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

Federal Office of Rural Health Policy

Rural Recruitment and Retention Analysis Cooperative Agreement

Announcement Type: New
Funding Opportunity Number: HRSA-15-136

Catalog of Federal Domestic Assistance (CFDA) No. 93.155

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2015

Application Due Date: March 9, 2015

Ensure 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 8, 2015

Issuance Date: January 8, 2015

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Authority: Section 711(b) of the Social Security Act (42 U.S.C. 912(b)) as amended.

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Federal Office of Rural Health Policy (ORHP) is accepting applications for fiscal year (FY) 2015 for the Rural Recruitment and Retention Analysis Cooperative Agreement. The purpose of this grant program is to identify and assess trends, tools, resources and successful strategies used by rural communities to recruit and retain needed staff across key sectors of the rural health care delivery system.

Funding Opportunity Title:	Rural Recruitment and Retention Analysis Cooperative Agreement
Funding Opportunity Number:	HRSA-15-136
Due Date for Applications:	03/09/2015
Anticipated Total Annual Available Funding:	$300,000
Estimated Number and Type of Award(s):	Up to one (1) cooperative agreement
Estimated Award Amount:	Up to $300,000 per year
Cost Sharing/Match Required:	No
Project Period:	September 15, 2015 through September 14, 2018 (3 years)
Eligible Applicants:	Eligible applicants include public, private 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.]

All applicants are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide,* available online at http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf, except where instructed in this funding opportunity announcement to do otherwise. A short video for applicants explaining the new *Application Guide* is available at http://www.hrsa.gov/grants/apply/applicationguide/.

A Technical Assistance Conference Call has been scheduled for **February 11, 2015** at **3:00 PM Eastern Time**. The toll-free number to call is **888-456-0350**. The Passcode is **4092445**. The Leader name is **Daniel Mareck**. The Technical Assistance call is open to the general public. The purpose of the call is to go over the cooperative agreement funding opportunity announcement (FOA) and to provide any additional or clarifying information that may be necessary regarding the application process. There will be a Q&A session at the end of the call to answer any questions. While the call is not required, it is highly recommended that anyone interested in applying for the Rural Recruitment and Retention Analysis Cooperative Agreement listen to the call. It is most useful to the applicants when the FOA is easily accessible during the call and if questions are written down ahead of time for easy reference. The Technical Assistance call will be recorded and available for playback within one hour of the end of the call and will be available until March 11, 2015. The phone number to hear the recorded call is 888-568-0879 and the replay Passcode is 3115.

Table of Contents

I. Funding Opportunity Description

1. Purpose

This announcement solicits applications for the Rural Recruitment and Retention Analysis Cooperative Agreement. The purpose of the Rural Recruitment and Retention Analysis Cooperative Agreement is to identify and assess trends, tools, resources and successful strategies used by rural communities to recruit and retain needed staff across key sectors of the rural health care delivery system. This will include primary care providers, behavioral health and oral health providers, allied health providers, as well as Rural Health Network Directors and Rural Telehealth Network Directors. The awardee will identify successful tools and strategies used by States, health systems and individual providers to attract the staff necessary to support health care services in rural communities. The awardee will also identify gaps in these areas and propose potential responses to these gaps that will inform rural stakeholders and policymakers.

The awardee will focus on helping to foster connections between existing national and State resources to support successful recruitment and retention. The overarching goal is to enhance responsiveness to the challenges faced by rural communities in attracting the workforce needed to meet emerging needs, particularly in an evolving health care system where insurance coverage expansion brings both new opportunities and new challenges.[1]

This program, a cooperative agreement, requires an ongoing partnership and a collaborative relationship with the Federal Office of Rural Health Policy in the selection of projects and in the development and implementation of the activities submitted in the work plan. Specifically, the Rural Recruitment and Retention Analysis Cooperative Agreement will work toward:

