



TEXAS DEPARTMENT OF AGRICULTURE COMMISSIONER SID MILLER

2025 RURAL HEALTH FACILITY CAPITAL IMPROVEMENT PROGRAM

Request for Grant Applications

Executive Summary

The Texas Department of Agriculture (TDA) is accepting grant applications for the fiscal year (FY) 2025 Rural Health Facility Capital Improvement Program (CIP). The purpose of this program is to provide funding for rural public and non-profit hospitals to make capital improvements to existing facilities, construct new health facilities, or to purchase capital equipment.

Dates

Applications must be received before **Wednesday, April 23, 2025**, by 11:59 pm Central Time.

Agency Division

Trade and Economic Development – Grants Office, Grants@TexasAgriculture.gov

Catalog of Domestic Federal Assistance (CFDA) Number

N/A

Key Elements (if applicable)

Required Action	Timing to Obtain/Submit
Create a TDA-GO Profile (<i>see TDA-GO Access Instructions</i>)	
<ul style="list-style-type: none"> Obtain Your Organization’s UEI Number and establish an Active SAM.gov Account (if you do not already have one) * 	Not required for this grant. See “TDA-GO New User Instructions”
<ul style="list-style-type: none"> Obtain a TIN/EIN (if you do not already have one) * 	up to 2 weeks
<ul style="list-style-type: none"> Request Access to the grant system by creating a TDA-GO profile (if you do not already have one) * 	48-72 hours ahead of the application submission deadline for TDA to approve account.
TDA Deadline to receive final application and all supporting materials through TDA-GO	April 23, 2025 - 11:59 p.m. Central Time
Award Timeline	
<ul style="list-style-type: none"> Anticipated Award 	June 2025 (or as soon thereafter as practical)
<ul style="list-style-type: none"> Anticipated Start Date of Project/Grant 	July 1, 2025
<ul style="list-style-type: none"> End Date of Project 	June 30, 2026

* Text hyperlinks will direct you to applicable websites

2025 RURAL HEALTH FACILITY CAPITAL IMPROVEMENT PROGRAM (CIP)

Contents

Statement of Purpose	1
Eligibility	1
Grant Recipient Responsibilities and Accountability	1
Funding Parameters	2
Term of Funding or Duration of Projects	4
Application Requirements	4
Budget Information.....	5
Evaluation of Applications	5
Reporting Requirement	7
General Information	7
General Compliance Information	9
Deadline for Submission of Responses.....	10
Program Contact Information.....	11
TDA-GO Access Instructions.....	12
Application Form Guidance	15
Appendix	22

Please read all materials before preparing and submitting the application. Failure to follow the instructions and requirements described in this Request for Grant Application (RFGA) may result in the disqualification of the application.

Fraud Warning Disclaimer: Please be aware that certain individuals might approach you by falsely presenting themselves as representatives of the Texas Department of Agriculture (TDA). Under this false pretense, they might try to gain access to your personal information or to acquire money by claiming that they are contacting you on TDA’s behalf. Such fraudulent offers and claims are usually received via email, text message, phone, etc. These claims and offers are fraudulent and invalid, and you are strongly advised to exercise great caution and disregard such offers and invitations. You will not be contacted by TDA or the government to request payment before you receive a grant. Please report any attempts to TDA immediately. TDA or the government to request payment before you receive a grant. Please report any attempts to defraud you to TDA’s Grants Office immediately. You may also report fraudulent activity to the Office of the Texas Attorney General’s Consumer Protection Division at <https://www.texasattorneygeneral.gov/consumer-protection/common-scams>.

Statement of Purpose

The Rural Health Facility Capital Improvement Program (CIP) provides funding for rural public and non-profit hospitals to make capital improvements to existing facilities, construct new health facilities, or to purchase capital equipment.

Eligibility

Eligible applicants for CIP include public and non-profit hospitals located in rural counties. For purposes of this program, the following definitions will apply:

(1) "Public hospital" means:

- (a) a general or special hospital licensed under Chapter 241 of the Texas Health and Safety Code;
- (b) that is owned or operated by a municipality, county, municipality and county, hospital district, or hospital authority;
- (c) that performs inpatient or outpatient services; **and**
- (d) that operates off government funding/public money (e.g., money collected from taxpayers and public contributions).

Note: A hospital or medical facility that is leased, licensed, managed, and funded by an individual, a group of people or a for-profit entity, or operated with private profit, is not considered a public hospital.

(2) "Rural County" means:

- (a) a county that has a population of 150,000 or less; or
- (b) a geographic area **not delineated as urbanized by the federal census bureau** that is located in a county with a population greater than 150,000

Per the 2020 Federal Census Bureau, Urban Area Criteria for the 2020 Census - Final Criteria - *An area will qualify as urban if it contains at least 2,000 housing units or has a population of at least 5,000.*

Link to check county census: census.gov/quickfacts/table/PSTO45216/48

Grant Recipient Responsibilities and Accountability

Selected applicants (Grant Recipients) will be responsible for the conduct of the grant project supported by this program and for the results described in the application. Each Grant Recipient shall monitor the day-to-day performance of the grant project to assure adherence to statutes, regulations, and grant terms and conditions. Grant Recipients must carry out the activities described in the approved scope of work.

Grant Recipients will be accountable for documenting the use of grant funds and must ensure funds are used solely for authorized purposes. Grant Recipients must ensure:

- Funds are used only for activities covered by the approved project,
- Funds are not used in violation of the restrictions and prohibitions of the grant agreement or applicable law, and
- All budget and performance reports are completed in a timely manner.

Each Grant Recipient must ensure it has an adequate accounting system in place and good internal controls to ensure expenditures and reimbursements are properly reported to TDA. Complete records relating to the grant project, including accounting records, financial records, progress reports and other documentation, must be maintained for four (4) years after the conclusion of the grant project or longer if required by TDA.

Funding Parameters

Award amounts shall not exceed **\$100,000**.

Applicants are required to commit a minimum of **25% match of CIP funds requested**. For example, if requesting \$100,000 in CIP funding, an applicant must commit to a match of \$25,000 for a total project cost of \$125,000. Matching funds must be reflected within the application and must be associated with the same proposed project activities as the requested CIP funding.

Calculating CIP Grant Amount & Matching Funds

For total project costs less than \$125,000:
<ul style="list-style-type: none"> • Calculate by dividing the total project cost by 1.25. The resulting number will be the CIP grant amount. The difference between this number and the total project costs will be the amount of required funds to be matched. • <u>Example</u>: Total Project Cost = \$95,000 • $\\$95,000 / 1.25 = \\$76,000$ (CIP Grant Amount) • $\\$95,000 - \\$76,000 = \\$19,000$ (Matching Funds) • (Note: 25% of \$76,000 (CIP grant amount) = \$19,000 matching funds)
For total project costs equal to or more than \$125,000:
<ul style="list-style-type: none"> • Calculate by subtracting \$100,000 (the maximum CIP grant amount) from the total project costs. The resulting number will be the amount of required funds to be matched. • <u>Example</u>: Total Project Cost = \$226,000 • CIP Grant Amount = \$100,000 • $\\$226,000 - \\$100,000 = \\$126,000$ (Matching Funds)

Certification of Project and Matching Funds

If awarded, CIP grantees receive funding on a cost-reimbursement basis for project costs incurred during the CIP grant period. On the Certification Page in the TDA-GO 2025 CIP application, the applicant will certify that the entire total project cost amount, both grant requested and matching funds, is secure and available by signing in the section provided.

