U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration

Federal Office of Rural Health Policy
Policy Research Division

<div style="border:1px solid black">

Rural Health Research Center Cooperative Agreement

Announcement Type: (New, Competing Continuation)
Funding Opportunity Number: HRSA-16-054

Catalog of Federal Domestic Assistance (CFDA) No. 93.155

</div>

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2016

Application Due Date: March 14, 2016

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!
Deadline extensions are not granted for lack of registration.
Registration in all systems, including SAM.gov and Grants.gov,
may take up to one month to complete.

Release Date: January 14, 2016

Issuance Date*:* January 14, 2016

Sarah Bryce
Health Insurance Specialist, Federal Office of Rural Health Policy
E-mail: sbryce@hrsa.gov
Telephone: (301) 443-5982
Fax: (301) 443-2803

Authority: Social Security Act, Title VII, §711, as amended

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Federal Office of Rural Health Policy (FORHP) is accepting applications for fiscal year (FY) 2016 Rural Health Research Center Cooperative Agreement. The purpose of this program is to increase the amount of high quality, impartial, policy-relevant research to assist providers and decision-makers at the Federal, State and local levels to better understand problems faced by rural communities and provide information that will improve access to health care and population health.

Funding Opportunity Title:	Rural Health Research Center Cooperative Agreement
Funding Opportunity Number:	HRSA-16-054
Due Date for Applications:	March 14, 2016
Anticipated Total Annual Available Funding:	$4,900,000
Estimated Number and Type of Award(s):	Up to 7 cooperative agreements
Estimated Award Amount:	Up to $700,000 per year
Cost Sharing/Match Required:	No
Project Period:	September 1, 2016 through August 31, 2020 (four (4) years)
Eligible Applicants:	Eligible applicants include public and nonprofit entities. Faith-based and community-based organizations, Tribes, and tribal organizations are eligible to apply. [See Section III-1 of this funding opportunity announcement (FOA) for complete eligibility information.]

Application Guide

All applicants are responsible for reading and complying with the instructions included in HRSA's *SF-424 R&R Application Guide,* available online at http://www.hrsa.gov/grants/apply/applicationguide/sf424rrguide.pdf, except where instructed in this FOA to do otherwise. A short video for applicants explaining the *Application Guide* is available at http://www.hrsa.gov/grants/apply/applicationguide/.

Technical Assistance

A technical assistance webinar will be held on January 27, 2016 from 2:00pm to 3:00pm EST.
Conference Call Number: 888-950-9404
Passcode: 4550932
https://hrsa.connectsolutions.com/hrsa-16-054_rhrc/

Table of Contents

I. Program Funding Opportunity Description

1. Purpose

This announcement solicits applications for the Rural Health Research Center (RHRC) Cooperative Agreement. The purpose of this cooperative agreement is to increase the amount of high-quality, impartial, policy-relevant research available to assist health care providers and decision-makers at the Federal, State and local levels better understand the challenges faced by rural communities and provide information that will inform policies designed to improve access to health care and population health. RHRC recipients will conduct policy-oriented health services research on rural issues and synthesize the issues into publically available policy briefs designed to be easily understood by a non-technical audience.

The awards provided through the RHRC Cooperative Agreement are designed to provide support for a four-year research center with a specific rural health research area(s) of concentration. This cooperative agreement program will support health services research projects but excludes clinical/biomedical research and the expenditure of funds for delivery of services.

The Agency for Healthcare Research and Quality (AHRQ) defines health services research as examining "how people get access to health care, how much care costs, and what happens to patients as a result of this care." The main goals of health services research are to "identify the most effective ways to organize, manage, finance, and deliver high quality care; reduce medical errors, and improve patient safety."[1]

2. Background

This program is authorized by Section 711(b) of the Social Security Act, (42 U.S.C. 912(b)), as amended. The Health Resources and Services Administration's (HRSA) Federal Office of Rural Health Policy (FORHP) is the focal point for rural health activities within the Department of Health and Human Services (HHS). FORHP is statutorily required to advise the Secretary on the effects of current policies and proposed statutory, regulatory, administrative and budgetary changes in Medicare and Medicaid programs on the financial viability of small rural hospitals, the ability of rural areas to attract and retain physicians and other health professions and access to and the quality of health care in rural areas. For additional information about FORHP, please see http://www.hrsa.gov/ruralhealth/index.html.

FORHP accomplishes its mission through a broad range of policy and program activities. The RHRC program focuses on informing FORHP's policy role. Policy-relevant research is useful because it enhances knowledge about rural health and rural health services. In addition, rural health services research addresses critical concerns facing rural communities in their efforts to secure adequate, affordable, and high-quality health services. Research findings inform a wide audience of national, state, and local decision-makers about the health issues in rural communities and are instrumental in bridging gaps between policy and program needs. Research

---

[1] Agency for Healthcare Research and Quality. What is Health Services Research? Agency for Healthcare Research and Quality, 2002. [Online]

funded under this cooperative agreement is publically available on the Rural Health Research Gateway (www.ruralhealthresearch.org).

