

U.S. Department of Health and Human Services

HRSA

Health Resources & Services Administration

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2023

Federal Office of Rural Health Policy

Hospital State Division

Rural Quality Improvement Technical Assistance Cooperative Agreement

Funding Opportunity Number: HRSA-23-042

Funding Opportunity Type(s): New, Competing Continuation

Assistance Listings Number: 93.155

Application Due Date: February 17, 2023

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!

HRSA will not approve deadline extensions for lack of registration.

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

Issuance Date: November 28, 2022

Natalia Vargas, MPH
Program Lead, Federal Office of Rural Health Policy
Phone: (301) 945-0782
Email: nvargas@hrsa.gov

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

Authority: (42 U.S.C. 912(b)(5) (§ 711(b)(5) of the Social Security Act)

508 COMPLIANCE DISCLAIMER

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

EXECUTIVE SUMMARY

The [Health Resources and Services Administration \(HRSA\)](#) is accepting applications for the fiscal year (FY) 2023 Rural Quality Improvement Technical Assistance (RQITA) cooperative agreement. The purpose of this program is to improve quality of care for rural populations by supporting quality measure data reporting, and the use of data to drive improvement through technical assistance (TA) activities and products for HRSA award recipients, critical access hospitals (CAHs), small health care providers, and other health care facilities/providers in rural areas.

This notice is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately. You should note that this program may be cancelled before award.

Funding Opportunity Title:	Rural Quality Improvement Technical Assistance Cooperative Agreement
Funding Opportunity Number:	HRSA-23-042
Due Date for Applications:	February 17, 2023
Anticipated FY 2023 Total Available Funding:	\$640,000
Estimated Number and Type of Award:	1 cooperative agreement
Estimated Annual Award Amount:	Up to \$640,000 per year, subject to the availability of appropriated funds
Cost Sharing/Match Required:	No
Period of Performance:	September 1, 2023 through August 31, 2028 (5 years)
Eligible Applicants:	Eligible applicants include domestic public or private, non-profit entities. Faith-based and community-based organizations, tribes, and tribal organizations are eligible

	to apply. See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.
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Application Guide

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

Technical Assistance

HRSA has scheduled the following webinar:

- Day and Date: Thursday, January 5, 2023
 - Time: 3 p.m. – 4 p.m. ET
 - Call-In Number: 1-833-568-8864
 - Weblink: <https://hrsa.gov.zoomgov.com/j/1605408379?pwd=cndiQTc2Q1ZLSGJObWhteEFnaHhhZz09>
 - Passcode: 09687005
- Participants also have the option of using VOIP (Computer Audio).

HRSA will record the webinar. Please contact nvargas@hrsa.gov playback information 48 hours after the live event.

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Rural Quality Improvement Technical Assistance (RQITA) Cooperative Agreement. The purpose of this program is to advance efforts to improve health care and quality of care in rural areas by supporting quality measure implementation, data reporting, and the use of data to drive improvements in care. This program directly supports critical access hospitals (CAHs) as Medicare Rural Hospital Flexibility (Flex) Program beneficiaries in carrying out activities of the [Flex Program](#), and to meet the goals of the Medicare Beneficiary Quality Improvement Program (MBQIP). The purpose of MBQIP is to improve quality of care provided in CAHs by increasing quality data reporting and drive quality improvement activities based on the data.

Technical assistance (TA) shall be provided to beneficiaries of the Health Resources and Services Administration's (HRSA) Federal Office of Rural Health Policy (FORHP) quality initiatives, such as award recipients, CAHs, small rural health care providers, and other health care facilities/providers in rural areas. Reducing provider burden of participation in quality measurement reporting is a priority of this program. TA support for quality measurement and improvement should include, but is not limited to the following:

- Expanding capacity to use data for quality improvement;
- Providing TA to improve understanding of health information technology and related quality measurement and improvement efforts (including electronic clinical measures);
- Supporting implementation of quality measures, measure reporting, and identifying rural-relevant measures for MBQIP;
- Identifying and disseminating strategies and evidence-based practices for using data to drive quality improvement efforts, in alignment with federal quality measurement and improvement priorities; and
- Providing TA and developing products or adapting existing products to support rural quality measure reporting and uptake.

2. Background

The RQITA Program is authorized by (42 U.S.C. 912(b)(5) (§ 711(b)(5) of the Social Security Act).

HRSA's FORHP accomplishes its mission towards improving access to health care by supporting quality improvement through existing grant programs. Currently, HRSA supports several programs that focus on quality improvement, such as the [Medicare Rural Hospital Flexibility \(Flex\) grant program](#) and the [Small Health Care Provider Quality Improvement \(SHCPQI\) grant program](#).

