U.S. Department of Health and Human Services

HRSA
Health Resources & Services Administration

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2022

Federal Office of Rural Health Policy

Hospital State Division

Rural Emergency Hospital Technical Assistance Center

Funding Opportunity Number: HRSA-22-167

Funding Opportunity Type: New

Assistance Listings (AL) Number: 93.155

Application Due Date: July 27, 2022

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: June 7, 2022

Kristi Martinsen
Hospital State Division Director, Federal Office of Rural Health Policy
Phone: (301) 594-4438
Email: kmartinsen@hrsa.gov

See for a complete list of agency contacts.

Authority: Section 711 of the Social Security Act (42 U.S.C. 912); Consolidated Appropriations Act, 2022 (P.L. 117-103), Division H, Title II

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) 2022 Rural Emergency Hospital Technical Assistance Center. The Rural Emergency Hospital is a new model in development at the Centers for Medicare and Medicaid Services. The purpose of this TA program is to ensure rural hospitals and the communities they serve have the information and resources needed to make informed decisions as to whether the REH model of care is best for their communities and facilitate a successful implementation of Rural Emergency Hospital requirements for those hospitals converting to this new provider type.

Funding Opportunity Title:	Rural Emergency Hospital Technical Assistance Center
Funding Opportunity Number:	HRSA-22-167
Due Date for Applications:	July 27, 2022
Anticipated FY 2022 Total Available Funding:	$2,500,000
Estimated Number and Type of Award:	Up to one cooperative agreement
Estimated Annual Award Amount:	Up to $2,500,000 per award
Cost Sharing/Match Required:	No
Period of Performance:	September 30, 2022 through September 29, 2027 (5 years)
Eligible Applicants:	Eligible applicants include domestic public or non-profit private entities. Tribes and tribal organizations are eligible. See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.

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: Monday, June 13, 2022
Time: 2 - 3 p.m. ET
Weblink: https://hrsa-gov.zoomgov.com/j/1605120478?pwd=M1FrZVIHeTVmZ2pWQ2d5dExrekpjdz09

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

Call-In Number: 833-568-8864
Meeting ID: 160-512-0478
Passcode: 46676237

HRSA will record the webinar. Please contact kmartinsen@hrsa.gov for the link to the recording.

Table of Contents

I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Rural Emergency Hospital Technical Assistance Center. The purpose of this program is to ensure rural hospitals and the communities they serve have the information and resources needed to an make informed decisions as to if REH is the best model of care for their communities and facilitate a successful implementation of Rural Emergency Hospital (REH) requirements for those hospitals converting to this new provider type. The REH model is in the final stages of regulation development at the Centers for Medicare & Medicaid Services (CMS), in preparation for the start date of January 1, 2023, and the award recipient will need to align and adjust plans to those final rules.

Program Objectives:

The program is intended to support eligible rural hospitals throughout the process of conversion to the REH model. The award recipient will provide technical assistance (TA) to rural hospitals and communities by:

1) Assessing feasibility of the REH model;

2) Assisting with the application to CMS for REH designation; and

3) Providing ongoing support to REHs implementing new services and achieving REH compliance standards.

For each of the three objectives, the award recipient should develop resources for broad dissemination and provide in-depth technical assistance to individual hospitals and their communities.

Hospitals and rural communities considering this new model will need assistance across a broad range of issues, including, financial analysis (including how to apply the REH Alternative Monthly Payment), workforce or staffing planning, establishment of referral relationships and processes, determining REH service lines, community health needs, and impact on the community health system (including emergency medical services).

2. Background

The Rural Emergency Hospital Technical Assistance Center is authorized by Section 711 of the Social Security Act (42 U.S.C. 912) and the Consolidated Appropriations Act, 2022 (P.L. 117-103), which provided funding to establish a Rural Emergency Hospital Technical Assistance Program. HRSA anticipates that program activities will consist of technical assistance provided by the Rural Emergency Hospital Technical Assistance Center and funding for States that participate in the Medicare Rural Hospital Flexibility (Flex) program to assist in outreach to rural hospitals interested in exploring the new REH model.