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New and Competing Continuation

Funding will be provided in the form of cooperative agreement.   A cooperative agreement, as opposed to a grant, is an award instrument of financial assistance where substantial involvement is anticipated between HRSA and the recipient during performance of the contemplated project.

As a cooperative agreement, HRSA Program involvement will include:
- Participating in the planning and development of the RHRC's annual research portfolio and the final selection of research projects;
- Reviewing/commenting on the RHRC's research design and methodology in the research proposals;
- Reviewing/approving the RHRC's products including the methodology, analysis, results, policy implications, format and tone prior to public dissemination;
- Participating, as appropriate, in the planning and implementation of any meetings, training activities or workgroups conducted during the project period; and
- Providing consultation with the RHRC to design dissemination strategies of the RHRC's research results to multiple audiences interested in rural health issues in the form of policy briefs, journal manuscripts, presentations to policy makers, responses to health policy programs and experts, and presentations at National, State, and regional conferences.

The cooperative agreement recipient's responsibilities will include:
- Adherence to HRSA guidelines pertaining to acknowledgement and disclaimer on all products produced by HRSA award funds;
- Participating in the planning and development of the RHRC's annual research portfolio and the final selection of research projects;
- Responding to FORHP requests (including execution of short-term qualitative or quantitative analyses to assist in informing emerging policy questions), comments and questions within two business days;
- Conducting policy-oriented health services research on rural issues and synthesizing the results into reports easily understood by a non-technical policy audience;
- Submission of research products (policy briefs, monographs, etc.) for FORHP review by work plan guidelines as specified by FORHP;
- Submission of all research products to the Rural Health Research Gateway (www.ruralhealthresearch.org) and RHRC websites for publication;
- Design and implementation of dissemination strategies of the RHRC's research results to multiple audiences interested in rural health issues in the form of policy briefs, journal manuscripts, presentations to policy makers, responses to health policy programs and experts, and presentations at National, State, and regional conferences; and

- Attending and presenting research at annual RHRC meetings.

2. Summary of Funding

This program will provide funding during Federal fiscal years 2016 – 2019. Approximately $4,900,000 is expected to be available annually to fund seven (7) recipients. Applicants may apply for a ceiling amount of up to $700,000 per year. This program announcement is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds can be awarded in a timely manner. The project period is four (4) years. Funding beyond the first year is dependent on the availability of appropriated funds for the Rural Health Research Center Cooperative Agreement in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include public and nonprofit entities. Faith-based and community-based organizations, Tribes, and tribal organizations are eligible to apply.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

Applications that exceed the ceiling amount will be considered non-responsive and will not be considered for funding under this announcement.

Any application that fails to satisfy the deadline requirements referenced in *Section IV.3* will be considered non-responsive and will not be considered for funding under this announcement.

NOTE: Multiple applications from an organization are not allowable.

If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates), an application is submitted more than once prior to the application due date, HRSA will only accept the applicant's **last** validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA *requires* applicants for this FOA to apply electronically through Grants.gov. Applicants must download the SF-424 Research and Related (R&R) application package associated with this FOA following the directions provided at Grants.gov.

2. Content and Form of Application Submission

Section 4 of HRSA's *SF-424 R&R Application Guide* provides instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the Application Guide in addition to the program specific information below. All applicants are responsible for reading and complying with the instructions included in HRSA's *SF-424 R&R Application Guide* except where instructed in the FOA to do otherwise.

See Section 8.5 of the *SF-424 R&R Application Guide* for the Application Completeness Checklist.

Application Page Limit
The total size of all uploaded files may not exceed the equivalent of **80 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this FOA. Standard OMB-approved forms that are included in the application package are NOT included in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) will not be counted in the page limit. **We strongly urge applicants to take appropriate measures to ensure the application does not exceed the specified page limit.**

Applications must be complete, within the specified page limit, and validated by Grants.gov under the correct funding opportunity number prior to the deadline to be considered under the announcement.

Program-Specific Instructions
In addition to application requirements and instructions in Section 4 of HRSA's *SF-424 R&R Application Guide* (including the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract), please include the following:

 i. *Project Abstract*
 See Section 4.1.ix of HRSA's *SF-424 R&R Application Guide*.

 ii. *Project Narrative*
 This section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory and well organized so that reviewers can understand the proposed project.