The Flex program funds 45 states to assist over 1,300 CAHs designated nationally in quality measurement and improvement. Unlike traditional hospitals which are paid under the Center for Medicare & Medicaid Services (CMS) Prospective Payment System (PPS), CAHs represent a separate provider type paid through cost-based reimbursements for Medicare services. The CAH designation was established by CMS with the intent to protect financially vulnerable facilities and improve access to care in rural communities (42 U.S.C. § 485(f)). CAHs are not required to report quality data that is otherwise required from hospitals paid under the PPS. Therefore, Flex has an emphasis in quality improvement (as opposed to accountability for payment reimbursements), which is accomplished through the MBQIP. MBQIP is a quality improvement program that aims to increase the number of CAHs that publicly report data on a set of rural-relevant quality measures, and then encourages the use of the data to drive quality improvement efforts relevant to CAHs.

The SHCPQI grant program provides support directly to small rural primary care providers for implementation of quality improvement activities. SHCPQI aims to promote the development of an evidence-based culture and delivery of coordinated care in the primary care setting, which ultimately leads to improved health outcomes for rural patients. HRSA also administers cooperative agreements and contracts such as the Information Services to Rural Hospital Flexibility Grantees Program (Technical Assistance Center), Medicare Rural Hospital Flexibility Program Evaluation program, and Technical Assistance Contract for Direct Service Grantees to provide TA for HRSA rural health quality initiatives. These cooperative agreement recipients work in coordination with RQITA.

Through RQITA, FORHP also aims to identify opportunities to integrate quality measurement and improvement using a systems-level approach to help overcome public health challenges in rural areas that impact health and quality outcomes. Data collection and analyses should incorporate national, state, health system, and hospital/provider levels. Analyses should also incorporate health equity considerations to demonstrate impact across levels.

Demonstrating value of health care services and understanding quality reporting and measurement can be challenging to rural providers. Rural providers typically face unique challenges ranging from treating a diverse population to having fewer available resources needed to report and implement quality improvement initiatives. This cooperative agreement seeks to minimize rural provider challenges in providing safe and high-quality care to patients. To accomplish this aim, this program prioritizes the coordination and alignment of national TA efforts related to quality measurement and improvement, and the identification of a rural-relevant measure core set. For example,

there are other federal programs dedicated to improving quality of care as part of the U.S. Department of Health and Human (HHS) Services' National Quality Strategy for providing better care and better health at lower cost. Entities such as [Quality Improvement Organizations](#) also provide TA to hospitals, but TA available to rural providers is limited, particularly for low-volume, under-resourced rural hospitals and clinic settings.

This cooperative agreement seeks to address emerging quality improvement needs in rural health systems that are identified through existing, rural-relevant initiatives, and to ensure measure alignment with other federal quality reporting programs in order to fill this gap.

II. Award Information

1. Type of Application and Award

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

HRSA will provide funding in the form of a cooperative agreement. A cooperative agreement is a financial assistance mechanism where HRSA anticipates substantial involvement with the recipient during performance of the contemplated project.

In addition to the usual monitoring and technical assistance (TA) provided directly to award recipients, HRSA program involvement will include:

- Facilitate relationships with other federal agencies, stakeholders, and programs to fulfill the functions of the cooperative agreement such as CMS, the Center for Disease Control and Prevention (CDC), the Agency for Healthcare Research and Quality (AHRQ), and the Indian Health Service (IHS) on work related to rural-relevant quality measurement and improvement;
- Provide consultation and guidance in the planning, and development of activities, and resources, including identifying key policy issues and priorities from HRSA and CMS to incorporate into the TA strategy;
- Provide input on resources and materials to be publicly distributed; Facilitate close collaboration with other cooperative agreements and contracts related to quality improvement that HRSA administers, such as the Information Services to Rural Hospital Flexibility Grantees Program (Technical Assistance Center), Medicare Rural Hospital Flexibility Program Evaluation;

- Share relevant program policies and information to ensure the integration of sound, evidence-based approaches to quality measurement and improvement activities that will lead to the greatest impact of TA, and help meet quality improvement goals in rural communities; and
- Participate in planning the strategic direction of the TA provided by the recipient through MBQIP.

In addition to adhering to all applicable federal regulations and public policy requirements, the cooperative agreement recipient's responsibilities will include:

- Develop and implement a TA strategy and enhanced TA plan (including site visits) to specific award recipients determined in collaboration with HRSA;
- Develop and execute a plan for demonstrating how the provision of TA services leads to positive program outcomes (e.g., increased reporting of quality data, improvements in quality outcomes, improvements in capacity at the state level, and report findings of TA outcomes to HRSA);
- Convene and coordinate a Rural Quality Advisory Council (RQAC) to advise FORHP on the establishment of a national rural quality strategy, and how to meet national rural quality improvement goals. The RQAC shall advise FORHP on evidence-based approaches to implement quality measures and quality improvement initiatives across various levels of the health care system (federal, state, health system, facility/provider);
- Synthesize and disseminate learnings on rural quality measurement and improvement to help CAHs and other rural providers build evidence on relevant and meaningful rural quality measurement approaches that lead to improvements in care for rural populations;
- Prepare materials and resources that convey information that is timely, meaningful, and relevant to drive quality improvement activities and that support MBQIP strategic direction and goals;
- Work with HRSA and other federal partners (e.g., AHRQ, CDC, CMS) to identify potential opportunities for collaboration and alignment of TA and reducing reporting burden;
- Collaborate closely with HRSA, quality measurement and improvement stakeholders, and subject matter experts to identify and provide support for the integration of CMS policies and guidance relevant to quality improvement goals, and opportunities to build and disseminate knowledge on evidence-based approaches that support CAH quality reporting goals; and
- Attend and present at relevant meetings and workshops. Required meetings with at least one representative include, but are not limited to, the annual Flex Reverse Site Visit, and a bi-annual Flex Workshop.

