

U.S. Department of Health and Human Services



Health Resources & Services Administration

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2023

Federal Office of Rural Health Policy

Community Based Division

Rural Health Network Development Program

Funding Opportunity Number: HRSA-23-030

Funding Opportunity Type: New

Assistance Listings Number: 93.912

Application Due Date: November 22, 2022

Ensure your [SAM.gov](https://sam.gov) and [Grants.gov](https://grants.gov) registrations and passwords are current immediately!

HRSA will not approve deadline extensions for lack of registration.

Registration in all systems may take up to 1 month to complete.

Issuance Date: August 22, 2022

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See [Section VII](#) for a complete list of agency contacts.

Authority: 42 U.S.C 254c(f) (§ 330A(f) of the Public Health Service Act)

508 COMPLIANCE DISCLAIMER

Note: Persons using assistive technology may not be able to fully access information in this file. For assistance, email or call one of the HRSA staff listed in [Section VII. Agency Contacts](#).

EXECUTIVE SUMMARY

The [Health Resources and Services Administration \(HRSA\)](#) is accepting applications for the fiscal year (FY) 2023 Rural Health Network Development program. The purpose of this program is to support integrated health care networks that collaborate to achieve efficiencies; expand access to, coordinate, and improve the quality of basic health care services and associated health outcomes; and strengthen the rural health care system as a whole. More specifically, the program supports networks as they address gaps in service, enhance systems of care, and expand capacity of the local health care system. This notice is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately.

Funding Opportunity Title:	Rural Health Network Development Program
Funding Opportunity Number:	HRSA-23-030
Due Date for Applications:	November 12, 2022
Anticipated FY 2023 Total Available Funding:	\$13,200,000
Estimated Number and Type of Award(s):	Up to 44 grants
Estimated Annual Award Amount:	Up to \$300,000 per award subject to the availability of appropriated funds
Cost Sharing/Match Required:	No
Period of Performance:	July 1, 2023 through June 30, 2027 (4 years)
Eligible Applicants:	To be eligible to receive a grant, an entity – (A) Shall be a domestic public or private, non-profit or for-profit entity with demonstrated experience

	<p>serving, or the capacity to serve, rural underserved populations; and</p> <p>(B) Shall represent a network composed of participants – (i) that includes at least three or more health care provider organizations, and (ii) that may be non-profit or for-profit entities; and</p> <p>(C) Shall not previously have received a grant under subsection 330A(f) of the Public Health Service Act (other than a grant for planning activities) for the same or similar project, unless the entity is proposing to expand the scope of the project or the area that will be served through the project.</p> <p>See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.</p>
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Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in this NOFO and in [HRSA's SF-424 Application Guide](#). Visit [HRSA's How to Prepare Your Application page](#) for more information.

Technical Assistance

HRSA has scheduled the following webinar:

Wednesday, September 7, 2022

2 – 3:30 p.m. ET

Weblink: <https://hrsa->

[gov.zoomgov.com/j/1607076643?pwd=b3F1c0lUdHBVYVRoZHVPeTNzS21wdz09](https://hrsa.gov.zoomgov.com/j/1607076643?pwd=b3F1c0lUdHBVYVRoZHVPeTNzS21wdz09)

Attendees without computer access or computer audio can use the dial-in information below.

Call-In Number: 1-833-568-8864
Meeting ID: 14653038

HRSA will record the webinar. Playback information can be requested at JCausey@hrsa.gov

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Rural Health Network Development (RHND) Program. The purpose of the RHND Program is to support integrated health care networks who collaborate to achieve efficiencies; expand access to, coordinate, and improve the quality of basic health care services and associated health outcomes; and strengthen the rural health care system as a whole. HRSA intends for the RHND Program to address gaps in service, enhance systems of care, and expand capacity of the local rural health care system.

The RHND program was created in response to the need for rural providers to address changes taking place in the health care sector in order to better serve their rural communities. Furthermore, integrated health care networks are an important component of health care service delivery and system reform. Many rural providers have historically worked together to address these challenges by creating networks that foster collaboration and coordination, and address structural challenges inherent in rural health care delivery, resulting in reduced burden and costs on the rural health care system.

The RHND Program will focus on the following four program domains:

- I.) **Improve access:** by addressing gaps in care, workforce shortages, better workflows and/or improving the quality of health care services
- II.) **Expand capacity and services:** by creating effective systems through the development of knowledge, skills, structures, and leadership models
- III.) **Enhance outcomes:** by improving patient and/or network development outcomes through expanding or strengthening the network's services, activities or interventions
- IV.) **Sustainability:** by positioning the network to prepare for sustainable health programs through value-based care and population health management.

The RHND Program encourages innovative strategies to address health care needs identified by local communities and supports rural communities in preparing for changes within the evolving health care landscape. The program creates an opportunity for rural health networks to work collaboratively to adapt to the emerging trends in rural healthcare, and meet the unique needs of the rural communities they serve. While the RHND Program provides the opportunity for community specific programs, applicants should consider addressing the key priorities of the U.S. Department of Health and

Human Services (HHS) within their programs: readiness for the next public health emergency, health equity, mental health, and value-based care.¹

The program encourages applicants to include populations that have historically suffered from poorer health outcomes, health disparities, and other inequities, as compared to the rest of the rural population. Examples of these populations include, but are not limited to, racial and ethnic minorities, homeless populations, pregnant women, disabled individuals, youth and adolescents, etc.

HRSA recommends your network members consist of a broad array of organizations from both traditional and non-traditional health care entities. Diverse network members may include cross-sector entities such as behavioral health organizations, critical access hospitals, rural health clinics, community-based and social service organizations, colleges and universities and tribal organizations. Using the strength of diverse membership, the network should consider its service delivery approach to addressing pertinent rural health issues, such as hospital bypass rates and value-based care, in order to meet the program domains and effect long-term change.

Systems of Care Approach

One way applicants can improve access and enhance outcomes is through creating a systems of care approach. For the purposes of this program, systems of care is defined as a service delivery approach that uses community partnerships to create a coordinated array of broad and flexible services. The network, led by a core set of principles and values, will work together with the community to create or improve upon equitable systems, workflows and strategies to improve health outcomes (more information can be found in the *background* section.^{2 3}

2. Background

The Rural Health Network Development Program is authorized by Section 330A(f) of the Public Health Service Act (42 U.S.C. 254c(f)), which contemplates award of rural health network development grants to eligible entities to plan, develop, and implement integrated health care networks that collaborate in order to (i) achieve efficiencies; (ii) expand access to, coordinate, and improve the quality of basic health care services and associated health outcomes; and (iii) strengthen the rural health care system as a whole (See **Appendix C** for more details on legislative aims).

¹ Assistant Secretary for Planning and Evaluation (ASPE). (2022, March 25). *Strategic Plan FY 2022 – 2026*. HHS.Gov. <https://www.hhs.gov/about/strategic-plan/2022-2026/index.html>

² Stroul, B., Blau, G., & Friedman, R. (2010). *Updating the system of care concept and philosophy*. Washington, DC: Georgetown University Center for Child and Human Development, National Technical Assistance Center for Children's Mental Health.

³ Systems of Care. (2022, February 25). Casey Family Programs. Retrieved June 2, 2022, from <https://www.casey.org/can-you-tell-us-about-a-few-agencies-that-have-systems-of-care/>

Rural areas face a range of challenges in the provision of health care services that networks can work to address. While rural providers and organizations may understand the needs of the community and gaps in service, it is often difficult to address these needs due to workforce shortages and limited resources, both monetarily and in-kind (i.e., time). Between competing priorities, and rural providers and administrators filling multiple roles, ⁴ individual organizations that serve rural communities may be limited in their ability to expand capacity/services and create better systems of care. As noted above in the *purpose* section, with the many health challenges rural communities' face, the importance of integrated health care networks cannot be understated as they provide an opportunity for rural providers to collaborate and enhance the long-term health outcomes of the local community.

Below, HRSA highlights historical challenges rural networks face. These challenges are not a requirement for applicants to address in their proposed projects, but rather provide additional context to consider when crafting your application.

Hospital Bypass

Many rural communities are working to reduce the percentage of rural residents who bypass their local rural hospital or other clinical providers. According to a 2020 study done by the Centers for Medicare and Medicaid Services, hospital bypass rates over the last 25 years range from 25 percent to 70 percent, and “rural patients cite limited services and lack of specialty care as reasons for bypassing their local rural hospitals”.⁵ Networks should consider including local rural hospitals as members in order to build and/or expand capacity, services, and infrastructure to increase access to care and ultimately, reduce systems costs and improve health outcomes.

Value-Based Care and Population Health

Networks may consider addressing program sustainability through creating value-based care and population health programs. Public and private health care payers are increasingly focused on the need for value-based care and population health. This focus is affecting payment models for reimbursement (e.g., value-based payments, capitated payments, etc.) and will require a focus on improving health outcomes and demonstrating quality improvement across diverse clinical and community sectors. Rural health care providers are increasingly being asked to focus on new approaches to lower costs and improving outcomes for patients, demonstrating greater patient satisfaction scores for providers, and better cost control and reduced risk for third-party payers.⁶ Applicants should consider how their proposed activities will help network member organizations adapt to these larger health system dynamics. Definitions for

⁴ Centers for Medicare & Medicaid Services (CMS). (2018). *CMS Rural Health Strategy*. Www.Cms.Gov. Retrieved May 25, 2022, from <https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Rural-Strategy-2018.pdf>

⁵ CMS Office of Minority Health. Examining Rural Hospital Bypass for Inpatient Services. Baltimore, MD: Centers for Medicare & Medicaid Services; December 2020.

⁶ Teisberg, E., Wallace, S., & O'Hara, S. (2020). Defining and Implementing Value-Based Health Care: A Strategic Framework. *Academic medicine: journal of the Association of American Medical Colleges*, 95(5), 682–685. <https://doi.org/10.1097/ACM.00000000000003122>

payment models for reimbursement are in **Appendix B**. The applicant organization and their network member organizations are encouraged to position themselves for this change while addressing the local health care need supported by the statutory charges (i, ii, and iii), outlined in the authorizing legislation.

Consolidation in Rural Communities

In rural communities, providers play a central role in practice transformation and hospital sustainability.⁷ Providers are able to understand the needs of their patients and readily identify an organization or local community's gaps in service. While there is increasing consolidation in the larger health care system, there is still a need for providers across the spectrum of services to work together to improve access and coordination of services. While the current health care environment veers towards a number of network participants owned by a single entity; for the purposes of this program, HRSA highly encourages applicants to have a broad array of member organizations. Where possible, these organizations should not be affiliated with or acquired by the applicant organization (or applicant parent organization) and should be separate organizations, forging relationships with new entities the applicant organization has not previously worked with. These separate organizations will provide distinctive expertise, which will help the network better address gaps in care, assist their organizations in acclimating to the evolving health care environment and improve social determinants of health by addressing relevant health care needs identified by the rural community.

