U.S. Department of Health and Human Services

HRSA
Health Resources & Services Administration

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2024

Federal Office of Rural Health Policy

Community-Based Division

Rural Northern Border Region Outreach Program

Funding Opportunity Number: HRSA-24-083

Funding Opportunity Type(s): New

Assistance Listing Number: 93.912

Application Due Date: June 25, 2024

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!
We will not approve deadline extensions for lack of registration.
Registration in all systems may take up to 1 month to complete.

Issuance Date: April 26, 2024

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See Section VII for a complete list of agency contacts.

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

508 COMPLIANCE DISCLAIMER

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.

SUMMARY

Funding Opportunity Title:	Rural Northern Border Region Outreach Program
Funding Opportunity Number:	HRSA-24-083
Assistance Listing Number:	93.912
Due Date for Applications:	June 25, 2024
Purpose:	The purpose of this program is to promote the delivery of health care services to rural underserved populations in the rural Northern Border Regional Commission (NBRC) Region of Maine, New Hampshire, New York, and Vermont.
Program Objective(s):	• Expand the delivery of new and enhanced health care services exclusively in the Northern Border rural communities; • Deliver health care services through a strong consortium, in which every consortium member organization is actively involved and engaged in the planning and delivery of services; • Utilize community engagement and evidence-based or innovative, evidence informed model(s) in the delivery of health care services; and • Improve population health, and demonstrate health outcomes and sustainability
Eligible Applicants:	• Shall be physically located within Maine, New Hampshire, New York, or Vermont (the Northern Border Regional Commission (NBRC) member states) **and**

	• Shall be a domestic public or private, non-profit or for-profit entity with demonstrated experience serving, or the capacity to serve rural underserved populations **and** • Shall represent a consortium of participants – (i) that include at least three or more health care provider organizations (including the applicant organization); and (ii) that may be rural, urban, nonprofit or for-profit entities, [1] **and** • Shall not previously have received an award under this subsection 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. See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.
Anticipated FY 2024 Total Available Funding:	$3,000,000
Estimated Number and Type of Award(s):	Up to 12 new grants total; at a minimum, approximately 1 grant will be awarded to an applicant located within each state of the Northern Border Regional Commission (NBRC).
Estimated Annual Award Amount:	Up to $250,000 per award, subject to the availability of appropriated funds
Cost Sharing or Matching Required:	No
Period of Performance:	September 30, 2024 through September 29, 2027 (3 years)

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[1] For more information on HRSA-designated rural areas, visit the Rural Health Grants Eligibility Analyzer.

Agency Contacts:	**Business, administrative, or fiscal issues:** Lissette Young Grants Management Specialist Division of Grants Management Operations, OFAM Email: lyoung@hrsa.gov
	Program issues or technical assistance: Maribel Nunez Public Health Analyst, Federal Office of Rural Health Policy Email: MNunez@hrsa.gov

Application Guide

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

Technical Assistance

We have scheduled the following webinar:

Thursday, May 9, 2024
2:00 – 3:00 p.m. ET
Weblink: https://hrsa-gov.zoomgov.com/j/1605060753?pwd=SG45Zy9QSkRTTzNOOWVEdG56RWdEUT09

Attendees without computer access or computer audio can use the following dial-in information:

Call-In Number: 1-833-568-8864
Meeting ID: 160 506 0753
Passcode: 82446382

We will record the webinar. Playback information can be requested at MNunez@hsa.gov.

Table of Contents

I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Rural Northern Border Region Outreach Program (RNBR-OP).

The purpose of this program is to promote the delivery of health care services to rural underserved populations in the rural Northern Border Regional Commission (NBRC) Region of Maine, New Hampshire, New York, and Vermont. Through a consortia of local health care and social service providers, communities can develop innovative approaches to challenges related to specific health needs that expand clinical and service capacity.

The overarching goals for the RNBR Outreach Program are to:

- Expand the delivery of health care services to include new and enhanced services exclusively in the Northern Border rural communities;

- Deliver health care services through a strong consortium, in which every consortium member organization is actively involved and engaged in the planning and delivery of services;

- Utilize community engagement and evidence-based or innovative, evidence informed model(s) in the delivery of health care services; and

- Improve population health and demonstrate health outcomes; and

- Increase financial sustainability.

This Program allows the applicant the flexibility to determine your unique community needs and focus area(s), based on historical health care context, expertise, and relevant data sources in the community. As such, applicants are expected to propose projects that:

- Clearly identify a health care focus area(s) that your grant activities will address.

- Describe how rural communities participated in the identification of the grant project focus area indicated.

- Emphasize how the project will benefit the rural community or communities.

- How your proposed grant activities and identified focus area(s) will improve health equity.

Examples of health care focus areas include (but are not limited to): mental/behavioral health, healthcare workforce development; community health workers, addressing health disparities, rural hospital financial and operational improvement; impacts of rural hospital closure; care coordination; patient engagement, data analytics/health information technology; and telehealth.

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

2. Background

The Rural Northern Border Region Outreach Program (RNBR-OP) is authorized by 42 U.S.C. 254c(e) (§ 330A(e) of the Public Health Service Act). This program aims to help rural communities in the Northern Border Regional Commission (NBRC) Region better address their health care needs.

The NBRC is a federally established commission with a defined region (see 40 USC Subtitle V). The NBRC is a federal-state partnership for economic and community development in Maine, New Hampshire, New York, and Vermont. See **Appendix B: NBRC Region.**

The 60 counties located in the NBRC Region are some of the most distressed counties in the four northeastern border states.[2] 56 of these counties are considered rural (non-metropolitan area) and are home to approximately 3,414,300 residents.[3]

A landscape assessment of the NBRC Region showed several poor health outcomes that include:

- Higher suicide rates compared to the national average,

- Higher drug overdose rates compared to the national average, and

- Higher rates of mental distress, cancer, and excessive drinking[3]

The landscape assessment also showed that most NBRC Region counties are in some classification of a shortage area:

- 55 of 60 NBRC counties are designated as a partial primary care health professional shortage area,

- 46 of 60 counties are designated as a partial mental health professional shortage area, and

- 46 of 60 counties are designated as a partial dental health region professional shortage area[3]

The RNBR-OP encourages creative projects that aim to work on key public health issues. RNBR-OP encourages evidence-based projects that address the needs of wide range population groups including but not limited to, low-income populations, the elderly, pregnant women, infants, adolescents, rural minority populations, and rural populations with special health care needs.

To view abstracts of projects in the NBRC, visit HRSA's Data Workhouse and/or https://www.ruralhealthinfo.org/search?q=northern+border+region.

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[2] Northern Border Regional Commission. www.nbrc.gov
[3] Rural Health Grants Eligibility Analyzer. HRSA, https://data.hrsa.gov/tools/rural-health

II. Award Information

1. Type of Application and Award

Application type: New

We will fund you via a grant.

2. Summary of Funding

We estimate up to $3,000,000 will be available each year to fund up to 12 recipients. You may apply for a ceiling amount of up to $250,000 annually (reflecting direct and indirect costs).

The period of performance is September 30, 2024 through September 29, 2027 (3 years).

Support beyond the first budget year will depend on:

- Appropriation
- Satisfactory progress in meeting the project's objectives
- A decision that continued funding is in the government's best interest

[45 CFR part 75 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards](#) applies to all HRSA awards.

If you've never received a negotiated indirect cost rate, you may elect to charge a *de minimis* rate of 10 percent of modified total direct costs (MTDC)*. You may use this for the life of the award. If you choose this method, you must use it for all federal awards until you choose to negotiate for a rate. You may apply to do so at any time. See Section 4.1.v. Budget Narrative in the *[Application Guide](#)*.

Note: One exception is a governmental department or agency unit that receives more than $35 million in direct federal funding.

Due to the NBRC Region's limited geographic area, at a minimum, approximately one applicant will be awarded from each of the following NBRC Region states: Maine, New Hampshire, New York and Vermont. Funding will support RNBR-OP activities to promote the delivery of health care services to rural underserved populations across the NBRC Region.

III. Eligibility Information

1. Eligible Applicants

You can apply if your organization meets all three of the following criteria:

1. You can apply if your organization is in the United States and is:

- Public or private, non-profit or for-profit

- Community-based

- Tribal (governments, organizations)

2. You can apply if your organization meets the following geographic requirements:

- You are an organization physically located within Maine, New Hampshire, New York, or Vermont (NBRC member states) **Appendix B**.