2. Summary of Funding

HRSA estimates approximately \$640,000 to be available annually to fund one recipient. The actual amount available will not be determined until enactment of the final FY 2023 federal appropriation. You may apply for a ceiling amount of up to \$640,000 annually (reflecting direct and indirect costs) per year. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately.

The period of performance is September 1, 2023 through August 31, 2028 (5 years). Funding beyond the first year is subject to the availability of appropriated funds for the RQITA Program in subsequent fiscal years, satisfactory progress, and a decision that continued funding is in the best interest of the Federal Government.

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

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include domestic public or private, non-profit or for-profit organizations. Institutions of higher education, 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

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

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

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

IV. Application and Submission Information

1. Address to Request Application Package

HRSA **requires** you to apply electronically. HRSA encourages you to apply through [Grants.gov](https://www.grants.gov) using the SF-424 workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at [Grants.gov: HOW TO APPLY FOR GRANTS](https://www.grants.gov). If you use an alternative electronic submission, see [Grants.gov: APPLICANT SYSTEM-TO-SYSTEM](https://www.grants.gov).

The NOFO is also known as “Instructions” on Grants.gov. You must select “Subscribe” and provide your email address for HRSA-23-042 in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the [For Applicants](#) page for all information relevant to this NOFO.*

2. Content and Form of Application Submission

Application Format Requirements

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

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

Application Page Limit

The total of uploaded attachment pages that count against the page limit shall be no more than the equivalent of **60 pages** when printed by HRSA.

Forms that DO NOT count in the Page Limit

- Standard OMB-approved forms included in the workspace application package **do not** count in the page limit. The abstract is the standard form (SF) "Project_Abstract Summary." It **does not** count in the page limit.
- The Indirect Cost Rate Agreement **does not** count in the page limit.
- The proof of non-profit status (if applicable) **does not** count in the page limit.

If there are other attachments that do not count against the page limit, this will be clearly denoted in Section IV.2.v Attachments.

If you use an OMB-approved form that is not included in the workspace application package for HRSA-23-042, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit.

- HRSA will flag any application that exceeds the page limit and redact any pages considered over the page limit. The redacted copy of the application will move forward to the objective review committee.

It is important to take appropriate measures to ensure your application does not exceed the specified page limit.

Applications must be complete, within the maximum specified page limit, and validated by Grants.gov under HRSA-23-042 before the [deadline](#).

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- 1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Failure to make required disclosures can result in any of the remedies described in [45 CFR § 75.371](#), including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3354).
- 3) If you are unable to attest to the statements in this certification, you must include an explanation in *Attachment 9: Other Relevant Documents*.

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

Program-Specific Instructions

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

i. Project Abstract

Use the Standard OMB-approved Project Abstract Summary Form that is included in the workspace application package. Do not upload the abstract as an attachment or it may count toward the page limit. For information required in the Project Abstract Summary Form, see Section 4.1.ix of HRSA's [SF-424 Application Guide](#).

NARRATIVE GUIDANCE

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

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

ii. **Project Narrative**

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

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

- **INTRODUCTION** -- Corresponds to [Section V's Review Criterion 1: Need](#).
The introduction should demonstrate a clear understanding of the purpose of this program and clearly identify specific goals, objectives, and outcomes.
- **NEEDS ASSESSMENT** -- Corresponds to [Section V's Review Criteria 1: Need](#).
The needs assessment should help reviewers understand the needs to be fulfilled by the proposed project and provide the context and rationale for the proposed work plan and budget. This section should demonstrate an understanding of the distinct quality measurement, reporting, and improvement needs of beneficiaries of HRSA participating in rural health quality initiatives such as, MBQIP and other programs for CAHs. This section should demonstrate a deep understanding of the needs of rural providers across various systems of care (e.g., Federally Qualified Health Centers (FQHC), tribal clinics, Rural Health Clinics (RHC), etc.). The needs assessment should clearly demonstrate an understanding of the gaps that exist within the current national reporting infrastructure, CAH challenges with using data for quality improvement, and opportunities to leverage health information technology and electronic clinical quality measures to meet quality improvement goals in rural communities.

This section should outline the need for technical assistance services that include quality measure implementation, reporting, and tracking of quality outcomes at both the state and rural facility/provider levels and how this translates to improvements in the health and quality outcomes of rural communities. Any relevant data specific to these programs, to CAHs, or other rural facilities or entities should be used and cited whenever possible to support the information provided related to quality measure reporting and improvement.

