

**Request for Grant Application (RFGA)  
Addendum Form**

Grant Title: <b>Medicare Rural Hospital Flexibility (FLEX) Critical Access Hospital Financial and Operational Improvement Program Grant</b>	
Issuing Officer: <b>Lloyd Richardson</b>	
Email Address: <a href="mailto:Lrichardson@dch.ga.gov">Lrichardson@dch.ga.gov</a>	Telephone: <b>404-463-3862</b>
Addendum Number: <b>2</b>	Addendum Date: <b>10/9/2012</b>
RFGA Initially Posted to Internet: <b>9/13/2012</b>	RFGA Due Date: <b>10/15/2012</b>

The information provided below is made a part of this RFGA. The purpose of this addendum is to revise the RFGA as follows:

**Appendix G is amended to remove the 5% funding match requirement.**

**Note:** In the event of a conflict between previously released information and the information contained herein, the latter shall control.

A signed acknowledgment of this addendum (this page) should be attached to your RFGA response. Failure to include a signed acknowledgement of this addendum will disqualify applicant from further consideration on this grant award.

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Applicant/Firm Name

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Signature

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Typed/Printed Name and Title

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Date

GEORGIA DEPARTMENT OF COMMUNITY HEALTH, STATE OFFICE OF RURAL HEALTH  
 MEDICARE RURAL HOSPITAL FLEXIBILITY (FLEX) FINANCIAL AND OPERATIONAL IMPROVEMENT PROGRAM GRANT

**BUDGET PLAN (YEAR ONE)**

No portion of DCH grant funding may be used for ANY expenditure(s) prior to the completion of a signed Grant Agreement with the Georgia Department of Community Health.

CATEGORY			GRANT FUNDS REQUESTED	NON-GRANT FUNDED CONTRIBUTIONS		TOTAL REQUESTED
ADMINISTRATIVE SALARIES AND FRINGE			YEAR ONE	YEAR ONE IN-KIND	YEAR ONE CASH	YEAR ONE
PERSONNEL-SALARIES	FRINGE	% OF TIME				
Position - Salary						
Position - Salary						
Position - Salary						
Position - Salary						
Position - Salary						
<b>TRAVEL EXPENSES</b> (All Travel must be in accordance with the State of Georgia travel policy which may be reviewed at <a href="http://www.sao.state.ga.gov">www.sao.state.ga.gov</a> )						
• Lodging						
• Meals						
• Mileage or Air Fare						
• Conferences						
<b>OFFICE OPERATION EXPENSES</b> (This is considered an indirect cost and is limited to 10% of the budget)						
• Facilities Rental/Mortgage						
• Telephone						
• Internet						
• Utilities						
• Office Supplies						
<b>EQUIPMENT EXPENSES</b>						
• Computers (hardware, software and network equipment)						
• Printers						
• Medical (Itemize in budget justification)						
<b>ADMINISTRATIVE EXPENSES</b>						
• Materials ( This includes administrative, educational and clinical materials, itemize in budget justification)						
• Consultant Expenses*						
• Other Expenses**						
<b>SUB – TOTAL(S )</b>						
<b>TOTAL FUNDING REQUEST</b>						<b>\$</b>

**NOTE:** A budget justification which explains each line item expense must accompany the budget. \*All consultant and sub-contractors and expenses related to such must be identified. If a consultant or sub-contract has yet to be determined please explain the selection process and provide quotes. \*\*All expenses identified as other must be fully justified and explained in the budget narrative. ~~This funding opportunity requires a 5% match and the identification of all sources~~

GEORGIA DEPARTMENT OF COMMUNITY HEALTH, STATE OFFICE OF RURAL HEALTH  
MEDICARE RURAL HOSPITAL FLEXIBILITY (FLEX) FINANCIAL AND OPERATIONAL IMPROVEMENT PROGRAM GRANT

**BUDGET PLAN (YEAR ONE)**

No portion of DCH grant funding may be used for ANY expenditure(s) prior to the completion of a signed Grant Agreement with the Georgia Department of Community Health. ~~of funding (cash or in kind) in the budget justification.~~ Additionally if the grantee has entered into a cost sharing arrangement this to must be reflected in the budget and detailed in the budget justification.