Proportionate Grant Reduction

The CIP grant requires matching expenditures in an amount equal to or greater than 25% of the awarded grant amount. When awarded, Grant Recipients will be held accountable for maintaining the required minimum 25% match of the awarded grant amount. In the event the Grant Recipient's match is reduced below 25%, the Department may proportionally reduce the amount of the CIP grant funds.

Eligible Uses of Grant Funds

Allowable expenses include activities that further, or sustain, a hospital's ability to provide healthcare to include the following:

- a. **Life Safety Code Violation -**
Violations may include: Unsafe flooring, food safety, new fire sprinkler system, upgrades to meet new code requirements. *Please include documentation of the safety code violation.*
- b. **Patient Care Project -**
Must be non-expendable personal property with a unit cost of more than \$5,000 and a useful life of more than one year. Ex: Mammography equipment, X-Ray machine, Lab equipment, ambulance, or community paramedicine van, etc.
- c. **Construction (Repairs/Remodeling/Maintenance) Project -**
Includes, but is not limited to, contracts for any construction on the hospital or outbuildings, remodel projects, additions, etc. Ex: New roof, HVAC, clinic remodeling, window replacement, etc.
- d. **Other (contract for non-medical services) -**
Designing, engineering, supervising, surveying, and other expenses incidental to the acquisition, construction, or improvements of new hospitals.

NOTE: At submission, each application must include documentation (quotes, estimates, etc.) supporting the costs associated with project activities, or the application will be disqualified for funding. This documentation must be less than 6 months old from the due date of the application and does not expire prior to the due date. Purchase or requisition orders are not acceptable documentation unless a Grant Recipient has requested and been approved pre-award costs.

If awarded, CIP funds **MUST** be utilized specifically as proposed by an applicant within their application. If a situation occurs where a project change must be made after the funds are awarded, it will require prior written approval by the Texas Department of Agriculture and a formal amendment process in TDA-GO. Please contact your Regional Coordinator (RC) for any project change requests.

CIP funds **shall not** be utilized to reimburse an applicant for operating expenses, debt retirement, or recruitment/retention of providers.

In the event that available funding is not fully distributed, TDA may make upward adjustments to existing grant award amounts.

Project Type

- To utilize the maximum grant award amount, you may use the grant funds for more than one project. To choose Project Type in the application, select the project that is the most costly.
- If a project is large and costly such as renovating or building a new facility, choose which portion of the project the grant will fund and submit supporting documentation for that portion.
- If, during the process of completing the application, the hospital chooses to change the project type, verify that the project narrative and budget narrative describe the same project type prior to submission.

Project Quotes

- Quotes must be no older than 6 months prior to the application due date and must not expire prior to the due date.
- Quotes must contain the Day/Month/Year.
- Quotes snipped from a website must contain a date the item was viewed on the website and be initialed by the hospital. A handwritten date and initial is acceptable.
- Quotes from a vendor should be on the vendor's form. Anticipated project costs compiled by the hospital without an official vendor quote is not acceptable as a quote.
- For an in-house project done by the hospital's facility department, estimated costs must contain dates within 6 months prior to the application due date and the facility manager's name and/or signature.
- Freight, shipping and installations costs are allowable expenses.
- Taxes are an allowable expense.
- Consumables such as test kits, reagents, etc. are not allowable expenses.

- Travel is not an allowable expense.
- Paid warranties, service agreements, service contracts, support contracts are only allowed to be funded for the length of the grant period of one year. If additional years are added the amount will be prorated to one year and subtracted from the application's submitted total project cost.
- Lease to own is not allowable unless guaranteed in writing that the purchase be completed within the grant year and the hospital will retain full ownership of the item purchased after the grant year has ended.

Term of Funding or Duration of Projects

Grant Recipients shall receive funding on a cost-reimbursement basis for project costs incurred during the CIP grant period of July 1, 2025 through June 30, 2026. It is intended that the project be completed and invoiced within the grant year. **Invoices for purchases outside the project period will not be reimbursed unless prior approval is issued by the State Office of Rural Health.** Once submitted, the Project Completion Report (PCR) shall be reviewed, and grant funds will be disbursed.

Application Requirements

Applications will be accepted via TDA-GO, TDA's online Grant Application/Management system, by the deadline of Wednesday, April 23, 2025 at 11:59 PM.

The grant application **must** be completed online at <https://tda-go.intelligrants.com/>.

Form Requirements:

- 1. Application Contact Information**
 - a. Name of Authorized Official (must have a TDAGO Account) – **required**
 - b. Name of Application Preparer / Administrative Contact- **required**
 - c. Name of Additional Contact for Project – optional
 - d. County - **required**
 - e. Congressional Districts - **required**
- 2. Application**
 - a. CIP Director – **required**
 - b. Eligibility Criteria – **required**
 - c. Application Questions 1-7 – **required**
 - d. Project Description – **required**
 - e. Project Personnel – **required**
- 3. Budget**
 - a. Budget Table – **required**
- 4. Support Documentation**

- a. Vendor and/or Contractor Quotes/Estimates – **required**
 - b. Other Relevant Project Documents, if any
5. **Certification**
- a. Certification by Authorized Official – **required**

See Section entitled ***Application Form Guidance*** below for detailed instructions on each section of the application.

Commitment of Key Personnel

To ensure the success of the project, key personnel directly impacted by the project should be included and involved with the planning and development of the project. This involvement is necessary to ensure the project is effectively implemented, that it will meet the identified needs, and guarantee its sustainability. For example, if an applicant has applied for funding to purchase infant warmers, the head of the nursery department would be consulted to certify the need of the equipment and its prolonged use.

If a change in the scope of work occurs, please contact your regional coordinator immediately to discuss the change.

Community Support

If applicable, support from other organizations may also be discussed.

Budget Information

1. **Payment.** Grant funds will be paid to Grant Recipient only on a cost reimbursement basis. Grant Recipient will be required to submit a **project completion report**, with required documentation, at the end of the grant period.

Requests for reimbursement must include sufficient documentation detailing each allowable grant project expense. TDA has the sole discretion to determinate the validity of the cost.

2. **Matching.** The CIP grant requires matching expenditures in an amount equal to or greater than 25% of the awarded grant amount.
3. **Eligible Expenses.** Generally, expenses that are necessary and reasonable for proper and efficient performance and administration directly related to the project are eligible. Grant funds may not be used to supplant normal business costs, but instead must be used to cover the costs incurred for the approved proposed activities. The following are the only allowable expenses under this program:

- a. **Life Safety Code Violation** - Violations may include: Unsafe flooring, food safety, new fire sprinkler system, upgrades to meet new code requirements.
- b. **Patient Care Project** - Must be non-expendable personal property with a unit cost of more than \$5,000 and a useful life of more than one year. Ex: Mammography equipment, X-Ray machine, Lab equipment, ambulance, or community paramedicine van, etc.
- c. **Construction (Repairs/Remodeling/Maintenance) Project** - Includes, but is not limited to, contracts for any construction on the hospital or outbuildings, remodel projects, additions, etc. Ex: New roof, HVAC, clinic remodeling, window replacement, etc.
- d. **Other (contract for non-medical services)** - Designing, engineering, supervising, surveying, and other expenses incidental to the acquisition, construction, or improvements of new hospitals.

