

**Operational Improvement Award**

**2020-2021**

**Application Form**

**Award Description**The Operational Improvement Award is available to critical access hospitals in Illinois. The intent of this award is to provide funding to assist CAHs conduct a comprehensive environmental scan, capacity building assessment to identify opportunities to improve financial outcomes, evaluate cyber-security or information technology infrastructure.

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**Award Project Suggestions:**

* Conduct Environmental Scan
* Conduct Capacity building assessment to identify opportunities to improve financial outcomes
* Conduct cyber security scan
* Evaluate information technology infrastructure

**Project Period: September 1, 2020—June 30, 2021**

**Amount: $6,000 maximum for each recipient. There are approximately 15 awards available.**

**Application Deadline: December 7th, 2020**

**Contact:**

**Laura S. Fischer, Flex Grant Project Manager**

 **Illinois Critical Access Hospital Network**

 **Phone: (815) 875-2999**

**lfischer@icahn.org**

**Application Instructions**

All application fields/sections must be completed. Applications with blank fields/sections will be considered non-responsive and will not be considered for award. Applicants must be in compliance with all previous awards in order to be eligible. Only one application per hospital per category will be accepted.

Please send the completed application to lfischer@icahn.org no later than Monday, December 7th, 2020. The application can be accessed electronically at [Flex Grant Info](https://icahn.org/flex-grant/). Applications are to be submitted in as a Word document or PDF. **Handwritten applications are no longer accepted**. Fields may be expanded to suit the space requirements of the response; however, all fields must be included, i.e., do not delete any fields or fail to respond to information sought in each field.



**Operational Improvement Award**

**2020-2021**

**Application Form**

*Due back to the Illinois Critical Access Hospital Network by December 7, 2020*

|  |  |
| --- | --- |
| ***Hospital Name*** | ***Date*** |
| ***Address*** | ***Contact Person*** |
| ***Phone Number*** | ***Email Address*** |
| ***FEIN (Federal Employee Identification Number)*** | ***IDHR # (Illinois Department of Human Rights)*** |

*\*Blank fields may result in application being considered non-responsive.*

***Hospital Ownership (please mark one):***

**[ ] For Profit; [ ] Not for Profit; [ ] Government**

 **Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PROGRAM NARRATIVE**

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| --- |
| Please respond to each question. Question fields left blank will result in application being considered non-responsive. Each question area should be expanded so sufficient detail can be provided.  |

**1. What do you plan to use the funds for? Please check one (1) or more areas this award program/project will address:**

[ ]  Environmental Scan

[ ]  Capacity building assessment to identify Opportunities

[ ]  Cyber-Security or Information Technology Infrastructure

[ ]  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Describe the proposed program/project and the impact this project will have to strengthen existing services, improve operations, or add new services to the facility.**

**3. Describe your hospital’s current efforts in the identified program/project and how successful it has been.**

**4.** **Define the problem or issue you would like to address and how it relates to the overall goal of the award. What is not being accomplished and why is it not being accomplished?**

**5.** **Identify the desired outcomes you would like to achieve (example: affect certain number of individuals by the program).**

|  |  |
| --- | --- |
| **Short term outcomes (less than 6 months)** | **Long term outcomes (6 months or greater)** |
| **1.** | **1.** |
| **2.** | **2.** |
| **3.** | **3.** |

**How will these outcomes be achieved and how will they improve overall satisfaction?**

**6.** **Describe the planning process, education and implementation timetable for this program/project.** (Who is involved, and who is responsible for the project?)

**7. How will the program/project improve the overall hospital environment? Identify factors (external/environmental) that may impact your outcomes, including sustainability.**

**8.** **Describe the level of local commitment and the extent to which the project will contribute to your community.**

**9.** **Describe how you will measure/evaluate the value and effectiveness of the program/project for the hospital and community (example: participant listings).**

|  |  |
| --- | --- |
| **Measure 1** |  |
| **Measure 2** |  |
| **Measure 3** |  |
| **Measure 4** |  |

**What indicators will be used to evaluate the program/project and what milestones have you identified as being important?**

|  |
| --- |
| **2020-2021 Proposed Award Budget—$6,000** |
| **Category** | **Award Funds** | **Matching Funds** | **Total Funds** |
| Consultant’s Fees |  |  |  |
| Contracted Services  |   |   |   |
| Communications/Marketing |   |   |   |
| Education/Training |   |   |   |
| Equipment/Supplies |   |   |   |
| Hardware/Software |   |   |   |
| **Total** |  |  |  |

**Budget Narrative** Provide detail of the amounts listed in budget section above**.** You may include additional materials to further support this Award Application. If documentation is not provided to explain expenses listed in each category your application will not be eligible for an award. Include consultant qualifications and level of expertise for the project. Please only include allowable expenses as identified in the state cost principles as part of uniform guidance.

Consultant’s Fees

Contracted Services

Communications/Marketing

Education/Training

Equipment/Supplies

Hardware/Software

**Review Criteria–Application Hints**

This Award Application will be reviewed by outside award reviewers and assigned awarding scores based on the following criteria:

1. Was all hospital information completed (including Federal Employee Identification Number, Illinois Department of Human Rights Number, and Hospital Ownership)?

2. How well did the applicant explain the problem/issue and how they were planning on addressing it?

3. Is the program/project clearly described?

4. Is information provided which supports the idea that the program/project will meet the identified outcomes?

5. Is the method of evaluating the effectiveness of the program/project reasonable?

6. Does the applicant provide enough budgetary detail to assess the likely success of the program/project?

7. Is the budget reasonable for this type of program/project?

8. Is there an indication that this program/project will continue in the future?

9. Does the program/project make sense? Is it valuable to the community? Does it improve the hospital? Is there community involvement?