- You are an organization with demonstrated experience serving, or the capacity to serve, rural underserved populations located in the NBRC Region (see **Appendix B**).

3. You can apply if your organization meets the following consortium requirements:

- You are an organization representing a consortium composed of three or more health care provider organizations, including the applicant organization, with at least 66 percent (two-thirds) of consortium members located in a HRSA-designated rural area, as defined by the Rural Health Grants Eligibility Analyzer.

Applicants will be deemed non-responsive and will not be considered for this funding opportunity if the applicant:

- is located outside of Maine, New Hampshire, New York, or Vermont;

- submits an application to serve populations outside of HRSA designated rural counties or rural census tracts in the NBRC Region (see **Appendix B**); and

- submits more than one application.

To confirm 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.

2. Cost Sharing or Matching

Cost sharing or matching is not required for this program.

3. Other

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

- Exceeds the funding ceiling amount

- Fails to satisfy the deadline requirements referenced in Section IV.4

Multiple Applications

You may submit multiple applications under the same Unique Entity Identifier (UEI), if each proposes distinct projects. We will only review your **last** validated application before the Grants.gov due date. See below 'Exception Request' for more information.

Exception Request

A. **Multiple EIN exception**: 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 organizations may share an EIN and/or UEI with its parent organization. As a result, at HRSA's discretion, separate applications associated with a single UEI number and/or EIN are allowable, **as long as** the applicants provide HRSA with all of the information requested in **Attachment 9**.

NOTE: Single organizations (e.g., a parent organization/headquarters) cannot submit multiple applications, even if the proposed projects are different. If the parent organization applies using the legal and/or "doing business as" name of the parent or satellite sites, for the purposes of this program, it is still considered an application submitted by the parent organization and thus, multiple applications are not allowed.

Applications associated with the same UEI number and EIN should be independently developed and written. HRSA reserves the right to deem applications that provide insufficient information in **Attachment 9**, or are nearly identical in application content, to be ineligible. In this instance, assuming all other eligibility criteria are met, HRSA will only accept the last submitted application for HRSA-24-083 associated with the EIN or DUNS number.

B. **Tribal exception**: HRSA is aware that tribes and tribal organizations may have an established infrastructure without separation of services recognized by filing for EINs and/or UEI. In case of tribes and tribal governments, only a single EIN or UEI 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 under the single EIN and/or UEI are committed to the proposed approach as evidenced by a signed Letter of Commitment. Please refer to **Attachment 9** for additional information on how to request this exception.

IV. Application and Submission Information

1. Address to Request Application Package

We *require* you to apply online through Grants.gov. Use the SF-424 workspace application package associated with this notice of funding opportunity (NOFO). Follow these directions: How to Apply for Grants. If you choose to submit using an alternative online method, see Applicant System-to-System.

Note: Grants.gov calls the NOFO "Instructions."

Select "Subscribe" and enter your email address for HRSA-24-083 to receive emails about changes, clarifications, or instances where we republish the NOFO. You will also be notified by email of documents we place in the RELATED DOCUMENTS tab that may affect the NOFO and your application. *You're responsible for reviewing all information that relates to this NOFO.*

2. Content and Form of Application Submission

Application Format Requirements

Submit your information as the *Application Guide* and this program-specific NOFO state. **Do so in English and budget figures expressed in U.S. dollars.** There's an Application Completeness Checklist in the *Application Guide* to help you.

Application Page Limit

The total number of pages that count toward the page limit shall be no more than **40 pages** when we print them. We will not review any pages that exceed the page limit. Using the pages within the page limit, HRSA will determine eligibility using Section III. Eligibility Information of the NOFO.

These items do not count toward the page limit:

- Standard OMB-approved forms you find in the NOFO's workspace application package
- Abstract (standard form (SF) "Project_Abstract Summary")
- Indirect Cost Rate Agreement
- Proof of non-profit status (if it applies)

If there are other items that do not count toward the page limit, we'll make this clear in Section IV.2.v Attachments.

If you use an OMB-approved form that is not in the HRSA-24-083 workspace application package, it may count toward the page limit.

Applications must be complete and validated by Grants.gov under HRSA-24-083 before the deadline.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- When you submit your application, you certify that you and your principals[4] (for example, program director, principal investigator) can participate in receiving award funds to carry out a proposed project. That is, no federal department or agency has debarred, suspended, proposed for debarment, claimed you ineligible, or you have voluntarily excluded yourself from participating.
- If you fail to make mandatory disclosures, we may take an action like those in 45 CFR § 75.371. This includes suspending or debarring you.[5]
- If you cannot certify this, you must include an explanation in *Attachment 10-15: Other Relevant Documents*.

(See Section 4.1 viii "Certifications" of the *Application Guide*)

Program Requirements and Expectations

Successful applicants are required to:

- Provide all funded RNBR-OP activities and services only within HRSA designated rural counties or rural census tracts located in the NBRC Region.

  - **NOTE:** To confirm eligible HRSA designated rural counties or rural census tracts, please refer to https://data.hrsa.gov/tools/rural-health. See also **Appendix B: NBRC Service Areas** for a list of all NBRC Region counties.

  - Proposed grant activities may serve multiple rural counties or rural census tracts within the NBRC Region, including rural counties or census tracts across NBRC Region states.

- Represent a consortium that includes one or more member partners with experience working on health care issues in HRSA designated rural counties and/or rural census tracts the proposed project will serve.

  - At least 66% (two-thirds) of consortium member partners must be located in a HRSA designated rural county or rural census tract. To meet this requirement, the applicant must be able to demonstrate that each consortium member partner has their own Employee Identification Number (EIN) or Unique Entity Identifier (UEI), unless otherwise included in the exception outlined below.

  - See Section 3 (Multiple EIN/UEI Exception) and/or Attachment 9 if member partners within your consortium share the same EIN and/or UEI. Please refer to Attachment 6 for information required from each consortium member.

- Ensure a high degree of local rural control in the project by incorporating and actively engaging local rural organizations into the consortium and implementing a

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[4] See definitions at eCFR :: 2 CFR 180.995 -- Principal. and eCFR :: 2 CFR 376.995 -- Principal (HHS supplement to government-wide definition at 2 CFR 180.995).
[5] See also 2 CFR parts 180 and 376, 31 U.S.C. § 3354, and 45 CFR § 75.113.

shared decision-making structure that includes local rural consortium members' ongoing contribution to project decisions for the duration of the funded project period.

Program-Specific Instructions

Include application requirements and instructions from Section 4 of the *Application Guide* (budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract). Also include the following:

i. *Project Abstract*

Use the Standard OMB-approved Project Abstract Summary Form that you'll find in the workspace application package. Do not upload the abstract as an attachment or it may count toward the page limit. For information you must include in the Project Abstract Summary Form, see Section 4.1.ix of the *Application Guide*.

ABSTRACT HEADING CONTENT
Application Organization Information   • Organization Name,   • Address (street, city, state, ZIP code),   • Facility/Entity Type (SORH, CAH, FQHC, Community based organization, health department, etc.) and;   • Website Address (if applicable)
Designated Project Director and Other Key Personnel Information   • Project Director Name & Title, Contact Phone Number(s), and E-Mail Address   • Key Staff Name & Title, Contact Phone Number(s), and E-Mail Address
Rural Northern Border Region Outreach Program   • Project Title   • Project Goal   • Project Objectives
Proposed Service Area   (e.g., Name of NBRC Region states and counties). NOTE: Proposed rural counties should be fully rural. For partially rural counties, include rural census tract(s).
ABSTRACT BODY CONTENT
Target Population   Brief description of the target population group(s) to be served
Focus Area   • Identify the project health care focus area(s) that your proposed project activities will address (e.g., project will focus on mental and behavioral health)
Consortium Member Partnerships   Provide the full list of organization names and facility/entity type of partner(s) organizations comprising the consortium members who have signed a Letter(s) of Agreement or Memoranda of Understanding to implement the proposed project.   • HRSA requires at least one member partner to have experience working on health care issues in the NBRC Region the project proposes to serve.