 Use the following section headers for the Narrative:

 ▪ *INTRODUCTION -- Corresponds to Section V's Review Criterion #1(Need)*

Propose at least one area of concentration that the RHRC will focus on throughout the 4-year award cycle and briefly explain how the chosen topic(s) aligns with FORHP's charge as specified in Section 711 of the Social Security Act, as well as other emerging and historic health policy issues. Applicants may propose to focus their work around one area of concentration for the entire RHRC, or they may propose to include multiple areas of concentration that draw on the varied expertise of their key personnel. The topic(s) of concentration must be policy-relevant and of enduring interest and importance to rural providers, rural stakeholders and/or the health of rural communities. FORHP is particularly interested in areas of concentration that capture hospital payment and policy, primary care payment and policy, post-acute care, quality, workforce (including training and retention programs such as rural training tracks), health information technology, Medicare (including Medicare Advantage) and Medicaid, pharmacy and prescription drug policy, insurance provisions, ambulance and emergency medical services (EMS) policy, mental and behavioral health, health disparities, and ongoing activities related to the transition from volume to value and the expansion of coverage through the Affordable Care Act.

- *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion #1 (Need)*
  The RHRCs have the important task of analyzing the possible effects of policy on the 57 million residents of rural communities in the United States. Applicants must demonstrate a comprehensive understanding of the needs of the rural population as they pertain to health and health care services. Applicants should also demonstrate a strong understanding of the unique characteristics of rural communities from a health care service, payment and provider point of view as well as why rural residents are considered an underserved population. The issues and challenges facing rural communities and health care providers , as well as the associated factors that contribute to those challenges should be clearly articulated. This section should demonstrate how the applicant's proposed area(s) of concentration and proposed research studies will fill information gaps and inform rural health policy, particularly as it relates to Section 711 of the Social Security Act.

- *METHODOLOGY -- Corresponds to Section V's Review Criteria #1 (Need), #2 (Response), #4 (Impact), and #5 (Resources/Capabilities)*
  This section should include specific information about the applicant's proposed research projects for the first budget year. Each applicant will propose five projects; however, only four projects will be selected for funding for each successful applicant. Competing continuation applicants must propose research projects that are not duplicative of past projects but they may propose projects that build on or update previously funded work. Post award, these projects will be defined collaboratively between the successful applicants and FORHP. This process may include additional input from FORHP on possible alternative proposals and/or suggested proposal modifications, depending on policy needs at that time.

  The proposals must be national in scope and cannot be single state or regional studies in the first budget period; state/regional studies *may* be considered in years two through four.

  Avoid duplication with research that is already underway or recently completed by the currently funded centers; query the Rural Health Research Gateway for help in identifying projects previously funded. Projects must not duplicate or overlap with work conducted by the Flex Monitoring Team, which evaluates the Rural Hospital Flexibility Grant program

and also conducts larger analyses on Critical Access Hospital (CAH) trends specific to quality and performance improvement.

It is expected that all research products proposed for the first year will be completed within the 12 month budget period.

Present five research proposals using the format outlined below. Limit each research proposal to a maximum of six pages.

Proposal Summary
    a. Project title
    b. Principal Investigator information (name, degree, telephone number, email address)
    c. Stand-alone two sentence project description
    d. Detailed summary (one to two paragraphs in length)
        i. Statement of problem/hypothesis
        ii. Justification/explanation of policy relevance
        iii. Methods and data sources

Research Proposal
    a. *Project title*

    b. *Statement of the problem/issue and policy relevance:* Clearly state the purpose of the research. Identify the gaps in existing knowledge that the research is intended to fill. State the relevance of the research and its implications for rural health policy from the perspectives of national, state and local stakeholders. Emphasize its potential value for members of rural communities. State how the proposed research will contribute to the current literature.

    c. *Geographic Coverage*: Describe the geographic coverage for the research and assess how generalizable the results will be for the purpose of informing policy-making. FORHP has a preference for studies that are nationally representative or have implications for the design or implementation of national policies. Describe the ability of the data to represent varying levels of rurality. If possible, the research should include rural versus urban analyses as well as analyses by level of rurality so that the results are described for the rural continuum.

    d. *Hypotheses, Design and Analysis:* State the hypothesis(es) or lesson(s) to be explored and what project design will be used to accomplish the specific aims of the proposed research study (e.g. quantitative, qualitative or mixed methods). Proposed quantitative and qualitative methods to be used to meet research objectives should be carefully described, as well as anticipated limitations of the methods.

    e. *Data Sources:* Identify proposed data sources. Include information on data availability, acquisition cost, and a time schedule for obtaining and preparing the data for analysis. If primary data will be used, discuss the data collection plan

including sampling methods, estimated sample size, expected response rate, data collection schedule, etc.

f. *Human Subjects Research:* Provide answers to the questions below.

    i.   Are human subjects involved? If activities involving human subjects are planned at any time during the proposed research project, indicate YES even if the proposed project is exempt from Regulations for the Protection of Human Subjects. Indicate NO if no activities involving human subjects are planned and skip to the Staff Qualifications and Staff-Loading Chart section of the FOA.

    ii.   If the answer was YES, indicate if the Institutional Review Board (IRB) review is pending. If the IRB has been approved, enter the approval date.

    iii.   If exempt from IRB approval enter the exemption numbers and a short description corresponding to one or more of the exemption categories. See http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html#46.101(b) for a list of the six categories of research that qualify for exemption from coverage by the regulations as defined in the Common Rule for the Protection of Human Subjects.

