



## **Delta Region Community Health Systems Development: Technical Assistance Program Notice of Intent to Apply**

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The Delta Regional Authority (DRA) works to improve regional economic opportunity by supporting job creation, building communities, and improving the lives of the 10 million people who reside in the 252 counties and parishes of the eight-state Delta region. In collaboration with the Health Resources & Services Administration of the U.S. Department of Health and Human Services (HHS), DRA is soliciting applications to participate in the Delta Region Community Health Systems Development – Technical Assistance Program. Eligible applicants must be located in the eight-state [DRA Region](#) (Alabama, Arkansas, Illinois, Kentucky, Louisiana, Missouri, Mississippi, and Tennessee).

The purpose of this program is to enhance health care delivery in the Delta Region through technical assistance to eligible applicants, including critical access hospitals, small rural hospitals, rural health clinics, and other healthcare organizations. Technical assistance will be delivered by provider(s) selected through HRSA's Delta Region Community Health Systems Development Cooperative Agreement.

Notices of Intent to Apply for the Delta Region Community Health Systems Development – Technical Assistance Program are due no later than **5:00pm U.S. Central Standard Time on September 28, 2018**. E-mail your application to [bhenson@dra.gov](mailto:bhenson@dra.gov). Subject line: Notice of Intent to Apply for Technical Assistance. You must use this document to submit your Application for Technical Assistance for the Delta Region Community Health Systems Development – Technical Assistance Program.

**Eligibility:** Eligible applicants include critical access hospitals, small rural hospitals, rural health clinics, and other healthcare organizations located in the 252 counties and parishes of the DRA Region.

**Note:** The Delta Region Community Health Systems Development – Technical Assistance Program is **not** a federal funding opportunity.

For more information, visit [www.dra.gov/deltahealth](http://www.dra.gov/deltahealth) or contact Brian Henson at [bhenson@dra.gov](mailto:bhenson@dra.gov).

**Applicant is (please select one):**

- Critical Access Hospital
- Critical Access Hospital
- Small Rural Hospital
- Rural Health Clinic
- Other Healthcare Organization (please specify): \_\_\_\_\_

<b>Legal Name of Applicant Organization</b>		
Name:		
Address:		
City:	State:	Zip Code:
Name of Contact Person:		
Title:		
Phone:	E-mail:	

**Primary Focus Area(s) for Requested Technical Assistance:**

*Please select all that apply.*

- Improving hospital or clinic financial operations
- Implementing quality improvement activities to promote the development of an evidence-based culture leading to improved health outcomes
- Increasing use of telehealth to address gaps in clinical service delivery and improve access to care
- Enhancing coordination of care
- Strengthening the local health care system to improve population health
- Providing social services to address broader socio-economic challenges faced by patients (e.g., housing, child care, energy assistance, access to healthy food, elderly support services, job training, etc.)
- Ensuring access to and availability of emergency medical services (EMS)
- Identifying workforce recruitment and retention resources targeted to rural communities
- Other (please specify): \_\_\_\_\_

**Describe the geographic area(s), counties/parishes, cities, or other locations impacted by your healthcare organization.**

**Is the geographic area deemed a Health Professional Shortage Area (HPSA) by the U.S. Department of Health and Human Services?**

- Yes
- No

**Provide a brief narrative describing the focus area(s) selected and the technical assistance needed for you healthcare organization:**

**Will the applicant's governing body and/or principal sign a letter of commitment to work closely with HRSA's technical assistance provider(s) to achieve the objectives of the program?**

- Yes
- No (please explain): \_\_\_\_\_