Public relations contact —**

Name:

Telephone:       E-mail:

**Part II: Program Information**

**Program Name:**

**Program Description –** Please include program budget, project scope, program sustainability and partners, if applicable. You may attach the program description to the application. Please include a copy of the hospital’s W-9 form with the application.