    iv.   For the Human Subject Assurance Number provide the IRB approval number or the approved Federal Wide Assurance (FWA), Multiple Project Assurance (MPA), Single Project Assurance (SPA) or Cooperative Project Assurance Number (CPA) that the applicant has on file with the Office of Human Research Protections, if available.

    v.   If you have not yet been reviewed by IRB and you believe your research is exempt, provide a justification for the exemption(s) with sufficient information about involvement of human subjects to allow a tentative conclusion by HRSA staff that the claimed exemption(s) seems appropriate.

    vi.   Note that non-exempt research involving human subjects cannot be conducted under a HHS-sponsored award unless your organization provides verification of the justification of the exemption per HHS regulations. Documentation of IRB review when it is completed and its exemption or approval must be sent to the Project Officer. This IRB certification must include the grant number, the title of the project, name of the appropriate IRB which has reviewed and exempted or approved the proposed activity, name of the principal investigator/program director, date of IRB exemption or approval, and appropriate signatures.

g. *Staff-Loading Chart:* Identify the project leader and other senior staff involvement. Include a staff-loading chart that presents the number of hours devoted to the project for each staff member and the total number of hours for each activity (e.g. data cleaning, mapping, analysis). Indicate the relevant expertise and experience of the staff.

h. *Timetable:* Provide a schedule for the project work. Deliverable due dates for each project should be included. Gantt charts are not necessary. Dates should reflect time required for data acquisition, IRB approval, etc.

i. *Literature Citations:* Provide citations to published literature relevant to this proposal.

- *WORK PLAN -- Corresponds to Section V's Review Criteria #2 (Response) and #4 (Impact)*
  This section should describe the activities or steps proposed to complete the research and dissemination plan outlined in the methodology section. This discussion should include the following:

  1. Explanation of quality control processes, including data quality and the quality of the written products produced under this cooperative agreement.
  2. Project management plan that will ensure each funded activity stays on track throughout the first 12 month budget period. Carefully describe how this plan is to be implemented for policy briefs.
  3. A general work plan for budget period two through four. This does NOT need to include specific research projects that will be conducted during those years but should highlight activities that will span all four years of the project period.
  4. Plan for disseminating the research products (e.g. policy briefs) produced under this cooperative agreement. At minimum, this plan should include strategy to:
     a. Develop and maintain a website dedicated to FORHP funded research that will house completed research projects.
     b. Provide the Rural Health Research Gateway with links to completed research products housed on the RHRC's individual website.
     c. Alerting users to new research products through multiple channels of communication and targeting dissemination to State Offices of Rural Health and other relevant rural stakeholders.

- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion #2 (Response)*
  Discuss challenges (data authorization, accessibility, cost, etc.) that are likely to be encountered in designing and implementing the research projects proposed in the Methodology section as well as activities described in the Work Plan. Explain the approaches that will be used to resolve these challenges.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criterion #3 (Evaluative Measures)*
  This section should describe the following:
  1. The applicant's plan for measuring the impact of the research funded under this cooperative agreement. This must include a plan for reporting the number of times that each research product posted on the RHRC's website is accessed and/or downloaded as well as a plan to track journal citations, conference presentations and posters, speaking engagements (including webinars) and press inquiries/communications.

2. The applicant's plan for self-monitoring progress on each of the four research studies throughout each budget period.

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion #5 (Resources/Capabilities)*
  This section should describe the applicant's expertise in the area of rural-focused health services research. This includes the applicant organization's structure and staffing plan.
  1. Organizational Structure of the Proposed RHRC
     The proposed RHRC must be a single entity or a consortium of organizations with a primary entity responsible for research, supervision, administrative activities and overall management of Federal funds. No co-organizational arrangements are permitted. It has its own identity including name, organizational structure, and dedicated website but may be located in a larger organizational entity. This discussion should include at minimum:
     a. The identity of the proposed RHRC as an entity and its relationship to its parent organization (if applicable). If the applicant has multiple sites or is a consortium, this information must be provided for each component.
     b. Relevant resources (e.g. personnel, computer facilities, dedicated office space, technical or analytic support) that will support the RHRC in conducting the proposed research.
     c. Description of the library of data sets currently maintained by the applicant that will support rural health research, including information on the types of geo-codes on files for different definitions of rural. Indicate any plans for purchasing data sets to keep these libraries up to date, especially data files relevant for the proposed area(s) of concentration.

  2. Staffing Plan and Personnel Requirements
     Applicants must present a staffing plan and provide a justification for that plan that includes education and experience qualifications and rationale for the amount of time being requested for each staff position. Staff of the RHRC must include:

     a. Principal Investigator (i.e. the Project Director)
     b. Deputy Principal Investigator (i.e. the Deputy Project Director)
     c. Administrative Assistant
     d. Core Research Staff
     e. Technical Writer/Editor
     f. Project Manager

     With the exception of the Principal Investigator and the Deputy Principal Investigator, multiple staff roles may be filled by the same person (i.e. the administrative assistant can also fill the role of the project manager).