4. Budget Narrative –

- a. Provide clear, detailed and line-itemed information for the expenditures associated with the Capital Improvement Program project.
- b. The budget narrative should contain a detailed explanation of the equipment, non-medical services, patient transportation, and/or construction that will be funded during the project term.
- c. The total estimated expenditures and number of each item to be purchased should be provided and reflect the quotes/estimates provided by vendors and/or contractors.
- d. **Vendor and equipment quotes, and/or contractor estimates, etc. MUST be uploaded in the Support Documentation Section of this application. See Pages 4 or 24 for quote requirements.**

Evaluation of Applications

Following the application deadline, an administrative review will be conducted by TDA program staff to determine whether an applicant has adequately responded to this RFGA.

This is a competitive award. Not all applications will receive funding.

Complete applications will be reviewed by SORH pursuant to the factors outlined in Texas Administrative Code, Title 4, Part 1, Ch. 30, Section 30.202(a). Each application will be reviewed by the department for completeness, relevance to the published request for applications, adherence to department policies, general quality, technical merit, and budget appropriateness. Applications will also be scored and ranked utilizing the **scoring criteria listed below**.

Scoring Criteria

All eligible applications received by the published deadline will be scored and ranked utilizing the following scoring criteria.

1. **The majority of CIP funding will be used for which type of project:**
 - a. Life Safety Code Violation¹ - 4 pts.
Violations may include: Unsafe flooring, food safety, new fire sprinkler system, upgrades to meet new code requirements. Please include documentation of the safety code violation.
 - b. Patient Care Project - 3 pts.
Must be non-expendable personal property with a unit cost of more than \$5,000 and a useful life of more than one year. Ex. Mammography equipment, X-Ray machine, Lab equipment, ambulance, or community paramedicine van, etc.
 - c. Construction (Repairs/Remodeling/Maintenance) Project - 2 pts.
Includes, but is not limited to, contracts for any construction on the hospital or outbuildings, remodel projects, additions, etc. Ex: New roof, HVAC, clinic remodeling, window replacement, etc.
 - d. Other (contract for non-medical services) - 1 pt.
Designing, engineering, supervising, surveying, and other expenses incidental to the acquisition, construction, or improvements of new hospitals.
2. **Net revenue as a percent of gross revenue²?**
 - a. Less than 3% 5 pts.
 - b. Greater than or equal to 3% 2 pts.
3. **Current days in net account receivables²:**
 - a. Greater than 53 days 5 pts.
 - b. Between 15-53 days 2 pts.
 - c. Less than 15 days 0 pt.
4. **The hospital's current ratio of assets to liabilities²:**
 - a. Less than 1.25 5 pts.
 - b. Between 1.25 to 1.75 2 pts.
 - c. Greater than 1.75 0 pt.
5. **Current days cash on hand for hospital²:**
 - a. Less than 15 days 5 pts.
 - b. Between 15-60 days 2 pts.
 - c. Greater than 60 days 0 pt.
6. **Hospital's Operating Margin (operating income/total revenue)²:**
 - a. Less than 2% 5 pts.
 - b. Greater than or equal to 2% 2 pts.
7. **Previous CIP funding:**
 - a. Facility not awarded in 3 previous cycles -2024, 2023, 2022 25 pts.
 - b. Facility awarded in 2022, completed project 10 pts.
 - c. Facility awarded in 2023, completed project 1 pt.
 - d. Facility awarded in 2024 0 pt.

Footnotes:

1. **Life Safety Code Violation** - To receive funding points in the “Life Safety Code Violation” category, the applicant must currently be in a code violation, must cite the code violation, and must provide actual violation documentation from the agency issuing the violation. If no safety code citation has been given but will be imminent if the issue is not corrected, then cite the code, and provide documentation and photographic evidence, if possible, that the facility will be placed in violation during the grant award period. If supporting documentation for the code violation or potential code violation is not provided, no points will be awarded for the life safety code category.
2. **Financial Data Certification** – In *Section I: Certifications and Authorizing Official Signature* of the CIP application, the applicant will certify that the financial data (Net Revenue as a Percent of Gross Revenue %, Current Days in Net Account Receivables, Current Ratio of Assets to Liabilities %, Current Days Cash on Hand, Operating Margin) provided in the application is correct and accurate by signing in the section provided.

NOTE: If a tiebreaker is required when awarding funds, SORH will use the county poverty rate of the county where the facility is located to determine the ranking order for these applications, with a higher poverty rate taking priority.

Reporting Requirement

Grant Recipients will be required to submit a Project Completion Report (PCR) at the completion of the project, but no later than 60 days upon the termination date of the grant agreement.

As part of TDA's ongoing monitoring of grant funds, Grant Recipients must regularly demonstrate progress toward achieving project goals. Failure to comply with reporting requirements may result in the withholding of requests for reimbursement and/or termination of the award.

A PCR will be submitted in the TDA-GO system. Selected applicants will be provided guidance in post-award instructions.

General Information

Selected applicants will receive a Notice of Grant Award (NOGA) email from TDA-GO and a grant agreement from TDA. The NOGA is not legally binding until the grant agreement is fully executed.

TDA reserves the right to fund projects partially or fully. TDA reserves the right to negotiate individual elements of any application and to reject any and all applications. Where more than one application is acceptable for funding, TDA may request cooperation between Grant Recipients or revisions/adjustments to an application in order to avoid duplication and to realize the maximum benefit to the state. Selected projects will receive funding on a cost-reimbursement basis.

Applications

TDA reserves the right to reject all applications and is not liable for (i) costs incurred by the applicant in the development, submission, or review of the application or (ii) costs incurred by the applicant prior to the effective date of grant agreement.

Right to Amend or Terminate Program

TDA reserves the right to alter, amend, or clarify any provisions, terms, or conditions of this program or any grant awarded as a result thereof, or to terminate this program at any time prior to the execution of an agreement, if TDA deems any such action to be in the best interest of TDA and/or the State of Texas. The decision of TDA will be administratively final in this regard.

Proprietary Information/Public Information

In the event that a public information request for the application is received, TDA shall process such request in accordance with §552.305 of the Texas Government Code. Applicants are advised to consult with their legal counsel regarding disclosure issues and to take appropriate precautions to safeguard trade secrets or any other proprietary information.

All applications submitted under this program are subject to release as public information unless the application or specific parts of any such application can be shown to be exempt from disclosure under the Texas Public Information Act, Chapter 552 of the Texas Government Code.