- **METHODOLOGY** -- Corresponds to [Section V's Review Criteria 2: Response](#)
Propose methods that you will use to address the identified needs and meet each of the [Cooperative Agreement Recipient's responsibilities](#). As appropriate, include a description of how you intend to develop and execute a technical assistance plan and support HRSA beneficiaries in reporting quality measures and using data to conduct quality improvement. The methodology should cover a five-year period of performance explaining activities beginning September 1, 2023 and going no longer than August 31, 2028. At minimum, discuss the proposed methodology for:
 - Executing a technical assistance plan to support HRSA beneficiaries and collaborations with other federal partners and key stakeholders, and demonstrating how the provision of technical assistance services leads to positive program outcomes, and supports alignment with MBQIP strategic direction and goals
 - Operationalizing a RQAC to advise FORHP on establishing a national rural quality improvement strategy and meeting quality improvement goals through the application of evidence-based approaches for the implementation of quality measures and quality improvement initiatives across various levels of the health care system (federal, state, health system, facility/provider)
 - Synthesizing and disseminating learnings on rural quality measurement and improvement to help build evidence on relevant and meaningful rural quality measurement approaches that lead to improvements in care for rural populations
 - Collaborating with federal partners and key stakeholders to support CAH and rural provider quality reporting goals, measure implementation, a national rural quality improvement strategy that integrates a systems-level approach to quality measurement and improvement for key rural-relevant measures aimed at reducing provider reporting burden
 - Enhancing CAH and other rural providers understanding of quality measures, health information technology tools, electronic clinical measures, and quality improvement approaches through the preparation of a variety of materials, tools and resources for public dissemination

- Collaborating closely with HRSA, federal partners, quality experts, and current HRSA recipients such as the [Information Services to Rural Hospital Flexibility Grantees Program \(Technical Assistance and Services Center\)](#) and [Medicare Rural Hospital Flexibility Program Evaluation](#) to support quality improvement efforts across levels of the health care system in rural communities by aligning TA and enhancing coordination of activities. This includes specific plans to avoid duplicating existing resources of assistance from other federal and non-federal quality programs with the overall goal of improving the quality of care delivered to rural populations
- Developing a plan for assessing project sustainability describing how the quality strategies implemented within the rural health care system during the period of performance may still have an impact after the period of federal funding ends within the selected communities, with an emphasis on the long-term plans for integrating rural-relevant measures in MBQIP.

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

Describe the activities or steps that you will use to achieve each of the objectives proposed in the Methodology section through a work plan matrix. The work plan matrix should help reviewers understand how each activity will enhance understanding of quality measurement, reporting, and improvement across rural care settings.

The work plan matrix should represent year one of the period of performance and should describe the connection among goals, objectives, activities, responsible staff, timelines (when possible), and metrics (process and outcome measures). The matrix should be in a table format.

Submit the work plan as **Attachment 1**.

- **RESOLUTION OF CHALLENGES** -- Corresponds to [Section V's Review Criteria 2: Response](#)

Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan, and approaches that you will use to resolve such challenges. Demonstrate a clear understanding of the challenges involved in working and providing TA services to rural stakeholders and in the implementation of rural-relevant quality measures.

If the applicant is the incumbent, describe how the challenges of the previous period of performance will be addressed for the upcoming period of performance. Elaborate on the lessons learned and how they will impact the execution of the new period of performance.

Identify any infrastructure that is in place that will assist the recipient organization overcoming any potential barriers.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY* -- Corresponds to [Section V's Review Criteria 3: Evaluative Measures](#)

Describe the plan for program performance evaluation that will contribute to continuous quality improvement. This plan should appropriately describe:

- Systems and processes that will support your organization's performance management requirements through effective tracking of performance outcomes. This should include a description of how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes.
- Plans to monitor ongoing processes and the progress towards the goals and objectives of the project. This should include descriptions of the inputs (e.g., organizational profile, collaborative partners, key staff, budget, and other resources), key processes, and expected outcomes of the funded activities.
- Measures that assess 1) to what extent the program objectives have been met and 2) to what extent these can be attributed to the project.
- Plans to assess sustainability of quality strategies that may impact rural communities long-term, and plans for integrating rural-relevant measures to support a national quality strategy.

As appropriate, describe the strategy to collect, analyze, and track data to measure process and impact/outcomes, and explain how the data will be used to inform program development.

The evaluation plan should also include, but not be limited to, the tracking of:

- Number and nature of requests for technical assistance as well as the resolution of issues, categorized by entity type;
- Number of hospitals assisted with their data reporting and submission;
- Changes in public reporting of quality data;
- Use of evidence-based frameworks and approaches to meet quality goals;
- Type of quality improvement strategies that will be implemented as a direct result of program activities, linking measure performance data as appropriate;
- Knowledge gains and other outcomes as a direct result of TA activities;
- Dissemination and implementation outcomes based on synthesized learnings
- Any additional applicable assessment measures. HRSA will share any available relevant MBQIP and other data documents with the award recipient

that include reporting and outcome data to assist with targeting efforts and assessing impact.