     Include a staff loading chart that presents the number of hours of FTE devoted to the proposed RHRC for each staff member and the total number of hours or FTE for all staff members (**Attachment 2**). Position descriptions that include the roles, responsibilities (**Attachment 3**), and qualifications of proposed project staff (**Attachment 4**) must be provided.

The principal investigator must devote at least 25% of his or her time to the RHRC. The principal investigator leads the development and realization of the RHRC's research portfolio and is the lead investigator on at least two of the applicant's proposed research projects. The principal investigator is responsible for the administrative aspects of the RHRC and the review of all draft reports. The principal investigator should also have a substantial number of rural health publications (at least five) related to a proposed concentration of the RHRC, 5-10 years of work experience specific to rural health research, and a doctoral degree.

Describe the following regarding the principal investigator. Note: A co-principal investigator is not permitted.

a. Experience, role, and responsibilities in managing a research team, conducting and disseminating policy relevant rural health research.
b. Experience informing/educating national, state, and community decision-makers, especially those concerned with health and access issues for rural populations.
c. How he/she will supervise staff from other parts of the parent organization.
d. Ability and authority to review draft reports to assure their policy-relevance, quality and readability.

The deputy principal investigator must devote at least 20% of his/her time to the proposed RHRC. Describe the following regarding the Deputy Principal Investigator:

a. Experience, roles and responsibilities in organizational lines of authority, conducting and disseminating policy relevant rural health research.
b. Experience informing/educating national, state, and community decision-makers, especially those concerned with rural health and access issues.
c. Process to assume the duties of the Principal Investigator when the Principal Investigator is on short-term (e.g., vacation) and extended (e.g., sabbatical) leave.

The core research staff should be multi-disciplinary and have the educational and professional experience necessary to conduct research proposed by the RHRC. This may include both social science (sociology, epidemiology, demography, economics, organizational behavior, statistics, public health, political science and/or geography) and clinical backgrounds. Describe the following:
a. How the disciplines of the core research staff are related to the RHRC's topic(s) of concentration; and/or
b. The implementation and execution of a rural health services research project or the dissemination of policy-relevant research.

An editor or technical writer should also be included on staff whose main/partial responsibility should be to review drafts of studies prior to FORHP submission for review to ensure high quality. This individual should be identified in the line item budget.

A project manager will be responsible for tracking the progress of each research project from inception to completion. The project manager should be able to provide information to FORHP staff on the current status of each research project. This individual may also fill another role (i.e. Deputy Director or Administrative Assistant) in the proposed RHRC. This individual should be identified in the line item budget.

3. Ability to Complete Research Projects in a Timely Manner
Applicants must demonstrate the capability (as evidenced by past performance) to conduct and disseminate complex, policy-relevant research studies in a 12-15 month time period.

4. OPTIONAL: Expert Work Group
The applicant may choose to appoint and convene an Expert Work Group (EWG) comprised of up to five national and regional experts in its proposed area(s) of concentration. The EWG may meet with the RHRC in virtually or in person; however, no more than $7,000 of the annual budget may be spent on this activity (including travel, per diem and honorarium). Note: The EWG is not a requirement. FORHP leaves it to the discretion of each applicant to decide whether or not an EWG will strengthen its research products.

NARRATIVE GUIDANCE

In order to ensure that the Review Criteria are fully addressed, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.

Narrative Section	**Review Criteria**
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(1) Need (2) Response (4) Impact (5) Resources/Capabilities
Work Plan	(2) Response and (4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures
Organizational Information	(5) Resources/Capabilities
Budget and Budget Narrative	(6) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

---

iii. *Budget*

See Section 4.1.iv of HRSA's *SF-424 R&R Application Guide*.   Please note: the directions offered in the *SF-424 R&R Application Guide* differ from those offered by Grants.gov. Please follow the instructions included the R&R Application Guide and, *if applicable*, the additional budget instructions provided below.

The maximum yearly budget for a RHRC is $700,000. Since only four of the five research proposals per successful applicant will be selected by FORHP, the applicant, to the best of its ability, should submit a budget where any combination of four of the five proposals should not exceed that ceiling. FORHP will work collaboratively with successful applicants post award to address any potential budget issues that arise during the proposal selection process. Successful applicants may be asked to submit individual budgets for each proposal post award to aid in this process.

Reminder: No more than $7,000 of the annual budget may be spent on the option Expert Work Group (EWG), including travel for up to five people, per diem and honorarium.

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

The Consolidated Appropriations Act, 2016, Division H, § 202, (P.L. 114-113) states "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." Please see Section 4.1.iv Budget – Salary Limitation of HRSA's *SF-424 R&R Application Guide* for additional information.   Note that these or other salary limitations may apply in FY 2016, as required by law.

iv. *Budget Justification Narrative*

See Section 4.1.v of HRSA's *SF-424 R&R Application Guide*.

v. *Attachments*
Please provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit.** Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit. **Each attachment must be clearly labeled**.