Conflict of Interest

The applicant is required to disclose any existing or potential conflicts of interest relative to this grant program. Failure to disclose any such relationship may result in the applicant's disqualification or termination of any resulting grant agreement.

Additional Information

- Assistance is available in English and Spanish. Please call (512) 463-7448 to request assistance.
- Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.), should contact TDA where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact TDA through the Federal Relay Service at (800) 877-8339 or Texas Relay 7-1-1. Additionally, program information may be made available in languages other than English.

Reporting Fraud in State Government

- TDA is committed to promoting a culture of integrity within the agency. As part of the agency's commitment, TDA has instituted a Fraud, Waste, and Abuse Prevention Program to provide its employees with the necessary guidance and support to prevent, detect, and eliminate fraud, waste, and abuse within the agency. TDA's Fraud, Waste, and Abuse Prevention Program complies with Executive Order RP-36 of July 12, 2004.

- Reports of suspected fraud or illegal activities involving state resources may be made by:
 - contacting the Texas State Auditor's Office (SAO) Hotline by calling (800) TX-AUDIT (892-8348);
 - visiting the SAO's website at (<https://sao.fraud.texas.gov/ReportFraud/>);
 - contacting TDA by calling the TDA Fraud Prevention Hotline at (512) 475-3423 or (866) 5-FRAUD-4 (866) 537-2834; or
 - sending a written complaint to:
 - by mail: Texas Department of Agriculture
1700 N. Congress Avenue
Austin, TX 78701
 - by email: fraud@texasagriculture.gov.

General Compliance Information

1. Grant Recipient must comply with TDA's reporting requirements and financial procedures outlined in the grant agreement. Any delegation by Grant Recipient to a subcontractor regarding any duties and responsibilities imposed by the grant award must be approved in advance by TDA and shall not relieve Grant Recipient of his/her responsibilities to TDA for performance of those duties.
2. Grant Recipient must remain in full compliance with state and federal laws and regulations. Non-compliance may result in termination of the grant or ineligibility for reimbursement of expenses.
3. Grant Recipient must keep separate records and a bookkeeping account (with a complete record of all expenditures) for a project. Records shall be maintained for a minimum of four (4) years after the completion of the project, or as otherwise agreed upon with TDA. If any litigation, claim, negotiation, audit, or other action is initiated prior to the expiration of the four-year retention period, then all records and accounts must be retained until their destruction is authorized in writing by TDA. TDA and SAO reserve the right to examine all books, documents, records, and accounts relating to the project, including all electronic records, at any time throughout the duration of the agreement until all litigation, claims, negotiations, audits, or other action pertaining to a grant is resolved, or until the expiration of the four-year retention period or a final judgment in litigation, whichever is longer. TDA and SAO shall have access to: all electronic data or records pertaining to the grant project; paper or other tangible documents or records, including the physical location where records are stored; and all locations related to project activities.
4. If Grant Recipient has a financial audit performed during the time Grant Recipient is receiving funds from TDA, upon request, TDA shall have access to information about the audit, including the audit transmittal letter, management letter, any schedules, and the final report or result of such audit.
5. Grant Recipients must comply with Texas Government Code, Chapter 783 (Uniform Grant and Contract Management Act) and the Texas Grant Management Standards (TxGMS); 2

CFR Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards; and 45 CFR Part 75, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, if applicable.

Deadline for Submission of Responses

Late or incomplete applications will not be accepted.

Applicants must submit one complete, electronically signed application through the TDA-GO system to TDA by **11:59 p.m. on April 23, 2025** (see submission instructions below). Applications may not be supplemented after the submission deadline. It is the applicant's responsibility to ensure the timely receipt of the application and all required materials.

Click the following for the submission link or copy and paste it into your web browser:

<https://tda-go.intelligrants.com/>.

- **Mailed, faxed, emailed or hand-delivered applications will not be accepted.**
- **Applications must be submitted online via the TDA-GO system.**

The online system will date and time stamp the submission for receipt documentation purposes. An automated receipt email will be sent from the TDA-GO system indicating the application has been received.

DO NOT WAIT UNTIL THE LAST MINUTE TO SUBMIT YOUR APPLICATION.

The applicant is responsible for ensuring their application is submitted in a timely manner. TDA highly recommends applicants submit their application early to allow time to resolve any issues that may arise. Late applications due to technical problems or errors will not be accepted.

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Program Contact Information

Grant Management and Application Support - Monday – Friday 8:00 AM to 5:00 PM (CT)
TDA staff are available to answer questions regarding this grant program and to provide clarifying information concerning this RFGA.

Grant Management

Ms. Nicole Caston

Grants Specialist

Phone: (512) 463-7178

Email: Grants@TexasAgriculture.gov

Technical Assistance – Regional Rural Health Coordinators (RHC)

- a. You may schedule time with your RHC to have them assist you in completing the application. Please try to do this as early as possible.
- b. Technical assistance for submitting the application is available from your RC until 5:00 pm on **April 23, 2025**.

South Region - Eva Cruz

Eva.Cruz@TexasAgriculture.gov

Panhandle Region - David Rivera

David.Rivera@TexasAgriculture.gov

West Region - Adrian Simpson

Adrian.Simpson@TexasAgriculture.gov

East Region - Trish Rivera

Trish.Rivera@TexasAgriculture.gov

North Region - Jake Stukenberg

Jake.Stukenberg@TexasAgriculture.gov

Central/Gulf Region - Patty Ramirez

Patty.Ramirez@TexasAgriculture.gov

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TDA-GO Access Instructions

Step 1: Accessing Grant Opportunity

Log in with your set username and password. After logging in, your organization’s Dashboard will appear ([Figure 1](#)).

- **My Tasks** are documents/applications that are in progress.

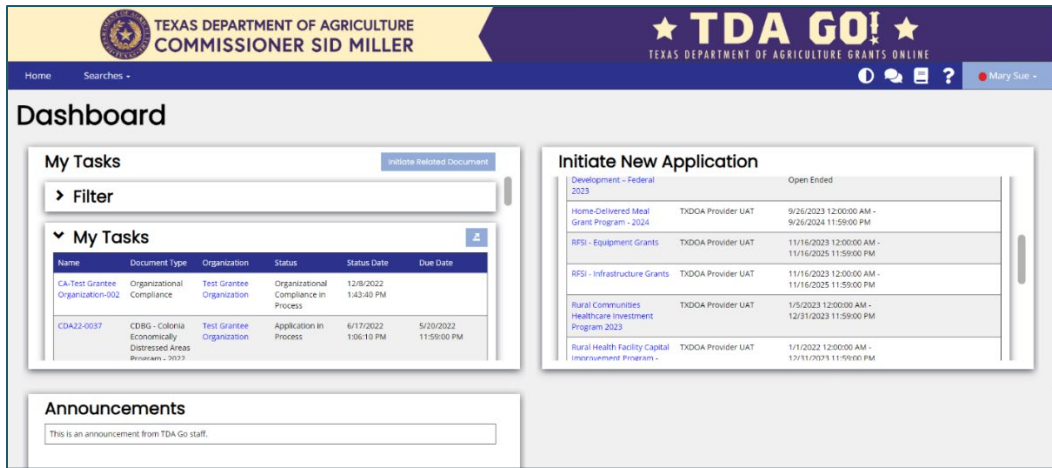


Figure 1. Landing page after logging in

When you get to the dashboard, please **DO NOT** initiate a new application. An application has already been started for you—it is located under “My Tasks” on the left-hand side ([Figure 2](#)).