The applicant should also incorporate the use of customer feedback to continually improve the process for providing technical assistance on quality reporting and improvement. As appropriate, describe the current experience, skills, and knowledge, including individuals on staff. The applicant should also describe resources published, previous work of a similar nature and a strategy to collect, analyze and track data to measure impact/outcomes. Lastly, the applicant should explain how the data will be used to inform the continued provision of technical assistance. Applicants must describe any potential obstacles for implementing the self-assessment of program performance and how those obstacles will be addressed.

- **ORGANIZATIONAL INFORMATION** -- Corresponds to [Section V's Review Criteria 5: Resources/Capabilities](#)

Collaboration Capacity

Succinctly describe your organization's current mission, structure, and scope of current activities, and how these elements all contribute to the organization's ability to collaborate with key quality stakeholders to implement the program requirements and meet program expectations. Discuss how the organization will follow the approved plan, as outlined in the application, in collaboration with federal partners, quality stakeholders, and HRSA beneficiaries. Describe how you will routinely assess needs for external expertise, and your organization's ability to strategically involve other stakeholders in order to meet the goals of this program.

Describe relationships and experience working with a variety of partners and stakeholders. Provide specific examples of how the applicant intends to support organizational relationships with these entities: CAHs; Small rural primary care providers, such as RHCs, FQHCs, and tribal health clinics to implement a systems-level approach to quality measurement and improvement. Describe how the applicant intends to work with national-level technical assistance providers that work with rural populations such as the National Rural Health Resource Center, and with federal partners such as AHRQ, CDC, CMS and IHS, as well as other relevant quality stakeholders.

Organizational Expertise

Describe current and past organizational expertise and history of providing technical assistance to states and/or health care facilities/providers. Describe qualified project personnel that have extensive experience to carry out all aspects of the project on a national level in a way that specifically addresses the unique needs of rural communities. Provide specific examples, data, and outcomes to support organizational experience and success in:

- Creating and publicly disseminating technical assistance resources, using established methodologies, for quality improvement and to enhance understanding of health information technology applications and electronic clinical quality measures for implementation at the national, state, and hospital levels;
- Demonstrating subject matter expertise in clinical quality data, particularly CMS reporting systems such as QualityNet, and CDC National Healthcare Safety Network (NHSN), utilizing the appropriate tools and software such as CMS Abstraction and Reporting Tools that will lead to the organization's ability to provide TA services in quality reporting;
- Improving the accuracy, timeliness, and completeness of clinical quality data submission across a variety of facility types/providers;
- Enhancing understanding of measure specifications, particularly for AHRQ, CDC, CMS, NHSN, and National Quality Forum-endorsed measures;
- Assisting with the development and implementation of efficient and effective quality improvement strategies and improving capacity to use quality measure data to drive improvements across various levels of the health care system;
- Assisting with data analysis in order to monitor and track outcomes of measure performance and quality improvement efforts; and
- Achieving improved quality outcomes.

iii. **Budget**

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

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

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

iv. **Budget Narrative**

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

v. **Attachments**

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

Attachment 1: Work Plan

Attach the work plan for the project that includes all information detailed in [Section IV.2.ii. Project Narrative](#). If you will make subawards or expend funds on contracts, describe how your organization will ensure proper documentation of funds.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of HRSA's [SF-424 Application Guide](#))

Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff. Also include a description of your organization's timekeeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

Attachment 3: Biographical Sketches of Key Personnel

Include biographical sketches for persons occupying the key positions described in *Attachment 2*, not to exceed two pages in length per person. In the event that a biographical sketch is included for an identified individual not yet hired, include a letter of commitment from that person with the biographical sketch.

Attachment 4: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific)

Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverable. Make sure any letters of agreement are signed and dated.

Attachment 5: Project Organizational Chart

Provide a one-page figure that depicts the organizational structure of the project.

Attachment 6: Tables, Charts, etc.

This attachment should give more details about the proposal (e.g., Gantt or PERT charts or flow charts).

Attachment 7: For Multi-Year Budgets--5th Year Budget

After using columns (1) through (4) of the SF-424A Section B for a 5-year period of performance, you will need to submit the budget for the 5th year as an

attachment. Use the SF-424A Section B, which does not count in the page limit; however, any related budget narrative does count. See Section 4.1.iv of HRSA's [SF-424 Application Guide](#).

Attachment 8: Progress Report

(FOR COMPETING CONTINUATIONS ONLY)

A well-documented progress report is a required and important source of material for HRSA in preparing annual reports, planning programs, and communicating program-specific accomplishments. The accomplishments of competing continuation applicants are carefully considered; therefore, you should include previously stated goals and objectives in your application and emphasize the progress made in attaining these goals and objectives. HRSA program staff reviews the progress report after the Objective Review Committee evaluates the competing continuation applications. See [Section V.2 Review and Selection Process](#) for a full explanation of funding priorities and priority points.

The progress report should be a brief presentation of the accomplishments, in relation to the objectives of the program during the current period of performance. The report should include:

- (1) The period covered (dates).
- (2) Specific objectives - Briefly summarize the specific objectives of the project.
- (3) Results - Describe the program activities conducted for each objective. Include both positive and negative results or technical problems that may be important.