The RHND program will also enable rural health networks to continue to be a locus of innovation and to maximize limited rural health resources in times of economic hardship and decreased access to health care services. Programs created through this funding are intended to be replicable in other rural communities. The RHND Program supports and encourages creative projects that aim to confront key public health crises that address the needs of a wide range of population groups including, but not limited to, low-income populations, the elderly, pregnant women, infants, adolescents, rural Black, Indigenous, and people of color populations, and rural populations with special health care needs. Each population faces different and unique challenges, and residents in rural communities often experience multiple social determinants of health, often presenting complexities in addressing these challenges. Networks should use the benefits and resources of their collaboration to identify and address these intersectionalities.

⁷ Mahoney, M. M. R. D. B. (2021). *The Key Role of Advanced Practice Providers in Today's New Normal*. [Www.Physicianleaders.Org. https://www.physicianleaders.org/news/the-key-role-of-advanced-practice-providers-in-todays-new-normal](https://www.physicianleaders.org/news/the-key-role-of-advanced-practice-providers-in-todays-new-normal)

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New

HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA estimates approximately \$13,200,000 to be available annually to fund 44 recipients. The actual amount available will not be determined until enactment of the final FY 2023 federal appropriation. You may apply for a ceiling amount of up to \$300,000 annually (reflecting direct and indirect, facilities and administrative costs) per year. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately.

The period of performance is July 1, 2023 through June 30, 2027 (4 years). Funding beyond the first year is subject to the availability of appropriated funds for the Rural Health Network Development program in subsequent fiscal years, satisfactory progress, and a decision that continued funding is in the best interest of the Federal Government.

All HRSA awards are subject to the Uniform Administrative Requirements, Cost Principles, and Audit Requirements at [45 CFR part 75](#).

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include domestic public or private, non-profit or for-profit entities, including faith-based, community-based, tribes and tribal organizations. The applicant organization may be located in a rural or urban area, but must have demonstrated experience serving, or the capacity to serve, rural underserved populations. The applicant organization should describe in detail their experience and/or capacity to serve rural populations in the **Project Abstract** section of the application.

The applicant organization may not previously have received an RHND award (other than a grant for planning activities) for the same or a similar project. However, existing recipients that (1) seek to expand services or expand their service areas, (2) include new or additional network member organizations, or (3) target a new population or new focus area are eligible to apply.

[For more details, see Program Requirements and Expectations.](#)

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

HRSA may not consider an application for funding if it contains any of the non-responsive criteria below:

- Exceeds the funding ceiling amount
- Fails to satisfy the deadline requirements referenced in [Section IV.4](#)

NOTE: Multiple applications from an organization are not allowed. HRSA will only accept and review your **last** validated electronic submission before the [Grants.gov application due date](#). Please see exception request information below.

Exceptions Request

Multiple EIN Exception

In general, multiple applications associated with the same UEI (previously DUNS) number and/or EIN are not allowable. However, HRSA recognizes a growing trend towards greater consolidation within the rural health care industry and the possibility that multiple health care organizations may share the same EIN as its parent organization. As a result, at HRSA's discretion, multiple health care organizations that share the same EIN as its parent organization, or organizations within the same network who are proposing different projects are eligible to apply by requesting an exception. Please refer to **Attachment 14** for information on how to request an exception to this policy.

Tribal Exception

HRSA is aware that tribes and tribal governments may have an established infrastructure without separation of services recognized by filing for EINs. In case of tribes and tribal governments, only a single EIN located in a HRSA-designated rural area is necessary to meet the network requirements. Tribes and tribal entities under the same tribal governance must still meet the network criteria of three or more entities committed to the proposed approach, as evidenced by a signed letter of commitment that delineates the expertise, roles and responsibilities in the project, and commitments of each network member organization. Please refer to **Attachment 14** for additional information on this exception.

Notifying your State Office of Rural Health

By statute, all applicants are required to consult with their State Office of Rural Health (SORH) or another appropriate state entity. Consequently, HRSA requires applicants to notify their SORH or equivalent (state appropriate entity) of their intent to apply to this program. A list of the SORHs can be accessed at:

<https://nosorh.org/nosorhmembers/nosorh-members-browse-bystate/>. Applicants must include in **Attachment 1** a copy of the letter or email sent to the SORH, and any response received to the letter, which was submitted to the SORH describing their project.

Each state has a SORH, and HRSA recommends making every effort to contact the SORH entity early in the application process to advise them of your intent to apply. The SORH may be able to provide consultation to you regarding model programs, data resources, and technical assistance for networks, evaluation, network member organizations, or support of information dissemination activities. If you do not receive a response, please include in your application the original letter of intent requesting the support.

Applicants located in Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau do not have a designated SORH. Therefore, applicants from these areas must provide a copy of an email or letter confirming they have contacted the National Organization of State Offices of Rural Health (NOSORH). The email address is: donna@nosorh.org.

SORHs responding to this notice as the applicant organization must provide an attestation in **Attachment 1** that there is no conflict of interest and other applicants were not prejudiced. This attestation must clearly show that their application was independently developed and written and that they have not knowingly duplicated efforts or project ideas of non-SORH applicants within their state.

For more information on how SORHs can be helpful in supporting rural community organizations, please visit the [NOSORH Website](#) and check out the [Community Based Division \(CBD\) Factsheet](#) and community organization collaboration [video](#) highlight.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA **requires** you to apply electronically. HRSA encourages you to apply through [Grants.gov](https://www.grants.gov) using the SF-424 workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at [Grants.gov: HOW TO](#)

[APPLY FOR GRANTS](#). If you use an alternative electronic submission, see [Grants.gov: APPLICANT SYSTEM-TO-SYSTEM](#).

The NOFO is also known as “Instructions” on Grants.gov. You must select “Subscribe” and provide your email address for HRSA-23-030 in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the [For Applicants](#) page for all information relevant to this NOFO.*

2. Content and Form of Application Submission

Application Format Requirements

Section 4 of HRSA’s [SF-424 Application Guide](#) provides general instructions for the budget, budget narrative, staffing plan and personnel requirements, assurances, and certifications. You must submit the information outlined in HRSA *SF-424 Application Guide* in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in this NOFO and HRSA’s [SF-424 Application Guide](#). You must submit the application in the English language and in the terms of U.S. dollars (45 CFR § 75.111(a)).

See Section 8.5 of the HRSA *SF-424 Application Guide* for the Application Completeness Checklist to assist you in completing your application.

Application Page Limit

The total of uploaded attachment pages that count against the page limit shall be no more than the equivalent of **80 pages** when printed by HRSA. Standard OMB-approved forms included in the workspace application package do not count in the page limit. The abstract is the standard form (SF) “Project_Abstract Summary.” If there are other attachments that do not count against the page limit, this will be clearly denoted in Section IV.2.v Attachments.

The abstract is no longer an attachment that counts in the page limit. Additionally, Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. However, if you use an OMB-approved form that is not included in the workspace application package for HRSA-23-030, it will count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit.

It is important to take appropriate measures to ensure your application does not exceed the specified page limit. Any application exceeding the page limit will not be read, evaluated, or considered for funding.

Applications must be complete, within the maximum specified page limit, and validated by Grants.gov under HRSA-23-030 before the [deadline](#).

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- 1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Failure to make required disclosures can result in any of the remedies described in [45 CFR § 75.371](#), including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3354).
- 3) If you are unable to attest to the statements in this certification, you must include an explanation in *Attachment 15: Other Relevant Documents*.

See Section 4.1 viii of HRSA's [SF-424 Application Guide](#) for additional information on all certifications.

Temporary Reassignment of State and Local Personnel during a Public Health Emergency

Section 319(e) of the Public Health Service (PHS) Act provides the Secretary of the Department of Health and Human Services (HHS) with discretion upon request by a state or tribal organization to authorize the temporary reassignment of state, tribal, and local personnel during a declared federal public health emergency. The temporary reassignment provision is applicable to state, tribal, and local public health department or agency personnel whose positions are funded, in full or part, under PHS programs and allows such personnel to immediately respond to the public health emergency in the affected jurisdiction. Funds provided under the award may be used to support personnel who are temporarily reassigned in accordance with § 319(e), which sunsets / terminates on September 30, 2023. Please reference detailed information available on the [HHS Office of the Assistant Secretary for Preparedness and Response \(ASPR\)](#) website.

Program Requirements and Expectations

Service Area Requirements

- a. Applicants must list the rural counties that will be served. Proposed counties must be fully rural, but if counties are partially rural counties, please include the rural census tract(s) in the **Project Abstract**. **It is imperative that applicants list the rural counties (or rural census tract(s) if the county is partially rural) that will be served through their proposed project, as this will be one of the factors that will determine the applicant organization's eligibility to apply for this grant funding.**

To ascertain rural service areas, please refer to <https://data.hrsa.gov/tools/rural-health>. This webpage allows you to search by county or street address and determine rural eligibility.

- b. Each applicant organization and network member organization must have its own EIN number unless an exception is requested (see details below under 'Exceptions Request').
- c. In addition to the 50 U.S. states, only organizations in the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, the U.S. Virgin Islands, the Federated State of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau may apply. If you are located outside the 50 states, you must still meet the eligibility requirements.

Network Requirements

Applicants must meet the following network requirements:

- a. Network member organizations may be located in rural or urban areas and can include all domestic public or private, non-profit or for-profit entities including faith-based, community-based organizations, tribes, and tribal organizations. We recognize that rural-urban networks can sometimes lead to the underrepresentation of rural needs. Therefore, HRSA requires at least sixty-six percent (66%), or two-thirds of network member organizations (organizations with signed Memorandum of Agreement (MOU), Memorandum of Understanding (MOU) or other formal collaborative agreements, including signed and dated by-laws) of the proposed project be located in a HRSA designated rural area, as defined by the [Rural Health Grants Eligibility Analyzer](#). This means that if a network is composed of three member organizations, at least two organizations must be located in a [HRSA designated rural area](#). The applicant organization must verify and indicate the rural or urban eligibility of *each* network member organization in **Attachment 7**.
- b. Applicant organizations located in urban areas are required to ensure a collaborative network, with shared local control (*see definition in **Appendix B***) from the participating rural counties. Activities and services of the network must be provided in a non-metropolitan county or rural census tract. Proposed rural counties must be fully rural. For partially rural counties, please include the rural census tract(s) in the **Project Abstract**.
- c. Network member organization must have extensive experience collaborating with one another, with each network member organization having demonstrated experience serving, or the capacity to serve, rural underserved populations. Network member organizations must prioritize addressing gaps in care and expand capacity to create long-term systems-based changes, resulting in practice transformation.

- d. The applicant organization is required to have the staffing and infrastructure necessary to oversee program activities. The applicant organization must have demonstrated experience serving, or the capacity to serve, rural underserved populations, and describe the experience and/or capacity in the **Project Abstract**.
- e. The network must have a permanent network director (i.e., network executive director) or have established an interim network director capable of overseeing the network’s administrative, fiscal, and business operations at the time an award is made. HRSA strongly recommends the network director role be 1.0 FTE. HRSA prefers that the network director role is different from the project director role.