• HRSA requires an attestation that at least sixty-six percent (66%), or two-thirds of consortium members (members with signed Letters of Agreement(s) or Memoranda of Understanding) of the proposed project are physically located in a HRSA-designated rural area, as defined by the [Rural Health Grants Eligibility Analyzer.](#)

Project Activities
Brief description of the proposed activities and/or services

Expected Outcomes
Brief description of the proposed project's expected outcomes

Capacity to Serve Rural Underserved Populations in the NBRC Region
Please describe your capacity to serve rural underserved populations in the NBRC Region. Examples to show this capacity may include, but is not limited to, a history or ability to:

- Identify formal partnerships/formalize MOUs with rural health care organizations (if applicable)
- Identify the target rural population and service area, including counties and rural census tract(s) the project will serve in the NBRC Region
- Identify activities that build, strengthen, and maintain the necessary competencies and resources needed to sustain or improve health services delivery in rural NBRC Region 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 member 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.

You must describe your geographic relationship to the proposed rural service population as well as your plans to ensure that rural populations are served. You should also describe how you will ensure a high degree of local rural control in the project.

Funding Opportunity Notification
Briefly describe how the applicant organization learned about this funding opportunity. Select one: State Office of Rural Health, HRSA News Release, Grants.gov, HRSA Project Officer, HRSA Website, Technical Assistance Provider, State/Local Health Department, or Other (please explain)

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)) to receive a funding preference. HRSA highly recommends you include concise language making it clear to HRSA which funding preference you qualify for. If you do not qualify for a funding preference, please state that you do not qualify.
- If applicable, you need to provide supporting documentation in [Attachment 10](#). Please refer to [Section V.2](#) for further information.

NARRATIVE GUIDANCE

The following table provides a crosswalk between the narrative language and where each section falls within the review criteria. Make sure you've addressed everything. We may consider any forms or attachments you reference in a narrative section during the merit review.

Narrative Section	Review Criteria
Introduction	*Criterion 1: NEED*
Organizational Information	*Criterion 5: RESOURCES/CAPABILITIES*
Need	*Criterion 1: NEED*
Approach	*Criterion 2: RESPONSE*
Work Plan	*Criterion 2: RESPONSE* *Criterion 4: IMPACT*
Resolution of Challenges	*Criterion 2: RESPONSE*
Evaluation and Technical Support Capacity	*Criterion 3: EVALUATIVE MEASURES* *Criterion 5: RESOURCES/CAPABILITIES*
Budget Narrative	*Criterion 6: SUPPORT REQUESTED*

ii. *Project Narrative*

This section must describe all aspects of the proposed project. Make it brief and clear.

Provide the following information in the following order. Please use the section headers. This ensures reviewers can understand your proposed project.

- *Introduction – Corresponds to Section V's Review Criterion 1: Need*

  Briefly describe the purpose or the overall aim of the proposed project. Describe how the proposed project aligns with the RNBR-OP goals listed in the "Purpose" section. Summarize your project's focus area(s), service area(s), goals, and expected outcome(s). Describe the evidence-based or promising practice model the proposed project will adopt and/or adapt to meet your community's need.

- *Organizational Information – Corresponds to Section V's Review Criterion 5: Resources/Capabilities*

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

  - Application Organization

  - Project Staffing

- Consortium Composition and Involvement

Application Organization

- Briefly describe your mission, structure, and scope of current activities. Explain how these elements all contribute to the organization's ability to carry out the program requirements and meet program expectations. Include a project organizational chart.

- Discuss how you'll follow the approved plan, account for federal funds, and record all costs to avoid audit findings.

- Describe your location relative to the targeted rural service area.

- Describe how you'll assess and improve the unique needs of the people who live in the community you serve.

- Describe your organization's demonstrated experience serving rural underserved populations located in the NBRC Region (if applicable, applicant organization should describe existing or prior collaboration and/or working experience within the targeted rural area).

Project Staffing

- Identify the project director, as well as key personnel on the award, in the Project Abstract and **Attachment 2**. 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 you have an interim project director or have 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.

- We recommend the project director allot 1.0 FTE to the program and has management experience involving multiple organizational arrangements. 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 2**.

- Describe key personnel roles and how they relate to the proposed project. Key personnel are individuals who would receive funds by this award or person(s) conducting activities central to this program **(Attachment 2).** Describe the degree to which the consortium members are ready to integrate their functions.

Consortium Composition and Involvement

- Provide information on each of the consortium members and their experience serving and working with rural underserved populations in the NBRC Region.

- Provide a one-page organizational chart, and accompanying one-page description, of the proposed partner/member organizations comprising the consortium who have signed a Letter(s) of Agreement or Memoranda of Understanding to implement the proposed project. The organizational chart and description should clearly depict the relationship between the consortium members, including verification that at least 66 percent (two thirds) of consortium member partners are located in a HRSA designated rural area

  1) A table may be used in the one-page description of each proposed member organization to present the following information: the organization name, address, primary contact person, current role in the community/region, proposed role in the consortium, and Employer Identification Number (EIN) or Unique Entity Identifier (UEI) must be provided for each consortium member. Indicate which consortium member has experience working on health care issues in rural counties and/or rural census track areas located in the NBRC Region that the project proposes to serve. The organizational chart and one-page description should be included in **Attachment 5.**

- Clear description of how applicants will ensure a high degree of local rural control in the project. This should include a description addressing:

  1) how the applicant organization will incorporate involvement and input from local rural consortia members on plans and activities for project implementation and

  2) how shared decision-making is structured to remain inclusive of local rural consortia members for the duration of the proposed project.

- Discuss the strategies employed for creating and defining the consortium. Explain why each of the consortium members are appropriate collaborators and, what expertise they bring to the project. Explain the capacity of each consortium member to commit to the three-year project.

- If applicable, describe the history of the consortium.

- Applicants must submit a Letter(s) of Agreement or Memoranda of Understanding that are signed and dated by all consortium members as **Attachment 4.**

- Provide details regarding how and when the consortium will regularly meet. Explain the proposed process for soliciting and incorporating input from the consortium for decision-making, problem solving, and urgent or emergency situations. Provide a plan for communication and discuss how coordination will work with the consortium members. Indicators should be included to assess the effectiveness of the communication and coordination of the consortium and its timely implementation. Discuss potential challenges with

the consortium (e.g., consortium disagreements, personnel actions, expenditure activities, etc.) and identify approaches that can be used to resolve the challenges.

- Address how communication and coordination will occur between the Project Director/applicant organization and consortium members and how often communication is expected. Discuss how frequently project updates will be provided to the consortium members and the extent to which the project director will be accountable to the consortium. You should identify a process for periodic feedback and program modification as necessary.

- Describe the relationship of the consortium with the community/region it serves. If appropriate, describe the extent to which the consortium and/or its members engage the community in its planning and functions. You need to demonstrate how the rural underserved populations in the local community or region to be served will benefit from and be involved in the development, ongoing operations, and evaluation of the consortium.

- *Need-- Corresponds to Section V's Review Criterion 1: Need*

This section outlines the community's needs for the proposed project, and how the rural community or region to be served will be involved in the project. When addressing need, the applicant should keep in mind the selected focus area(s).

In order to design effective interventions that specifically address the underlying causes of poor health and disparities in a sustainable way, it is important to take into account how needs, in health status, as well as in the system of care and broader environment, have evolved over time. Descriptions of need in this section should reflect trends in available key data points over multiple years.

Please use the following sub-headings for this section:

- Target Population Details

- Program Development/Target Population Involvement

- Barriers/Challenges

- Health Care in Service Area

Target Population Details

- Describe the target population(s) the proposed project will serve.

- Describe how the population(s) you propose to serve includes subpopulations who have historically suffered from poorer health outcomes, health disparities, and other inequities among the target population.

- Identify and describe the presence of any racial and ethnic minority subpopulations. Explain how your project will address social determinants

of health in order to meet the needs of these populations in terms of racial and ethnic health disparities and barriers (social, cultural, infrastructure etc.) that affect their health status.

If your service area does not include any racial and ethnic minority subpopulations, describe your population demographics and any unique disparities they face.

- Describe the target population(s) of the proposed project and the associated unmet health needs (if funded, this is the population that will be monitored and tracked). The population description may include information about the incidence and prevalence of specific conditions, such as chronic diseases, or about regarding age and socioeconomic status of the target population.