Attachments 9–15: 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. Unique Entity Identifier (UEI) and System for Award Management (SAM)

Effective April 4, 2022:

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

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

25.110(d)). For your SAM registration, you must submit a notarized letter appointing the authorized Entity Administrator.

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

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

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

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

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

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

4. Submission Dates and Times

Application Due Date

The application due date under this NOFO is **February 17, 2023 at 11:59 p.m. ET**. HRSA suggests you submit your application to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov in HRSA's [SF-424 Application Guide](#) for additional information.

5. Intergovernmental Review

Rural Quality Improvement Technical Assistance Cooperative Agreement is subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

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

6. Funding Restrictions

You may request funding for a period of performance of up to 5 years, at no more than \$640,000 per year (inclusive of direct **and** indirect costs. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the

project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

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

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

- Purchasing or improving real estate
- Foreign travel

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

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

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

V. Application Review Information

1. Review Criteria

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

Reviewers will evaluate and score the merit of your application based upon these criteria. However, if a progress report is submitted with a competing continuation application, HRSA program staff will review the report after the objective review process.

Six (6) review criteria are used to review and rank Rural Quality Improvement Technical Assistance Cooperative Agreement applications. Below are descriptions of the review criteria and their scoring points.

Criterion 1: NEED (10 points) – Corresponds to Section IV's [Introduction](#) and [Needs Assessment](#)

The extent to which the application:

- Discusses the overarching purpose of the program and describes the need to support quality improvement activities in the rural health care system;
- Demonstrates an understanding of the distinct quality measurement, reporting, and improvement needs of beneficiaries of HRSA participating in rural health quality initiatives such as, MBQIP and other programs for CAHs;
- Describes the need for technical assistance services that include quality measure implementation, reporting, and tracking of quality outcomes at both the state and rural facility/provider levels and how this translates to improvements in the health and quality outcomes of rural communities;
- Provides a detailed discussion of the quality measurement, reporting and improvement needs related to the implementation of MBQIP, and clearly articulates the issues, challenges related to using data for quality improvement; and
- Demonstrates deep understanding of the needs for quality measurement and improvement across various systems of care (e.g., FQHCs, tribal clinics, RHCs, etc.), and an understanding of the gaps that exist within the current national reporting infrastructure, including CAH challenges with using data for quality improvement, and opportunities to leverage health information technology and electronic clinical quality measures to meet quality improvement goals in rural communities.

Criterion 2: RESPONSE (30 points) – Corresponds to Section IV's [Methodology](#), [Work Plan](#), and [Resolution of Challenges](#)

Methodology: (20 points)

The quality and extent to which the application:

- Includes development of a TA plan and provides a detailed description for plans to execute TA activities that demonstrate how the provision of TA services leads to positive program outcomes, and supports alignment with MBQIP strategic direction and goals

- Describes how the applicant plans to implement a RQAC to advise FOHRP on establishing a national rural quality improvement strategy and meeting quality improvement goals through the application of evidence-based approaches for the implementation of quality measures and quality improvement initiatives across various levels of the health care system (federal, state, health system, facility/provider)
- Describes in detail how the project will be implemented and how the applicant plans to leverage collaboration and use subject matter expertise in measure reporting, measure implementation (including electronic clinical measures), in order to drive quality improvement and to meet the overall goals of this program. This includes a detailed plan for collaborating with federal partners, and key stakeholders to support CAH and rural provider quality reporting goals, measure implementation, a national rural quality improvement strategy that integrates a systems-level approach to quality measurement and improvement;
- Demonstrates capabilities to plan and execute activities related to synthesizing and disseminating learnings on rural quality measurement and improvement to help build evidence on relevant and meaningful rural quality measurement approaches that lead to improvements in care for rural populations;
- Communicates a clear plan to support quality improvement efforts across levels of the health care system in rural communities by aligning TA, and enhancing coordination of activities, and working closely with quality experts and current HRSA recipients such as the Information Services to Rural Hospital Flexibility Grantees Program (Technical Assistance and Services Center) and Medicare Rural Hospital Flexibility Program Evaluation. This includes specific plans to avoid duplicating existing resources of assistance from other federal and non-federal quality programs with the overall goal of improving the quality of care delivered to rural populations
- Demonstrates a deep understanding of quality measures, health information technology tools, electronic clinical measures and quality improvement approaches, and capabilities to enhance CAH and other rural providers understanding of these topics through the preparation of a variety of materials, tools and resources for public dissemination; and
- Provides evidence and direct linkage to how the proposed activities in the methodology address the needs identified in the [Needs Assessment](#) section above.

Work Plan (7 points)

The quality and extent to which the application:

- Describes the activities or steps that will be used to achieve each of the objectives and the activities proposed, in alignment with the [Methodology](#) section;

- Uses a timeline that illustrates each activity, identifies responsible staff, and indicates whether a project is a one-year or multi-year project and identifies appropriate collaborations with partners or expertise needed to fulfill the objectives of each activity;
- Identifies meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including developing the application with appropriate justifications for selecting specific expertise that relates to quality measure implementation, reporting, quality improvement, or TA product development and dissemination;

Resolution of Challenges (3 points)

The quality and extent to which the application:

- Discusses challenges 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.