Attachment 1: Work Plan
   Attach the Work Plan for the project that includes all information detailed in Section IV. ii. Project Narrative.

Attachment 2: Staffing Plan (Staff Loading Chart) (see Section 4.1.vi. of HRSA's *SF-424 R&R Application Guide)*

Attachment 3: Position Descriptions (see Section 4.1.vi. of HRSA's *[SF-424 R&R Application Guide](.)*

Attachment 4: Biographical Sketches (see Section 4.1.vi. of HRSA's *[SF-424 R&R Application Guide](.)*

Biographical sketches should follow the format laid out in Appendix A of the *[SF-424 R&R Application Guide](.)* but **should not exceed two pages in length**.

Attachment 5: Letters of Agreement and/or Description(s) of Proposed/Existing Contracts (project specific)
Provide any documents that describe working relationships between the applicant organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the contractors and any deliverable. Letters of agreement must be dated.

Attachment 6: List of Published Journal Articles, Briefs, and Presentations Authored/Co-Authored by the Principal Investigator, Deputy Principal Investigator, and Key Personnel
Include all rural-relevant briefs, peer-reviewed journal articles, and other written materials and presentations at national, state, and regional conferences. For published materials include the full citation. For presentations include author(s), title, conference name, and date.

Attachment 7: Summary Progress Report
ACCOMPLISHMENT SUMMARY (FOR COMPETING CONTINUATIONS ONLY)

The accomplishments of competing continuation applicants are carefully considered during the review process. Because the Accomplishment Summary is considered when applications are reviewed and scored, **competing continuation applicants who do not include an Accomplishment Summary may not receive as high a score as applicants who do.** The Accomplishment Summary will be evaluated as part of Review Criterion 5: Resources and Capabilities.

This section should include a brief discussion of the competing continuation applicant's accomplishments during the previous grant cycle (FY2012-FY2015) including:
  a. Successfully <u>completed</u> research projects
  b. Status of <u>incomplete</u> projects
      i.   Year funded
      ii. Work completed during the previous project period (i.e. period starting September 1, 2015)
      iii. Barriers to progress and steps/strategies taken to overcome the barriers
      iv. Realistic timeline for completion that includes major milestones
      v.   Presentations or publications based on partially completed work
  c. Positive contributions to the field of rural health services research as a result of FORHP funding

Attachments 8-15: Other Relevant Documents

Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.).

3. Dun and Bradstreet Universal Numbering System Number and System for Award Management (formerly, Central Contractor Registration)

Applicant organizations must obtain a valid DUNS number and provide that number in their application. Applicant must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which it has an active Federal award or an application or plan under consideration by an agency (unless the applicant is an individual or Federal agency that is exempted from those requirements under 2 CFR 25.110(b) or (c), or has an exception approved by the agency under 2 CFR 25.110(d)).

HRSA may not make an award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements and, if an applicant has not fully complied with the requirements by the time HRSA is ready to make an award, HRSA may determine that the applicant is not qualified to receive an award and use that determination as the basis for making an award to another applicant.

If an applicant/awardee organization has already completed Grants.gov registration for HRSA or another Federal agency, confirm that it is still active and that the Authorized Organization Representative (AOR) has been approved.

The Grants.gov registration process requires information in three separate systems:
- Dun and Bradstreet (http://fedgov.dnb.com/webform/pages/CCRSearch.jsp)
- System for Award Management (SAM) (https://www.sam.gov)
- Grants.gov (http://www.grants.gov/)

For further details, see Section 3.1 of HRSA's *SF-424 R&R Application Guide*.

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

4. Submission Dates and Times

Application Due Date
The due date for applications under this FOA is *March 14, 2016 at 11:59 P.M. Eastern Time*.

See Section 8.2.5 – Summary of e-mails from Grants.gov of HRSA's *SF-424 R&R Application Guide* for additional information.

5. Intergovernmental Review

The Rural Health Research Center Cooperative Agreement is a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

See Section 4.1 ii of HRSA's *SF-424 R&R Application Guide* for additional information.

6. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to four (4) years, at no more than $700,000 per year. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division H of the Consolidated Appropriations Act, 2016 (P.L. 114-113) apply to this program. Please see Section 4.1 of HRSA's *SF-424 R&R Application Guide* for additional information. Note that these or other restrictions will apply in FY 2016, as required by law.

All program income generated as a result of awarded funds must be used for approved project-related activities.

V. Application Review Information

1. Review Criteria

Procedures for assessing the technical merit of applications have been instituted to provide for an objective review of applications and to assist the applicant in understanding the standards against which each application will be judged. Critical indicators have been developed for each review criterion to assist the applicant in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. Review criteria are outlined below with specific detail and scoring points.

These criteria are the basis upon which the reviewers will evaluate the application. The entire proposal will be considered during objective review.