- Compare local data to state and federal data, where possible, in order to highlight the population's unique needs. When possible, incorporate any national and/or local rankings data to aid in illustrating the community's need. Cite data for factors that are relevant to the project.

Program Development/Target Population Involvement

- Describe how the needs of the target population(s) were identified (e.g., frequency of needs assessments, modes of data collection). Describe the involvement of the target population(s) in the project development and future plans to ensure the project is responding to the target population's needs.

- Discuss the manner and degree to which the target population(s) was included in planning for the activities of the project. Describe how consortium/network members were involved in identifying the needs of the target population.

- Discuss the capacity of the target population(s) to be continuously involved in the proposed project.

Barriers/Challenges

- Discuss any relevant barriers in the service area that the project hopes to overcome.

- All projects that will primarily serve multiple ethnic or racial groups must describe specific plans for ensuring the services can be provided despite any cultural, linguistic, religious, or social difference that may exist.

Health Care in the Service Area

- Identify the target service area(s) for the proposed project.

- Describe any relevant geographical features of the service area(s) that impact access to health care services.

- Describe the health care services available in or near the target service area(s). If applicable, be sure to identify factors associated with access to care and health care utilization among racial and ethnic minorities in the service areas as well.

- Describe the potential impact of the project on existing providers who are not part of the project (e.g., changes in referral patterns, practice patterns, provider reimbursement impact, etc.) and the community (e.g., economic impact etc.). Any potential adverse effect is particularly important, as well as estimates of how the project might augment and enhance any existing capabilities in the service area(s).

- Describe how this project will address a health gap in the community that would not otherwise have been addressed if it were not for this grant.

This section will help reviewers understand whom you will serve with the proposed project.

- *Approach -- Corresponds to Section V's Review Criterion 2: Response*
In a narrative format, propose methods that will be used to meet each of the previously described program requirements and expectations in this NOFO.

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

- Goals and Objectives

- Evidence-Based/Promising Practice Model

- Sustainability Approach

Goals and Objectives

- Define the specific goals and objectives of the proposed project. These goals and objectives should directly relate to the information presented in the "Needs Assessment" section. The stated goals and objectives should be specific, measurable, realistic, and achievable in a specific timeframe.

Evidence-Based/Promising Practice Model

You are required to propose a health service project based on an evidence-based or promising practice model(s) that has been shown to be effective in addressing gaps and needs in a community setting and improve the health status of participants.

You must include the following:

- The title and/or name of the evidence-based or promising practice model(s) that it will be adopting and/or adapting. You must cite the source of the evidence-based or promising practice model(s).

- A clear description of the evidence-based or promising practice model(s). Include an explanation that clearly demonstrates how the evidence-based or promising practice model will be effective in meeting the target population's need and how it will ultimately improve health status.

- A justification on how you selected the evidence-based practice or promising practice model(s). Include thorough rationale regarding how this framework is appropriate and relevant to the community's need and target population. If applicable, explain the extent to how the model is tailored and/or modified to the proposed project. Describe how the tailored evidence-based or promising practice model can be effective in fulfilling the community's unmet needs and improving health status.

Note: You can use either evidence-based or promising practice model(s). Applications that propose a project based on an evidence-based practice model will not be scored higher than those that propose a project based on a promising practice model and vice-versa.

Sustainability Approach

- Describe a plan for sustaining the program funded by the RNBR-OP grant beyond the period of federal funding.

- Consider how your project activities and/or services will be sustained beyond the 3-year performance period, if awarded. Describe the strategies that will be utilized to achieve the desired sustainability of the project.

- Most successful sustainability strategies include a variety of sources of support and do not depend on federal funding to maintain program activities. Describe some of the potential sources of support for achieving sustainability.

- We understand that the sustainability plan may evolve as the project is implemented. Describe how realistic and feasible the proposed sustainability plan is for your project.

Note: As part of receiving an award, the award recipient is required to submit a final sustainability plan during the third year of the performance period. Further information will be provided upon receipt of the award.

- *Work Plan -- Corresponds to Section V's Review Criterion 2: Response and Criterion 4: Impact*

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

- Work Plan

- Impact

- Replicability

- Dissemination Plan

Work Plan

A work plan is required as **Attachment 1**. You must submit a detailed work plan that describes the planned activities and steps necessary to accomplish each of the proposed project goals. It is recommended that the work plan be submitted in tabular format and includes the following:

- Illustrates the consortium's goals, strategies, activities, and measurable progress and outcome measures.

- Outlines the individual or organization responsible for carrying out each activity and include a timeline for all three years of the award. We are aware that the work plan may change as the project is implemented.

- Uses a timeline that includes each activity and identifies the responsible staff and/or consortium member.

- As appropriate, identifies meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including development of the application and, further the extent to which

these contributors reflect the cultural, racial, linguistic, and geographic diversity of the populations and communities served.

- Clearly and coherently aligns with the project's goals and objectives. To accomplish this, you are strongly encouraged to present a table that illustrates the project's goals, strategies, activities, and measurable process and outcome measures.

Impact

- Describe the expected impact on the target population(s) the proposed project plans to serve.

- Describe the potential impact of the selected evidence-based or promising practice model/s that was used in the design and development of the proposed project.

- Although we recognize the influence of external factors when attributing the effects of an activity or program to the long-term health outcome of a community, you should still describe the expected or potential long-term changes and/or improvements in health status due to the program.

Replicability

- Describe the expected impact from the project on the target population(s) and the extent of the project's value to similar rural communities within the NBRC Region with comparable needs. You must describe the extent to which project results may be national in scope. You must describe the degree to which the project activities are replicable to other rural communities with similar needs.

Dissemination Plan

- Describe the plans and methods for the dissemination of project results to the appropriate stakeholder(s). This description must include:

  o A clear approach for widely disseminating information regarding results of your project (i.e., new services, resources, benefits, outcomes, challenges, or other innovative results).

  o A plan that describes how the information collected throughout the project will be shared with varying stakeholders (i.e., policymakers, research community, local advocacy agencies or organizations, and/or at regional or national conferences, etc.).

  o Outline of a dissemination plan describing strategies and activities for informing respective target audiences and stakeholders, including the general public about the results of your project and any relevant information that will help promote the delivery of health care services to rural underserved populations in rural counties and/or census

tracts of Northern Border Regional Commission (NBRC) Regions states, Maine, New Hampshire, New York, and Vermont.

- *Resolution of Challenges -- Corresponds to Section V's Review Criterion 2: Response*

  Describe any relevant barriers that the project hopes to overcome. Any pertinent geographic, socioeconomic, linguistic, cultural, ethnic, workforce, or other barrier(s) and a plan to overcome those barriers should be discussed in this section. All projects that will primarily serve multiple ethnic or racial groups must describe specific plans for ensuring the services provided address the cultural, linguistic, religious, gender and social differences of the target populations.

  - Discuss challenges that are likely to be encountered in designing and implementing the activities described in the work plan, and approaches that will be used to resolve such challenges.

  - Discuss any challenges that could be encountered with keeping the consortium actively engaged throughout the period of performance, and approaches that will be used to resolve such challenges.

  - Discuss any challenges that could be encountered with staffing turnover and the approaches that will be used to ensure proper staff coverage in the interim.

  - Include any challenges that are anticipated in making policy, systems or environmental changes and approaches that will be used to resolve such challenges.

  - If applicable, non-rural applicant organizations should discuss any anticipated challenges related to working in a rural community or communities in the NBRC Region and approaches that will be used to resolve such challenges.

- *Evaluation and Technical Support Capacity -- Corresponds to Section V's Review Criterion 3: Evaluative Measures and Criterion 5: Resources/Capabilities*

  Describe current experience, skills, and knowledge base, including individuals on staff, materials published, and previous work of a similar nature. As appropriate, describe the data collection strategy to collect, analyze, and track data to measure process, impact, and outcomes, with different groups (e.g., race, ethnicity, language) and explain how the data will be used to inform program development and service delivery.

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

  - Project Monitoring

Project Monitoring

- Describe measures to be implemented for assuring effective performance of the proposed award funded activities.

- Include outcome and process measures (including baseline measures) that will be tracked throughout the period of performance.

