# Arkansas Rural Health Transformation Program (RHTP)

## Clinic Proposal Template

Date: October 06, 2025

Clinic Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## 1. Clinic Overview

Provide a brief description of your clinic including location, type of services offered, population served, and approximate number of patients per year. Include your designation (RHC, FQHC, etc.).

## 2. Current Challenges

Describe the main operational, technological, staffing, or financial challenges currently facing your clinic. Explain how these challenges affect your ability to provide quality care to rural patients.

## 3. Proposed Project

Outline the project you are proposing for RHTP funding. Describe what the project will accomplish, how it aligns with RHTP goals (improved access, quality, efficiency), and specific actions or purchases planned.

## 4. Expected Outcomes

List measurable results your project will achieve. Examples include increased patient access, reduced wait times, improved cybersecurity posture, or enhanced telehealth usage.

## 5. Budget Summary

|  |  |  |
| --- | --- | --- |
| Category | Description / Item | Estimated Cost ($) |

Total Estimated Project Cost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## 6. Sustainability Plan

Explain how your clinic will sustain this project after RHTP funding ends. Include strategies for ongoing funding, staff training, or managed services support.

## 7. Additional Notes (Optional)

Add any other information that strengthens your proposal, such as community partnerships, prior achievements, or alignment with state or federal health priorities.

Submitted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_