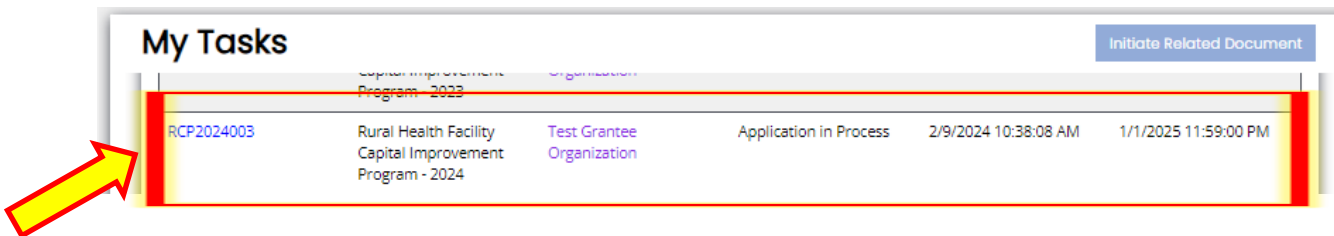


Figure 2. CIP Application located under “My Tasks”

Actions you can take

Checking Organization Profile Information

On the landing page, you can check your profile by clicking on your name in the top right corner. Under My Tasks, you can also view your Organization's Profile by clicking on its name.

- Much of the information in BOTH of these profiles have been prefilled for you. **Please click through ALL fields of EACH profile to check for accuracy.** (Figure 3).

The top screenshot shows the 'Organization Information' page. The left sidebar contains a menu with 'Test Grantee Organization' selected. The main content area has a title 'Organization Information' and instructions. Below the instructions is a form titled 'Information' with the following fields:

General Information	
Name	Identifier
Test Grantee Organization	TGO
EIN/TIN	SAM Number
12-3456789	
DUNS #	Search
12-345-6789	

The bottom screenshot shows the 'Person Information' page. The left sidebar contains a menu with 'Test Grantee Organization' selected. The main content area has a title 'Person Information' and a form titled 'Profile' with the following fields:

Basic Information		
First Name	Middle Name	
Mary	A.	
Last Name	Prefix	Suffix
Sue	Mrs.	Jr.
Title	Authorized Official	
Company Information		
Primary Phone	Secondary Phone	
(817) 111-1234 ext. 1		

The bottom screenshot also shows a table titled 'Organizations' with the following data:

Role Name	Active Date	Inactive Date	Assigned By
Authorized Official	6/22/2020		Fourteen, Jacob

Figure 3. Person and Organization Profile

When you have finished, click on **HOME** to navigate back to "My Tasks."

To Access Grant Application for your Organization

Click on the 2025 Rural Health Facility Capital Improvement Program Application grant number.

Document Landing Page

After the application is selected, the Document Landing Page will appear ([Figure 4](#)).

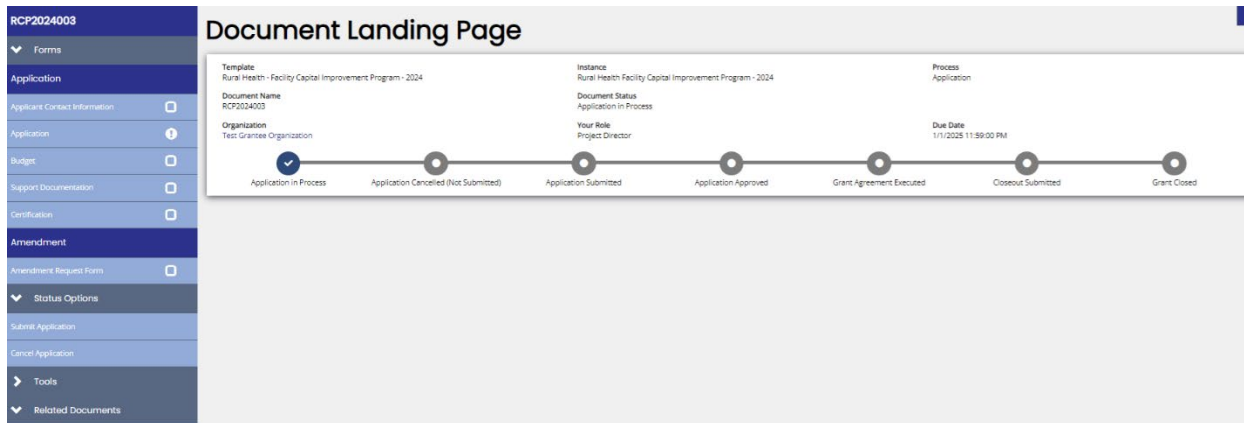


Figure 4. Document Landing Page

The left column has your unique Grant Project Number at the top, then four drop down menus: **Forms, Status Options, Tools, and Related Documents.**

- **Forms** is a list of required information including Applicant Contact Information and CIP Application.
- **Status Options** is where the application can be submitted or cancelled.
- **Tools** include Add/Edit People who can access the application, Status History, Attachment Repository, Modification Summary, Document Validation, Notes, and Print Document ability.
- **Related Documents** is not applicable to the application submission process. You will not need this function to submit your application.

(Left blank intentionally, see next page for Application Specific Instructions)

Application Form Guidance

The following section provides additional guidance regarding sections of the application. As a reminder, this is a **competitive grant application**; TDA staff are available to answer questions regarding the program and to provide clarifying information concerning this RFGA.

However, TDA staff will not perform reviews of any grant proposals prior to the application deadline.

Step 1: Complete Application Contact Information

Expand the **Forms** drop down menu and select **Application Contact Information** ([Figure 5](#)).

Figure 5. Application Contact Information location

As with your profile, much of this section has been prefilled. Please check for accuracy. There are additional blank fields where you may add other staff contacts. See Appendix (page 25) for definitions of roles.

- NOTE: When you are completing this section, some fields may autofill. Please make sure any of this information is accurate.

NOTE: All required fields are marked with a *. An error message will appear and the application may not be submitted if these required fields are not filled out ([Figure 6](#)).

Figure 6. Example of Required Fields

After completing the form, click the **Save** button in the top right hand corner (Figure 7). After clicking the **Save** button, if any required sections are missing, an error message will appear (Figure 8).

