Fiscal Year (FY) 2022 Rural Health Network Development Planning (Network Planning) Grantee Source Book

Read these Instructions to Help You Complete the Source Book Template

Purpose of the Source Book:

Relays to the public the accomplishments of the 2022 Network Planning Grantees

Due Dates:

July grantees: May 12, 2023 September grantees: August 11, 2023

Where to Submit:

Email, in Word format, to your Technical Assistance Coach

General Information

- The Source Book template is a fillable form which provides boxes to check and boxes to enter text. Editing within the text boxes can sometimes be difficult. Tip: Type your text in a blank Word document. Then, after you have reviewed and finalized your text, cut and paste into the appropriate sections of the template.
- Use Calibri (11) font when completing all sections of the Source Book template, except for the title information.
- Use single spacing for all text.
- Use abbreviations when entering state identifications.
- Do not copy and paste information you wrote in your grant application into the Source Book template. Instead, write descriptions of what you have accomplished (not what you planned to do before getting the grant).
- Please refer to your entry for the 2022 Rural Health Network Planning Grantee Directory for consistency in completing the Source Book template.

Ent		itee Organization		
Enter Your Network Name (if different from above) Enter Network Planning Grant #				
Project Focus Areas				
Access to Care	☐ Care Transition	☐ Integration of Services	School-based Clinics	
Alleviating Loss of Local Services	Emergency Medical Services	Mental Health	Substance Addiction/ Abuse/Use	
Behavioral Health	Health Education	Network Infrastructure Development	Telehealth	
Care Coordination	Health Information Technology	Oral Health	☐ Workforce Developmen	
Care for the Aging	Health Literacy	Pharmacy	Other	
Network Developn	nent .			
	nent			

Title

• Enter the requested information. Do not change the font type or size.

Enter Your State

Enter Your Grantee Organization Name

Enter Your Network Name (if different from above)

Enter Network Planning Grant #

Project Focus Areas

- Check up to five areas that are the focus of your Network Planning Grant.
- **Yellow highlight** the **one** area that you consider to be your *primary* focus area.
- Do not check other focus areas of your Network that are not part of your Network Planning grant activities.

Project Focus Areas			
Access to Care	☐ Care Transition	☐ Integration of Services	School-based Clinics
Alleviating Loss of Local Services	Emergency Medical Services	Mental Health	Substance Addiction/ Abuse/Use
Behavioral Health	Health Education	Network Infrastructure Development	Telehealth
Care Coordination	Health Information Technology	Oral Health	☐ Workforce Development
Care for the Aging	Health Literacy	Pharmacy	Other

Network Statement

- Enter the most recent version of your Network Statement
- Refer to the Make a Statement: A Tip Sheet to Support Your Network's Sustainability, if necessary.

Network Statement Enter text here

Network Development

- Write 2-3 short paragraphs that describe:
 - ✓ The progress you have made in formalizing your Network.
 - ✓ The challenges you have faced in network development and how you overcame them.
 - ✓ Any innovations that would be helpful to other communities in their Network development.

Network Development Uniter last here

Programmatic Development

- Write 2-3 short paragraphs that describe:
 - ✓ The progress you have made in your efforts to develop the programs or provision of direct services being provided by your network, (i.e. integration, care coordination, telehealth, etc.)
 - ✓ The challenges you have faced in program planning and how you overcame them
 - ✓ Any innovations that would be helpful to other communities

Programmatic Development Enter text here

Sustainability

- Write 1-2 paragraphs that describe:
 - ✓ How your Network will function beyond the Network Planning grant (i.e., formalization, partners, staffing, funding)
 - ✓ How the services/programs you began with your Network Planning grant will be sustained (Will all services/programs be sustained?

f yes, to what extent? If	f no, why not? What elements	of your program will be sustained?)
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Sustainability

Enter text here

Region(s) Covered by Your Network Services

- List the counties and states (use state abbreviations, e.g. MI, AL, SC, etc.) where your Network provides services developed by your Planning grant.
- Do not include counties and states in which your Network provides services that are not related to

County/State	County/State
Enter text here	Enter text here

your Planning grant.

Network Partners

- Enter the name of your network partner organizations.
- Enter the City/State (use state abbreviations, e.g. MI, AL, SC, etc.) where the network partner is located.
- Check the appropriate box in the drop-down menu to identify the organizational type of each network partner.

Grantee Contact Information

Enter the contact information for the person that can most appropriately provide information about the Network and your Network Planning grant activities following the end of the grant cycle.

Network Partners

Grantee Contact Information		
Name	Enter text here	
Title	Enter text here	
Organization	Enter text here	
Organization Address	Enter text here	
City/State/Zip	City, State, Zip	
Telephone#	123/123-1234	
E-mail	text@text.com	
Website	Taxt com	