Review Criteria are used to review and rank applications. The *Rural Health Research Center Cooperative Agreement* has six (6) review criteria:

Criterion 1: NEED (15 points) – Corresponds to Section IV's Introduction, Needs Assessment, and Methodology

The extent to which the applicant:
- Demonstrates a strong understanding of current and emerging health policy trends relevant to rural communities. (4 points)

- Clearly articulates the issues and challenges facing rural communities and health care providers as well as the associated factors that contribute to those challenges. (4 points)

- Proposes an area(s) of concentration and research projects that are policy-relevant, align with FORHP's charge as specified in Section 711 of the Social Security Act, and address gaps in the current literature. (4 points)

- Demonstrates a strong understanding of how to conduct rural-focused research. (3 points)

Criterion 2: RESPONSE (20 points) – Corresponds to Section IV's Methodology, Work Plan, and Resolution of Challenges
- Extent to which the application appropriately responds to the "Purpose" included in the program funding opportunity description. (4 points)

- The strength and feasibility of the proposed methodology (appropriate research methods that are quantitative whenever possible, data sources, realistic time frame for completing each project, appropriate personnel for the task, etc.). (6 points)

- Extent to which the proposed research projects are policy-relevant and in line with FORHP's charge as specified in Section 711 of the Social Security Act, and the application reflects the link between the proposed research and current and emerging national health policy issues. (5 points)

- Feasibility and appropriateness of the plan to resolve potential challenges that have been identified by the applicant. (2 points)

- Strength of the project management plan. (3 points)

Criterion 3: EVALUATIVE MEASURES (5 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity
- Extent to which the applicant provides a clear and reasonable plan to assess the impact of the research funded under this cooperative agreement, including a plan for reporting the number of times each product is accessed/downloaded from the RHRC website (2 points)

- Strength of the applicant's approach for self-monitoring progress on the four approved research studies each year (3 points)

Criterion 4: IMPACT (15 points) – Corresponds to Section IV's Methodology and Work Plan

- Extent to which the research proposals are national in scope or nationally representative, include rural versus urban analyses and, where appropriate and/or feasible, analyses that differentiate between levels of rurality (places adjacent to urban areas to places in frontier areas). (6 points)

- Strength of the applicant's plan to build/maintain an RHRC website, submit completed projects to the Rural Health Research Gateway, and alert relevant stakeholders to new research products through multiple communication channels. (3 points)

- Extent to which the applicant demonstrates an understanding of how policy briefs and other research products produced by the RHRCs can be used to inform rural stakeholders. (6 points)

Criterion 5: RESOURCES/CAPABILITIES (37 points) – Corresponds to Section IV's Methodology, Organizational Information, Attachment 6 – List of Published Journal Articles, Briefs and Presentations, and Attachment 7- Summary Progress Report

- Extent to which project personnel are qualified by training and/or experience to implement and carry out the proposed research projects including (5 points):
  - Appropriate work experience and educational training (including at least 5-10 years of work experience conducting rural-specific research for the Principal Investigator/Project Director)
  - Experience working with relevant complex national data sets
  - Experience conducting rural-urban analyses and using multiple definitions of rural

- Extent to which key personnel, the Principal Investigator in particular, has rural-specific publications in peer-reviewed journals (included in **Attachment 6** – List of Published Journal Articles, Briefs and Presentations). (5 points)

- Quality of and extent to which the staffing plan is appropriate for completing the proposed research products, includes all requested personnel roles (e.g. Project Director, Deputy Director, Project Manager, etc.), includes key personnel with a wide variety of backgrounds relevant to the scope of research proposed by the applicant, and key personnel have adequate time devote to the project. This includes the following time commitments (5 points):
  - Principal Investigator/Project Director has at least 25% FTE devoted to the cooperative agreement
  - Deputy Principal Director/Deputy Project Director has at least 20% FTE devoted to the cooperative agreement

- Extent to which the application demonstrates a clear understanding of how existing national data sets and data sources can be used to identify key research questions and assist in answering them. For projects where data must be purchased, the applicant should provide a reasonable schedule for buying and cleaning/editing the data. For projects based on primary data collection, the applicant should provide a viable plan for data collection that includes achieving adequate response rate relevant to the proposed respondents and content. (5 points)

- Strength of the applicant's demonstrated capability to conduct and disseminate complex, policy-relevant research studies in a 12-15 month time frame. (5 points)

- Ability of the organizational structure of the proposed RHRC to support/facilitate conducting and disseminating rural health services research. This includes infrastructure resources such as access to necessary technology, dedicated office space, etc. (2 points).

