

Attachment D: Sample Applications

Sample Application #1: High Plains Community Health Center

Please note that these are sample organizations created for the purposes of this example application. Any similarities to real organizations are unintentional and coincidental.

Organization Name:

High Plains Community Health Center

What type of entity are you?

Healthcare Provider

What is your tax status?

Non-profit organization - c3

UEI Number

ABC555EFG555

Do you have a supplier ID with the state?

No

Are you able to do a reimbursable award?

Yes

What is your mission?

Our mission is to provide accessible, affordable, and high-quality primary care to all residents of Logan and Kingfisher counties regardless of income, insurance status, or geographic barriers. We are committed to reducing health disparities and improving health outcomes in our rural community through integrated medical, behavioral health, and preventive services.

Total number of employees

16

Total number of volunteers

20

Name and Contact Information for this award

Jane Doe
jdoe@hpchc.org
555-555-5555

Do you have a Communications POC?

No

Do you have a Legal POC?

Yes

If yes, Legal POC Name and Contact Information:

John Doe
johndoe@hpchc.org
555-555-5556

Are you applying for more than one county?

Yes

Which counties are you applying for?

Logan, Kingfisher

Are your counties next to each other?

Yes

If no, please explain county selection.

NA

Physical address for each county location.

High Plains Community Health Center
555 N Main Street
Guthrie, OK 73044

This is the Logan county physical address which also serves Kingfisher county.

Mailing address (if different than physical address):

NA

What services do you provide?

High Plains Community Health Center provides:

- Family medicine and adult primary care
- Pediatric care
- Preventive screenings and immunizations
- Chronic disease management (diabetes, hypertension, COPD)
- Behavioral health counseling
- Care coordination and patient navigation

Are you located in an eligible community? (*Reference eligible community list- Attachment A. If you have more than 1 location not within the eligible communities, please mark No.*)

Yes.

How do your services vary by county? Alternatively confirm your services are the same across application counties.

NA, Our services are provided uniformly across counties referenced in our application.

Please describe your experience in the community.

In our thirty-five years serving the community, we have built strong ties to generations of families in our community. We have seen health needs become more complex and requiring specialty care. We have also witnessed our patients struggle to access promising new specialized medical interventions due to lack of access to specialists. These access challenges are particularly acute for our rural community because of combination of transportation challenges and broader workforce shortage issues.

Explain the gap you are proposing to fill.

This proposal addresses a structural gap: the absence of durable telehealth infrastructure in a geographically dispersed rural county. Logan and Kingfisher counties face significant geographic and workforce-related barriers to care:

- The county is designated as a Health Professional Shortage Area (HPSA) for primary care and behavioral health.
- Residents travel an average of 38 miles to access specialty care.
- According to County Health Rankings, 19% of adults report delaying specialty care due to transportation challenges.

What is the target population?

The target population are our patients who struggle with access to necessary specialty care due to workforce shortages and long travel distances to specialists, as well as patients who lack in-home broadband or familiarity with video conference technology. In particular, this investment will support patients requiring specialty care that can be more easily delivered in a telehealth capacity with in person clinical support, including neurology, dermatology, endocrinology, cardiology, and rheumatology.

What community consultation did you do?

High Plains Community Health Center conducted:

- A provider roundtable meeting
- A patient survey (312 respondents)

Survey findings included:

- 61% identified transportation as a barrier at least occasionally
- 48% reported difficulty taking time off work for appointments
- 52% reported difficulty accessing specialty care.

The County Public Health Department and local hospital have expressed support for expanded telehealth capacity, particularly for connecting community members to specialty care.

What are you purchasing or investing in?

We propose to purchase two telehealth carts in order to enable our providers to connect our clinic to telehealth services for specialty appointments which are currently not available in the community. We will also need minor consult room modifications & software to enable the adoption of the tele cart purchases into clinical workflow.

How will the funds be spent down by 10.30.26?