This program provides technical assistance relating to the new Medicare provider type created through Section 125 of the Consolidated Appropriations Act (CAA) of 2021 (P.L.116-260). The REH is a new rural hospital type that does not provide inpatient care but will provide 24-hour emergency services and can provide other outpatient services to meet community needs. The REH was introduced to address the concerns of access to emergency services in rural areas when local hospitals close.[1] In the legislation, a Critical Access Hospital (CAH) or small rural hospital (including Indian Health Service (IHS) and tribal hospitals) with no more than 50 beds can convert to the REH provider type and begin providing REH services January 1, 2023. The Centers for Medicare & Medicaid Services will create and finalize regulations for the REH model in the coming months.

Between January 1, 2021 and October 1, 2021, 138 rural hospitals closed, including 93 Prospective Payment System hospitals and 45 CAHs. During the past decade, policy makers have recognized that rural communities need options other than full-service hospitals, to ensure access to essential services. The CAA created the REH provider type to give additional options to rural communities that may not be able to support a full-service hospital but still need emergency care and other essential outpatient services. The REH may be a viable option in those communities where a current rural hospital is at risk of closure.

The impact of rural hospital closures is varied, but it is often detrimental to the communities they once served. When a rural hospital closes, mortality in that community increases,[2] the local economy suffers as health care jobs are lost, and residents must travel further to seek care.[3] Many of the places where there have been closures are in communities that are more diverse and economically unequal.[4]

There has been interest in the REH model among rural stakeholders. The National Advisory Committee on Rural Health and Human Services developed a [Rural Emergency Hospital Policy Brief and Recommendations to the Secretary](). The Federal Office of Rural Health Policy (FORHP) also funded research through the University of North Carolina (UNC) that [estimates of number of hospitals that might convert to REH status]().

The UNC study estimating the number of potential REH conversions notes that the number of facilities likely to initially make this conversion is likely to be small. HRSA believes the most efficient way to support rural communities is through a national REH

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[1] U.S. Government Accountability Office. "Rural Hospital Closures: Affected Residents Had Reduced Access to Health Care Services." GAO-21-93. December 2020. https://www.gao.gov/products/gao-21-93
[2] Gurjal, K., & Basu, A. (2020, June). "Impact of Rural and Urban Hospital Closures on Inpatient Mortality." National Bureau of Economic Research. https://www.nber.org/papers/w26182.
[3] U.S. Government Accountability Office. (2020, December). Rural Hospital Closures Affected Residents Had Reduced Access to Health Care Services. https://www.gao.gov/assets/gao-21-93.pdf
[4] Cecile G. Sheps Center for Health Services Research, The University of North Carolina at Chapel Hill. March 2022. "Rural Hospital Closures Have Increasingly Occurred in Counties that Are More Urbanized, Diverse, and Economically Unequal." https://www.shepscenter.unc.edu/product/rural-hospital-closures-have-increasingly-occurred-in-counties-that-are-more-urbanized-diverse-and-economically-unequal/

TA Center. The REH TAC will be able to work with rural communities across the country to provide nationally consistent, in-depth expertise to all interested hospitals. HRSA notes that the REH TAC program aligns with the Flex program. The Flex program provides funds for states to support Critical Access Hospitals, and activities relating to CAH designation will align with REH TAC activities relating to hospitals that may choose to convert to the REH model. In support of the broad technical assistance for REH efforts funded in the Consolidated Appropriations Act, 2022, HRSA anticipates engaging states that participate in the Flex program to assist in outreach to rural hospitals interested in exploring the new REH model, and in coordinating state issues on the new designation. Their work will be in collaboration with the REH TAC.

As the REH model is still in final development, more information will come from CMS about any Quality Assurance and Performance Improvement or quality measure data requirements. It is expected that any assistance the award recipient provides is complementary, and not duplicative of other programs.