- Measures described must align with the goals and objectives of the proposed project and with the potential health impact. It is expected that recipients will be able to articulate the outcomes of the project justified by these measures at the end of the 3-year period of performance.

- Propose baseline health data metrics that can be monitored and tracked over the course of the 3-year period of performance. These metrics should be able to demonstrate the effectiveness of the intervention and determine potential replication of the project to other rural communities. Please consider the following when describing your project's proposed baseline measures:

   o Baseline measures are a subset of the process or outcomes measures, which need to be collected from the very start of the intervention.

   o The need for baseline measures is one key reason for designing the evaluation plan before implementation begins because they establish a starting place and frame of reference for the program.

   o Baseline measures determine where the community or target population currently is on a given health problem (e.g., the number of sites delivering depression screenings) or issue (e.g., the percent of employees who are aware of recommended physical activity guidelines) and inform the benchmarks/targets against which program managers and decision makers will assess program performance.

   o Baseline measures can also be used to describe the current level of program activities and allow measurement of the program's progress (e.g., process measures) over time such as the number of new physical activity classes offered to employees or the establishment of a new health benefit.

- You should identify a staff person who will be responsible for data collection during the project planning process and at the time of application.

   - You are required to submit an overview of how the proposed baseline metrics will be assessed during the project to identify demonstration of project progress. The overview should include how baseline metrics and the following measurements that will be collected/analyzed, clearly addressing how the approach will demonstrate project outcomes and impacts.

iii. *Budget*

The [Application Guide](#) directions may differ from those on Grants.gov.

Follow the instructions in Section 4.1.iv Budget of the [Application Guide](#) and any specific instructions listed in this section. Your budget should show a well-organized plan.

Reminder: The total project or program costs are all allowable (direct and indirect) costs used for the HRSA activity or project. This includes costs charged to the award and non-federal funds used to satisfy a matching or cost-sharing requirement (which may include MOE, if applicable).

Program Income

You must use any program income you generate from awarded funds for approved project-related activities. Use program income under the addition alternative (45 CFR § 75.307(e)(2)). Find post-award requirements for program income at [45 CFR § 75.307](#).

As required by the Further Consolidated Appropriations Act, 2024 (P.L. 118-47) Division D, Title II, § 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." Effective January 2024, the salary rate limitation is $221,900. As required by law, salary rate limitations may apply in future years and will be updated.

iv. *Budget Narrative*

See Section 4.1.v. of the [Application Guide](#).

In addition, the Rural Northern Border Region Outreach Program requires the following:

Travel: Please allocate travel funds for one (1) program staff to attend a one-and-a half (1.5) day award recipient meeting at a location to be determined and include the cost of this as a budget line item. To determine estimated travel costs to Washington, DC, applicants should refer to the U.S. General Services Administration (GSA) per diem rates for FY2020. Per diem rates can be found on GSA's website: https://www.gsa.gov/travel-resources.

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.

Budget for Multi-Year Award: This notice is inviting applications for performance periods up to 3 years. We 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.

Three separate and complete budgets must be submitted with this application.

v. *Attachments*

Provide the following attachments in the order we list them.

Most attachments count toward the application page limit. Indirect cost rate agreement and proof of non-profit status (if it applies) are the only exceptions. They will not count toward the page limit.

Clearly label each attachment. Upload attachments into the application. Reviewers will not open any attachments you link to.

Attachment 1: Work Plan (Required)

Attach the project's work plan. Make sure it includes everything that Section IV.2.ii. Project Narrative details. The work plan should illustrate the consortium'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.

This attachment **will not count** towards the 40-page limit.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of the *Application Guide*) (Required)

In the staffing plan, explain the staffing requirements necessary to complete the project, the qualification levels for the project staff, and rationale for the amount of time that is requested for each staff position.

We recommend the Project Director be the equivalent of a full-time employee (1.0 FTE/ 100 percent FTE) of the applicant organization and devote adequate time (recommended to be *1.0 FTE*) to the project to ensure commitment is reasonable.

Keep each job description to one page as much as possible. Include the role, responsibilities, and qualifications of proposed project staff. Describe your organization's timekeeping process. This ensures that you'll comply with federal standards related to recording personnel costs.

This attachment **will count** towards the 40-page limit.

Attachment 3: Biographical Sketches of Key Personnel (Required)

Include biographical sketches for people who will hold the key positions you describe in *Attachment 2*. Keep it to two pages or less per person. Do **not** include personally identifiable information (PII). If you include someone you have not hired yet, include a letter of commitment from that person with the biographical sketch.

This attachment **will not count** towards the 40-page limit.

Attachment 4: Letters of Agreement, Memoranda of Understanding (Required)

Provide any documents that describe working relationships between your organization, consortium members, and other entities and programs you cite in the proposal. Documents that confirm actual or pending contracts or agreements should clearly describe the roles of the contractors and any deliverable. Make sure you sign and date any letters of agreement.

This attachment **will not count** towards the 40-page limit.

Attachment 5: Project Organizational Chart (Required)

Provide a one-page figure that shows the project's organizational structure.

This attachment **will count** towards the 40-page limit.

Attachment 6: Consortium Member List and Consortium Organizational Chart (Required)

The consortium organizational chart should depict the structure of the consortium for the project and should describe how authority will flow from you, the applicant organization, receiving the federal funds to the consortium members.

The consortium member list must contain the following information for each consortium member; it is recommended that this information is provided in a table format:

- Consortium member organization name

- Consortium member organization street address and county (this is their physical location)

- Consortium member primary point of contact at organization (name, title, email)

- Consortium member organization EIN and DUNS. The consortium must consist of at least three separately owned (i.e., different EINs) entities, including you, the application organization. Tribal entities may be exempt from this requirement. See also *Attachment 9* for Exception Requests.

- Specify the consortium member organizations' roles, responsibilities, and contributions to the project

- Specify (yes/no) whether the consortium member is physically located in a HRSA designated rural county or rural census tract of an urban county, as defined by the Rural Health Grants Eligibility Analyzer by providing screenshots from the analyzer of the urban or rural status for each consortium member.

- Indicate which member has experience working on health care issues within the NBRC Region

This attachment **will count** towards the 40-page limit.

Attachment 7: Map of Service Area (Required)

Include a legible map that clearly shows the location of consortium members, the geographic area that will be served by the consortium, and any other information that will help reviewers visualize and understand the scope of the proposed project activities.

This attachment **will count** towards the 40-page limit.

Attachment 8: Previous Grants, (if applicable)

If you have received any HRSA funds 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).

This attachment **will not count** towards the 40-page limit.

Attachment 9: Exceptions Request (if applicable)

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

1. Names, titles, email addresses, and phone numbers for points of contact at each of the applicant and network partner/member organizations

2. Justification for the network partner/member organizations under the same EIN, for example, unique focus area or services provided, lack of other appropriate entities, etc.

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

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 organizations may share an EIN or UEI with its parent organization. As a result, at HRSA's discretion, separate applications associated with a single UEI number and/or EIN are allowable, as long as the applicants provide HRSA with all of the following information requested in **Attachment 9**:

1. Names, street addresses, EINs, and/or UEI numbers of the applicant organizations;

2. Name, street address, EIN and/or UEI number of the parent organization;

3. Names, titles, email addresses, and phone numbers for points of contact at each of the applicant organizations and the parent organization;

4. Proposed HRSA-24-083 service areas for each applicant organization;

5. 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

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

NOTE: Single organizations (e.g., a parent organization/headquarters) cannot submit multiple applications, even if the proposed projects are different. If the parent organization applies using the legal and/or "doing business as" name of the parent or satellite sites, for the purposes of this program, it is still considered an application submitted by the parent organization and thus, multiple applications are not allowed.

Applications associated with the same UEI number and/or EIN should be independently developed and written. HRSA reserves the right to deem applications that provide insufficient information in **Attachment 9,** or are nearly identical in application content, to be ineligible. In this instance, assuming all other eligibility criteria are met, HRSA will only accept the last submitted application for HRSA-24-083 associated with the EIN or UEI number.

This attachment **will not count** towards the 40-page limit.

Attachments 10–15: Other Relevant Documents (no more than 15) (optional)

Include any other documents that are relevant to the application. This may include letters of support, which are not required for eligibility. Letters must show a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.).