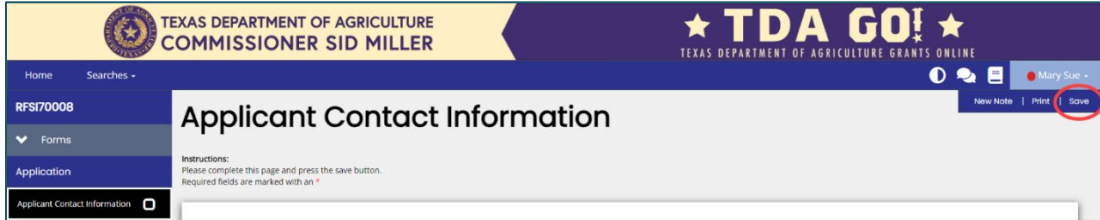


Figure 7. Regularly save your work by clicking the save button in the upper right hand corner

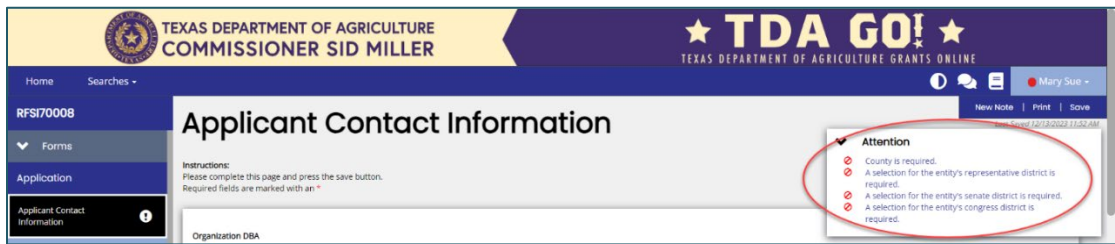


Figure 8. Error Message of missing required information

After you have clicked Save, toggle to the “Application” tab.

Step 2: Application

This is the main body of the application ([Figure 9](#)). Fill out the required fields. Once again, some information may be prefilled for you, but please verify its accuracy. If there are any errors, please notify your RC immediately.

The screenshot shows a web application interface. On the left is a vertical navigation menu with a blue header 'RCP2023003'. Below the header are several menu items: 'Forms' (with a dropdown arrow), 'Application' (highlighted in blue), 'Applicant Contact Information' (with an envelope icon), 'Application' (with an envelope icon and a red arrow pointing to it), 'Budget' (with a checkmark icon), 'Support Documentation' (with an envelope icon), 'Certification' (with a square icon), 'Closeout', 'Project Completion Report' (with a square icon), and 'Status Options' (with a dropdown arrow). The main content area is titled 'Application' and contains the following text: 'Instructions: Please complete this page and press the save button. Required fields are marked with an *'. Below this is a note: 'Please review the CIP Application Guide before completing the CIP application to determine eligibility and obtain detailed information and instructions regarding the application form.' The 'CIP Director' section is titled 'Person responsible for the project' and has a form with five fields: 'Name *' (containing 'Carla'), 'Last Name *' (containing 'Douglas'), 'Email Address *' (containing 'cdouglas@pennsylvania.com'), 'Phone Number' (containing '555-444-6666'), and 'Alternate Phone Number' (containing '333-222-1111'). Below the form is an 'Eligibility Criteria' section with the text: 'Eligible applicants for CIP include public and non-profit hospitals located in rural counties.'

Figure 9. CIP application page

Please complete all required sections. If you do not, you will not be able to certify and submit your application.

- **NOTE:** if there is a field that requires text, and you have none to enter, please put N/A.

Application Questions:

Review the eligibility criteria carefully (see page 1) to answer the following questions in this section. If you have any questions, contact your rural health coordinator (see page 13).

QUESTION 1: Select the type of project for which you are requesting funding.

- Select only one type.
- To utilize the maximum grant award amount, you may use the grant funds for more than one project.
- **If your project is composed of two types, select the type in which the majority of the funds are being requested.** (Example: Patient Care Project Including Equipment or Patient Transportation = \$27,000, Construction = \$45,000: select Construction.) See for “Eligible Use of Grant Funds” for additional clarification.
- If a large and costly project such renovating or building a new facility, choose which portion of the project the grant will fund and submit supporting documentation for that portion.
- If during the process of completing the application the hospital chooses to change the project type, verify that the project narrative and budget narrative in the application describe the same project.

QUESTION 2: Provide the applicant's financial information based on the **most recent** fully completed audit/financial report (may be done by third party or in-house).

- If a negative number, enter a negative sign.

QUESTION 2: Net Revenue as Percent of Gross Income

- **Net revenue** is the combined actual revenue (patient services and non-patient care revenue such as supplemental funds and tax subsidies, grants, etc.)
- **Net revenue as a percent of gross** is calculated by taking net revenue (numerator), divided by gross revenue (denominator), and multiplying by 100.
- **Gross revenue** is all income accounted for on the income statement without consideration for any expenditures from any source.

QUESTION 3: Current Days in Net Account Receivables

QUESTION 4: Current Ratio of Assets to Liabilities

- current assets/current liabilities

QUESTION 5: Current Days Cash on Hand

QUESTION 6: Operating Margin

- Operating Income/Total Revenue

QUESTION 7: Select the answer that describes previous CIP funding for the applicant facility.

- Facility was not awarded in 2024, 2023, 2022
- Facility was awarded in 2022, completed project
- Facility was awarded in 2023, completed project
- Facility was awarded in 2024

Step 3: Budget


STEP 1 - Enter the Total Project Costs

In the first field, please enter the total project cost and hit “Save.” The table will calculate your match amount.

Step 1 Enter the Total Project Costs

Click **Save** to calculate Capital Improvement Program Maximum Grant Amount and Match Amount

Total Project Cost	<div style="border: 1px solid #ccc; display: flex; align-items: center;"> \$ <input style="flex-grow: 1; border: none;" type="text"/> </div>
Maximum Requested Grant Amount	\$
Match Amount	\$



Step 2 Assign Costs to Budget Categories

Enter the appropriate figures in each field. Place a Ø (zero) in each field you do not use. **There must be a digit in each field**, or the application will show an error and you will not be able to submit.

Step 2 Assign Costs to Budget Categories

Based on the Maximum Grant Amount and Match Amount calculated above, assign costs to the requested category(ies). For the form to save properly each field must contain a digit.

Project Type	Grant Funds Requested	Match Amount	Total
Equipment	\$ <input style="width: 80%; border: none;" type="text" value="0.00"/>	\$ <input style="width: 80%; border: none;" type="text" value="0.00"/>	\$
Contract for Non-medical Services	\$ <input style="width: 80%; border: none;" type="text" value="0.00"/>	\$ <input style="width: 80%; border: none;" type="text" value="0.00"/>	\$
Patient Transportation	\$ <input style="width: 80%; border: none;" type="text" value="0.00"/>	\$ <input style="width: 80%; border: none;" type="text" value="0.00"/>	\$
Construction	\$ <input style="width: 80%; border: none;" type="text" value="0.00"/>	\$ <input style="width: 80%; border: none;" type="text" value="0.00"/>	\$
Total Direct Costs:	\$	\$	\$

Step 3: Enter Budget Narrative

Budget Narrative

- Provide clear, detailed and line-itemed information for the expenditures associated with the Capital Improvement Program project.
- The budget narrative should contain a detailed explanation of the equipment, non-medical services, patient transportation, and/or construction that will be funded during the project term.
- The total estimated expenditures should be provided and reflect the quotes/estimates provided by vendors and/or contractors.
- **Vendor and equipment quotes, and/or contractor estimates, etc. MUST be uploaded in the Support Documentation Section of this application.**
- Quotes must be less than 6 months old as of the application due date. Purchase Orders are not acceptable as quotes. *



- In the Budget Narrative provide clear, detailed and line-itemed information for the expenditures associated with the Capital Improvement Program project.
- The budget narrative should contain a detailed explanation of the equipment, non-medical services, patient transportation, and/or construction that will be funded during the project term.
- The total estimated expenditures and number of each items to be purchased should be provided and reflect the quotes/estimates provided by vendors and/or contractors.
- **Vendor and equipment quotes, and/or contractor estimates, etc. MUST be uploaded in the Support Documentation Section of this application.**
- Quotes must be less than 6 months old as of the application due date and must not expire before the application deadline. Purchase Orders are not acceptable as quotes. *

Click **Save** and the **Next Form** button to be taken to the Supporting Documentation page, or click the Certification navigation tab on the left side of the screen.