Programs are encouraged to utilize evidence-based practices or models to promote successful program implementation. See the *Project Narrative* section for additional information.

When writing, please keep in mind the network definitions for an integrated health network, a Memorandum of Agreement (MOA) / Memorandum of Understanding (MOU), and a Governing Body as defined in **Appendix B** and guidelines above in this section.

Program-Specific Instructions

In addition to application requirements and instructions in Section 4 of HRSA’s [SF-424 Application Guide](#) (including the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract), include the following:

i. Project Abstract

Do not upload the abstract as an attachment or it may count toward the page limit. For information required in the Project Abstract Summary Form, see Section 4.1.ix of HRSA’s [SF-424 Application Guide](#).

<i>Abstract Heading Content</i>
Applicant Organization Information Organization Name, Address (street, city, state, zip code), Facility/Entity Type (FHQC, RHC, public health department, etc.) and Website Address (<i>if applicable</i>)
Designated Project Director & Designated Network Director Information
<ul style="list-style-type: none"> • Project Director Name & Title, Contact Phone Number(s), and E-mail Address • Key Staff Names & Titles, Contact Phone Number(s), and E-mail Address • Network Director Name & Title, Contact Phone Number(s), and E-mail Address (<i>if different from project director</i>)
Rural Health Network Development Project Project Title, and Goal

<p>Focus Area(s) (e.g., behavioral health, cardiac rehabilitation)</p>
<p><i>Abstract Body Content</i></p>
<p>Target Patient Population Brief description of the service area and target patient population the project proposes to serve and track (2-3 sentences max)</p>
<p>Network Members</p> <ul style="list-style-type: none"> ○ Network Name ○ Total number of member organizations and facility/entity type of organizations
<p>Network Project Activities/Services Brief description of the proposed project activities and/or services provided through the network collaboration</p>
<p>Expected Outcomes Brief description of the proposed project expected outcomes. Clearly label and organize these expected outcomes by the Rural Health Network Development program domains: i) improve access, ii) expand capacity and services iii) enhance outcomes, iv) sustainability.</p>
<p>Capacity to Serve Rural Underserved Populations Applicants must demonstrate their experience serving or the capacity to serve, rural underserved populations. Please describe your capacity to serve rural underserved populations. Examples to show this capacity may include a history or ability to:</p> <ul style="list-style-type: none"> ○ Identify activities that build, strengthen, and maintain the necessary skills and resources needed to sustain or improve health services delivery in rural populations ○ Discuss organizational expertise and capacity as it relates to the scope of work proposed. Include a brief overview of the organization's assets, skills and qualifications to carry on the project ○ Describe current experience, including partnerships, activities, program implementation and previous work of a similar nature ○ Discuss the effectiveness of methods and/or activities employed to improve health care services in rural communities <p>HRSA requires that urban applicants describe the geographic relationship to the proposed rural service population as well as the plans to ensure that rural populations are served.</p>
<p>Funding Preference Applicants must explicitly document a qualifying funding preference and cite the qualification that is being met (see 42 U.S.C. 254c(h)(3)). HRSA highly recommends you include clear concise language making it clear to HRSA which funding preference you are choosing. If you choose not to select a funding preference, please use clear concise language making it clear to HRSA that you are not choosing a funding preference.</p> <p>If applicable, you need to provide supporting documentation in Attachment 12. Please refer to Section V.2 for further information.</p>

NARRATIVE GUIDANCE

To ensure that you fully address the review criteria, the table below provides a crosswalk between the narrative language and where each section falls within the review criteria. Any forms or attachments referenced in a narrative section may be considered during the objective review.

Narrative Section	Review Criteria
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response
Work Plan	(2) Response and (4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures
Organizational Information	(5) Resources/Capabilities
Budget Narrative	(6) Support Requested

ii. Project Narrative

This section provides a comprehensive description of all aspects of the proposed project. It should be succinct, self-explanatory, consistent with forms and attachments, and organized in alignment with the sections and format below so that reviewers can understand the proposed project.

Successful applications will contain the information below. Please use the following section headers for the narrative:

- *INTRODUCTION* -- Corresponds to Section V's Review Criterion 1: [NEED](#)

Briefly describe the purpose of the proposed project, how it supports legislative aims i, ii, and iii (please refer to **Appendix C** for a detailed explanation), and how it aligns with the four RHND program domains. Provide a description of how the project will meet the healthcare needs of the rural underserved population in the local community or region to be served. Include a brief description of the activities/types of services to be provided, collaborating network member organizations, expected program outcomes, and community impact. Where possible, you should explain how the proposed program and network collaboration will support population health management and value-based care. The Introduction should be succinct, self-explanatory and well organized so that reviewers can understand the proposed project.

- **NEEDS ASSESSMENT** -- Corresponds to Section V's Review Criterion 1: [NEED](#)

Outline the needs of the rural community and the applicant and network member organizations. Help reviewers understand the rural community and/or entities served by the proposed project. Address the following items within the needs assessment:

Healthcare Environment

- a. **Health care Service Needs.** Provide evidence of the health care need(s) related to the specific healthcare activity that the network proposes to address, including quantifiable data on the lack of existing services, gaps in care, and/or programs within the targeted rural community. You must use appropriate data sources (e.g., local, state, federal) in your analysis of the environment in which the network project will be implemented, including:
 - **Target populations.** Provide information on the socio-cultural determinants of health and health disparities affecting the target population. Based on your target population, describe the extent to which the population you propose to serve includes subpopulations that have historically suffered from poorer health outcomes, health disparities, and other inequities compared to the rest of the target population. These populations may include, but are not limited to, homeless populations, racial and ethnic minorities, pregnant women, adolescents and youth, etc. In addition, discuss how this program and network collaboration ameliorate the disparities identified. You are encouraged to utilize the methods outlined in the [National Culturally and Linguistically Appropriate Services Standards](#).
 - **Rural Service Area.** Include a map within the narrative that shows the location of network member organizations, the rural counties served by the network, and any other information that will help reviewers visualize and understand the scope of the proposed activities. The service area must be completely rural. If an organization is located in a rural census tract of an urban county, the rural census tract(s) must be clearly identified as well as the county and census tract(s) of the network member organizations. In **Attachment 3**, include a list of the impacted areas, counties and cities.

Impact of Network Collaboration

- b. **Impact.** Describe the need for a network collaboration to address the population health of the target population (supported by the proposed health care activity) in a manner that individual facilities would not be able to do on their own. Describe the potential impact of the network's activities on providers, programs, organizations and other network and non-network entities in the community.

- *METHODOLOGY*-- Corresponds to Section V's Review Criterion 2: [RESPONSE](#)

Propose methods that you will use to address the stated needs and meet each of the previously described program requirements and expectations in this NOFO such as.

Methodology for Addressing Project Goals and Implementation

- a. *Project Goals*. Define the specific goals and objectives of the proposed network program and the activities that the network will conduct to achieve these goals and objectives, and discuss how the project goals align with the four RHND program domains listed in the *purpose* section. Explain the network's collaborative strategy to meet the goals and objectives. Goals and objectives should directly relate to the information presented in the Needs Assessment section and be aligned with the selected health care activity.
- b. *Promising Practices*. Programs are encouraged to utilize evidence-based practices or models to promote successful program implementation. Models can be found at <https://www.ruralhealthinfo.org/project-examples/evidence-levels/evidence-based>. If portions of the proposed methodology that address a selected topic area(s) are based upon a project or program that was successful in another community or network, please describe that program and include an abstract of the program in **Attachment 11**. If applicable, describe why the selected approach will succeed in your community and how you will tailor your approach to meet the needs of your community.

Methodology for Meeting Rural Requirements

- c. *Local Rural Community*. Describe how the local rural community or region served will be involved in the development and ongoing operations of the project. Describe how community involvement influences the program. Applicants should describe how members of the network are composed of at least sixty-six percent (66%), or two-thirds of organizations who are located in HRSA designated rural areas.

Methodology for Addressing Systems of Care

- d. *Addressing Systems of Care*. Describe your service delivery approach. Using the definition of Systems of Care in **Appendix B**, describe how the network will work together to create or improve equitable systems, workflows and strategies to enhance health outcomes and ready themselves for emerging payment models.
- e. *Sustainability*. Demonstrate a cohesive plan for sustaining the project after federal funding has ended. This preliminary sustainability plan in **Attachment 9** should detail how the network will document the value of the network programs and services to its member organizations and how the network plans to continue to work together and integrate the proposed program into the routine

workflow of the network member organizations so that the project will sustain after the project period ends.

- *WORK PLAN* -- Corresponds to Section V's Review Criterion 2: [RESPONSE](#) and Criterion 4: [IMPACT](#)

This section should clearly demonstrate that the completion of work plan activities utilize a collaborative approach with all network member organizations. Describe the methodology for routine progress monitoring and how network member organizations will collectively decide upon new program strategies, if needed. Use a time line that includes completion dates for each activity and identifies responsible staff. This section should also provide clear evidence that the network has the capacity to begin the rollout and implementation of the proposed activities immediately.

Work Plan Information

- *Work Plan Table.* Use of a tabular format that uses rows and columns to display information is strongly encouraged for effective organization of the work plan information and should be included in **Attachment 4**. The table should include, and clearly illustrate the:
 - Project goals, objectives, strategies, activities, outputs and outcomes, performance benchmarks for measuring progress of each activity and for measuring project outputs/outcomes;
 - Information on how project outputs will be measured;
 - Timeframes assigned for work plan execution for each year of the four-year period of performance, with appropriate timelines for project activity implementation for each year. The timeframes should be as specific as possible. All work plans should clearly and coherently align with the proposed project goals and objectives;
 - Key personnel and/or network member organizations responsible for implementing work plan project activities;
 - If an activity is a direct service activity, please explicitly write "direct service activity" next to the activity (definition of direct services can be found in **Appendix B**). **Note:** Direct service activities can account for no more than 30 percent of the award budget. Please see *funding restrictions* for additional information; and
 - All HRSA Reporting requirements. Please see "Reporting" under [Section VI. Award Administration Information](#), for more details.
- *Work Plan Narrative.* Discuss how the implementation of the work plan activities will be a collaborative and sustainable effort across network member organizations.

- Describe the roles, shared responsibilities and collaboration across network member organizations in carrying out work plan activities;
- Describe the integration of work plan activities into network member's organizational activities;
- Describe the frequency, communication plan, and method by which work groups will meet to track progress on work plan activities, as well as the mode of communication that will occur to report progress updates on work plan activities to the network.