This attachment **will not count** towards the 40-page limit.

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

A UEI is required to apply for this funding. You must register in the SAM.gov to receive your UEI.

You cannot use a DUNS number to apply. For more details, visit the following webpage: General Service Administration's UEI Update

After you register with SAM, maintain it. Keep your information updated when you have: an active federal award, application, or plan that an agency is considering.[6]

When you register, you must submit a notarized letter naming the authorized Entity Administrator.

We will not make an award until you comply with all relevant SAM requirements. If you have not met the requirements by the time we're ready to make an award, we will deem you unqualified and award another applicant.

If you already registered on Grants.gov, confirm that the registration is active and that the Authorized Organization Representative (AOR) has been approved.

To register in Grants.gov, submit information in two systems:

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[6] Unless 2 CFR § 25.110(b) or (c) exempts you from those requirements or the agency approved an exemption for you under 2 CFR § 25.110(d))**.**

- System for Award Management (SAM) (SAM Knowledge Base)

- Grants.gov

Effective March 3, 2023, individuals assigned a SAM.gov Entity Administrator role must be an employee, officer, or board member, and cannot be a non-employee. This change is to ensure entities are in control of who has permission to control roles within their entity.

Here's what this means:

- Entity Administrators assigning roles to non-employees will only be able to assign a Data Entry role or lower.

- Any entities assigning Entity Administrator roles using an Entity Administrator Role Request Letter (formerly called "notarized letter") will no longer be able to assign the Entity Administrator role to a non-employee.

- Entity Administrator roles assigned to non-employees will be converted to Data Entry roles. With a Data Entry role, non-employees can still create and manage entity registration data entry but cannot manage roles.

If you are an entity using a non-employee or if you are a non-employee working with an entity to manage registrations, please read (and share) more about this change on the BUY.GSA.gov blog to know what to expect.

For more details, see Section 3.1 of the *Application Guide*.

Note: Allow enough time to register with SAM and Grants.gov. We do not grant application extensions or waivers if you fail to register in time.

4. Submission Dates and Times

Application Due Date

Your application is due on *June 25, 2024, at 11:59 p.m. ET*. We suggest you submit your application to Grants.gov at least 3 calendar days before the deadline to allow for any unexpected events. See the *Application Guide's* Section 8.2.5 – Summary of emails from Grants.gov.

5. Intergovernmental Review

The Rural Northern Border Region Outreach Program must follow the terms of Executive Order 12372 in 45 CFR part 100.

See Section 4.1 ii of the *Application Guide* for more information.

6. Funding Restrictions

The General Provisions in Division D, Titles II and V, that reference the Further Consolidated Appropriations Act, 2024 (P.L. 118-47) apply to this program. See Section 4.1 of the *Application Guide* for information. Note that these and other restrictions will apply in fiscal years that follow, as the law requires.

Program-specific Restrictions

You cannot use funds under this notice for the following:

- To build or acquire real property, or

- For construction or major renovation or alteration of any space (see 42 U.S.C. 254c(h)).

You must have policies, procedures, and financial controls in place. Anyone who receives federal funding must comply with legal requirements and restrictions, including those that limit specific uses of funding.

- Follow the list of statutory restrictions on the use of funds in Section 4.1 (**Funding Restrictions**) of the *Application Guide*. We may audit the effectiveness of these policies, procedures, and controls.
- 2 CFR § 200.216 prohibits certain telecommunications and video surveillance services or equipment. For details, see the HRSA Grants Policy Bulletin Number: 2021-01E.

If funded, for-profit organizations are prohibited from earning profit from the federal award (45 CFR § 75.216(b)).

V. Application Review Information

1. Review Criteria

We review your application on its technical merit. We have measures for each review criterion to help you present information and to help reviewers evaluate the applications.

We use six (6) review criteria to review and rank Rural Northern Border Region Outreach Program applications. Here are descriptions of the review criteria and their scoring points.

Criterion 1: NEED (20 points) – Corresponds to Section IV's Introduction and Needs Assessment

Introduction: 6 Points

- How well the application describes the intended purpose, or the overall aim, of the proposed project and focus area(s).

- How well the application clearly outlines the goals, or the specific actions the applicant will take to reach its purpose, and anticipated outcomes of the project.

Program Development, Target Population Details, and Barriers/Challenges: 9 points

- How well you clearly identify and establish the unmet health care needs of the target population as evidenced by:

  o The data provided regarding the incidence (e.g., cardiovascular disease, diabetes, etc.) in the target population through demographic information and other specific health status indicators (e.g., social determinants of health, health disparities, etc.) relevant to the project.

  o The identification and description of any subpopulations who have historically suffered from poorer health outcomes, racial and ethnic health disparities, and other inequities among the target population. If you indicated that the target population does not have any subpopulations, you clearly identified and described any subpopulations who might be impacted by the project.

  o The identification and description of racial and ethnic subpopulations in the proposed service area. If you indicated that the proposed service area does not have any racial and ethnic subpopulations, you described the population demographics of the proposed service area and identified any disparities they face.

  o The thoroughness in which you illustrate the demographics of the service area (outside of the target population). You provide detailed supporting local (e.g., county-level), state, and national data for the community and the target population. You compare local data versus state and national data to demonstrate disparity and need.

  o The strength and quality of how the needs of the target population(s) were identified. (e.g., frequency of needs assessments, modes of data collection).

- How well the application describes the level of involvement the target community and the consortium members have held in identifying the needs of the population and in planning the project activities.

- How well the application describes the relevant barriers that you hope to overcome including:

  o Any pertinent geographic, socio-economic, linguistic, cultural, ethnic, workforce, and/or other barrier(s) that prohibit access to health care in the target community.

  o Any anticipated linguistic, social, or religious barriers to health care of the target population.

Health Care in the Service Area: 5 points

- How well the target service area is clearly defined.

- How well you demonstrate an understanding of the relevant health services currently available in the targeted service areas including:

  o The potential impact of the project on current providers (especially those that are not included in the proposed project).

  o Any other potential adverse effect (if any), as well as estimates of how the project might augment and enhance any existing capabilities in the service area.

  o How your project will effectively address a health gap in the community that would not otherwise have been addressed if it were not for this grant funding.

Criterion 2: RESPONSE (30 points) – Corresponds to Section IV's Approach, Work plan, and Resolution of Challenges

Goals and Objectives: 9 points

- The strength of the proposed activities as an effective approach for addressing the health-related challenge and for attaining the project objectives.

- How well the proposed goals and objectives have a clear and relevant correlation towards addressing the identified need and associated barriers while remaining measurable, realistic, and achievable in a specific timeframe.

- How well the application describes the methods by which their project will address the health access and outcome disparities experienced by vulnerable populations within their target rural service area and how these methods align with the proposed project goals and objectives.

- How well the proposed activities ensure that possible cultural, linguistic, social, and/or religious differences of target populations are identified and addressed, as applicable.

Evidence-Based/Promising Practice Model: 9 points

- How well you propose a health service project based on an appropriate and relevant evidence-based or promising practice model(s).

- The degree to which the model has been shown to be effective in addressing gaps and needs in a community setting and improve the health status of participants, including:

  o The strength of the evidence-based or promising practice model(s) that the project is based on as evidenced by appropriate and valid citations for the chosen model/s.

  o The extent to which the evidence-based practice or promising practice model(s) selected for the project and evidence that this framework is appropriate and relevant to your community's need and target population.

- o The extent to which the model(s) are tailored and/or modified to your proposed project and how the tailored/modified evidence-based or promising practice model can be effective in fulfilling your community's unmet needs and improving the health status.

Sustainability Approach: 6 points

- The strength and effectiveness of the following:

  - o The plan and potential sources of support for achieving project sustainability after the period of federal funding ends.

  - o The sustainable impact of the program funded by grant.

  - o The proposed strategies to achieve the desired sustainable impact.

Work Plan and Resolution of Challenges: 6 points

- How well the proposed work plan is logical and easy to follow.

- The strength in which the work plan addresses the project activities, responsible parties, the timeline of the proposed activities, anticipated outputs, and the necessary processes associated with achieving project goals.

- How well the application addresses and resolves any identified challenges and anticipated barriers.