Step 4: Supporting Documentation

It is **required** that an applicant provides supporting documentation of project costs (i.e. equipment/construction quotes, estimates, and other relevant supporting documentation).

- Purchase or requisition orders are not acceptable as quotes.
- Documentation must be no older than 6 mos. prior to the due date of the application.
- Documentation containing an expiration date must have an expiration date that is past the application due date.
- Documentation must contain the Day/Month/Year.
- Documentation snipped from a website must contain a date the item was viewed on the website and be initialed by the hospital. A handwritten date and initial is acceptable.
- If using vendor, the quote must be on the vendor's form or letterhead. Anticipated project costs compiled by the hospital without an official vendor quote is not acceptable.
- For an in-house project done by the hospital's facility department estimated costs must contain dates within 6 months prior to the application due date and the facility manager's name and/or signature.
- Freight, shipping and installations costs are allowable expenses.
- Taxes are an allowable expense.
- Consumables such as test kits, reagents, etc. are not allowable expenses.
- Travel is not an allowable expense.
- Personnel time is not an allowable expense.
- Paid warranties, service agreements, service contracts, support contracts are only allowed to be funded for the length of the grant period of one year. If additional years are added the amount will be prorated to one year and subtracted from the application's submitted total project cost.
- Lease-to-own is not allowable unless guaranteed in writing that the purchase be completed within the grant year and the hospital will retain full ownership of the item purchased.

To add these documents, click on Support Documents tab and click **Select** ([Figure 11](#)). Search for the document you want and upload it to this section.

Supporting Documentation New Note | Save

Instructions:
Please upload the following documents and click save.
If there is more than one upload, use the plus button to add additional upload fields.
Required fields are marked with an *.

Required Uploads

Vendor and/or Contractor Quotes/Estimates * Drag Files Here

Other Relevant Project Documents, if any Drag Files Here

Figure 11: Supporting documentation upload

Click **Save** and the **Next Form** button to be taken to the Certification page, or click the Certification navigation tab on the left side of the screen.

Step 5: Certification

Once the application is complete, you **MUST ESIGN** the application within the TDA-GO system.

Toggle to the **Certification Page**. This is where the Authorized Official of the hospital electronically signs the document ([Figure 12](#)).

RCP2023003

Forms

Application

Application contact information

Application

Budget

Support Documentation

Certification

Closeout

Project Completion Report

Status Options

Submit Application

Cancel Application

Tools

Landing Page

Certification

New Note

By signing below, the Applicant:

1. Certifies all information provided in connection with this application is true and correct to the best of Applicant's knowledge;
2. 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;
3. Acknowledges acceptance of funds in connection with this application acts as an acceptance of the authority of the Texas Department of Agriculture (TDA) and the State Auditor's Office (SAO) or any successor agency to conduct an investigation in connection with those funds, and Applicant further agrees to cooperate fully with TDA and/or SAO or its successor in the conduct of the audit or investigation, including allowing TDA and/or SAO to inspect Applicant's premises and providing all records requested;
4. Acknowledges this application and any payments owed to Applicant in connection with this application may be reduced or denied because of Applicant's owing any debt to the State of Texas, and if Applicant is an individual, that this application and any payments owed to Applicant in connection with this application may be denied because of delinquency in payment of a guarantee student loan and for failure to pay child support; and
5. By submission of this application, Applicant acknowledges as a condition of receipt of grant funds under this program the Applicant will be required to execute a grant agreement with the Texas Department of Agriculture, and further acknowledges that failure to timely execute the grant agreement will result in withdrawal of any grant funds awarded, and those funds will be redistributed to other qualified applicants in accordance with state law and TDA rules.

Notice of Penalties: The penalty for knowingly making false statements or false entries, or attempts to secure money through fraudulent means, may include fines and/or incarceration and/or forfeiture of funds under applicable state or federal law.

This application becomes public record and is subject to disclosure. With few exceptions, you have the right to request, and be informed about the information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Texas Government Code, Sections 552.021, 552.023, and 555.004.)

Certification of Applicant Financial Data
As Authorized Official, I hereby certify that the financial data exhibited in this application is correct, accurate, and based on the most recent data (audit, financials, etc.).

Certification of Applicant Project and Matching Funds
As Authorized Official, I hereby certify that the entire total project amount, including matching funds, is secured and is available if our facility receives CIP funding for this project. If awarded, our facility will maintain the project amount with 25% match of the awarded grant amount. In the event the total project cost exceeds and our match is less than 25%, the Department may proportionally reduce the amount of the CIP grant funds.

Authorized Official Date

Figure 12: Certification screen

After the Authorized Official has completed the Certification Page, **click the Save button** on the top righthand side of the page.

The final step is for the Authorized official to submit the application within the TDA-GO System (see next page).

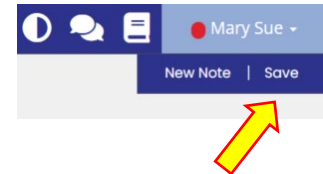


Figure 13: Click Save

NOTE: Project Director, DO NOT SUBMIT WITHOUT THE CHECK BOX BEING CHECKED BY AN AUTHORIZED OFFICIAL.

Step 6: Application Submission

Once the application is certified, the Authorizing Official **MUST SUBMIT** the application within the TDA-GO system.

Expand the **Status Options** drop down menu ([Figure 14](#)). Select **Submit Application**.