- Conducting an inventory and developing a narrative report of the different rural recruitment and retention strategies currently utilized. There will be a particular emphasis on analyzing nationwide and State-based programs, initiatives and strategies. Existing health system and provider initiatives will also be reviewed. Tools and approaches currently employed will be identified. Typical recruitment costs and types of retention activities will be analyzed. Unique rural challenges subsequent to the Affordable Care Act in the areas of clinical practice, Telehealth and rural health networks will be highlighted. This component will include, but not be limited to, reviewing programs and activities associated with the National Health Service Corps, Area Health Education Centers (AHECs), Conrad State 30 J-1 Visa Waiver Program, National Rural Recruitment and Retention Network (3RNet), National Cooperative of Health Networks Association (NCHN), State Office of Rural Health (SORH) and State Rural Health Association (SRHA) initiatives, tracking tools such as TruServe and Practice Sights, the Community Apgar Program and additional software and commercial products as identified;
- Working with appropriate State-level experts to understand the current state of practice in rural recruitment and retention and emerging challenges and trends to inform future policy and programmatic needs;
- Identifying successful models, why they are successful and what areas of commonality exist between them. This will emphasize the practical experience from the field – what works, what does not work and what is not known regarding successful approaches;

- Identifying the gaps between existing rural recruitment and retention resources and proposing potential responses to alleviate these gaps;
- Analyzing the particular health workforce needs in communities of color, where recruitment and retention challenges can be especially acute. A focus on how to assist these communities in identifying appropriate strategies will be emphasized;
- Analyzing the extent to which the unique recruitment and retention challenges of Rural Health Network Directors and Rural Telehealth Network Directors are addressed; and
- Informing rural stakeholders and policymakers of key findings and potential responses to the ongoing challenges of recruitment and retention of a viable rural health workforce. Recommendations regarding sustainability and more efficient use of resources will be emphasized.

The Rural Recruitment and Retention Analysis Cooperative Agreement is envisioned to be a centralized, evidence-based, "one-stop" information portal for rural communities, rural stakeholders and rural policymakers to access the full range of programs, best-practice resources and research available to organize an effective approach for rural recruitment and retention of health professionals.

2. Background

This program is authorized by Section 711(b) of the Social Security Act (42 U.S.C. 912(b)), as amended. The Federal Office of Rural Health Policy (ORHP) is the focal point for rural health activities within the U.S. Department of Health and Human Services (HHS). The Office is statutorily required in Title VII (Section 711) of the Social Security Act to advise the Secretary on the effects of current policies and regulatory changes in the programs established under titles XVIII (Medicare) and XIX (Medicaid) on the financial viability of small rural hospitals, the ability of rural areas to attract and retain physicians and other health professionals and access to (and the quality of) health care in rural areas. The Social Security Act also requires ORHP to coordinate activities within HHS that relate to rural health care and provide relevant information to the Secretary and others in the Department. ORHP accomplishes this mission through two broad strategies that focus on policy and programs. The Office addresses the specific difficulties of providing health care in rural communities through its grant programs: http://www.hrsa.gov/ruralhealth/.

Rural America continues to face greater health professions workforce shortages than do urban locations. Approximately 17 percent of the U.S. population resides in rural areas, but only about 10 percent of U.S. physicians practice in these locations. Of the 6,084 primary care health professional shortage area (HPSA) designations in the U.S., 60 percent are in non-metropolitan locations.[2] Rural physician shortages have been documented for at least 90 years.[3] Health care delivery is challenging in rural locations where patients tend to be poorer, sicker, older and have less health insurance than their urban counterparts. Challenges also include lower reimbursements for provider services, clinician lifestyle considerations, spousal career needs and the educational needs of families.[4] Multiple Federal primary care workforce strategies have been implemented to help address the ongoing rural recruitment and retention challenges.[5] Factors related to the recruitment and retention of rural health professionals have been studied. [6, 7, 8]

Over the last several years, the Administration has supported the "Improving Rural Health Care Initiative." The emphasis is on re-organizing the way rural programs are administered to focus on building evidence-based models to improve health care in rural communities. Recruitment

and retention of an appropriately trained rural primary care workforce are critical components of this initiative. This new competitive funding opportunity builds on this by encouraging an organized, evidence-based approach for rural communities to more successfully address their recruitment and retention challenges. This funding opportunity looks beyond clinical workforce needs by also addressing the recruitment and retention challenges facing Rural Health Network Directors and Rural Telehealth Network Directors. Rural communities have long relied on network arrangements (both vertical and horizontal) to develop economies of scale and leverage limited administrative capacity to better provide health care services in rural communities. The work of Rural Telehealth Network Directors requires a unique skill set. There is a knowledge gap in this area that this cooperative agreement can help fill. Similarly, as telehealth expands in rural communities the ability to coordinate telehealth providers at hub-and-spoke locations, meet licensure standards, understand the varying levels and types of potential reimbursement, as well as leveraging this technology also represents a unique skill set that is not widely understood or adequately addressed in recruitment and retention efforts.

