1 The grant refers to the due date as Friday, December 8th. Friday is the 5th. So, is the Due date Monday the 8th or Friday the 5th?

All responses for this opportunity are due no later than 3:00 PM Monday December 8, 2014.

2 The grant refers to working with two communities and in other parts four communities. Which is correct?

This opportunity would provide one (1) award for work completed in four (4) communities.

3 Does the application for the grant have to be non-profit? Or can it be a for-profit lead representing 4 nonprofit rural hospitals?

The applicant does not have to be a non-profit.

For-profits are eligible; however, the Request is to identify an entity to execute the requested services. Applicants should NOT pre-identify the rural hospitals. Upon selection of the entity/vendor the hospitals will be identified thru a solicitation process by DCH/SORH.

4 Please clarify the language in the “Program Overview” section on page 2 as it specifically relates to the number of participants. In this section, one sentence indicates the work is “...with the two communities to develop a healthcare access and financial sustainability plan...” and another sentence refers to work “...to meet the needs identified in four rural hospital communities...” What is the number of participating communities/hospitals?

This opportunity would provide one (1) award for work completed in four (4) communities.

5 How are the hospitals/communities going to be selected for participation? What is the criteria they must meet for participation? Is there an application process? Who will select them?

Upon the selection of a vendor/grantee, the DCH/SORH will notify all (currently 61) CAH and rural hospitals of the opportunity. The solicitation will request interested hospitals to demonstrate need, interest and readiness for change. DCH/SORH will select the participating hospitals.

6 Will the selected hospitals/communities receive additional funding for their participation in this effort, either for planning activities and/or post-planning implementation?

No.
Please clarify the primary focus of this contract. Is it rural hospital stabilization or is it restructuring broad health systems to meet community needs?

Adapting the health system which may or may not include rural hospital stabilization realizing that an outcome may be to develop an alternative to the existing hospital.