II. Award Information

1. Type of Application and Award

Type of applications sought: New

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:**

- Facilitating relationships with other federal stakeholders to fulfill the functions of the cooperative agreement (including CMS and IHS);

- Facilitating relationships with State Offices of Rural Health and state Medicare Rural Hospital Flexibility recipients, and with HRSA funded rural health research centers;

- Providing consultation and guidance in the planning, development, and evaluation of activities, including identifying key policy issues and priorities from CMS to incorporate into the project TA;

- Reviewing and providing feedback and recommendations on TA products prior to dissemination or implementation;

- Utilizing HRSA communications resources as needed to support the cooperative agreement; and

- Participating, as appropriate, in the planning and implementation of any meetings, webinars, or workgroups conducted by the award recipient during the period of performance.

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

- Adhering to HRSA guidelines pertaining to acknowledgement and disclaimer on all products produced through HRSA funds;

- Adhering to Section 508 of the Rehabilitation Act of 1973, as amended;

- Collaborating with HRSA, CMS, IHS, and other federal agencies, HRSA funded rural health research centers, and other non-federal organizations to support TA strategies and address issues impacting REHs;

- Collaborating with state Medicare Rural Hospital Flexibility recipients and state offices of rural health, and other state groups to identify potential REH conversions;

- Identifying, tracking, analyzing, and translating key policy, regulatory and programmatic issues affecting REHs;

- Evaluating and measuring TA activities;

- Developing resources for broad dissemination to candidate communities (and other stakeholders) related to the three program objectives;

- Providing direct technical assistance to individual hospitals and communities related to the three program objectives;

- Identifying and analyzing successful REH transition strategies and implementation models to assist in the development of best practice models and strategies for TA tools;

- Disseminating relevant resources, models, and information to the public; and

- Convening an REH technical assistance advisory council to inform project work.

2. Summary of Funding

HRSA estimates approximately $2,500,000 to be available annually to fund one recipient. You may apply for a ceiling amount of up to $2,500,000 annually (reflecting direct and indirect, facilities and administrative costs) per year.

The period of performance is September 30, 2022 through September 29, 2027 (5 years). Funding beyond the first year is subject to the availability of appropriated funds for Rural Emergency Hospital TA Center in subsequent fiscal years, satisfactory progress, and a decision that continued funding is in the best interest of the Federal Government.

The funding for the first year of this program is expected to be for 11 months, due to an administrative realignment. Year 2 of funding will begin on September 1, 2023.

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 non-profit private entities. See Consolidated Appropriations Act of 2022. Domestic 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 using the SF-424 workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at Grants.gov: HOW TO APPLY FOR GRANTS. If you use an alternative electronic submission, see Grants.gov: APPLICANT SYSTEM-TO-SYSTEM.

The NOFO is also known as "Instructions" on Grants.gov. You must select "Subscribe" and provide your email address for HRSA-22-167 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 size of all uploaded files included in the page limit shall be no more than the equivalent of **80 pages** when printed by HRSA. Standard OMB-approved forms included in the workspace application package do not count in the page limit. The abstract is the standard form (SF) "Project_Abstract Summary." If there are other attachments that do not count against the page limit, this will be clearly denoted in Section IV.2.vi Attachments.

The abstract is no longer an attachment that counts in the page limit. Additionally, Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. However, if you use an OMB-approved form that is not included in the workspace application package for HRSA-22-167, it will count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit.

It is important to take appropriate measures to ensure your application does not exceed the specified page limit. Any application exceeding the page limit of 80 will not be read, evaluated, or considered for funding.

Applications must be complete, within the maximum specified page limit, and validated by Grants.gov under HRSA-22-167 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 8: 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 and (4) Impact
Work Plan	(2) Response
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures

Narrative Section	Review Criteria
Organizational Information	(5) Resources/Capabilities
Budget Narrative	(6) Support Requested

ii. *Project Narrative*

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

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

- INTRODUCTION -- Corresponds to Section V's Review Criterion #1 Need
  Briefly describe the purpose of the proposed project and clearly identify specific goals, objectives, and outcomes.

- NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion #1 Need
  The needs assessment should demonstrate a strong understanding of the new REH model and factors involved in a hospital and community's successful transition to the new model. Specifically, this section must include the following:

  o Describe the issues faced by hospitals that would be looking into conversion to the new provider designation of REH, including financial feasibility and shifting the service mix of the new REH while continuing to meet the community health needs.

  o Describe the challenges hospitals could face in getting community engagement in the transition to the new model.

  o Describe the impact of a conversion on local emergency medical services agencies and other community health providers.

  o Discuss how the technical assistance will support equitable care within rural communities for all residents, as discussed in Executive Order 13985, including, but not limited to, Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities, lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; and persons others adversely affected be persistent poverty or inequality.

  o Describe the existing resources available and where there are gaps in information and resources that this project will address.