Program Impacts

- *Impacts.* Using the RHND program domains, include a description of the short term and long term impact that will result from the implementation of the proposed program and supporting work plan, including impacts on the target population, the community service area due to the network's expanded capacity, system of care improvements and the anticipated economic impact, including any cost savings.
- **RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion 5: RESPONSE**
 - a. *Challenges and Solutions.* Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan and approaches you will use to resolve such challenges. Describe the quality assurance/quality improvement strategies that will assist in the early identification of challenges and modification of ineffective efforts.
- **EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criterion 3: EVALUATIVE MEASURES and Review Criterion 5: RESOURCES/CAPABILITIES**
 - a. *Data Approach.* Include an approach for assessing the network's progress towards achieving the desired outcomes. Describe how to track, measure, evaluate, and communicate progress toward meeting award-funded goals, and the process you will use to create a robust evaluation plan if awarded. Please note that a robust evaluation plan is **not** required to apply for this funding opportunity. A preliminary evaluation plan should be included in **Attachment 8**.
 - b. *Use of Data.* Describe the process and frequency of evaluation data collection, analysis, and communication. Both outcome and process measures may be used to assess the progress of efforts.
 - c. *Baseline Measures.* Using the RHND program domains, organize, identify and track baseline measures associated with the selected activity(s) in the evaluation plan throughout the duration of the award. The baseline measures must align with the goals and objectives of the proposed project.

NOTE: The Evaluation Plan provided in the application will serve as a “self-assessment” for programs to assess progress towards meeting program goals and objectives. You are also required to utilize Federal Office of Rural Health Policy Rural Health Network Development Program Performance Improvement Measurement System (PIMS) measures to help monitor your project (as appropriate and relevant to the proposed project). See **Appendix A** for more information on PIMS measures. Please note the evaluation data points and the PIMS data points are different measures. More information will be provided if awarded.

- **ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion 5: RESOURCES AND CAPABILITIES**

Please use the following sub-headings in responding to this section:

- 1) Applicant Organization
- 2) Project Staffing
- 3) Network Information
 - a. Network Composition
 - b. Network Control
 - c. Network Governance and History

Subheading 1: Applicant Organization

The applicant organization must have financial management systems in place and must have the capability to manage the award. Briefly provide the following information:

- i. Your organization's mission and vision and how it aligns with the goals of the program
- ii. Structure, leadership, size of organization and staffing
- iii. Location relative to the target service area
- iv. Scope of current activities
- v. How the applicant organization will exercise administrative, accounting capabilities, and programmatic direction over award activities and funds
- vi. How the applicant organization will manage the project director and the award-funded staff

Subheading 2: Project Staffing

- i. Identify the project director, as well as key personnel on the award, in the **Project Abstract** and **Attachment 5**. The project director will be responsible for project/program monitoring and carrying out the award activities. Applicants may identify a permanent project director *prior* to receiving award funds.

- ii. Include information on the individual who will serve as the project director (or interim), as well as if they serve as the project director on any other federal awards. If the applicant organization has an interim project director or has not yet hired a person to serve as the project director, discuss the process and timeline for hiring a permanent project director for this project (i.e., the number of known candidates, the projected starting date for the position of full-time director, etc.).
- iii. HRSA recommend the project director allot at least **0.25 FTE** to the program and has management experience involving multiple organizational arrangements. Ideally, the allocated time of the project director role should be filled by one individual, and not split amongst multiple project staff. In-kind contributions, the value of non-cash contributions (for example, property or services) that benefit a federally assisted project or program, should be included in the staffing plan. All staffing information should be included in **Attachment 5**.
- iv. Describe key personnel roles and how they relate to the proposed project. Key personnel are individuals whom would receive funds by this award or person(s) conducting activities central to this program in **Attachment 5**. Describe the degree to which the network member organizations are ready to integrate their functions.

Subheading 3: Network Information

Subheading 3a: Network Composition

- i. *Network Members and Organizational Chart*. In **Attachment 7**, provide a one page organizational chart (in a tabular format) of the network (see details under Attachments). The chart should also depict the relationship between the network member organizations and includes the network governing board. See **Appendix B** for a governing board definition.
- ii. *Network Vision and Mission*. Describe how the network has a collective vision and mission aligned with the goals of the proposed program. Explain how the member organizations of the network are engaged in the program and will support the vision and mission.

Subheading 3b: Network Control

- iii. *Network Leadership*. Explain the leadership of the network and how the network's leadership will be engaged to promote the success of the network in meeting program goals, moving the network and its member organizations towards long-term system changes, value-based care and population health management, as relevant, and program sustainability. Describe how leadership encourages collective decision making across network member organizations.

- iv. *Network Director*. State whether the applicant has a permanent network director (when possible, should be different from project director) in place, or an interim director. If the network has an interim director, discuss the process and timeline for hiring a full-time director (i.e., the number of known candidates, the projected starting date for the position of full-time director, etc.). HRSA strongly recommends the network director role be 1.0 FTE. If the network director role has historically not been 1.0 FTE, please explain 1) why this has occurred, 2) other staff positions, if any, that assume some of the network director roles described below and 3) how the director is able to fulfill the network leader responsibilities at a reduced FTE level without compromising the network.
- v. *Network Director Role*. For the purpose of the RHND Program, the network director position fulfills the following role:
 - a. Briefly discuss how the network director's role contributes to successfully achieving the goals of the selected topic area for the RHND project; and
 - b. Briefly describe the process for evaluating the network director.
- vi. *Role of Network Member Organizations*. Explain why each of the network member organizations are meaningful collaborators to the proposed project, the value and expertise they bring to the network. Briefly illustrate the level of collaboration of organizations in the network. This section should demonstrate how the network has thought broadly about the membership of the network and the inclusion of traditional and non-traditional health care entities to advance population health.
- vii. *Urban Applicants*. Urban applicants should describe how they will ensure a high degree of local control (*see definition in **Appendix B***) in the project and how they will recruit rural participation in the network. This should include a description that empowers rural network member organizations to be collaborators who bring their expertise to the project. You should identify when each of the network member organizations became involved in the project and detail the nature and extent of each network member's responsibilities and contributions to the project. Explain the capacity of each network member organization's to commit to the four-year project.
- viii. *Communication Plan*. Discuss the network's communication plan and the communication tool that will be implemented to update network member organizations on work plan progress, evaluation data, and other network activities. Include the approach, frequency of meetings, and communication tools used by the network. Please describe the medium used to conduct network meetings and the justification for that choice (i.e., if network meetings are virtual or face-to-face).

Subheading 3c: Network Governance and History

- ix. *Governance Structure.* The applicant clearly describes that it has an effective governance structure in place to support the operations and sustainability of the network.
- a. Describe the governance structure of the network that demonstrates there is effective, collaborative, independent network-driven leadership in place. You must demonstrate that the governing body, rather than an individual network member organization, will make financial and programmatic decisions. For the definition of a governing body, see **Appendix B**. Depict the governing body's relationship to the network in **Attachment 7**.
 - b. Describe how and why the governing body members were selected.
 - c. Briefly describe the personnel, FTE, and financial policies and procedures in place to run the network. Please note: The network should have skilled and experienced staff as well as a highly functioning network board and offer integrated products and services. Furthermore, it may engage in common resource planning and bring in revenue from diverse sources, thereby enabling it to build capital reserves and be financially self-sufficient.
 - d. Describe the income sources to finance operations of the network (i.e., member dues, sales of network services, etc.).
- x. *MOU/MOA.* Obtain a Memorandum of Agreement or Memorandum of Understanding (MOA/MOU) that is signed and dated by **all** network member organizations. The MOA/MOU should prove the formality of the network as described in the eligibility section. The MOA/MOU should reflect the mutual commitment of all member organizations (including CEOs, Board Chairs, or tribal authorities). For what information should be included in the MOA/MOU, please see **Attachment 2**. Please obtain electronic signatures whenever possible to verify commitment. Include the MOA/MOU and any letters of commitment in **Attachment 2**. **Note**: The applicant organization will keep the original signed and dated MOA/MOU. Any additional evidence, such as by-laws and letters of incorporation may be included in **Attachment 2** or referenced and made available upon request if awarded.
- xi. *History and Collaboration Examples.* Describe the network's history and experience with successful collaboration, including its collective vision. Provide examples that illustrate the level of collaboration of the network member organizations (ex: collective decisions made by the network). Also, describe a challenge or situation in which the network and its

member organizations have demonstrated the ability to collaborate and demonstrate effective governance to overcome a difficult situation. If the network has not worked together previously, describe why the identified network member organizations were selected and their experience in working on the project focus area.

- xii. *Previous FORHP Funding.* If the applicant received FORHP funding in the past five years, please include an abstract of the prior project(s) as well as a brief statement describing how the current project is different from previously awarded FORHP award projects in **Attachment 13**.
- xiii. *Letters of Support.* If applicable, you may supply letters of support from informal organizations that are not official members of the network, but may play a role in the implementation of the proposed award project. Upload letters of Support in **Attachment 10**.

iii. **Budget**

The directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov. Follow the instructions in Section 4.1.iv of HRSA's [SF-424 Application Guide](#) and the additional budget instructions provided below. A budget that follows the *Application Guide* will ensure that, if HRSA selects your application for funding, you will have a well-organized plan and, by carefully following the approved plan, may avoid audit issues during the implementation phase.

Reminder: The Total Project or Program Costs are the total allowable costs (inclusive of direct **and** indirect costs) you incur to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by you to satisfy a matching or cost-sharing requirement, as applicable.

In addition, the Rural Health Network Development Program requires the following:

Travel: Please allocate travel funds for up to two (2) program staff to attend an annual two and a half day technical assistance workshop in Washington, DC and include the cost in this budget line item. To determine estimated travel costs to Washington, D.C., rates should refer to the U.S. General Services Administration (GSA) per diem rates for FY 2023. Per diem rates can be found on the GSA's website: <https://www.gsa.gov/travel-resources>. **Please note:** Due to the changing nature of the public health emergency, this technical assistance workshop may be transitioned to a virtual meeting. If awarded, additional information will be provided on re-allocating travel funds. Please still include travel costs in the budget.

Contractual: You are responsible for ensuring that your organization or institution has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts. Consistent with 45 CFR 75, you must provide a clear explanation of the purpose of each contract, how the costs were estimated, and the specific contract deliverables.

As required by the Consolidated Appropriations Act, 2022 (P.L. 117-103), Division H, § 202, “None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.” See Section 4.1.iv Budget – Salary Limitation of HRSA’s [SF-424 Application Guide](#) for additional information. Note that these or other salary limitations may apply in the following fiscal years, as required by law.

iv. Budget Narrative

See Section 4.1.v. of HRSA’s [SF-424 Application Guide](#).

In addition, the Rural Health Network Development Program requires the following:

Budget for Multi-Year Award

- This notice is inviting applications for performance periods up to 4 years. HRSA will make the awards on a competitive basis for 1-year budget periods. Submission and HRSA approval of Progress Report(s) and any other required submission or reports is the basis for the budget period renewal and release of subsequent years’ funds. Funding beyond the 1-year budget period is subject to availability of funds, satisfactory progress of the awardee, and a determination that continued funding would be in the best interest of the Federal Government. However, four separate and complete budgets must be submitted with this application.

v. Attachments

Provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the [application page limit](#).** Your indirect cost rate agreement and proof of non-profit status (if applicable) will not count toward the page limit. **Clearly label each attachment.** You must upload attachments into the application. HRSA and the objective review committee will not open/review any *hyperlinked* attachments.