- IF APPLICABLE: Applicants who submit "Competing Continuation" proposals will also be evaluated based on the extent to which the applicant has been successful in executing their prior work plan (included in **Attachment 7** – Summary Progress Report). (10 points). **Note: these 10 points should be equally distributed among the first 5 bullets in this criterion for applicants who submit "New" proposals so that the total number of points for Criterion 5 is 37 for both groups of applicants).**

Criterion 6: SUPPORT REQUESTED (8 points) – Corresponds to Section IV's Budget and Budget Justification Narrative
- The reasonableness of the proposed budget for each year of the four-year project period in relation to the objectives, the complexity of the research activities, and the anticipated results. This includes the extent to which the costs are reasonable given the scope of the work. (4 points)

- Strength of the budget justification that documents logically and in adequate detail how and why each line item request (such as personnel, travel, equipment, supplies, etc.) supports the objectives and activities of the proposed projects. (4 points)

2. Review and Selection Process

Please see Section 5.3 of HRSA's *SF-424 R&R Application Guide*.

This program does not have any funding priorities, preferences or special considerations.

3. Assessment of Risk

The Health Resources and Services Administration may elect not to fund applicants with management or financial instability that directly relates to the organization's ability to implement statutory, regulatory or other requirements (45 CFR § 75.205).

Effective January 1, 2016, HRSA is required to review and consider any information about the applicant that is in the Federal Awardee Performance and Integrity Information System (FAPIIS). An applicant may review and comment on any information about itself that a federal awarding agency previously entered. HRSA will consider any comments by the applicant, in addition to other information in FAPIIS in making a judgment about the applicant's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed by applicants as described in 45 CFR § 200.205 Federal Awarding Agency Review of Risk Posed by Applicants.

A determination that an applicant is not qualified will be reported by HRSA to FAPIIS.

The decision not to make an award or to make an award at a particular funding level, is discretionary and is not subject to appeal to any HHS Operating Division or HHS official or board.

4. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of September 1, 2016.

VI. Award Administration Information

1. Award Notices

The Notice of Award will be sent prior to the start date of September 1, 2016. See Section 5.4 of HRSA's *SF-424 R&R Application Guide* for additional information.

2. Administrative and National Policy Requirements

See Section 2 of HRSA's *SF-424 R&R Application Guide*.

Human Subjects Protection:
Federal regulations (45 CFR 46) require that applications and proposals involving human subjects must be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. If research involving human subjects is anticipated, recipients must meet the requirements of the HHS regulations to protect human subjects from research risks as specified in the Code of Federal Regulations, Title 45 – Public Welfare, Part 46 – Protection of Human Subjects (45 CFR 46), available online at http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html.

3. Reporting

The successful applicant under this FOA must comply with Section 6 of HRSA's *SF-424 R&R Application Guide* **and** the following reporting and review activities:

> 1) **Progress Report**(s). The recipient must submit a progress report to HRSA on an annual basis. Further information will be provided in the award notice.

VII. Agency Contacts

Applicants may obtain additional information regarding business, administrative, or fiscal issues related to this FOA by contacting:

> Potie Pettway
> Grants Management Specialist
> Division of Grants Management Operations, OFAM

Health Resources and Services Administration
5600 Fishers Lane, Room 18-105J.6
Rockville, MD 20857
Telephone: (301) 443-1014
E-mail: PPettway@hrsa.gov

Additional information related to the overall program issues and/or technical assistance regarding this funding announcement may be obtained by contacting:

Sarah Bryce
Attn: Rural Health Research Center Cooperative Agreement
Federal Office of Rural Health Policy
Health Resources and Services Administration
5600 Fishers Lane, 17W41-C
Rockville, MD 20857
Telephone: (301) 443-5982
E-mail: sbryce@hrsa.gov

Applicants may need assistance when working online to submit their application forms electronically. Applicants should always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, seven days a week, excluding Federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726   (International Callers, please dial 606-545-5035)
E-mail: support@grants.gov
iPortal: https://grants-portal.psc.gov/Welcome.aspx?pt=Grants

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). For assistance with submitting information in HRSA's EHBs, contact the HRSA Contact Center, Monday-Friday, 8:00 a.m. to 8:00 p.m. ET:

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

VIII. Other Information

Technical Assistance:

A technical assistance webinar will be held on January 27, 2016 from 2:00pm to 3:00pm EST.
Conference Call Number: 888-950-9404
Passcode: 4550932
https://hrsa.connectsolutions.com/hrsa-16-054_rhrc/

General questions may be submitted in advance via email to Sarah Bryce (sbryce@hrsa.gov). Questions received before Tuesday, January 26, 2016 will be addressed on the technical assistance webinar.

An instant replay of the audio will be available approximately one hour after the call ends and will remain available through March 27, 2016. The replay can be accessed by calling toll free 866-501-7040 using passcode 3716.

Helpful Websites:

For HRSA: http://www.hrsa.gov/index.html

For FORHP: http://www.hrsa.gov/ruralhealth/

For the Rural Health Research Gateway: https://www.ruralhealthresearch.org/

For the Flex Monitoring Team: http://www.flexmonitoring.org/

IX. Tips for Writing a Strong Application

See Section 4.7 of HRSA's *SF-424 R&R Application Guide*.