



Ohio Rural Health Capacity Building Grant Application

A partnership between the Ohio Rural Health Association and Anthem

Ohio Rural Health Capacity Building Grant

Open to Rural Health Clinics and Critical Access Hospitals

Rural Health Clinics and Critical Access Hospitals are important to Ohio because they serve as front-door access points for care in communities where healthcare options are limited. In many rural counties, they help sustain the local healthcare safety net by keeping primary care, preventive services, chronic disease management, and care coordination closer to where people live. Investment in these clinics helps preserve local access, reduce preventable health complications, support vulnerable populations, and strengthen the long-term sustainability of rural healthcare delivery across Ohio.

Purpose of Grant: Strengthen Ohio rural health safety-net capacity

Rural Ohio communities often face a mix of access, workforce, infrastructure, and social-needs challenges that make it harder for residents to get timely, coordinated care. This grant is intended to support community-based innovation and collaborations that address the healthcare needs of rural residents, build organizational and value-driven capacity, and advance equitable access to care.

This grant is not just a funding opportunity—it is a way to stabilize and modernize rural care delivery in Ohio. It can help clinics expand access, reduce avoidable gaps in care, improve outcomes for vulnerable populations, and build lasting partnerships that continue beyond the grant period.

Eligibility

- Applicant must be a current Medicaid-certified Rural Health Clinic located in Ohio or a Critical Access Hospital.
- Applicant must be member of the Ohio Rural Health Association (Verified)
- Applicant must be able to complete the funded project and expend grant funds within one year of the award issue date.
- Applicant must provide required quarterly reporting and documentation described in this application.

Grant Amount

Award Range: Awards may range from \$10,000 to \$50,000 per recipient. Final award amounts will be determined based on available funding, the number and quality of applications received, and the review process. Applicants may be awarded an amount less than the total funding requested in their application.

Allowable Uses of Funds	Non-Allowable Uses of Funds
• Acquisition of capital assets for clinic operations or patient care delivery. • Facility improvement, renovation, repairs, remodeling, construction, or maintenance. Projects addressing life safety code issues may receive funding preference. • Workforce development and capacity building, including recruitment costs, provider loan repayment, staff training, professional development, or instructional programming. • Initiatives that support social determinants of health, maternal health, and advance health equity.	• Delivery of direct patient care or patient expenses. • Staff or provider salaries, benefits, bonuses, or gifts. • Outstanding organizational debt or payment recoupments. • Real estate purchases or office rent payments. • Loan repayments

Reporting Requirements

- Quarterly status reports describing completed activities, planned activities, challenges, and related outcomes.
- Final project report describing completed activities, successes, outcomes, and impact from the funded project.
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Schedule of Events / Critical Dates

Program announcement	10/1/26
Application deadline	10/23/26
Estimated award date and project start date	11/19/26
Quarterly project reports	Every Quarter
End date of project	End of 12 months
Final report due	No later than 1 month following project end date

Application Deadline and Submission

Completed applications must be received by ORHA at executivedirector@ohioruralhealth.org no later than 11:59 p.m., Friday, October 23rd.

Questions: Direct questions about this grant program to Rosanna Scott, Executive Director at executivedirector@ohioruralhealth.org.

Ohio Rural Health Capacity Development Grant Application

I. Applicant Information

Name of Clinic/CAH	
Physical Address	
Mailing Address	
City / State / ZIP	
Organization EIN	
Clinic CCN #	
Clinic Type	☐ Provider-based (PB) ☐ Independent (IND)
Clinic Administrator / Director	
Phone / Email	
Hospital CEO	
Phone / Email	

II. Funding Request Information

Name of Project / Purpose of Request	
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1. Project Purpose and Need

Describe the purpose of the project or request for funding. Include the activities to be completed, proposed purchases, and the community or patient needs this project addresses. If the project involves capital equipment, attach vendor quotes or estimates when available. Suggested limit: 2 pages.

2. Expected Impact and Outcomes

Describe how the funding, if awarded, will impact your clinic/CAH, rural Ohio communities, and/or the populations served. List specific outcomes, expected improvements, and how results will be measured. Suggested limit: 1 page.

3. Sustainability and Collaboration

Describe how the project will build sustainable clinic capacity beyond the grant period. Identify any community partners, provider organizations, referral networks, or local collaborators involved in the project. Suggested limit: 1 page

III. Project Budget and Narrative

Complete a budget form and provide a clear description of the purpose and use for each item or activity for which funding is requested. You may attach a itemized budget report to this application.

Category	\$ Requested	Description of Purpose / Use
Capital equipment / asset	\$	
Workforce development / training	\$	
SDOH / health equity initiative	\$	
Total funding request	\$	
Total project budget	\$	

IV. Certifications and Authorized Official Signature

By signing below, Applicant: (1) certifies all information provided in this application is true and correct to the best of Applicant's knowledge and acknowledges any misrepresentation or false statement made by Applicant, or an authorized agent of Applicant, in connection with this application, whether intentional or not, will constitute grounds for denial of this application; (2) certifies that Applicant is not in bankruptcy or delinquent on any State or Federal debt; and (3) acknowledges that receipt of grant funds is conditioned upon agreement to the requirements and expectations established herein.

Name of Authorized Official Representative	
Title	
Signature	
Date	