Applicants not demonstrating fluency regarding key trends, programs and activities as outlined in this description will not be competitive. The extent to which the applicant organization also demonstrates knowledge of initiatives such as community "grow your own" strategies, targeted admission programs, and community-development/practice management activities will enhance competitiveness. Prior working experience in these areas is strongly encouraged.

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1. Rural Policy Research Institute (RUPRI) Rural Health Panel. *The Patient Protection and Affordable Care Act of 2010: Impacts on Rural People, Places, and Providers: A Second Look.* RUPRI Center for Rural Health Policy Analysis. April 2014. University of Iowa, Iowa City, IA. http://www.rupri.org/Forms/HealthPanel_AFA2010_April2014.pdf. Accessed October 27, 2014.
2. Division of Policy and Shortage Designation, Bureau of Health Workforce, Health Resources and Services Administration, U.S. Department of Health & Human Services. Designated Health Professional Shortage Areas Statistics; October 25, 2014. http://ersrs.hrsa.gov/reportserver/Pages/ReportViewer.aspx?/HGDW_Reports/BCD_HPSA/BCD_HPSA_SCR50_Smry_HTML&rs:Format=HTML4.0. Accessed October 30, 2014.
3. Pusey WA. Medical education and medical service, I: The situation. *JAMA*. 1925;84:281-285.
4. Rosenblatt RA, Chen FM, Lishner DM, Doescher MP. *The Future of Family Medicine and Implications for Rural Primary Care Physician Supply.* Final Report #125. Seattle, WA: WWAMI Rural Health Research Center, University of Washington. August 2010. http://depts.washington.edu/uwrhrc/uploads/RHRC_FR125_Rosenblatt.pdf. Accessed October 24, 2014.
5. National Advisory Committee on Rural Health and Human Services. *The 2010 Report to the Secretary: Rural Health and Human Service Issues.* http://www.hrsa.gov/advisorycommittees/rural/2010secretaryreport.pdf. Accessed October 23, 2014.
6. Brooks RG, Walsh M, Mardon RE, Lewis M, Clawson A. The roles of nature and nurture in the recruitment and retention of primary care physicians in rural areas: a review of the literature. *Acad Med*. 2002;77:790-98.
7. National Rural Health Association. *Issue Paper: Recruitment and Retention of a Quality Health Workforce in Rural Areas*. March 2005.
8. Council on Graduate Medical Education: *Tenth Report: Physician distribution and health care challenges in rural and inner-city areas*. Rockville, Maryland: U.S. Department of Health and Human Services, U.S. Public Health Service. 1998. http://www.hrsa.gov/advisorycommittees/bhpradvisory/cogme/Reports/tenthreport.pdf. Accessed October 24, 2014.

II. Award Information

1. Type of Application and Award

Type of applications sought: New

Funding will be provided in the form of a 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.

In addition to the usual monitoring and technical assistance provided under the cooperative agreement, **HRSA/ORHP Program responsibilities shall include**:

- Provide consultation and guidance in planning, development, coordination, operation and evaluation of activities, including the identification and selection of projects and policy issues and the analysis of key information sources from which to draw upon for synthesis and analysis;
- Provide guidance and assistance in identifying key organizations through which to share information on emerging policy issues;
- Participate, as appropriate, in the planning and implementation of any meetings, training activities or workgroups conducted during the period of the cooperative agreement;
- Consult on dissemination strategies of the research and analysis results to multiple audiences interested in rural health care recruitment and retention in the form of policy briefs, journal manuscripts, presentations to policymakers, responses to health policy programs and experts and presentations at national, State, and regional conferences; and
- Review and provide comment for documents, curricula, program plans, budgets, work to be contracted out, key personnel (including consultants and contractors), work plan revisions, etc. prior to printing, dissemination or implementation.

