Office of Rural Health Policy: Rural Health
Community-Based Grant Programs
Performance Improvement and Measurement System (PIMS) Database

Rural Health Network Development Planning Grant Program

Table 1: ACCESS TO CARE
Table Instructions: Access to Care
Information collected in this table provides an aggregate count of the number of counties within the service area.

Number of counties served
  • Denotes the number of counties served through the program. Please include entire, as well as partial counties served through the grant program. If your project is serving only a fraction of a county, please count that as one (1) county.

	Number of Counties: (If you serve a sub-county area please count this as 1)	**Number/DK**
1		
	Number of counties served in program	

Table 2: NETWORK
Table Instructions: Network
Please identify the types of formal member organizations in the consortium or network by non-profit and for-profit status for your program. Please indicate a number for each category. Please provide the total number of member organizations in the consortium or network. Then, out of the total number of organizations in consortium/network, please provide the total number of *new* member organizations acquired within the budget year. Please refer to the detailed definitions for consortium/networks, as defined in the program guidance. Please select the focus area(s) of the consortium/network for the budget yea

2	**Type(s) of Member Organizations in the Consortium / Network**	**Number**
Non-Profit Organization:	Area Health Education Center (AHEC)	
	Community College	
	Community Health Center	
	Critical Access Hospital	

	Faith-based organization	
	Free Clinic	
	Health Department	
	Hospital	
	Migrant Health Center	
	Private Practice	
	Rural Health Clinic	
	School District	
	Social Services Organization	
	University	
	Other – Specify Type:	
	TOTAL for Non-Profit Organization	Number (automatically calculated by the system)
For-Profit Organization:	Community College	
	Community Health Center	
	Critical Access Hospital	
	Faith-based organization	
	Organization Free Clinic	
	Health Department	
	Hospital	
	Migrant Health Center	
	Private Practice	
	Rural Health Clinic	
	School District	
	Social Services	
	University	
	Other – Specify Type:	
	TOTAL for For-Profit Organization	Number (automatically calculated by the system)
3	**Total Number of Member Organizations in the Consortium/Network:**	**Number**
4	**Total Number of New Member Organizations in the Consortium/Network:** **If applicable, check the area of focus your network was established to eventually impact.**	**Number**

5	**Focus Area(s) of the Consortium/Network** (Check all that apply)	**Number**
	Cardiovascular Disease	**Selection list**
	Case Management	
	Diabetes/Obesity Management	
	Elderly Geriatric Care	
	Emergency Medical Services (EMS)	
	Health Education	
	Health Literacy/Translation Services	
	Health Promotion/Disease Prevention	
	Maternal and Child Health/Women's Health School Board	
	Mental/Behavioral Health	
	Network Development Activities	
	Nutrition	
	Oral Health	
	Pharmacy	
	Primary Care	
	Substance Abuse Treatment	
	Telehealth/Telemedicine	
	Transportation	
	Workforce	
	Other – Specify Type:	

Table 6: SUSTAINABILITY

Table Instructions: Sustainability:
Please provide the funding/revenue amount, and identify the sources of revenue and sustainability activities. If your grant program has not received any additional funding/revenue, please type zero. Please indicate if the network/consortium will sustain, if the activities of the network consortium will sustain, and if the original need (to create the network/provide services) for the Network/Consortium has been met.

6	**Funding/Revenue:**	**Dollar Amount**
	Annual Network revenue	
	Additional funding secured to assist in sustaining the project	
	Estimated amount of cost-savings due to participation in the network	
7	**Sources of Revenue:**	**Selection list**

	(Check all that apply)	
	Network/Consortium revenue	
	In-Kind Contributions	
	Member Fees	
	Fundraising	
	Contractual Services	
	Other – Specify Type:	
	Has a sustainability plan been developed using sources of funding besides grants?	**Y/N**
8	**Sustainability Activities:** (Check all that apply)	**Selection list**
	Local, State and Federal Policy Changes	
	Media Campaigns	
	Consolidation of activities, services and purchases	
	Communication Plan Development	
	Economic Impact Analysis	
	Return on Investment Analysis	
	Marketing Plan Development	
	Community Engagement Activities	
	Business Plan Development	
	Incorporation	
	Organization Bylaws	
	SWOT Analysis	
	Other – Specify Activity:	
9	**Will the Network/Consortium sustain?**	**Y/N**
10	**Will any of the activities of the Network/Consortium sustain?**	**Y/N**
11	**Has the objectives of the Network/Consortium been met?**	**Y/N**