**Letter of Intent to Apply**

**2019 Small Rural Hospital Transitions (SRHT) Project**

Please complete and submit this letter of intent to apply for a 2019 SRHT project. Submit to Rhonda Barcus by September 15, 2019.

1. Application Information

Hospital Name

Address

City

State

Zip Code

County / Parish

1. Hospital designation:
* PPS
* CAH
* IHS
1. Number of staffed beds as per the most recently filed Medicare Cost Report\_\_\_\_
2. Preferred SRHT project:
* Financial Operational Assessment (FOA)
* Quality of Care/Transition of Care (QI)
1. Would you be interested in participating in either the FOA or QI if your preference is not available?
2. CEO Contact Information:

 Name:

 Phone:

 Email address:

CEO Signature

Date