The cooperative agreement recipient's responsibilities shall include addressing the activities previously outlined in the "Funding Opportunity Description" section of this announcement:

- Conducting an inventory and developing a narrative report of the different rural recruitment and retention strategies currently utilized. There will be a particular emphasis on analyzing nationwide and State-based programs, initiatives and strategies. Existing health system and provider initiatives will also be reviewed. Tools and approaches currently employed will be identified. Typical recruitment costs and types of retention activities will be analyzed. Unique rural challenges subsequent to the Affordable Care Act in the areas of clinical practice, Telehealth and rural health networks will be highlighted. This component will include, but not be limited to, reviewing programs and activities associated with the National Health Service Corps, Area Health Education Centers (AHECs), Conrad State 30 J-1 Visa Waiver Program, National Rural Recruitment and Retention Network (3RNet), National Cooperative of Health Networks Association (NCHN), State Office of Rural Health (SORH) and State Rural Health Association (SRHA) initiatives, tracking tools such as TruServe and Practice Sights, the Community Apgar Program and additional software and commercial products as identified;
- Working with appropriate State-level experts to understand the current state of practice in rural recruitment and retention and emerging challenges and trends to inform future policy and programmatic needs;

- Identifying successful models, why they are successful and what areas of commonality exist between them. This will emphasize the practical experience from the field – what works, what does not work and what is not known regarding successful approaches;
- Identifying the gaps between existing rural recruitment and retention resources and proposing potential responses to alleviate these gaps;
- Analyzing the particular health workforce needs in communities of color, where recruitment and retention challenges can be especially acute. A focus on how to assist these communities in identifying appropriate strategies will be emphasized;
- Analyzing the extent to which the unique recruitment and retention challenges of Rural Health Network Directors and Rural Telehealth Network Directors are addressed; and
- Informing rural stakeholders and policymakers of key findings and potential responses to the ongoing challenges of recruitment and retention of a viable rural health workforce. Recommendations regarding sustainability and more efficient use of resources will be emphasized.

In addition, the recipient's responsibilities shall also include:

- Responding to ORHP requests, comments and questions in a timely manner; and
- Developing a calendar for submission of any research products (policy briefs, monographs, etc.) for ORHP review.

2. Summary of Funding

This program will provide funding during Federal fiscal years 2015 – 2017. Approximately $300,000 is expected to be available annually to fund one (1) awardee. Applicants may apply for a ceiling amount of up to $300,000 per year. The project period is three (3) years. Funding beyond the first year is dependent on the availability of appropriated funds for the Rural Recruitment and Retention Analysis Cooperative Agreement in subsequent fiscal years, satisfactory awardee 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, private 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. 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 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. 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.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA *requires* applicants for this funding opportunity announcement to apply electronically through Grants.gov. Applicants must download the SF-424 application package associated with this funding opportunity following the directions provided at Grants.gov.

2. Content and Form of Application Submission

Section 4 of HRSA's *SF-424 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 Application Guide* except where instructed in the funding opportunity announcement to do otherwise.

See Section 8.5 of the *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 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 you to print your application to ensure it 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 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 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*
      This section should briefly describe the purpose of the proposed project.

   ▪ *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criteria (1) Need and (4) Impact*
      This section outlines the needs of rural communities in recruiting and retaining an adequate health workforce across key sectors of the health care delivery system. The target populations and their unmet health needs must be described and documented in this section. Include socio-cultural determinants of health and health disparities impacting the population or communities served and unmet. Demographic data should be used and cited

whenever possible to support the information provided. Please discuss any relevant barriers to rural recruitment and retention activities that the project hopes to overcome. This section should help reviewers understand the communities and organizations that will be served by the proposed project.

- *METHODOLOGY -- Corresponds to Section V's Review Criterion (2) Response*
  Propose methods that will be used to address the stated needs and meet each of the previously described program requirements and expectations in this funding opportunity announcement. These include:

  - Conducting an inventory and developing a narrative report of the different rural recruitment and retention strategies currently utilized. There will be a particular emphasis on analyzing nationwide and State-based programs, initiatives and strategies. Existing health system and provider initiatives will also be reviewed. Tools and approaches currently employed will be identified. Typical recruitment costs and types of retention activities will be analyzed. Unique rural challenges subsequent to the Affordable Care Act in the areas of clinical practice, Telehealth and rural health networks will be highlighted. This component will include, but not be limited to, reviewing programs and activities associated with the National Health Service Corps, Area Health Education Centers (AHECs), Conrad State 30 J-1 Visa Waiver Program, National Rural Recruitment and Retention Network (3RNet), National Cooperative of Health Networks Association (NCHN), State Office of Rural Health (SORH) and State Rural Health Association (SRHA) initiatives, tracking tools such as TruServe and Practice Sights, the Community Apgar Program and additional software and commercial products as identified;
  - Working with appropriate State-level experts to understand the current state of practice in rural recruitment and retention and emerging challenges and trends to inform future policy and programmatic needs;
  - Identifying successful models, why they are successful and what areas of commonality exist between them. This will emphasize the practical experience from the field – what works, what does not work and what is not known regarding successful approaches;
  - Identifying the gaps between existing rural recruitment and retention resources and proposing potential responses to alleviate these gaps;
  - Analyzing the particular health workforce needs in communities of color, where recruitment and retention challenges can be especially acute. A focus on how to assist these communities in identifying appropriate strategies will be emphasized;
  - Analyzing the extent to which the unique recruitment and retention challenges of Rural Health Network Directors and Rural Telehealth Network Directors are addressed; and
  - Informing rural stakeholders and policymakers of key findings and potential responses to the ongoing challenges of recruitment and retention of a viable rural health workforce. Recommendations regarding sustainability and more efficient use of resources will be emphasized.

  Applicants must propose a plan for project sustainability. The awardee is expected to sustain key elements of the grant project, e.g., strategies or services and interventions, which have been effective in improving practices and those that have led to improved outcomes for the target population.
.
- *WORK PLAN -- Corresponds to Section V's Review Criteria (2) Response and (4) Impact*

Describe the activities or steps that will be used to achieve each of the activities proposed during the entire project period in the Methodology section. Use a time line that includes each activity and identifies responsible staff. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities, including development of the application and, further, the extent to which these contributors reflect the cultural, racial, linguistic and geographic diversity of the populations and communities served.

- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion (2) Response*
  Discuss challenges that are likely to be encountered in designing and implementing the activities described in the Work Plan, and approaches that will be used to resolve such challenges.

  EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria (3) Evaluative Measures and (5) Resources/Capabilities
  Applicants must describe the plan for the program performance assessment that will contribute to continuous quality improvement. The program performance assessment should monitor ongoing processes and the progress towards the goals and objectives of the project. 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.

  Applicants must describe the systems and processes that will support the organization's 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. Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. As appropriate, describe the data collection strategy to collect, analyze and track data to measure process and impact/outcomes, with different cultural groups (e.g., race, ethnicity, language) and explain how the data will be used to inform program development and service delivery. Applicants must describe any potential obstacles for implementing the program performance assessment and how those obstacles will be addressed.

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion (5) Resources/Capabilities*
  Provide information on the applicant organization's current mission and structure, scope of current activities, and an organizational chart, and describe how these all contribute to the ability of the organization to conduct the program requirements and meet program expectations. Provide information on the program's resources and capabilities to support provision of culturally and linguistically competent and health literate services. Describe how the unique needs of target populations of the communities served are routinely assessed and improved.

  Describe the applicant organization's track record in dealing with rural recruitment and retention issues including an awareness of the policy context and issues affecting the recruitment and retention of not only rural health care providers, but also of rural network

and telehealth network directors. Describe the applicant organization's knowledge of key tools, initiatives and trends regarding how rural communities and their State partners have also recruited and retained the health-related and managerial staff needed to support rural health care delivery.

iii.   Budget
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 grant-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.

See Section 4.1.iv of HRSA's *SF-424 Application Guide*.

The Consolidated Appropriations Act, 2014, Division H, § 203, (P.L. 113-76) 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 Application Guide* for additional information. Note that these or other salary limitations will apply in FY 2015, as required by law.

iv. Budget Justification Narrative
See Section 4.1.v. of HRSA's *SF-424 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. i. Project Narrative.

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.

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. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch.

Attachment 4: 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 5: Project Organizational Chart
 Provide a one-page figure that depicts the organizational structure of the project.

Attachment 6: Tables, Charts, etc.
 To give further details about the proposal (e.g., Gantt or PERT charts, flow charts, etc.).

Attachments 7 – 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. Submission Dates and Times

Application Due Date
The due date for applications under this funding opportunity announcement is *March 9, 2015 at 11:59 P.M. Eastern Time*.

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

4. Intergovernmental Review

The Rural Recruitment and Retention Analysis Cooperative Agreement is a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100. See Executive Order 12372 in the HHS Grants Policy Statement.

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

5. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to three (3) years, at no more than $300,000 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.