Criterion 3: EVALUATIVE MEASURES (10 points) – Corresponds to Section IV's Evaluation and Technical Support

- How strong and effective the method is to monitor and assess the project results. Measures must be able to assess:

  - o How well the program objectives have been met.

  - o How well these can be attributed to the project.

- Evidence that demonstrates that progress toward meeting grant-funded goals will be collected, tracked, measured, and assessed.

  - o How well the baseline (process and outcome) measures will be comprehensively monitored and tracked throughout the period of performance to demonstrate the effectiveness of the intervention. These measures must align with the goals and objectives of the proposed project and to its proposed outputs and outcomes.

- The degree to which the proposed project may be replicable in other rural communities.

Criterion 4: IMPACT (10 points) – Corresponds to Section IV's Work Plan

- How well you describe the potential impacts of the selected evidence-based or promising practice model/s that was used in the design and development of the

proposed project.

- The effectiveness of the proposed approach for widely disseminating information regarding results of the project to the appropriate stakeholders (i.e., policymakers, research community, local advocacy agencies or organizations, and/or at regional or national conferences, etc.).

- How strong of a public health impact the proposed project will have on the target population and the extent to which the project may be replicable in other communities with similar needs.

Criterion 5: RESOURCES/CAPABILITIES (25 points) – Corresponds to Section IV's [*Organizational Information*](#) *and* [*Evaluation and Technical Support Capacity*](#)

[*Application Organization*](#) *and* [*Project Staffing*](#)*: 8 points*

- The strength of the applicant organization's recent or previous experience serving rural underserved populations located in the NBRC Region.

- The strength of the applicant organization and consortium members ability to have the appropriate resources and abilities to fulfill program requirements and meeting program expectations.

- The strength of the applicant organization's capability to implement and fulfill the requirements of the proposed project based on the resources available and the qualifications of the project staff.

- The strength of the applicant organization's ability to ensure a high degree of local rural control in the project, which includes details on a shared decision-making structure that is inclusive of ongoing local rural consortia member involvement in proposed project implementation for the duration of the 3-year grant program performance period.

[*Consortium Composition*](#)*: 10 points*

- The strength of the consortium as evidenced by:

    o Effective strategies employed for creating and defining the consortium.

    o The nature and extent of each consortium member's responsibilities and contributions to the project.

    o How evident the consortium members are appropriate collaborators and the expertise they bring to the project.

    o Clearly defined roles and responsibilities for each of the organizations in the consortium, and how authority will flow from your organization receiving the federal grant funds to the consortium members.

    o The ability of each organization participating in the consortium to deliver the services, contribute to the consortium, and otherwise meet the needs of the project.

- How grant funds will be distributed between members.

- Inclusion of at least one consortium member with experience working on rural health care issues in the NBRC Region.

- The strength of the consortium's rural composition demonstrated by at least sixty-six percent (66%), or two-thirds of consortium members (members with signed Letter(s) of Agreement or Memoranda of Understanding in **Attachment 4** located in a HRSA designated rural area and, applicants should provide the address of each consortium member and the screenshot of the urban or rural status.

Consortium Involvement: 7 points

- The strength of the proposed strategies for communication and coordination of the consortium members as evidenced by:

  - How and when the consortium will meet and the proposed process for soliciting and incorporating input from the consortium for decision-making, problem solving, and urgent or emergency situations.

  - The plan for communication and coordination between the project director and consortium members, including how often communication is expected.

  - The proposed frequency of project updates that will be given to the consortium members and the extent to which the project director will be accountable to the consortium.

  - The strength and feasibility of the proposed process for periodic feedback and program modification as necessary.

- The strength of the proposed indicators to assess the effectiveness of the communication and coordination of the consortium and its timely implementation.

- The degree to which you discuss potential challenges with the consortium (e.g., data sharing, consortium disagreements, personnel actions, expenditure activities, etc.) and identify approaches that can be used to resolve the challenges.

Criterion 6: SUPPORT REQUESTED (5 points) – Corresponds to Section IV's Budget Narrative

- How reasonable the proposed budget is for each year of the period of performance.

- Whether costs, as outlined in the budget and required resources sections, are reasonable and align with the scope of work.

- Whether key staff have adequate time devoted to the project to achieve project objectives.

2. Review and Selection Process

Subject matter experts provide an impartial evaluation of your application. Then, they pass along the evaluations to us, and we decide who receives awards. See Section 5.3 of the *Application Guide* for details. When we make award decisions, we consider the following when selecting applications for award:

- How high your application ranks
- Funding availability
- Risk assessments
- Other pre-award activities, as described in Section V.3 of this NOFO

Funding Preferences

This program provides a funding preference for some applicants, as authorized by 42 U.S.C. 254c(h)(3) (§ 330A(h)(3) of the Public Health Service Act). If your application receives a funding preference, it will be placed in a more competitive position among fundable applications. If your application does not receive a funding preference, it will receive full and equitable consideration during the review process. The HRSA staff will determine the funding factor and will apply 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 meet this funding preference qualification 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/shortagearea/by- address

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

You meet this qualification 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 meet this qualification 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 applicable, please indicate which qualification is being met in the **Project Abstract** and **Attachment 10**. Please label documentation as Proof of Funding Preference Designation/Eligibility. If you do not provide appropriate documentation in **Attachment 10**, as described, you will not receive the funding preference.

HRSA highly recommends you include concise language making it clear to HRSA which funding preference you qualify for. 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 do not qualify for a funding preference, please state that you do not qualify for a funding preference.

3. Assessment of Risk

If you have management or financial instability that directly relates to your ability to carry out statutory, regulatory, or other requirements, we may decide not to fund your high-risk application (45 CFR § 75.205).

First, your application must get a favorable merit revie. Then we:
- Review past performance (if it applies)
- Review audit reports and findings
- Analyze the cost of the project/program budget
- Assess your management systems
- Ensure you continue to be eligible
- Make sure you comply with any public policies.

We may ask you to submit additional information (for example, an updated budget) or to begin activities (for example, negotiating an indirect cost rate) as you prepare for an award.

However, even at this point, we do not guarantee that you'll receive an award. After a full review we'll decide whether to make an award, and if so, if special conditions are required, and what level of funding is appropriate.

Award decisions are discretionary and final. You cannot appeal them to any HRSA or HHS official or board.

As part of this review, we use SAM.gov Entity Information Responsibility / Qualification (formerly named FAPIIS) to check your history for all awards likely to be over $250,000. You can comment on your organization's information in SAM.gov. We'll consider your comments before making a decision about your level of risk.

VI. Award Administration Information

1. Award Notices

The Notice of Award (NOA) is issued on or around the start date listed in the NOFO. See Section 5.4 of the *Application Guide* for more information.

2. Administrative and National Policy Requirements

See Section 2.1 of the *Application Guide*.

If you receive an NOA and accept the award, you agree to conduct the award activities in compliance/accordance with:

- All provisions of [45 CFR part 75](#) currently in effect.

- The termination provisions in [45 CFR 75.372](#). No other specific termination provisions apply.

- Other federal regulations and HHS policies in effect at the time of the award. In particular, the following provision of 2 CFR part 200, which became effective on or after August 13, 2020, is incorporated into this NOFO: [2 CFR § 200.301 Performance measurement.](#)

- Any statutory provisions that apply

- The [Assurances](#) (standard certification and representations) included in the annual SAM registration.

Accessibility Provisions and Non-Discrimination Requirements

If you receive an award, you must follow all applicable nondiscrimination laws. You agree to this when you register in SAM.gov. You must also submit an Assurance of Compliance ([HHS-690](#)). To learn more, see the [HHS Office for Civil Rights website](#).

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

[Executive Order on Worker Organizing and Empowerment (E.O. 14025)](#) encourages you to support worker organizing and collective bargaining. Bargaining power should be equal between employers and employees.

This may include developing policies and practices that you could use to promote worker power. Describe your plans and activities to promote this in the application narrative.

Subaward Requirements

If you receive an award, you must follow the terms and conditions in the NOA. You'll also be responsible for how the project, program, or activity performs; how you and others spend award funds; and all other duties.

In general, subrecipients must comply with the award requirements (including public policy requirements) that apply to you. You must make sure your subrecipients comply with these requirements. [45 CFR § 75.101 Applicability](#) gives details.