Attachment 1: State Office of Rural Health Letter (Required)

All applicants are required to notify their State Office of Rural Health (SORH) or other appropriate state government entity early in the application process to advise them of their intent to apply. SORHs can often provide technical assistance to applicants. Please include a copy of the SORHs response to your correspondence and/or the letter or email you sent to the SORH notifying them of your intent to apply. SORHs applying as the applicant organization must provide an attestation that their application was independently developed and written and that they have not knowingly duplicated efforts or project ideas of non-SORH applicants within their state. By statute, all applicants are required to consult with their SORH or other appropriate state entities. However, if applicants from the U.S. territories do not have the ability to do so, this requirement does not apply and U.S. territories are still eligible to apply. A list of the

SORHs can be accessed at: <https://nosorh.org/nosorh-members/nosorh-members-browse-by-state/>

Attachment 2: Memoranda of Understanding/Agreement (MOU/A) (Required)

The network must have a MOU/A that is signed and dated by all network member organizations, the MOU/A should describe the network purpose and activities in general; member responsibilities in terms of: financial contributions, participation, voting and benefits, officers and terms, committees, staff and resources, frequency of meetings; and support and consensus of network member organizations.

Attachment 3: Service Area (Required)

Include a list of the impacted areas, counties and cities, and a legible map that clearly shows the location of network member organizations. If an organization is located in a rural census tract of an urban county, the rural census tract(s) must be clearly identified here as well as the county and census tract(s) of the network member organizations.

Note: Maps should be legible and in black and white.

Attachment 4: Work Plan (Required)

Attach the work plan for the project that includes all information detailed in [Section IV.2.ii. Project Narrative](#). The work plan should illustrate the network's goals, strategies, activities, and measurable progress and outcome measures. The work plan must outline the individual or organization responsible for carrying out each activity and include a timeline for the period of performance.

Attachment 5: Staffing Plan and Job Descriptions for Key Personnel (Required)

As much as possible, keep each job description to **one page** in length. Include the role, responsibilities, and qualifications of proposed project staff to run the network, and specifically to accomplish the proposed RHND grant project. Staffing needs should be explained and should have a direct link to activities proposed in the Project Narrative and budget sections of the application. Staffing plans should include in-kind personnel to the program. Your staffing plan should include supporting and key personnel that total at least one full-time FTE at the time of application. When creating the staffing plan, HRSA recommends supporting a project director with **at least 0.25 FTE**. The recommended project director FTE should be considered when creating the staffing plan and determining total levels of effort. For the purposes of this application, key personnel are individuals who are funded by this award, or person(s) conducting activities central to this program.

Attachment 6: Biographical Sketches of Key Personnel (Required)

Include biographical sketches for persons occupying the key positions described in **Attachment 5** not to exceed two pages in length per person. In the event that a biographical sketch is included for an identified individual not yet hired, include a letter of commitment from that person with the biographical sketch. If the project director (PD)

serves as a PD for other federal awards, please list the federal awards as well as the percentage of FTE for each respective federal award.

Attachment 7: Network Member Information and Organizational Chart (Required)

Provide a one-page organizational chart of the network. Also provide information on each network member organization, which must include, at a minimum:

- the organization's name and type (e.g., CHC, hospital, health department, etc.);
- the name of the key person from the organization that will be working on the program;
- anticipated role and responsibility in the RHND program
- employee Identification number (EIN) of each proposed network member organization

- verify and indicate that at least sixty-six percent (66%), or two-thirds of network member organizations (members who have signed a MOU/MOA in **Attachment 2** or with signed Letters of Commitment) of the proposed project be located in a HRSA-designated rural area, as defined by the Rural Health Grants Eligibility Analyzer. This means that if a network is composed of three member organizations, at least two organizations must be located in a HRSA designated rural area.

- applicants should provide the address of each network member organization and the screenshot from the analyzer of the urban or rural status. The applicant organization **must** verify and indicate the rural or urban eligibility of *each* network member organization

A table may be used to present the information on each network member organization.

Attachment 8: Preliminary Evaluation Plan (Required)

Applicants are required to submit a preliminary evaluation plan. An evaluation plan should address both process and outcome measures. It should include evaluation questions; data sources; evaluation methods (e.g. review of documents, interviews with project staff and participants, surveys of participants etc.); targeted outcome measures, and how they will communicate the evaluation findings throughout the project. The measures should be organized into the RHND program domain areas.

Attachment 9: Preliminary Sustainability Plan (Required)

Applicants are required to submit a preliminary sustainability plan that demonstrates a cohesive plan for sustaining the impact of the network programs and services created with RHND funding. Refer to [Section IV. Project Narrative](#) for more information.

Attachment 10: Letters of Support (if applicable)

Applicants should supply letters of support from informal network member organizations that are not official members of the network, but may play a role in the implementation of the proposed award project.

Attachment 11: Evidence-Based Practice/Promising Practice Abstract (if applicable)

If applicable, cite the source of the evidence-based or promising practice model(s) and provide documentation that shows the effectiveness (or potential effectiveness) of this model. Documentation could include a peer-reviewed abstract of the model or a citation/description from a credible web source.

Attachment 12: Funding Preference Documentation (if applicable)

To receive a funding preference, the application must provide documentation that supports the funding preference qualification. Please indicate which qualification is being met in the **Project Abstract**. For further information on funding preferences and the required documentation, please refer to [Section V.2](#). This attachment **will not count** towards the 80-page limit.

Attachment 13: Previous Grants (if applicable)

If the applicant organization has received any funds from the Federal Office of Rural Health Policy within the last 5 years, the grant number and the abstract from the previous award should be included. Please **only provide** the grant number(s) and abstract(s).

Attachment 14: Exceptions Request (if applicable)

For Tribal Exceptions and Multiple EIN Exception requests, the following **must** be included:

- Names, titles, email addresses, and phone numbers for points of contact at each of the applicant organizations and the parent organization;
- Proposed project focus and service area for each applicant organization with the same EIN (these should not overlap);
- Justification for why each applicant organization must apply to this funding opportunity separately as the applicant organization, as opposed to serving as network member organizations on other applications;
- Assurance that the applicant organizations will each be responsible for the planning, program management, financial management, and decision making of their respective projects, independent of each other and/or the parent organization; and

- Signatures from the points of contact at each applicant organization and the parent organization.

Attachment 15: Other Relevant Documents (if applicable)

Include here any other documentation that may be relevant to the application (e.g., Indirect Cost Rate Agreement).

3. Unique Entity Identifier (UEI) and System for Award Management (SAM)

Effective April 4, 2022:

- The UEI assigned by [SAM](#) has replaced the Data Universal Numbering System (DUNS) number.
- Register at [SAM.gov](#) and you will be assigned a UEI.

You must register with SAM and continue to maintain active SAM registration with current information at all times when you have: an active federal award, an active application, or an active plan under consideration by an agency (unless you are an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or you have an exception approved by the agency under 2 CFR § 25.110(d)). For your SAM registration, you must submit a notarized letter appointing the authorized Entity Administrator.

If you are chosen as a recipient, HRSA will not make an award until you have complied with all applicable SAM requirements. If you have not fully complied with the requirements by the time HRSA is ready to make an award, you may be deemed not qualified to receive an award, and HRSA may use that determination as the basis for making an award to another applicant.

If you have already completed Grants.gov registration for HRSA or another federal agency, confirm that the registration is still active and that the Authorized Organization Representative (AOR) has been approved.

The Grants.gov registration process requires information in two separate systems:

- System for Award Management (SAM) (<https://sam.gov/content/home> | [SAM Knowledge Base](#))
- Grants.gov (<https://www.grants.gov/>)

For more details, see Section 3.1 of HRSA's [SF-424 Application Guide](#).

If you fail to allow ample time to complete registration with SAM or Grants.gov, you will not be eligible for a deadline extension or waiver of the electronic submission requirement.

4. Submission Dates and Times

Application Due Date

The application due date under this NOFO is **November 22, 2022 at 11:59 p.m. ET**. HRSA suggests you submit your application to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov in HRSA's [SF-424 Application Guide](#) for additional information.

5. Intergovernmental Review

Rural Health Network Development Program is subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

See Section 4.1 ii of HRSA's [SF-424 Application Guide](#) for additional information.

6. Funding Restrictions

You may request funding for a period of performance of up to 4 years, at no more than \$300,000 per year (inclusive of direct **and** indirect costs). This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division H of the Consolidated Appropriations Act, 2022 (P.L. 117-103) apply to this program. See Section 4.1 of HRSA's [SF-424 Application Guide](#) for additional information. Note that these and other restrictions will apply in following fiscal years, as required by law.

You cannot use funds under this notice for the following purposes:

- To build or acquire real property; or for construction or major renovation or alteration of any space (see 42 U.S.C. 254c(h)).
- Direct service activities can account for no more than 30 percent of the award budget.

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on specific uses of funding. It is imperative that you review and adhere to the list of statutory restrictions on the use of funds detailed in Section 4.1 of HRSA's [SF-424](#)

[Application Guide](#). Like all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

Be aware of the requirements for HRSA recipients and subrecipients at 2 CFR § 200.216 regarding prohibition on certain telecommunications and video surveillance services or equipment. For details, see the [HRSA Grants Policy Bulletin Number: 2021-01E](#).

All program income generated as a result of awarded funds must be used for approved project-related activities. Any program income earned by the recipient must be used under the addition/additive alternative. You can find post-award requirements for program income at [45 CFR § 75.307](#).

V. Application Review Information

1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review and to assist you in understanding the standards against which your application will be reviewed. HRSA has indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation.

Reviewers will evaluate and score the merit of your application based upon these criteria.

Six review criteria are used to review and rank the Rural Health Network Development program applications. Below are descriptions of the review criteria and their scoring points.

Criterion 1: NEED (20 points) – Corresponds to Section IV's [INTRODUCTION](#) and [NEEDS ASSESSMENT](#)

- 1) The extent to which the application demonstrates the purpose of the proposed activity, how it supports the legislative aims (i, ii, and iii), how it aligns with the four RHND program domains, and how the project will meet the healthcare needs of the rural underserved population. Clearly and succinctly submit information on the activities/types of services provided, collaborating network member organizations, and expected program outcomes and community impact.
- 2) The degree to which the applicant demonstrates an appropriate use of data sources (e.g., local, state, federal) in their analysis of the environment and the target population. Presented data must include a description of the target population, size of the population and the degree to which this evidence

substantiates the need for the network and the services/programs identified from the selected activity. If the activity selected is focused on the needs of the network, information on how addressing the network member organization needs will directly support the unmet health needs of the community is presented.

- 3) The extent to which the applicant organization demonstrates that the population it proposes to serve includes subpopulations (rural ethnic and racial minorities and/or other vulnerable populations) that have historically suffered from poorer health outcomes, health disparities, and other inequities compared to the rest of the target population.
- 4) The degree to which the applicant provides quantifiable information on existing programs/services and the gaps in care/ lack of existing services and/or programs related to the identified health care need of the community/region.
- 5) Extent to which the applicant clearly explains the service area using a map, that includes network membership and rural areas served.
- 6) The extent to which the applicant demonstrates how the network will be able to collaboratively address the identified population health needs in a manner in which individual facilities would not be able to on their own.