Funds under this announcement may not be used to support other ORHP or HRSA Programs.

The General Provisions in Division H, Title V of the Consolidated Appropriations Act, 2014 (P.L. 113-76), apply to this program. Please see Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Note that these or other restrictions will apply in FY 2015, as required by law.

All program income generated as a result of awarded grant 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 Recruitment and Retention Analysis Cooperative Agreement has six (6) review criteria:

Criterion 1: NEED (10 points) – Corresponds to Section IV's Introduction and Needs Assessment
The extent to which the application demonstrates the needs of rural communities in recruiting and retaining an adequate workforce across key sectors of the health care delivery system and associated contributing factors to this problem.

Criterion 2: RESPONSE (25 points) – Corresponds to Section IV's Methodology, Work Plan and Resolution of Challenges
The extent to which the proposed project addresses the activities outlined in the "Funding Opportunity Description" section of this announcement. The strength of the proposed goals and objectives and their relationship to the identified project. The extent to which the activities (scientific or other) described in the application are capable of addressing the problem and attaining the project objectives.

Sub-criterion One: *20 points*
Addressing the Key Activities of the Rural Recruitment and Retention Analysis Cooperative Agreement

- Conducting an inventory and developing a narrative report of the different rural recruitment and retention strategies currently utilized. There will be a particular emphasis on analyzing nationwide and State-based programs, initiatives and strategies. Existing health system and provider initiatives will also be reviewed. Tools and approaches currently employed will be identified. Typical recruitment costs and types of retention activities will be analyzed. Unique rural challenges subsequent to the Affordable Care Act in the areas of clinical practice, Telehealth and rural health networks will be highlighted. This component will include, but not be limited to, reviewing programs and activities associated with the National Health Service Corps, Area Health Education Centers (AHECs), Conrad State 30 J-1 Visa Waiver Program, National Rural Recruitment and Retention Network (3RNet), National Cooperative of Health Networks Association (NCHN), State Office of Rural Health (SORH) and State Rural Health Association (SRHA) initiatives, tracking tools such as TruServe and

Practice Sights, the Community Apgar Program and additional software and commercial products as identified;
- Working with appropriate State-level experts to understand the current state of practice in rural recruitment and retention and emerging challenges and trends to inform future policy and programmatic needs;
- Identifying successful models, why they are successful and what areas of commonality exist between them. This will emphasize the practical experience from the field – what works, what does not work and what is not known regarding successful approaches;
- Identifying the gaps between existing rural recruitment and retention resources and proposing potential responses to alleviate these gaps; and
- Informing rural stakeholders and policymakers of key findings and potential responses to the ongoing challenges of recruitment and retention of a viable rural health workforce. Recommendations regarding sustainability and more efficient use of resources will be emphasized.

Sub-criterion Two: *5 points*
Addressing Specific Rural Recruitment and Retention Needs

- Analyzing the particular health workforce needs in communities of color, where recruitment and retention challenges can be especially acute. A focus on how to assist these communities in identifying appropriate strategies will be emphasized; and
- Analyzing the extent to which the unique recruitment and retention challenges of Rural Health Network Directors and Rural Telehealth Network Directors are addressed.

Criterion 3: EVALUATIVE MEASURES (10 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity
The strength and effectiveness of the method proposed to monitor and evaluate the project results. Evidence that the evaluative measures will be able to assess: 1) to what extent the program objectives have been met, and 2) to what extent these can be attributed to the project.

Criterion 4: IMPACT (15 points) – Corresponds to Section IV's Needs Assessment and Work Plan
The feasibility and effectiveness of plans for dissemination of project results, the extent to which project results may be national in scope, the degree to which the project activities are replicable, and the sustainability of the program.

Sub-criterion One: *5 points*
Dissemination of Project Results

- The extent to which the applicant organization presents a plan for developing program materials that can be used by rural health entities; and
- The extent to which the applicant organization presents a plan for disseminating program materials that can be used by rural health entities and rural policymakers.

Sub-criterion Two: *10 points*
Project Results are National in Scope

The extent to which the Rural Recruitment and Retention Analysis Cooperative Agreement will function as a centralized, evidence-based, "one-stop" information portal for rural communities, rural stakeholders and rural policymakers to access the full range of programs, best-practice resources and research available to organize an effective approach for rural recruitment and retention of health professionals.