3. Reporting

Award recipients must comply with Section 6 of the *Application Guide* **and** the following reporting and review activities:

1) **Federal Financial Report**. The Federal Financial Report (SF-425) is required. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically. Visit Reporting Requirements | HRSA. More specific information will be included in the NOA

2) **Progress Report(s).** The recipient must submit a progress report to HRSA on an annual basis through the submission of the noncompeting continuation report. The NOA will provide details.

3) **Assessment Plan.** The recipient must submit an Assessment Plan during the first year of the grant period. This assessment plan will provide guidance for program assessment throughout the period of performance and beyond. An assessment plan should address both process and outcome measures. It should include the following elements: assessment questions, indicators, data sources, assessment methods (e.g., review of documents, interviews with project staff and participants, surveys of participants, etc.), and how the assessment findings will be shared throughout the project. FORHP recognizes that this plan may change throughout project implementation. However, the likelihood of a project's success is increased if an assessment strategy is identified in the beginning phases of the project, project staff are engaged throughout the assessment process (in the design and implementation stages), and if feedback is provided to project staff and key stakeholders throughout the project to allow for any mid-course adjustments.

4) **Grantee Directory and Sourcebook.** The recipient must submit a Grantee Directory and Sourcebook. This is required during the period of performance in via email. Further information will be provided in the award notice.

5) **Performance Measures Report.** A performance measures report is required after the end of each budget period. Upon award, award recipients will be notified of specific performance measures required for reporting.

6) **Sustainability Plan.** As part of receiving the grant, award recipients are required to submit a final Sustainability Plan during the third year of their period of performance. Further information will be provided upon receipt of the award.

7) **Final Assessment Plan.** Award recipients are required to submit a final Program Assessment Report at the end of their period of performance that would show, explain and discuss their results and outcomes. Further information will be provided in the award notice.

8) **Final Closeout Report.** A final report is due within 90 days after the period of performance ends. The final report collects program-specific goals and progress on strategies; core performance measurement data; impact of the overall

project; the degree to which the award recipient achieved the mission, goal and strategies outlined in the program; award recipient objectives and accomplishments; barriers encountered; and responses to summary questions regarding the award recipient's overall experiences over the entire period of performance. Further information will be provided in the award notice.

9) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in SAM.gov Entity Information Responsibility / Qualification (formerly named FAPIIS), as 45 CFR part 75 Appendix I, F.3. and 45 CFR part 75 Appendix XII require.

VII. Agency Contacts

Business, administrative, or fiscal issues:

Lissette Young
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
Call: (301) 287- 9864
Email: lyoung@hrsa.gov

Program issues or technical assistance:

Maribel Nunez
Public Health Analyst, Federal Office of Rural Health Policy
Attn: Rural Northern Border Region Outreach Program
Health Resources and Services Administration
Call: 301-443-0466
Email: MNunez@hrsa.gov

You may need help applying through Grants.gov. Always get a case number when you call.

Grants.gov Contact Center (24 hours a day, 7 days a week, excluding federal holidays)
Call: 1-800-518-4726 (International callers: 606-545-5035)
Email: support@grants.gov
Search the Grants.gov Knowledge Base

Once you apply or become an award recipient, you may need help submitting information and reports through HRSA's Electronic Handbooks (EHBs). Always get a case number when you call.

HRSA Contact Center (Monday – Friday, 7 a.m. – 8 p.m. ET, excluding federal holidays)
Call: 877-464-4772 / 877-Go4-HRSA
TTY: 877-897-9910
Electronic Handbooks Contact Center

The EHBs login process changed on May 26, 2023, for applicants, recipients, service providers, consultants, and technical analysts. To enhance EHBs' security, the EHBs now uses **Login.gov** and **two-factor authentication**. Applicants, recipients, service providers, consultants, and technical analysts must have a Login.gov account for the new login process. For step-by-step instructions on creating a Login.gov account refer to the EHBs Wiki Help page.

VIII. Other Information

Technical Assistance

See TA details in Summary.

Tips for Writing a Strong Application

See Section 4.7 of the *Application Guide*.

Appendix A: Page Limit Worksheet

The purpose of this worksheet is to give you a tool to ensure the number of pages uploaded into your application is within the specified page limit. (Do not submit this worksheet as part of your application.)

The Standard Forms listed in column 1 do not count against the page limit; however, attachments to the Standard Forms listed in column 2 do count toward the page limit. For example, the Budget Narrative Attachment Form does not count, however the attachment uploaded in that form does count against the page limit.

Standard Form Name (Forms themselves do not count against the page limit)	Attachment File Name (Unless otherwise noted, attachments count against the page limit)	# of Pages Applicant Instruction – enter the number of pages of the attachment to the Standard Form
Application for Federal Assistance (SF-424 - Box 14)	Areas Affected by Project (Cities, Counties, States, etc.)	*My attachment = ___ pages*
Application for Federal Assistance (SF-424 - Box 16)	Additional Congressional District	*My attachment = ___ pages*
Application for Federal Assistance (SF-424 - Box 20)	Is the Applicant Delinquent On Any Federal Debt?	*My attachment = ___ pages*
Attachments Form	Attachment 1: Work Plan	*(Does not count against the page limit)*
Attachments Form	Attachment 2: Staffing Plan and Job Descriptions for Key Personnel	*My attachment = ___ pages*
Attachments Form	Attachment 3: Biographical Sketches of Key Personnel	*(Does not count against the page limit)*
Attachments Form	Attachment 4: Letters of Agreement, Memoranda of Understanding	*(Does not count against the page limit)*
Attachments Form	Attachment 5: Project Organizational Chart	*My attachment = ___ pages*
Attachments Form	Attachment 6: Consortium Member List and Consortium Organizational Chart	*My attachment = ___ pages*

Standard Form Name *(Forms themselves do not count against the page limit)*	Attachment File Name *(Unless otherwise noted, attachments count against the page limit)*	# of Pages *Applicant Instruction – enter the number of pages of the attachment to the Standard Form*
Attachments Form	Attachment 7: Map of Service Area	*My attachment = ___ pages*
Attachments Form	Attachment 8: Previous Grants, if applicable	*(Does not count against the page limit)*
Attachments Form	Attachment 9: Exceptions Request, if applicable	*(Does not count against the page limit)*
Attachments Form	Attachment 10-15: Other Relevant Documents, if applicable	*(Does not count against the page limit)*
Project/Performance Site Location Form	Additional Performance Site Location(s)	*My attachment = ___ pages*
Project Narrative Attachment Form	Project Narrative	*My attachment = ___ pages*
Budget Narrative Attachment Form	Budget Narrative	*My attachment = ___ pages*
# of Pages Attached to Standard Forms		Applicant Instruction: Total the number of pages in the boxes above.
Page Limit for HRSA-24-083 is 40 pages		**My total = ____ pages**

Appendix B: Northern Border Regional Commission (NBRC) Region

The NBRC Region is composed of the following counties:

Maine: Androscoggin[1], Aroostook, Franklin, Hancock, Kennebec, Knox, Oxford, Penobscot[1], Piscataquis, Somerset, Waldo, and Washington counties

New Hampshire: Belknap, Carroll, Cheshire, Coös, Grafton, and Sullivan counties

New York: Cayuga, Clinton, Essex, Franklin, Fulton, Genesee, Greene, Hamilton, Herkimer[1], Jefferson[1], Lewis, Livingston, Madison[1], Montgomery, Niagara[1], Oneida[1], Orleans, Oswego[1], Rensselaer[2], Saratoga[2], Schenectady[2], Seneca, St. Lawrence, Sullivan, Washington[1], Warren[1], Wayne[1], and Yates counties

Vermont: Addison, Bennington, Caledonia, Chittenden[3], Essex, Franklin, Grand Isle, Lamoille, Orange, Orleans, Rutland, Washington, Windham, and Windsor counties

NOTE: All counties are HRSA-designated fully rural unless otherwise indicated in footnotes.

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[1] Indicates Health Resources and Services Administration (HRSA) designated partially rural counties located in the NBRC service area.

[2] Rensselaer, Saratoga, and Schenectady Counties in New York are HRSA-designated non-rural (urban) counties.

[3] Chittenden County in Vermont is a HRSA-designated non-rural (urban) county.