Criterion 2: RESPONSE (25 points) – Corresponds to Section IV's [METHODOLOGY](#), [WORK PLAN](#) and [RESOLUTION](#)

Sub-criterion One: 10 points

Collaborative Strategy

- 1) The extent to which the applicant defines the specific goals and objectives of the award-funded activities and explains the network's collaborative strategy for accomplishing them. Goals and objectives should directly relate to the information presented in the *Needs Assessment* section and be aligned with the program activities.
- 2) The extent to which the project goals align with the four RHND program domains.
- 3) The extent to which the applicant describes how the local community or region to be served will be involved in the development and ongoing operations of the project.
- 4) The extent to which the applicant demonstrates that the completion of work plan activities is a collaborative approach across all network member organizations, as demonstrated by the shared responsibilities of work plan activities and the integration of the activities within the network member's operational activities.

Sub-Criterion Two: 10 points

Implementation of Work Plan

- 5) The extent to which the application includes a clear and coherent work plan that aligns with the network's goals, objectives, and strategies.
- 6) The appropriateness of the work plan in identifying responsible individual(s) and organization(s) and a timeline for each activity throughout the four years of the award, and where applicable, identified direct service activities.
- 7) The extent to which the applicant describes the methodology that will be in place to ensure progress on work plan activities and desired evaluation outcomes.
- 8) The extent to which the applicant describes plans for routine progress monitoring and how the network member organizations will collectively decide new program strategies, if needed.
- 9) The extent to which the applicant provides a clear description of how their work plan will improve anticipated outcomes.
- 10) The extent to which the applicant provides clear and strong evidence that the network has the capacity to immediately begin and effectively carry out the activities listed in the work plan.
- 11) The extent to which the application demonstrates a comprehensive understanding of potential challenges likely to be encountered designing and implementing the activities described in the Work Plan. Describe the strategies that will assist in early detection and modification of ineffective efforts and challenges.

Sub-criterion Three: 5 points

Sustainability

- 12) The extent to which the applicant demonstrates a cohesive sustainability plan to sustain the network and the impact of the network programs and services created with RHND funding.

Criterion 3: EVALUATIVE MEASURES (10 points) – Corresponds to Section IV's EVALUATION

- 1) The ability of the applicant to identify and incorporate measures that are aligned with the goals and objectives of the program and the supporting work plan activities.
- 2) Extent to which baseline and targeted outcome data are organized using the RHND program domains and how the data will be used to inform program development and service delivery.

- 3) The extent to which the applicant provides evidence that if evaluation targets are not met, there is a procedure in place to realign program activities or try new approaches necessary to get the desired data outcomes needed to achieve program goals and objectives.
- 4) Extent to which the applicant proposes a method to create a robust evaluation plan that will demonstrate program impact and the success of the program in meeting the intended outcomes. The strength of the preliminary evaluation plan included in **Attachment 8** in regards to alignment with the needs assessment, program goals and objectives, work plan, and population health management.

Criterion 4: IMPACT (10 points) – Corresponds to Section IV's [WORK PLAN](#)

- 1) The extent to which the applicant aligns with the RHND program domains and provides a description of anticipated short and long term impacts of the program and supporting work plan, including:
 - a. Expected impact on the identified target population;
 - b. Expected impact on service area health care delivery and services; and
 - c. Expected impact or implications for rural community service area (local, state and national impacts/implications may also be included here).
- 2) The ability of the applicant to present the anticipated impact the proposed project will have on the local rural economy.

Criterion 5: RESOURCES/CAPABILITIES (25 points) – Corresponds to Section IV's [ORGANIZATIONAL INFORMATION](#) and [WORK PLAN](#)

Sub-criterion One: 10 points

Network Member Roles and Organizational Chart

- 1) The extent to which the applicant organization demonstrates the following:
 - a. Ability to exercise administrative and programmatic direction over award-funded activities.
 - b. Ability to be responsible for hiring and managing the award-funded staff.
 - c. Has the administrative and accounting capabilities to manage the award funds.
 - d. Have identified a permanent network director at the time an award is made, who has the qualifications to oversee the daily functions of the network, contribute to the success of the network, move the network and member organizations towards value-based care and population health management, encourages collaborative decision making, and promotes program sustainability.

- 2) The applicant's inclusion of the Network's Organizational Chart and Governing Board in **Attachment 7**, and the extent to which the organizational chart(s) demonstrates clear and distinct organizations among the network; the applicant organization and network member organizations (i.e., network members are not affiliated or acquired by the applicant organization or parent organization of applicant organization).
- 3) The extent to which the applicant provides evidence that network member organizations are meaningful collaborators to the proposed program, evidenced by the value and expertise they bring to the network and the health needs of the community. This section should demonstrate how the network has thought broadly about the inclusion of non-traditional health care entities in the network to promote population health management.
- 4) The extent to which the network's rural composition includes at least three or more health care organizations.
- 5) The extent to which the network demonstrate at least sixty-six percent (66%), or two-thirds of network member organizations (member organizations with signed MOU/A in **Attachment 2**) of the proposed project be located in a HRSA designated rural area and applicants verify the urban or rural status of each network member organization.
- 6) The extent to which the applicant will ensure a high degree of local control (see *definition in **Appendix B***) in the project that details a shared decision-making structure and capacity.

Sub-criterion Two: 5 points

Effective Network Governance

- 7) The extent to which the applicant describes the effectiveness of the governance structure of the network and the presence of an effective, collaborative, and independent network-driven leadership is in place. The applicant demonstrates the strength of the network member's mutual commitment via by-laws and/or a MOA/MOU as outlined in **Appendix B**.
- 8) The extent to which the applicant provides evidence of effective personnel, adequate FTE's, and financial policies and procedures in place to run the network and program operations, including a description of the income sources to finance the operations of the network (i.e., member dues, sales of network services etc.) are provided.

Sub-criterion Three: 10 points

Evidence of Effective Network Collaboration and Capacity to carry out the Program

- 9) The extent to which the applicant provides evidence that the network is highly functional and collaborative, with evidence of the successful prior network collaboration to address the health needs of the community. Evidence that network member organizations will collectively work towards achieving the goals and objectives of the proposed program.
- 10) Qualifications of the network director in place or interim director. The application appropriately specifies that:
 - a. If the network has an interim network director, the feasibility and timeliness for hiring a full-time director (i.e., the number of known candidates, the projected starting date for the position of full-time director, etc.).
 - b. If the network director role historically has not been 1.0 FTE, the applicant effectively explains 1) why 2) if other staff roles are able to fulfill some of the roles and responsibilities of this position and 3) how the director is able to successfully fulfill the network leader responsibilities at a lower FTE without compromising the network.
- 11) Qualifications of the project director in place to oversee the daily functions, coordination, and implementation of program activities:
 - a. The network should have a project director devoting at least 0.25 FTE on the program.
 - b. If the network has an interim project director, the feasibility and timeliness for hiring a full-time project director (i.e., the number of known candidates, the projected starting date for the position of full-time director, etc.).

Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV's [Budget](#) and [BUDGET NARRATIVE](#)

- 1) The reasonableness of the proposed budget for each year of the period of performance in relation to the objectives, the complexity of the activities, and the anticipated results. This includes:
 - a. The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work;
 - b. The extent to which key personnel have adequate time devoted to the project to achieve project objectives, and the application's budget provides sufficient detail about the role and responsibilities of each award-supported staff position; and

- c. The extent to which key personnel have adequate time devoted to support the project's proposed data collection, tracking and analysis efforts for effective demonstration of indicated outcomes at the end of the four-year period of performance.

2. Review and Selection Process

The objective review process provides an objective evaluation of applications to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. See Section 5.3 of HRSA's [SF-424 Application Guide](#) for more details. In addition to the ranking based on merit criteria, HRSA approving officials will apply other factors (e.g., geographical distribution) described below in selecting applications for award.

For this program, HRSA will use: funding preferences.

Funding Preferences

This program provides a funding preference for applicants, as authorized by 42 U.S.C. 254c(h)(3). Applicants receiving the preference will be placed in a more competitive position among applications that can be funded. Applications that do not receive a funding preference will receive full and equitable consideration during the review process. HRSA staff will determine the funding factor and will grant it to any qualified applicant that demonstrates they meet the criteria for the preference(s) as follows:

Qualification(s) to meet the funding preference(s):

Qualification 1: Health Professional Shortage Area (HPSA)

You can receive this funding preference if: the applicant or the service area of the applicant is in an officially designated health professional shortage area (HPSA). Applicants must include a screenshot or printout from the HRSA Shortage Designation website, which indicates if a particular address is located in a HPSA: <https://data.hrsa.gov/tools/shortage-area/by-address>.

Qualification 2: Medically Underserved Community/Populations (MUCs/MUPs)

You can receive this funding preference if: the applicant or the service area of the applicant is in a medically underserved community (MUC) and/or if the applicant serves medically underserved populations (MUPs). Applicants must include a screenshot or printout from the HRSA Shortage Designation website that indicates if a particular address is located in a MUC or serves an MUP: <https://data.hrsa.gov/tools/shortage-area/by-address>.

Qualification 3: Focus on Primary Care, and Wellness and Prevention Strategies

You can receive this funding preference if: Your project focuses on primary care and wellness and prevention strategies. You must include a brief justification (no more than three sentences) describing how your project focuses on primary care and wellness and prevention strategies.

If choosing a funding preference, please indicate which qualification is being met in the **Project Abstract** and **Attachment 12**. Please label documentation as *Proof of Funding Preference Designation/Eligibility*. If you do not provide appropriate documentation in **Attachment 12**, as described, you will not receive the funding preference.

HRSA highly recommends you include clear concise language making it clear to HRSA which funding preference you are choosing. You only have to meet one of the qualifications stated above to receive the preference. Meeting more than one qualification does not increase an applicant's competitive position. If you choose not to select a funding preference, please use concise language making it clear to HRSA that you are not choosing a funding preference.

3. Assessment of Risk

HRSA may elect not to fund applicants with management or financial instability that directly relates to the organization's ability to implement statutory, regulatory, or other requirements ([45 CFR § 75.205](#)).

HRSA reviews applications receiving a favorable objective review for other considerations that include past performance, as applicable; cost analysis of the project/program budget; assessment of your management systems; ensuring continued applicant eligibility; and compliance with any public policy requirements, including those requiring just-in-time submissions. HRSA may ask you to submit additional programmatic or administrative information (such as an updated budget or "other support" information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that HRSA will make an award. Following review of all applicable information, HRSA's approving and business management officials will determine whether HRSA can make an award, if special conditions are required, and what level of funding is appropriate.

Award decisions are discretionary and are not subject to appeal to any HRSA or HHS official or board.

