



# Rural Health Grant Application

## Part 1: General Information

Facility Name:

Mailing Address:

City:  State:  Zip Code:

TIN:  Name of Chief Executive Officer:

Has the hospital/facility received a previous MultiPlan Rural Health Grant? Yes  No

If yes, in what year?

### Contact person regarding this grant

Name:  Title:

Department:

Phone:  Fax:

Email:

### Public relations contact

Name:

Phone:

Email:

## Part 2: Program Information

Program Name:

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

Application Date:



# 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.

## Key Program Dates

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- \* Deadline for applications: August 27, 2021
- \* Grant recipients announced: September 2021

## Grant Amounts

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The total amount to be awarded will not exceed \$40,000. 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

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- 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

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Applications must be received by August 27, 2021.  
Applicants may submit only one program for consideration.

E-mail: [rural@multiplan.com](mailto:rural@multiplan.com)  
*Please include "Rural Grant Application"  
in the Subject line.*

Fax: **630-799-3039**  
*Attn: Rural Grant*

Mail:  
**MultiPlan, Inc**  
**Attention: Rural Grant**  
**16 Crosby Drive**  
**Bedford, MA 01730**

### Questions?

For more information about MultiPlan's Rural Health Grant, please email [rural@multiplan.com](mailto:rural@multiplan.com).