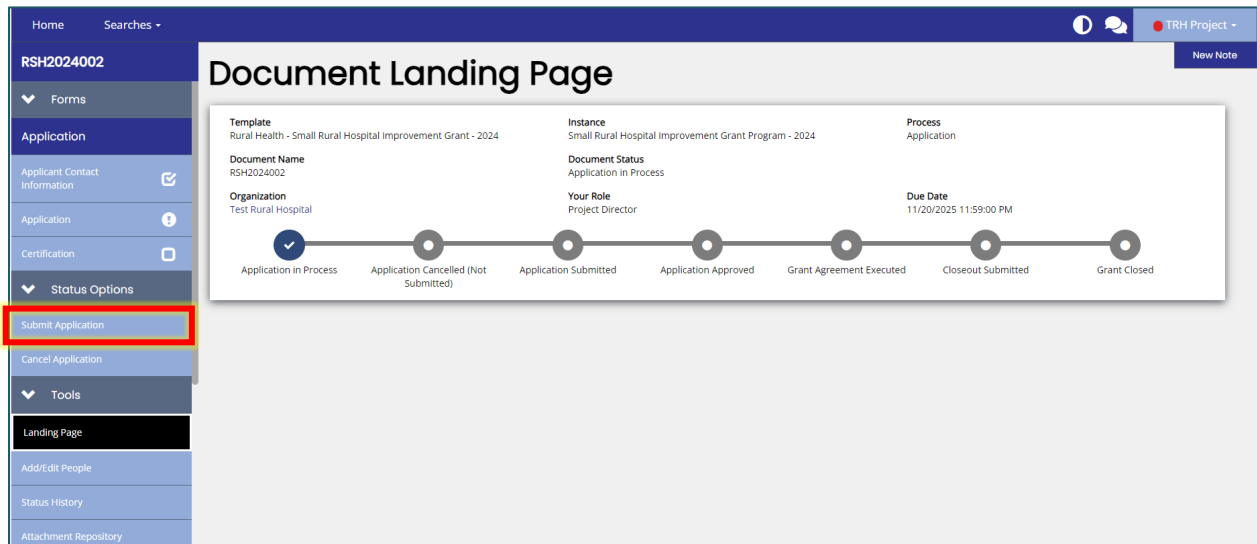


Figure 14. Status Options drop down menu and Application Submitted button location

NOTE: If errors remain, a **Document Validation** message will pop up noting what sections still have errors ([Figure 15](#)). You may click on each section name to be directed to the errors.

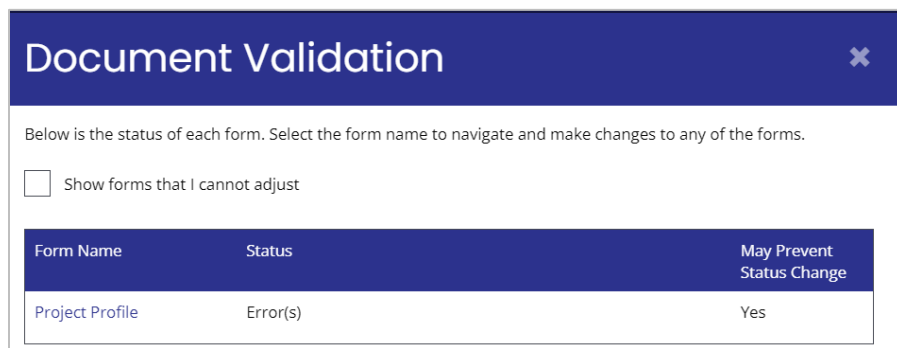


Figure 15. Document Validation message will appear if you try to submit application with errors

If no errors are detected, the system will ask if you are sure. Once you select submit, you will then be taken back to the **Landing Page** ([Figure 16](#)).

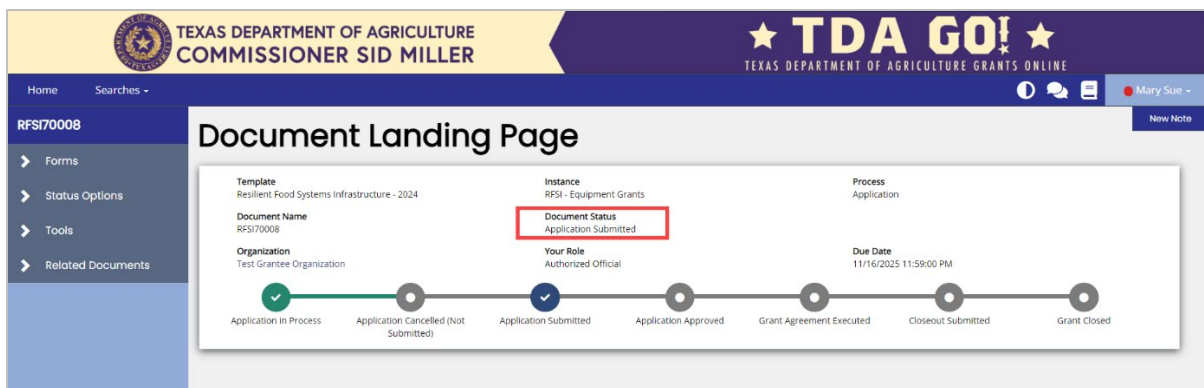


Figure 16. After application submission, you will return to the Document Landing Page.

NOTE: Applications must be submitted by the opportunity deadline. The online application will no longer be available after that time. Times identified are based on TDA headquarters (Central Time Zone) and are displayed on your TDA-GO home screen.

Confirmation Email

Once the application is submitted, you'll receive a confirmation email (Figure 17). SORH will review and score your application using the parameters previously mentioned in this document. You will receive notice of whether or not you were awarded the CIP award in June 2025.

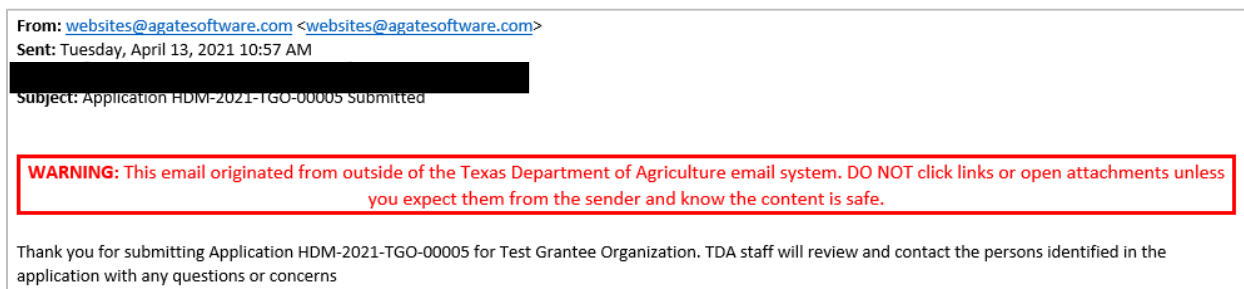


Figure 17. Example of confirmation email

Appendix

Hospital Roles within the TDA-GO system

- **Authorized Official (AO)** – This role is normally filled by the Hospital CEO/Administrator who prepares an application. The AO is the only person who can certify and submit an application, and they can also change or assign roles for Project Director. An AO may also appoint a designee to certify and submit on their behalf, but this designee can only do so under the AO's login credentials.
- **Project Director (PD)** – This role refers to the individual who will complete the application, manage the grant award, submit payment requests, etc. They cannot certify or submit applications (unless appointed as a designee by the AO and signed in under the AO's login credentials). An AO may assign more than one PD.
- **Secondary Contact** – This role refers to an optional additional staff member. After we set up the organizational profile and login information, if you deem it necessary, you may assign a secondary contact role in the system. They can be given a specific role, such as PD or AO, or left solely as a secondary contact.
- **Please note:** if necessary, the same staff person can be assigned both the AO and PD roles.