HRSA is required to review and consider any information about your organization that is in the [Federal Awardee Performance and Integrity Information System \(FAPIIS\)](#). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider your comments, in addition to other information in [FAPIIS](#) in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the

review of risk as described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

HRSA will report to FAPIIS a determination that an applicant is not qualified ([45 CFR § 75.212](#)).

VI. Award Administration Information

1. Award Notices

HRSA will release the Notice of Award (NOA) on or around the start date of August 22, 2022. See Section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's [SF-424 Application Guide](#).

If you are successful and receive a NOA, in accepting the award, you agree that the award and any activities thereunder are subject to:

- all provisions of [45 CFR part 75](#), currently in effect or implemented during the period of the award,
- other federal regulations and HHS policies in effect at the time of the award or implemented during the period of award, and
- applicable statutory provisions.

Accessibility Provisions and Non-Discrimination Requirements

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy). This includes ensuring programs are accessible to persons with limited English proficiency and persons with disabilities. The HHS Office for Civil Rights (OCR) provides guidance on complying with civil rights laws enforced by HHS. See [Providers of Health Care and Social Services](#) and [HHS Nondiscrimination Notice](#).

- Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see [Fact Sheet on the Revised HHS LEP Guidance](#) and [Limited English Proficiency](#).

- For information on your specific legal obligations for serving qualified individuals with disabilities, including reasonable modifications and making services accessible to them, see [Discrimination on the Basis of Disability](#).
- HHS-funded health and education programs must be administered in an environment free of sexual harassment. See [Discrimination on the Basis of Sex](#).
- For guidance on administering your program in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see [Conscience Protections for Health Care Providers](#) and [Religious Freedom](#).

Please contact the [HHS Office for Civil Rights](#) for more information about obligations and prohibitions under federal civil rights laws or call 1-800-368-1019 or TDD 1-800-537-7697.

The HRSA Office of Civil Rights, Diversity, and Inclusion (OCRDI) offers technical assistance, individual consultations, trainings, and plain language materials to supplement OCR guidance and assist HRSA recipients in meeting their civil rights obligations. Visit [OCRDI's website](#) to learn more about how federal civil rights laws and accessibility requirements apply to your programs, or contact OCRDI directly at HRSACivilRights@hrsa.gov.

Executive Order on Worker Organizing and Empowerment

Pursuant to the Executive Order on Worker Organizing and Empowerment (E.O. 14025), HRSA strongly encourages applicants to support worker organizing and collective bargaining and to promote equality of bargaining power between employers and employees. This may include the development of policies and practices that could be used to promote worker power. Applicants can describe their plans and specific activities to promote this activity in the application narrative.

Requirements of Subawards

The terms and conditions in the NOA apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients under awards, and it is the recipient's responsibility to monitor the compliance of all funded subrecipients. See [45 CFR § 75.101 Applicability](#) for more details.

Data Rights

All publications developed or purchased with funds awarded under this notice must be consistent with the requirements of the program. Pursuant to [45 CFR § 75.322\(b\)](#), the recipient owns the copyright for materials that it develops under an award issued pursuant to this notice, and HHS reserves a royalty-free, nonexclusive, and irrevocable

right to reproduce, publish, or otherwise use those materials for federal purposes, and to authorize others to do so. In addition, pursuant to [45 CFR § 75.322\(d\)](#), the Federal Government has the right to obtain, reproduce, publish, or otherwise use data produced under this award and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes, e.g., to make it available in government-sponsored databases for use by others. If applicable, the specific scope of HRSA rights with respect to a particular grant-supported effort will be addressed in the NOA. Data and copyright-protected works developed by a subrecipient also are subject to the Federal Government's copyright license and data rights.

3. Reporting

Award recipients must comply with Section 6 of HRSA's [SF-424 Application Guide](#) and the following reporting and review activities:

- 1) **Progress Report(s).** The recipient must submit a progress report to HRSA on an annual basis through the submission of the noncompeting continuation report. More information will be available in the NOA.
- 2) **Performance Measures.** A performance measures report is required for continued funding after the end of each budget period in the Performance Improvement Measurement System (PIMS). Upon receipt of award, recipients will be notified of specific performance measures required for reporting.
- 3) **Data Dashboard.** A data dashboard of key project measures and resulting outcomes will be required during all four years of the period of performance. Data dashboards identify key project data to support the ongoing data collection, documentation, and tracking across the four-year period of performance. More information will be available in the NOA.
- 4) **Strategic Plan.** A multi-year strategic plan will be required during the first year of the period of performance. The strategic plan should provide guidance for program development throughout the award period and beyond. More information will be available in the NOA.
- 5) **Evaluation Plan.** A robust evaluation plan will be required to evaluate the effectiveness of the network and program activities throughout the award during the first year of the period of performance. The evaluation plan will describe evaluation activities including the overarching evaluation questions, indicators for measurement, data collection and communication strategies, timelines and costs. More information will be available in the NOA.
- 6) **Marketing Plan.** A marketing plan will be required by the network to promote its products and services during the third year of the period of performance. More information will be available in the NOA.

- 7) **Final Sustainability Plan & Business Model.** A final sustainability plan and business model is required during the fourth year of the period of performance. The deliverable will define the business approach for sustaining the network programs and services, and illustrate how revenue will be generated by the network post grant. More information will be available in the NOA.
- 8) **Final Evaluation Plan.** A final program evaluation report is required 90 days after the period of performance ends. The final evaluation report will build upon the evaluation plan submitted during the first year of the period of performance. Results will be used to make program improvements and demonstrate sustainable impact. More information will be available in the NOA.
- 9) **Final Report.** A final report is required 90 days after the period of performance ends. The final report will collect information such as: program-specific goals and progress on strategies; core performance measurement data; impact of the overall project; the degree to which the recipient achieved the mission, goal and strategies outlined in the program; and overall experiences during the project period. More information will be available in the NOA.
- 10) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in [FAPIS](#), as required in [45 CFR part 75 Appendix XII](#).

Note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at [2 CFR § 200.340 - Termination](#) apply to all federal awards effective August 13, 2020. No additional termination provisions apply unless otherwise noted.

VII. Agency Contacts

You may request additional information and/or technical assistance regarding business, administrative, or fiscal issues related to this NOFO by contacting:

Benoit Mirindi, PhD, MPH, MPA
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
Phone: (301) 443-6606
Email: BMirindi@hrsa.gov

You may request additional information regarding the overall program issues and/or technical assistance related to this NOFO by contacting:

Jillian Causey, MHA
Public Health Analyst, Federal Office of Rural Health Policy
Attn: Rural Health Network Development Funding Program
Federal Office of Rural Health Policy
Health Resources and Services Administration
Phone: (301) 443-1493
Email: JCausey@hrsa.gov

You may need assistance when working online to submit your application forms electronically. Always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, 7 days a week, excluding federal holidays at:

Grants.gov Contact Center
Phone: 1-800-518-4726 (International callers dial 606-545-5035)
Email: support@grants.gov
[Self-Service Knowledge Base](#)

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through [HRSA's Electronic Handbooks \(EHBs\)](#). Always obtain a case number when calling for support. For assistance with submitting in the EHBs, contact the HRSA Contact Center, Monday–Friday, 7 a.m. to 8 p.m. ET, excluding federal holidays at:

HRSA Contact Center
Phone: (877) 464-4772 / (877) Go4-HRSA
TTY: (877) 897-9910
Web: <http://www.hrsa.gov/about/contact/ehbhelp.aspx>

VIII. Other Information

Technical Assistance

See [TA details](#) in Executive Summary.

Tips for Writing a Strong Application

See Section 4.7 of HRSA's [SF-424 Application Guide](#).

Appendix A: Performance Measures

Rural Health Network Development Program Performance Improvement and Measurement System (PIMS)

Please Note: The following measures are proposed, non-finalized, and are subject to change. They have been included to make applicants aware of the types of data reporting that may be required. HRSA will provide additional information if awarded.

ACCESS TO CARE (applicable to all award recipients): Number of individuals from target population who received direct clinical and direct non-clinical services, type of direct services provided.
POPULATION DEMOGRAPHICS (applicable to all award recipients): Number of people served by race and ethnicity.
SUSTAINABILITY (applicable to all award recipients): Program and network sustainability, including sustainability rates and factors impacting sustainability, ratio for economic impact (use the HRSA's Economic Impact Analysis tool at https://www.ruralhealthinfo.org/econtool to calculate ratio).
NETWORK (optional for award recipients): Identify types and number of organizations in the network.
NETWORK BENEFITS (applicable to all award recipients): Identify the benefits of being in the network (cost savings, efficiencies, quality improvement, etc.) realized by the members as a result of being in the network.
UTILIZATION (optional for award recipients): Emergency department (ED) rate and 30-day hospital readmission rate
TELEHEALTH (optional for award recipients): Number of Patient Care Sessions and Total number of miles saved
Electronic Health Record (optional for award recipients): Summary of Care Record: Use of certified EHR technology (CEHRT) to create a summary of care record and electronically transmit such summary to a receiving provider for more than 10 percent of transitions of care and referrals
CLINICAL MEASURES (applicable to all award recipients): (CMS347v2 is the 2019 version) Statin Therapy for the Prevention and Treatment of Cardiovascular Disease, NQF 0059 (CMS 122v7 is the 2019 version) Comprehensive Diabetes Care, NQF 0421 (CMS69v9 is the 2019 version) Body Mass Index (BMI) Screening and Follow-Up, NQF 0024 Weight Assessment and Physical Activity for Children/Adolescents,, NQF 0028 (CMS138v7 is the 2019 version) Tobacco Use: Screening & Cessation Intervention, NQF 0418 (CMS2v8 is the 2019 version) Screening for Clinical Depression and Follow-Up Plan, NQF 2508 Dental Sealants 6-9 Year-Old, CMS74v7 Primary Carries Prevention, CMS50v6: Closing the Loop, NQF 0097 Medication Reconciliation.

Appendix B: Rural Health Network Development Program Definitions

For the purpose of this notice of funding opportunity, the following terms are defined:

Budget Period – An interval of time into which the period of performance is divided for budgetary and funding purposes.

Capitated Payments – A form of population-based payments in which providers receive a fixed payment per person to cover all health care services over a specified time. This payment is risk-adjusted and typically tied to quality and patient outcome metrics.⁸

Direct Services – A documented interaction between a patient/client and a clinical or non-clinical health professional that has been funded with this grant.

Equipment – Tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or \$5,000. See 45 CFR 75.2.

Equity – The consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.⁹

Addressing issues of equity should include an understanding of intersectionality and how multiple forms of discrimination impact individuals' lived experiences. Individuals and communities often belong to more than one group that has been historically underserved, marginalized, or adversely affected by persistent poverty and inequality. Individuals at the nexus of multiple identities often experience unique forms of discrimination or systemic disadvantages, including in their access to needed services.¹⁰

⁸ American Hospital Association. (2020, December). Exploring Options to Deploy Capitated Payments to Enhance Primary Care in Rural Settings. Www.Aha.Org. Retrieved May 25, 2022, from <https://www.aha.org/system/files/media/file/2020/12/exploring-options-deploy-capitated-payments-enhance-primary-care--rural-settings-rural-case-study.pdf>

⁹ Executive Order 13985 on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government, 86 FR 7009, at § 2(a) (Jan. 20, 2021), <https://www.govinfo.gov/content/pkg/FR-2021-01-25/pdf/2021-01753.pdf>.