Telehealth carts can be ordered immediately upon receipt of the funds. In addition to cost, we have researched the time to delivery as a factor in our purchase, and have determined that we will receive the carts within 3 weeks of placing the order. Network redundancy equipment and installation has been similarly confirmed to be able to be delivered and installed within 4 weeks of ordering. Room modification equipment can be simultaneously purchased from a large vendor and installed by a local professional within six weeks. Following these purchases, HIPAA integration software will be installed during weeks 8-10 following award notice. Staff training will follow during weeks 10-14.

How will this benefit and improve community health. Please provide a brief description of short-, medium- and long-term improvements as a result of this one-time investment

The telehealth infrastructure will strengthen regional care coordination. With dedicated telehealth rooms and stable connectivity, the clinic can host specialty consults without requiring patients to leave the county.

By improving patient access to specialty care, this investment will improve community health in the:

1) short term: by increasing early intervention, diagnosis, and treatment of conditions requiring specialist care, as well as improved care coordination for patients between specialty care and our primary care providers.

2) medium term: by increasing care access and coordination over time, we anticipate more consistent care which can improve outcomes for specific conditions.

3) long term: improvements in health outcomes and quality of life compounded from the accumulated impacts of consistent connection and coordination with specialty care.

Estimate the number of people served.

74% of patient survey respondents indicated an interest in using health center-based telehealth for specialty appointments. Our overall patient population is 3,500, suggesting 2,590 patients would be interested in this service. In a given year, 25 percent of our patients (or 648) are referred for specialty care. We estimate that in year 1, 10% of those referrals (or 65) can be conducted via telehealth. We estimate that this will increase to 25% by year 2.

How will you track your impacts?

High Plains Community Health Center will track the following quarterly metrics:

1. Number and percentage of specialty visits conducted via telehealth
2. Patient satisfaction scores related to telehealth services

Quarterly internal reports will assess utilization trends and workflow improvements.

Explain your project sustainability plan.

These investments build long-term capacity rather than temporary programming. The costs included in this application are for the initial infrastructure costs of setting up telehealth capabilities.

Ongoing costs include software subscription fees and device replacement over time. Equipment lifespan is projected at 5–7 years. These expenses will be incorporated into the clinic’s annual operating budget and supported through visit reimbursement revenue, including Medicare originating site fees, clinical facilitation and care coordination reimbursement as appropriate and applicable.

Sample Application #2: North Deer Creek Community Center

Please note that these are sample organizations created for the purposes of this example application. Any similarities to real organizations are unintentional and coincidental.

Organization Name:

North Deer Creek Community Center

What type of entity are you?

501(c)3

What is your tax status?

Non-profit organization c3

UEI Number

XYZ789ABC321

Do you have a supplier ID with the state?

No

Are you able to do a reimbursable award?

Yes

What is your mission?

Our mission is to serve as a welcoming hub where residents of all ages and backgrounds can connect, access resources, build skills, and celebrate community life.

Total number of employees

7 full time, 18 seasonal or part time

Total number of volunteers

We run a community volunteer coordination program that engages 100+ residents annually

Name and Contact Information for this award

John Doe
jdoe@ndccc.org
555-556-6666

Do you have a Communications POC?

Yes

If yes, Communications POC Name and Contact Information:

Jane Doe
janedoe@ndccc.org
555-556-6667

Do you have a Legal POC?

No

Are you applying for more than one county?

No

Which counties are you applying for?

Muskogee

Are your counties next to each other?

NA

If no, please explain your county selection.

NA

Physical address for each county location.

North Deer Creek Community Center
625 Main St.
Muskogee, OK 74401

Mailing address (if different than physical address):

NA

What services do you provide?

We provide a range of services and programming across the following areas:

- Health and Wellness: screenings, fitness classes, and nutrition programs
- Youth and Family: After school programs and child care, summer camps, and parenting classes
- Economic Opportunity: Job training, GED prep, computer/internet access
- Civic and Community Life: gathering space, cultural events, and volunteer coordination

Are you located in an eligible community? (Reference eligible community list- Attachment A. If you have more than 1 location not within the eligible communities, please mark No.)

Yes

How do your services vary by county?

NA

Please describe your experience in the community.