GEORGIA DEPARTMENT OF COMMUNITY HEALTH, STATE OFFICE OF RURAL HEALTH  
 MEDICARE RURAL HOSPITAL FLEXIBILITY (FLEX) FINANCIAL AND OPERATIONAL IMPROVEMENT PROGRAM GRANT

**BUDGET PLAN (YEAR TWO)**

No portion of DCH grant funding may be used for ANY expenditure(s) prior to the completion of a signed Grant Agreement with the Georgia Department of Community Health.  
 Only complete year two Budget Plan when applicable for grant funding. The accompanying budget justification must reflect the two year funding period.

CATEGORY			GRANT FUNDS REQUESTED	NON-GRANT FUNDED CONTRIBUTIONS		TOTAL REQUESTED
ADMINISTRATIVE SALARIES AND FRINGE			YEAR TWO	YEAR TWO IN-KIND	YEAR TWO CASH	YEAR TWO
PERSONNEL-SALARIES	FRINGE	% OF TIME				
Position – Salary						
Position – Salary						
Position – Salary						
Position – Salary						
Position – Salary						
<b>TRAVEL EXPENSES</b> (All Travel must be in accordance with the State of Georgia travel policy which may be reviewed at <a href="http://www.sao.state.ga.gov">www.sao.state.ga.gov</a> )						
• Lodging						
• Meals						
• Mileage or Air Fare						
• Conferences						
<b>OFFICE OPERATION EXPENSES</b> (This is considered an indirect cost and is limited to 10% of the budget)						
• Facilities Rental/Mortgage						
• Telephone						
• Internet						
• Utilities						
• Office Supplies						
<b>EQUIPMENT EXPENSES</b>						
• Computers (Hardware, software and network equipment)						
• Printers						
• Medical (Itemize in budget justification)						
<b>ADMINISTRATIVES EXPENSES</b>						
• Materials ( This includes administrative, educational and clinical materials, itemize in budget justification)						
• Consultant Expenses**						
• Other Expenses***						
<b>SUB – TOTAL(S )</b>						
<b>TOTAL YEAR TWO PROJECT REQUEST</b>						<b>\$</b>

GEORGIA DEPARTMENT OF COMMUNITY HEALTH, STATE OFFICE OF RURAL HEALTH  
 MEDICARE RURAL HOSPITAL FLEXIBILITY (FLEX) FINANCIAL AND OPERATIONAL IMPROVEMENT PROGRAM GRANT

**BUDGET PLAN (YEAR THREE)**

No portion of DCH grant funding may be used for ANY expenditure(s) prior to the completion of a signed Grant Agreement with the Georgia Department of Community Health.  
 Only complete year two Budget Plan when applicable for grant funding. The accompanying budget justification must reflect the two year funding period.

CATEGORY			GRANT FUNDS REQUESTED	NON-GRANT FUNDED CONTRIBUTIONS		TOTAL REQUESTED
ADMINISTRATIVE SALARIES AND FRINGE			YEAR THREE	YEAR THREE IN-KIND	YEAR THREE CASH	YEAR THREE
PERSONNEL-SALARIES	FRINGE	% OF TIME				
Position – Salary						
Position – Salary						
Position – Salary						
Position – Salary						
Position – Salary						
<b>TRAVEL EXPENSES</b> (All Travel must be in accordance with the State of Georgia travel policy which may be reviewed at <a href="http://www.sao.state.ga.gov">www.sao.state.ga.gov</a> )						
• Lodging						
• Meals						
• Mileage or Air Fare						
• Conferences						
<b>OFFICE OPERATION EXPENSES</b> (This is considered an indirect cost and is limited to 10% of the budget)						
• Facilities Rental/Mortgage						
• Telephone						
• Internet						
• Utilities						
• Office Supplies						
<b>EQUIPMENT EXPENSES</b>						
• Computers (Hardware, software and network equipment)						
• Printers						
• Medical (Itemize in budget justification)						
<b>ADMINISTRATIVE EXPENSES</b>						
• Materials ( This includes administrative, educational and clinical materials, itemize in budget justification)						
• Consultant Expenses**						
• Other Expenses***						
<b>SUB – TOTAL(S )</b>						
<b>TOTAL YEAR THREE PROJECT REQUEST</b>						<b>\$</b>
<b>TOTAL COMBINED REQUEST YEARS ONE, TWO, AND THREE</b>						<b>\$</b>