¹⁰ See Executive Order 13988 on Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation, 86 FR 2023, at § 1 (Jan. 20, 2021), <https://www.govinfo.gov/content/pkg/FR-2021-01-25/pdf/2021-01761.pdf>.

Global Budget Payments – A fixed amount of reimbursement for a fixed period of time for a specified population, regardless of the volume or intensity of services provided.¹¹

Governing Board – A nonprofit board made up primarily of representatives of the organizations participating in the network, to ensure they control decisions regarding network activities, programmatic decisions, and finances. The body should include representation from all network member organizations. An already-existing nonprofit board of individuals convened for providing oversight to a single organization is not an appropriate board structure

Health Care Provider – Health care providers are defined as: hospitals, public health agencies, home health providers, mental health centers, substance abuse service providers, rural health clinics, primary care providers, oral health providers, social service agencies, health profession schools, local school districts, emergency services providers, community and migrant health centers, federally-qualified health centers, tribal health programs, churches, and civic organizations that are/will be providing health related services.

Health Information Technology – The electronic storage of records, electronic billing, electronic ordering of tests and procedures, and even a shared, interoperable network to allow providers to communicate with one another.

Integrated Rural Health Network – A formal organizational arrangement among at least three separately owned health care providers or other entities that provide or support the delivery of health care services. The purpose of an Integrated Rural Health Network is to foster collaboration and integration of functions among network entities to strengthen the rural health care system.

Local Control – The ability to include and/or engage rural entities to participate in shared decision making that will improve the health and well-being of the citizens in the local rural community.

Memorandum of Agreement – The Memorandum of Agreement (MOA) is a written document that must be signed by all network member CEOs, Board Chairs or tribal authorities to signify their formal commitment as network member organizations. An acceptable MOA must describe the network purpose and activities in general; member responsibilities in terms of: financial contributions, participation, voting and benefits, officers and terms, committees, staff and resources, frequency of meetings; and endorsements of members.

Network Director – An individual designated by the award recipient institution to direct the project or program being supported by the award. The network director is

¹¹ American Hospital Association. (2017, December 5). *Emerging Strategies to Ensure Access to Health Care Services*. <https://www.aha.org/system/files/media/file/2019/03/Task-Force-Global-Budget-2017.Pdf>. Retrieved May 25, 2022, from <https://www.aha.org/system/files/media/file/2019/03/task-force-global-budget-2017.pdf>

responsible and accountable to the recipient organization officials for the proper conduct of the project or program. The entity (organization) is, in turn, legally responsible and accountable to HRSA and HHS for the performance and financial aspects of the award-supported activity. The interim network director may be employed by or under contract to the award recipient organization. The permanent network director may be under contract to the award recipient and the contractual agreement must be explained.

Nonprofit Organization – Any corporation, trust, association, cooperative, or other organization, not including IHEs, that:

- (1) Is operated primarily for scientific, educational, service, charitable, or similar purposes in the public interest;
- (2) Is not organized primarily for profit; and
- (3) Uses net proceeds to maintain, improve, or expand the operations of the organization.

Notice of Award – The legally binding document that serves as a notification to the recipient and others that federal funds have been awarded, contains or references all terms of the award and documents the obligation of federal funds in the HHS accounting system.

Period of Performance – The time during which the non-Federal entity may incur new obligations to carry out the work authorized under the Federal award. The Federal awarding agency or pass-through entity must include start and end dates of the period of performance in the Federal award (see [§§ 75.210\(a\)\(5\)](#) and [75.352\(a\)\(1\)\(v\)](#)).

Population Health – An interdisciplinary, customized approach that allows health departments to connect practice to policy for change to happen locally. This approach utilizes non-traditional partnerships among different sectors of the community – public health, industry, academia, health care, local government entities, etc. – to achieve positive health outcomes.¹²

Project – All proposed activities specified in an award application as approved for funding.

Recipient – An entity, usually but not limited to non-federal entities, that receives a federal award directly from a federal awarding agency to carry out an activity under a federal program. The term recipient does not include subrecipients.

Rural – All counties that are not designated as parts of Metropolitan Areas (MAs) by the Office of Management and Budget (OMB) are considered rural. In addition, HRSA uses the Rural Urban Commuting Area Codes (RUCAs), developed by the WWAMI Rural

¹² *What is Population Health? | Population Health Training in Place Program (PH-TIPP) | CDC.* (2020, October 6). *Www.Cdc.Gov.* Retrieved May 25, 2022, from <https://www.cdc.gov/pophealthtraining/whatis.html>

Research Center at the University of Washington and the Department of Agriculture's Economic Research Service, to designate "Rural" areas within MAs.

<https://datawarehouse.hrsa.gov/tools/analyzers/geo/Rural.aspx>

Rural Hospital – Any short-term, general, acute, non-federal hospital that is not located in a metropolitan county, is located in a RUCA type 4 or higher, or is a Critical Access Hospital.

Systems of Care – A service delivery approach that uses community partnerships to create a coordinated array of broad and flexible services. The network, led by a core set of principles and values, will work together with the community to create or improve upon equitable systems, workflows and strategies to improve health outcomes.

Telehealth – The use of electronic information and telecommunications technologies to support remote clinical services and remote non-clinical services.

1. *Telecommunication technologies* include but are not limited to: mobile health, video conferencing (with or without video), digital photography, store-and-forward/asynchronous imaging, streaming media, wireless communication, telephone calls, remote patient monitoring through electronic devices such as wearables, mobile devices, smartphone apps; internet-enabled computers, specialty portals or platforms that enable secure electronic messaging and/or audio or video communication between providers or staff and patients not including EMR/EHR systems;
2. *Remote clinical services* include but are not limited to: telemedicine, physician consulting, screening and intake, diagnosis and monitoring, treatment and prevention, patient and professional health-related education, and other medical decisions or services for a patient;
3. *Remote non-clinical services* include but are not limited to: provider and health professionals training, research and evaluation, the continuation of medical education, online information and education resources, individual mentoring and instruction, health care administration including video conferences for managers of integrated health systems, utilization and quality monitoring;

NOTE: if a telecommunication technology, remote clinical or remote non-clinical service is missing, please reach out to HRSA for further clarification.

Tribal Government – Includes all federally-recognized tribes and state-recognized tribes.

Tribal Organization – Includes an entity authorized by a tribal government or consortia of tribal governments.

Underserved Communities – [The] populations sharing a particular characteristic, as well as geographic communities, that have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life, as exemplified by the list in the preceding definition of 'equity.

Appendix C: Legislative Aims Description and Example Activities

Legislative Aims:

- **Legislative Aim: (i) Achieve Efficiencies**
 - Goal: Integrated health care networks will focus on integrating health care services and/or health care delivery of services to achieve efficiencies and improve rural health care services.
- **Legislative Aim: (ii) Expand access to, coordinate, and improve the quality of basic health care services and associated health outcomes**
 - Goal: Integrated health care networks will collaborate to expand access to, coordinate, and improve the quality of basic health care services and associated health outcomes by focusing on projects and/or network activities directly related to the evolving health care environment.
- **Legislative Aim: (iii) Strengthen the rural health care system as whole**
 - Goal: Networks are encouraged to strengthen the rural health care system by implementing promising practice, evidence-informed and/or evidence-based approaches to address health disparities and enhance population health in their communities.

The following are examples of health care activities that support aims (i), (ii), and (iii):

- Specialty and primary care integration
- Integrating emergency medical services (EMS) in hospital settings
- Improving performance on quality measures for clinicians such as through the Physician Quality Reporting System or the Medicare Quality Payment Program, as well as for hospitals, skilled nursing facilities, home health agencies, and/or ambulatory surgical facilities
- Improving the quality and safety of health care by improving care transitions
- Improving coordination of services
- Alleviating the loss of local services and enhancing access to care due to loss of or risk of losing local hospital(s) or maternity care facility(s)
- Implementing telehealth services
- Implementing Health Information Technology/Exchange and Meaningful Use (MU)
- Leveraging competitive negotiations and contracts with Qualified Health Plans (QHPs) through Essential Community Provider (ECP) collaboration
- Implementing innovative alternative payment and delivery models
- Implementing programs to increase primary care workforce in rural areas

Anticipated outcomes of health care activities may include, but are not limited to:

- Improved health care quality and delivery through coordination and financial incentives resulting from meeting clinical quality benchmarks
- Reduced hospital readmissions.
- Increased access to care (including specialized care) through telehealth services
- Fast and efficient sharing of patient data and information across multiple settings and providers.
- Improved patient centered care and patient involvement in self-management.
- Increased allied health, primary, and specialty provider workforce in rural areas.

Appendix D: Useful Resources

Several sources offer data and information that will help you in preparing the application. You are especially encouraged to review the reference materials available at the following websites.

Disclaimer: Please be advised that the resources provided below do not constitute endorsement by HRSA, or a guarantee that these non-federal resources are accurate.

Academy for Health Services Research and Health Policy/ Robert Wood Johnson's Networking for Rural Health

- Reference material available at the website, which includes:
 - Principles of Rural Health Network Development and Management
 - Strategic Planning for Rural Health Networks
 - Rural Health Network Profile Tool
 - The Science and Art of Business Planning for Rural Health Networks
 - Shared Services: The Foundation of Collaboration
 - Formal Rural Health Networks: A Legal Primer

Website: <https://academyhealth.org/> (click on search and enter rural health network)

Community Health Systems Development team of the Georgia Health Policy Center

Offers a library of resources on topics such as collaboration, network infrastructure and strategic planning.

Website: <https://ruralhealthlink.org/>

Health Resources and Services Administration

Offers links to helpful data sources including state health department sites, which often offer data.

Website: <https://www.hrsa.gov/>

Kaiser Family Foundation

Resource for data and information.

Website: <https://www.kff.org/>

National Center for Health Statistics

Provides statistics for the different populations.

Website: <http://www.cdc.gov/nchs/>

Rural Health Research Gateway

Provides access to projects and publications of the HRSA-funded Rural Health Research Centers, 1997-present.

Website: <https://www.ruralhealthresearch.org/>

Technical Assistance and Services Center

Provides information on the rural hospital flexibility and network resource tools.

Website: <http://www.ruralcenter.org/tasc>

The Rural Health Information Hub (RHI Hub)

The RHI Hub is a national resource for rural health and human services information.

Website: <https://www.ruralhealthinfo.org>

University of North Carolina - Cecil G. Sheps Center for Health Services Research

Resource for data and information on rural hospital closures.

Website: <https://www.shepscenter.unc.edu/programs-projects/rural-health/rural-hospital-closures/>