

Rural Health Grant Application



Part 1: General Information

Facility Name:		
Mailing Address:		
City:	State:	Zip Code:
TIN:	1 D P H R I & K L H I	([HFXWLYH 2flFHU
Has the hospital/facility received a previous MultiPlan Rural Health Grast? No		
If yes, in what year?		
Contact person regarding this	s grant	
Name:		Title:
Department:		
Phone:		Fax:
Email:		
Public relations contact		
Name:		
Phone:		
Email:		

Part 2: Program Information

Program Name

Program Description: Please include program budget, program scope, program sustainability and partners if applicable. You may attach the program description to this application. Please include a copy of the hospital/facility s W-9 form with this application.

Application Date:





MultiPlan's Rural Health Grant seeks to help hospitals, rural health clinics and federally qualified health centers serving rural areas develop programs that support the healthcare needs of their communities.

Key Program Dates

- * Deadline for applications: January 31, 2025
- * Grant recipients announcespring 2025

Grant Amounts

The grant may be distributed to one applicant or among multiple applicants at the discretion of the grant committee upon review of each year s applications.

Bedford, MA 01730

Eligibility Requirements

The following healthcare facility types are eligible: acute care hospitals, rural health clinics and federally T X D O L \langle H G $\,$ K H D O W K $\,$ F O L Q L F V $\,$

r 7 K H D S S O L F D Q W P X V W E H O R F D W H G L Q D U X U D O D U H D D V G H < Q The applicant must be a participating provider in at least one of MultiPlan s PPO networks.
The grant award may be used to expand an existing program or establish a new program.
The program must be access-oriented; it must enhance its community s access to quality healthcare.
The applicant must demonstrate how progress of the proposed program will be assessed and monitored.
The applicant must show that, through the proposed program, a new population will be served or a new V H U Y L F H Z L O O E H R " H U H G W R D Q H [L V W L Q J S R S X O D W L R Q I R U H

Submission Instructions

Applications must be received by Janu& 2025 Applicants may submit only one program for consideration.

E-mail: rural@multiplan.com Mail: Please include Rural Grant Application MultiPlan, Inc in the Subject line. Attention: Rural Grant 16 Crosby Drive Questions? For more information about MultiPlan s Rural Health Grant, please email rural@multiplan.com.