Criterion 5: RESOURCES/CAPABILITIES (30 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity and Organizational Information
The extent to which project personnel are qualified by training and/or experience to implement and carry out the project. The capabilities of the applicant organization and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project.

Applicants are strongly encouraged to have an extensive track record in dealing with rural recruitment and retention issues. They should demonstrate an awareness of the policy context and issues affecting the recruitment and retention of not only rural health care providers, but also of rural network and telehealth network directors. Applicants should possess an extensive knowledge of key tools, initiatives and trends regarding how rural communities and their State partners have also recruited and retained the health-related and managerial staff needed to support rural health care delivery.

Sub-criterion One: *20 points*
Strong Track Record/Experience in Rural Recruitment and Retention Issues

- The extent to which the applicant organization demonstrates an awareness of the policy context and issues affecting the recruitment and retention of not only rural health care providers, but also of rural network and telehealth network directors;
- The extent to which the applicant organization demonstrates an extensive knowledge of key tools, initiatives and trends regarding how rural communities and their State partners have also recruited and retained the health-related and managerial staff needed to support rural health care delivery;
- The extent to which the applicant organization demonstrates knowledge of and prior working experience in key rural recruitment and retention areas such as community "grow your own" strategies, targeted admission programs, and community-development/practice management activities;
- The extent to which the applicant organization demonstrates experience in supporting the solicitation, review, selection, compilation and dissemination of best practices for rural recruitment and retention; and
- The extent to which the applicant organization has the ability to work with a national network of State-based rural recruitment and retention specialists to meet the workforce needs of rural communities.

Sub-criterion Two: *10 points*
Working Nationally on Rural Workforce Distribution and Shortage Issues

- The extent to which the applicant organization demonstrates extensive experience and results in increasing the awareness among rural health care providers, rural health

researchers, medical educators and policymakers of rural health workforce issues on the local, State and national level;
- The extent to which the applicant organization demonstrates experience in identifying, analyzing and translating key workforce and public policy issues and challenges affecting rural communities; and
- The extent to which the applicant organization demonstrates evidence of success with previous rural recruitment and retention and/or rural workforce projects.

Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV's Budget
The reasonableness of the proposed budget for each year of the project period in relation to the objectives, the complexity of the research activities, and the anticipated results.

- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.

2. Review and Selection Process

Please see Section 5.3 of HRSA's *SF-424 Application Guide*.   Applicants have the option of providing specific salary rates or amounts for individuals specified in the application budget or the aggregate amount requested for salaries.

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

3. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of September 15, 2015.

VI. Award Administration Information

1. Award Notices

The Notice of Award will be sent prior to the start date of September 15, 2015. See Section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

2. Administrative and National Policy Requirements

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

3. Reporting

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

Progress Report. The awardee 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 funding opportunity announcement by contacting:

Mrs. Karen Mayo, Grants Management Specialist
HRSA Division of Grants Management Operations, OFAM
Parklawn Building, Room 18-75
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-3555
E-mail: KMayo@hrsa.gov

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

Daniel G. Mareck, M.D.
Chief Medical Officer, Federal Office of Rural Health Policy
Attn: Rural Recruitment and Retention Analysis Cooperative Agreement
Federal Federal Office of Rural Health Policy, HRSA
Parklawn Building, Room 17W-54
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 594-4198
Fax: (301) 443-2803
E-mail: dmareck@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/awardees 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 Call 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

A Technical Assistance Conference Call has been scheduled for **February 11, 2015** at **3:00 PM Eastern Time**. The toll-free number to call is **888-456-0350**. The Passcode is **4092445**. The Leader name is **Daniel Mareck**. The Technical Assistance call is open to the general public. The purpose of the call is to go over the cooperative agreement funding opportunity announcement (FOA) and to provide any additional or clarifying information that may be necessary regarding the application process. There will be a Q&A session at the end of the call to answer any questions. While the call is not required, it is highly recommended that anyone interested in applying for the Rural Recruitment and Retention Analysis Cooperative Agreement listen to the call. It is most useful to the applicants when the FOA is easily accessible during the call and if questions are written down ahead of time for easy reference. The Technical Assistance call will be recorded and available for playback within one hour of the end of the call and will be available until March 11, 2015. The phone number to hear the recorded call is 888-568-0879 and the replay Passcode is 3115.

IX. Tips for Writing a Strong Application

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