Criterion 3: EVALUATIVE MEASURES (20 points) – Corresponds to Section IV's [Evaluation and Technical Support Capacity](#)

The quality and extent to which the application:

- Describe the plan for executing technical assistance activities that will contribute to continuous quality improvement and how outcomes for these activities will be tracked, including descriptions of the inputs key processes, and expected outcomes of the funded activities. Measures should appropriately demonstrate how objectives have been met and how they can be directly attributed to the project.
- Addresses how the applicant intends to track, at minimum, the list of outputs bulleted in the [Evaluation and Technical Support Capacity](#) section
- Describe the strategy to collect, analyze, and track data to measure process and impact/outcomes, and explain how the data will be used to inform program development and make improvements to the project and how it can be used to monitor progress towards meeting the project goals and objectives.
- Communicates a clear plan for assessing project sustainability describing how the quality strategies developed during the period of performance may impact rural communities long-term, and addresses plans for integrating rural-relevant measures to support a national rural quality strategy.
- Incorporates the use of customer feedback to continually improve the process for providing TA services related to quality reporting and improvement. It should also describe any obstacles for implementing a self-assessment of program performance and how those obstacles will be addressed.

- Describes how the application provides evidence of appropriate experience, skills, and knowledge to support all activities in this project.
- Includes descriptions of the inputs (e.g., organizational profile, collaborative partners, key personnel, budget, and other resources), key processes, and expected outcomes of the funded activities;
- Describes the systems and processes that will support organizational performance management requirements through effective tracking of performance outcomes, including a description of how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes;
- As appropriate, describes the strategy to collect, analyze, and track data to measure process and impact/outcomes, and explains how the data will be used to inform program development;
- Describes any potential obstacles for implementing the program evaluation and your plan to address those obstacles, including challenges in understanding and use of quality measures data for improvements in care

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

The quality and extent to which the application:

- Discusses how the work plan will lead to the goals and objectives of the RQITA Cooperative Agreement;
- Clearly demonstrates the progression of project implementation to attain final outcomes, including short, intermediate, and long-term outcomes, reflective of the intent of the goals and objectives;
- Demonstrates a thorough understanding of key players and issues in rural health care and how this project intends to apply a systems-level; and
- Demonstrates the impact and effectiveness that the proposed project should attain.

Criterion 5: RESOURCES/CAPABILITIES (25 points) – Corresponds to Section IV's [Organizational Information](#)

Collaboration Capacity (5 points):

The extent to which the application:

- Succinctly describes the organization's ability to implement the program requirements and meet program expectations through a collaborative approach inclusive of HRSA's federal partners, current beneficiaries, and other key quality stakeholders;
- Includes information related to the current experience, knowledge, skills, and subject matter expertise of staff that directly relates to the organization's ability to

understand the policy context that impacts quality improvement in rural areas and influences the organization's ability to work in collaboration with a variety of stakeholders to meet the program goals; and

- Describes any established relationships or previous collaboration with other important quality stakeholders.

Organizational Expertise (20 points):

The extent to which the application demonstrates the organization's significant past experience conducting similar work, including specific examples of:

- Evidence of experience using quality measure data to drive quality improvement efforts that will contribute to the ability of the organization to meet program goals and help build capacity for quality improvement at the federal, state, health system, and facility/provider levels;
- Evidence of experience creating and publicly disseminating TA resources, and using established quality improvement methodologies to enhance understanding of health information technology applications and electronic clinical quality measures at various levels of the health care system;
- Subject matter expertise in clinical quality data, particularly CMS reporting systems such as QualityNet, and CDC National Healthcare Safety Network (NHSN), utilizing the appropriate tools and software such as CMS Abstraction and Reporting Tools that will lead to the organization's ability to provide TA services in quality reporting;
- Expertise in identifying, analyzing, and disseminating best practices in quality measurement, reporting, and improvement, especially as they relate to hospital systems and small providers;
- Experience building relationships or working with hospital, federal, and state stakeholders; and
- Experience with tracking quality outcomes across multiple settings, including any relevant published materials or experience from key individuals on staff.

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

The extent to which the application:

- Provides a five-year budget that supports the objectives and activities of the proposed project;
- Proposes costs, as outlined in the budget and required resources sections, that are reasonable in relation to the objectives, the complexity of the research activities, and the anticipated results;

- Determines which key personnel have adequate time devoted to the project to achieve project objectives;
- Provides logical and adequate detail in justification of expenses for each line item request;
- Provides a detailed explanation as to the purpose of each contract or subcontract, how the costs were determined or estimated, and the specific contract deliverables.

2. Review and Selection Process

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

For this program, HRSA will use one funding priority.

