

CENTER FOR RURAL AND PRIMARY HEALTHCARE

from Evidence to Impact

Rural Innovations Program Request for Applications

RFA Release Date:	February 5, 2024
LOI Due Date:	March 1, 2024
Full Application Due Date (if invited):	May 1, 2024
Earliest Anticipated Project Start Date:	July 1, 2024

Objective

The Rural Innovations Cooperative Agreement Program seeks highly innovative proposals that undertake ambitious initiatives and strategic risks identifying solutions to enhance health in rural South Carolina. We want to invest in a diverse group of forward-thinking proposals, with novel approaches, that can be adopted by other rural communities, expanded into a larger context, or inform public policy. This funding opportunity encourages proposals that take risks as well as demonstrate a viable path to scalability and sustainability.

Guiding Questions: What do we mean by innovative?

These guiding questions can help you to assess if your proposal is innovative and what should be expressed in your application.

- How is this different from what other programs have done/offered?
- How does this improve upon existing approaches to address the identified problem?
- Will this generate new knowledge that can be shared and inform new models, best practices, policy, etc.?
- Can this project be scaled and expanded into a larger context?

We seek innovations which are designed to:

- Improve access to or the delivery of healthcare services
- Collaborate with community organizations and stakeholders to address structural causes of health inequities
- Integrate healthcare and community-based programs to improve health, access, delivery, and/or outcomes
- Modernize an outdated process or approach to addressing health and/or health delivery
- Generate innovative research and integrate data systems to advance knowledge and inform best practices for improving rural health.
- Prepare the healthcare workforce for needs of the future, via new training methods, locations, or even workforce types.
- Utilize qualitative, quantitative, or mix-methods research. *Work related to a thesis or dissertation project is permissible. Students are eligible to apply but must have a faculty advisor/mentor.*

Demonstrating Impact through Evidence

Any of these categories of evidence of impact of the proposed program are valid for this funding opportunity. You will be expected to identify which Level of Evidence category your proposed project falls into. For additional information on Levels of Evidence see [RHI Hub](#).

Category of Evidence	Description
Evidence-Based	Approach is well documented with positive results in multiple locations and settings.
Effective	Approach has been reported to have positive results in a peer-reviewed publication but not widely tested.
Promising	Approach has been formally evaluated and shows positive results, at least within a limited scope.
Emerging Any projects not labeled as evidence-based, effective, or promising are considered part of this category.	Approach only has anecdotal evidence where outcomes can be positive, negative, or mixed.

Source: [Criteria and Evidence-Base for Programs Listed in the Rural Health Models and Innovations - Rural Health Information Hub](#)

Application Process

The Rural Innovations Application is a two-step process. The first step is a Letter of Intent (LOI) to ensure eligibility and that objectives and activities would align with this specific call for proposals as well as the CRPH's mission and guidelines. Selected applicants will be advanced to step two and invited to submit a full proposal. *Currently funded programs should not apply and reach out to their designated program contact about the renewal process.*

Award Categories

Category I: Planning - These projects would be smaller in scope and would support planning efforts to begin the process of implementing an innovation. Projects under Category I would be limited to 12 months and up to \$50,000 in total cost (Direct Costs only).

Category II: Intermediate - These projects have matured past the planning stage but are not quite ready for full implementation. These could include pilot programs. Projects under Category II would be limited to 12 months and up to \$100,000 in total cost (Direct Costs only). Based on project performance, these projects can be fast-tracked into an implementation award in the subsequent year.

Category III: Implementation - These projects are full-scale implementation of the innovation. Projects under Category III would be limited to 24 months and up to \$200,000 in total cost (Direct Costs only).

Project Focus Areas

All funded projects should fall within at least one of the Center's Focus Areas:

- **Healthcare Delivery:** projects that provide direct healthcare services to patients.

- Connecting Communities: projects that connect people to health-related and healthcare services in the communities where they live.
- Strategic Workforce and Training: projects that provide educational and professional development opportunities to students or professionals.
- Research: projects that test a hypothesis in order to identify or revise facts and theories.

Eligibility Criteria

- Any institution of higher education in South Carolina
- South Carolina Rural Health Networks
- SC Access Health programs
- Public or not-for-profit (501(c)3) organizations with an emphasis on health, rural health, or community services
- State government agencies
- Municipal / county / town / other government entities and organizations
- Healthcare organizations
- Rural Health Clinics

If you are uncertain if you are eligible, please contact us at RuralInnovations@uscmed.sc.edu so we can assist you in determining your eligibility.

Important Dates

February 5, 2024

Letter of Intent (LOI) available via [link](#) or [CRPH website](#)

March 1, 2024

LOI due

Late March 2024

Applicants will be notified. Selected applicants will receive initial recommendations and be invited to submit full proposal.

May 1, 2024

Finalists submit full proposal.

Late May 2024

Finalists are notified.

July 1, 2024

Projects begin.

Letter of Intent Requirements

Your letter of intent (LOI) should be no more than two-pages, single-spaced, and the narrative should address the following:

- **Project description and statement of need.** State the project's overall goals and describe which Focus Area (Healthcare Delivery, Connecting Communities, Strategic Workforce and Training, or Research) best fits your project. Outline the purpose and need for the proposed project. Explain what issue(s) you are addressing. Specify the intended population that this project will serve and who benefits, ensuring that the project is focused on serving a rural population or area.
- **Project Activity.** Briefly outline the project's activities and/or methodology for addressing the stated needs. Highlight how your approach is innovative.
- **Project Outcomes.** Briefly describe the anticipated outcomes from this project. Indicate how evaluation is a part of the project. For research projects, describe your general data analysis plan.
- **Project Team and Partners.** Who will be involved? Provide a short background of the applicant organization. Describe how you will collaborate with others and what their roles will be. Partnerships in development will be considered.
- **Budget.** Provide a general description of the funding needs and total amount of request. The total amount requested can be an approximation.

Important Notes

- Your LOI should be typed in 12-point Calibri or Times New Roman font and black type
- The entire letter, including applicant information, should be no more than two pages with single-spacing and one-inch margins
- The letter should be submitted as a PDF

What we fund

Previously awarded projects are [listed here](#). We fund direct costs only to include:

- Staff salary and fringe
- Supplies and equipment vital to the project (equipment must be specifically requested and justified)
- Project-related travel
- Advertising and outreach related to grant-supported services

We do not fund

- Projects centered on one-touch events (health fairs, conferences, etc.)
- Programs or activities that target non-rural populations
- Capital funds or funds for facilities
- Indirect costs
- Medical care costs or other personal needs/costs (i.e., food, transportation, and rental assistance)
- Formation or staffing of committees or task forces
- Clinical trials