Established in 2003, we have a 20+ year history of bringing the Muskogee community together. Over time, we have grown from a simple gathering space to a multi-program organization led by and serving community members. We build and adapt to changing community needs. For example, we served as a volunteer and relief coordination center following a severe tornado in 2011 and again in 2018. In 2023, in response to a community needs assessment, we built out both our childcare offerings as well as our substance use recovery meetings and peer supports. We have trusted community relationships because we are in and of the community.

Explain the gap you are proposing to fill.

In 2024, the County Public Health Department conducted a community health needs assessment that identified food access and nutrition education as top concerns. Residents reported high grocery costs, limited fresh produce options, and a desire for locally grown food sources.

The community center currently distributes approximately 200 emergency food pantry referrals annually. Staff have observed increasing demand for information about gardening, food preservation, and home cooking.

What is the target population?

The target population are the residents of Muskogee County, particularly those who navigate food insecurity and/or struggle to access healthy produce.

What community consultation did you do?

We conducted the following community engagement activities:

- A public listening session attended by 38 residents
- A survey distributed via email and in person (152 responses)
- Consultation with the County Extension Office
- Meetings with the County Health Department and local school district

Survey results showed:

- 87% of respondents support the development of a community garden
- 34% indicated they would either use a garden plot or attend workshops
- 42% identified food cost as a significant concern
- 29% reported interest in learning about growing produce at home

What are you purchasing or investing in?

We propose to design and construct a permanent community garden and outdoor learning space on our grounds. This is a one-time investment that will create lasting infrastructure for food access, nutrition education, and community engagement.

The proposed investment includes:

- Construction of twelve ADA-accessible raised garden beds (steel-framed and composite lumber for durability)
- Installation of a drip irrigation system connected to the center's water line
- Soil preparation and compost delivery
- Fencing to protect crops from wildlife
- A small tool storage shed
- Garden tools and starter equipment
- A shaded seating pergola to support outdoor workshops and educational programming
- Installation of an accessible pathway from the center entrance to the garden site

How will the funds be spent down by 10.30.26?

All supplies can be easily purchased from a farm and garden supply store. There are both local and large chain stores from which we can place these orders upon award.

Installation requiring technical expertise will be done by local contractors, and other installation will be done by volunteers and overseen by Center staff.

How will this benefit and improve community health. Please provide a brief description of short-, medium- and long-term improvements as a result of this one-time investment.

The garden will be designed to serve multiple functions:

1. Individual and family garden plots available at no cost to low-income residents
2. Demonstration beds for nutrition and gardening education
3. Youth programming space for summer reading and STEM learning
4. A community gathering space that extends the library's civic role outdoors

The proposed garden directly addresses:

- Limited access to fresh produce
- Barriers to nutrition education
- Lack of outdoor community gathering space
- Social isolation among seniors and young families

By addressing these underlying causes of negative health outcomes, we anticipate gradual improvements in nutrition literacy, food access, and long term physical and mental health outcomes.

Estimate the number of people served.

The community center sees approximately 5,000 discrete community visitors participate in our programming on an annual basis. We estimate that approximately 75 community members will choose to engage with our community garden development and programming in the first year.

We will also incorporate learning about and tending the community garden into our summer camp programming, which reaches approximately 300 school-age children and by extension, their families.

How will you track your impacts?

We propose to track the following metrics each growing season:

1. Number of active garden plots assigned and percentage utilized
2. Estimated pounds of produce harvested (based on standardized reporting forms)
3. Participant self-reported improvements in food access or nutrition knowledge (survey-based)

Baseline data will be collected during the first growing season. We will incorporate this data as well as anecdotal data into our annual impact report going forward.

Explain your project sustainability plan.

The garden will serve as a durable piece of public infrastructure that remains operational for at least 10–15 years with minimal ongoing costs. Raised beds and irrigation are selected specifically for longevity and low maintenance.

Seeds will be harvested as appropriate to support the following growing season. In addition, produce sold for low cost at the community center's farmer's market will fund annual costs (additional seeds, soil amendment) as well as ongoing maintenance that cannot be performed by volunteers.