

WV Rural Health Association Rural Health / Health Equity Mini-Grants

Application Deadline: July 19, 2024

The West Virginia Rural Health Association is making funding available for 5 mini-grants not to exceed \$5,000 per award to address rural health or health equity issues in West Virginia. All proposals for funding will be reviewed for minimum submission requirements to be eligible for further evaluation. Proposals that fail to follow instructions or satisfy these minimum submission requirements will not be reviewed further. The initial review will ensure applications were received on or before the due date and time and were submitted complete.

Key Information

Date of Release:	June 18, 2024
Deadline:	July 19, 2024 at 11:59 pm Eastern
For Technical Assistance:	info@wvrha.org
Funding amount:	Up to \$5,000.00 per award (requests exceeding \$5,000.00 will not be scored)
Number of Awards:	5
Matching Funds:	Are not required
Requirement:	All projects must occur in WV
Restrictions:	Funds cannot be used to match other grant opportunities
Eligible Applicants:	Must be a 501c3 non-profit entity or academic institution (Preference will be given to members of the WVRHA)
Completion Date:	Projects must be completed by December 31, 2024
Application available:	https://wvrha.org
Awardees will be notified:	July 31, 2024

Application instructions: Please complete the application on the following pages and return to info@wvrha.org. Incomplete applications and applications received after the deadline stated above will not be reviewed.

APPLICATION

Applicant Name:

Address:

Project Lead Name:

Phone Number:

Email:

Applicant is a 501c3. Yes or No

Applicant is an academic institution. Yes or No

Applicant is a member of WVRHA. Yes or No

Amount of funding requested: \$

Funds are not being used to match another grant opportunity.

Project: (50 Points)

Provide a summary of the proposed project to include a description of the project goal or goals. (Indicate how this project will impact rural health or health equity.)

Activities: (25 Points)

Provide a detailed description of the activities proposed to meet the goal or goals. Provide a description of the location / setting for the project. (Projects must take place in West Virginia)

Performance Objective: (10 Points)

Develop at least one measurable performance objective. The measurable performance objective should correspond with the activities proposed and state the desired outcome of the intervention. Applicants should provide performance measures for all activities proposed.

Timeline: (5 Points)

Provide a project timeline. (Include a start date remembering all projects must be completed by December 31, 2024.)

Budget: (15 Points)

Provide a detailed description of how the funds will be used. Any unexpended funds must be returned at the end of the project period.

Personnel:

\$0.00

1. Employee Name, Title \$0.00 x 0% = **\$0.00**
Status of Employee (i.e. Full Time Employee or Part Time Employee) – Short Job Description as it pertains to the Grant.
2. Employee Name, Title \$0.00 x 0% = **\$0.00**
Status of Employee (i.e. Full Time Employee or Part Time Employee) – Short Job Description as it pertains to the Grant.

Fringe Benefits:**\$0.00**

1. Social Security/Medicare: 7.65% of \$0.00 = **\$0.00**
2. Retirement: ____% of \$0.00 = **\$0.00**
3. Workers' Compensation: ____% of \$0.00 = **\$0.00**
4. DOP Fees: (calculation) = **\$0.00**
5. Insurance: = **\$0.00**

Employee Name	% of Time on Grant	Total Insurance	Portion of Insurance
	TOTAL	\$0.00	\$0.00

Equipment:**\$0.00**

1. Equipment Name: \$0.00 x 0% = **\$0.00**
Description of equipment as it pertains to the Grant.
2. Equipment Name: \$0.00 x 0% = **\$0.00**
Description of equipment as it pertains to the Grant.

Supplies:**\$0.00**

1. Supplies Name: \$0.00 per Quarter or Month Rates = **\$0.00**
Description of supplies as it pertains to the Grant.
2. Supplies Name: \$0.00 per Quarter or Month Rates = **\$0.00**
Description of supplies as it pertains to the Grant.

Contractual Costs:**\$0.00**

1. Contractual Costs Name: \$0.00 x per month/quarter/year = **\$0.00**
Description of services as it pertains to the Grant.
2. Contractual Costs Name: \$0.00 x per month/quarter/year = **\$0.00**
Description of services as it pertains to the Grant.

Travel:**\$0.00**

Note: Anything travel related should be broken down and should follow GSA per diem rates and IRS mileage

1. Travel: **\$0.00**

Reason for Travel: location

- Mileage: # of miles one way x 2 x ____ rate per mile = \$0.00

- Hotel: \$0.00 per night x # of nights x # of participants = \$0.00
- Registration: \$0.00 per participant x # of participants = \$0.00
- Meals: \$0.00 per participant x # of days x # of participants = \$0.00
- Tolls: \$0.00 per day x # of days x # of participants = \$0.00
- Per Diem: \$0.00 per day x # of days x # of participants = \$0.00

Other: Anything that does not fit in another category can be listed here.

1. Name of Item: \$0.00 x how many = **\$0.00**
Description of item as it pertains to the Grant.

2. Name of Item: \$0.00 x how many = **\$0.00**
Description of item as it pertains to the Grant.

Total Grant Request: \$0.00

SUMMARY OF CRITERIA AND SCORING	
CATEGORY	VALUE
Member of WVRHA	5 points
Project Description	40 points
Activities	25 points
Performance Objective	10 points
Timeline	5 points
Budget	15 points
TOTAL	100 points