Funding Priorities

This program includes an administrative funding priority. A funding priority is the favorable adjustment of combined review scores of individually approved applications when applications meet specified criteria. HRSA staff adjusts the score by a set, pre-determined number of points. The RQITA Cooperative Agreement has one funding priority:

Priority: Competing Continuation Progress Report (2 points)

You will be granted a funding priority if:

You have submitted **Attachment 8**, the progress report, and the information establishes previous effective experience in providing TA to the stakeholders supported under this cooperative agreement.

- Clearly describes the specific goals and objectives of the previous five-year period of performance. Clearly summarizes previous period of performance objectives and associated activities (both ongoing and completed) as well as explains contingency plans for incomplete activities;
- Identifies which goals were or were not met, if those met were within the original proposed time period and the reasons why if not met;
- Identifies lessons learned and uses those lessons to inform planning and activities for the new period of performance. **Note: Evidence of lessons learned being incorporated into this competing continuation application should be referenced in Project Narrative.**

3. Assessment of Risk

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

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

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

HRSA is required to review and consider any information about your organization that is in the [Federal Award Recipient Performance and Integrity Information System \(FAPIIS\)](#). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider your comments, in addition to other information in [FAPIIS](#) in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk as described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

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

VI. Award Administration Information

1. Award Notices

HRSA will release the Notice of Award (NOA) on or around the start date of **September 1, 2023**. See Section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

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

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

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

Accessibility Provisions and Non-Discrimination Requirements

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS will be required to complete an HHS Assurance of Compliance form (HHS 690) in which you agree, as a condition of receiving the grant, to administer your programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, age, sex and disability, and agreeing to comply with federal conscience laws, where applicable. This includes ensuring that entities take meaningful steps to provide meaningful access to persons with limited English proficiency; and ensuring effective communication with persons with disabilities. Where applicable, Title XI and Section 1557 prohibit discrimination on the basis of sexual orientation, and gender identity. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See <https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html> and <https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html>.

- For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see <https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html> and <https://www.lep.gov>.
- For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and to provide effective communication, see <http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html>.
- HHS funded health and education programs must be administered in an environment free of sexual harassment, see <https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html>.

For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see <https://www.hhs.gov/conscience/conscience-protections/index.html> and <https://www.hhs.gov/conscience/religious>. 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 HRSA-23-042

accessibility requirements apply to your programs, or contact OCRDI directly at HRSACivilRights@hrsa.gov.

Executive Order on Worker Organizing and Empowerment

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

Requirements of Subawards

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

Data Rights

All publications developed or purchased with funds awarded under this notice must be consistent with the requirements of the program. Pursuant to [45 CFR § 75.322\(b\)](#), the recipient owns the copyright for materials that it develops under an award issued pursuant to this notice, and HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for federal purposes, and to authorize others to do so. In addition, pursuant to [45 CFR § 75.322\(d\)](#), the Federal Government has the right to obtain, reproduce, publish, or otherwise use data produced under this award and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes, e.g., to make it available in government-sponsored databases for use by others. If applicable, the specific scope of HRSA rights with respect to a particular grant-supported effort will be addressed in the NOA. Data and copyright-protected works developed by a subrecipient also are subject to the Federal Government's copyright license and data rights.

3. Reporting

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

- 1) **Annual Progress Report(s)**. The recipient must submit a progress report to HRSA annually. More information will be available in the NOA.
- 2) **Quarterly Progress Reports**. The award recipient must submit quarterly progress reports through EHB. The quarterly report will be used to

demonstrate the award recipient's progress on research objectives within the quarter and to discuss issues that impact the Work Plan timeline.

- 3) **Federal Financial Report.** The Federal Financial Report (SF-425) is required no later than October 30th for each budget period. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically through EHB. More specific information will be included in the Notice of Award.
- 4) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in [FAPIS](#), as required in [45 CFR part 75 Appendix XII](#).

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

VII. Agency Contacts

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

Bria Haley
Grants Management Specialist
Office of Federal Assistance Management, OFAM
Division of Grants Management Office (DGMO)
Health Resources and Services Administration
Telephone: (301) 443-3778
Email: bhaley@hrsa.gov

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

Natalia Vargas, MPH
MBQIP Program Lead
Hospital State Division
Federal Office of Rural Health Policy
Attn: Rural Quality Improvement Technical Assistance Cooperative Agreement
Federal Office of Rural Health Policy, Health Resources and Services Administration
Phone: (301) 945-0782
Email: nvargas@hrsa.gov

You may need assistance when working online to submit your application forms electronically. Always obtain a case number when calling for support. For assistance

with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, 7 days a week, excluding federal holidays at:

Grants.gov Contact Center

Phone: 1-800-518-4726 (International callers dial 606-545-5035)

Email: support@grants.gov

[Self-Service Knowledge Base](#)

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

HRSA Contact Center

Phone: (877) 464-4772 / (877) Go4-HRSA

TTY: (877) 897-9910

Web: <http://www.hrsa.gov/about/contact/ehbhelp.aspx>

VIII. Other Information

Technical Assistance

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

Tips for Writing a Strong Application

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