

**Policy: Funding Review/Funding Review Checklist**

**Purpose:**

The Board of Directors of the New York State Association for Rural Health has set the following guidelines to evaluate current and future funding opportunities, programs and activities to assure synchronization with the corporation's mission.

The Funding Review process assists the New York State Association for Rural Health to seek the highest level of ethical standards and forms the foundation for determining the potential and/or continuation of funding streams. This policy is intended to promote a process whereby funding opportunities are evaluated on the basis of a process that is fair, equitable, timely, and free of bias.

**Procedure:**

The first level of review is carried out by the administrative staff of NYSARH utilizing the Funding Review Checklist. Once completed, the form with any recommendation will be forwarded to the Board of Directors via email. Board Directors will have 48 hours to respond with their thoughts and/or recommendations.

The funding opportunity and the checklist will be an agenda item at the next regularly scheduled Board of Directors meeting.

## NYSARH FUNDING REVIEW CHECKLIST

<b>RFP/Funding Title:</b>	<b>Issuing Agency:</b>
<b>Questions Due:</b>	<b>Contact Information:</b>
<b>Letter of Interest Due:</b>	<b>New or Renewal:</b>
<b>Application Due:</b>	<b>Term of Contract:</b>
<b>Funding Source Used Before:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Amount:</b>
<b>Type of Funding:</b> <input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Foundation <input type="checkbox"/> Other _____	
<b>Local match requirement:</b> <input type="checkbox"/> None <input type="checkbox"/> Yes, Amount/% _____ <b>Type:</b> <input type="checkbox"/> Cash <input type="checkbox"/> In-Kind	
<b>Intent of Application:</b>	
<b>Other Agencies Working on/Potential Collaborative Partners:</b>	

Section	Item	Y	N	N/A	Comments/Notes
<b>Mission</b>	The purpose aligns with the Articles of Incorporation.				
	The purpose aligns with the mission/vision of NYSARH.				
	The purpose aligns with NYSARH advocacy efforts.				
	The purpose aligns with NYSARH education efforts				
	The purpose aligns NYSARH membership efforts				
	Do we meet the minimum eligibility requirements?				
	Do we meet the preferred eligibility requirements?				
	Do we fall within the catchment area?				
	Does the funding conflict any NYSARH member?				
<b>Capacity</b>	Does this funding include dollars for administration?				
	Does this funding include dollars for staff? How many? New or existing?				
	Can we meet the requested deliverables?				
	Can the efforts be sustained?				
	Do NYSARH policies, procedures and protocols support funding processes?				
	Reporting Requirements:				

**Completed by:**

**Date:**

**Reviewed by:**

**Date:**

**Recommendation to move forward:**    Yes    No

**Date:**

**Board Vote:**

**Date:**