- METHODOLOGY -- Corresponds to Section V's Review Criterion #2 Response
  and #4 Impact
  Propose methods that you will use to address the stated needs and meet each of
  the previously described Cooperative Agreement Recipient's responsibilities
  described in this NOFO, including how you will:

  - Identify, track, analyze and translate key policy, regulatory and
    programmatic issues affecting Rural Emergency Hospitals;

  - Develop resources for broad dissemination to candidate communities (and
    other stakeholders) related to the three program objectives;

  - Provide direct assistance to individual hospitals and communities related to
    the three program objectives; and

  - Identify and analyze successful REH transition strategies and
    implementation models to assist in the development of best practice
    models and strategies for TA tools.

  Describe the process for ongoing collaboration with HRSA, IHS, CMS, and other
  HHS agencies, HRSA-funded rural health research centers, and other non-federal
  organizations to support TA strategies and address issues impacting REHs.

  Describe your plan for collaborating with state Medicare Rural Hospital Flexibility
  recipients and State Offices of Rural Health, and other state groups.

  Discuss your communication strategy and plan to disseminate information with
  targeted rural stakeholders.

  Describe your plan for convening an REH technical assistance advisory council
  and how it will be used to strengthen the REH TA program.

  Describe how your methodology for technical assistance and resource
  development will having lasting impact after the period of federal funding ends.

- WORK PLAN -- Corresponds to Section V's Review Criterion #2 Response
  Provide a detailed work plan in **Attachment 1** that describes the activities or steps
  that you will use to achieve each of the objectives proposed during the entire
  period of performance in the Methodology section. The work plan should identify
  the timeframe for each activity and the responsible staff. As appropriate, identify
  meaningful support and collaboration with key stakeholders in planning, designing,
  and implementing all activities.

- RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion
  # 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. Clearly explain how the proposed methods in the
  Methodology section will overcome challenges and barriers identified. You must

describe the unique challenges of providing technical assistance for a new provider type. Also describe potential challenges of working collaboratively across a wide variety of federal, state and other stakeholders engaged in the successful implementation of the REH model.

- EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criterion #3 Evaluative Measures
  Describe the plan for the program performance evaluation that will contribute to continuous quality improvement within this project. The program performance evaluation 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 personnel, budget, and other resources), key processes, and expected outcomes of the funded activities.

  Describe the systems and processes that will support your organization's performance management requirements through effective tracking of performance outcomes. As appropriate, describe the data collection 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 service delivery. Describe any potential obstacles for implementing the program performance evaluation and your plan to address those obstacles.

ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion #5 Resources and Capabilities

Organizational Capacity

Succinctly describe your organization's current mission, structure, and scope of current activities, and your organization's ability to meet program expectations. Include an organizational chart (**Attachment 5**).

Discuss the organization's capability to execute the proposed work plan.

Describe the current experience, knowledge, and skills, including subject matter expertise of staff. Include a staffing plan and job descriptions for key personnel as **Attachment 2.** Include biographical sketches for all personnel as **Attachment 3**.

If your organization will form a consortium to provide TA, describe the capabilities and roles of each member organization. A complete list of consortium members must be submitted in **Attachment 7**. Ensure that the organization chart shows the applicant organization that is responsible for the overall management of the program and the relationship of all other involved partner organizations. Discuss the capability of the applicant organization to provide overall program management. If as part of the application you are integrating partner organizations to fulfil work plan requirements, include Letters of Agreement, MOU, etc. in **Attachment 4**

Organizational Expertise

Demonstrate your organization's significant past experience conducting similar work. Include specific examples of:

- Expertise conducting rural hospital financial assessments;

- Working with rural hospitals and their communities to help them understand how to meet community health needs;

- Experience working with rural hospitals on operations, including implementing new service lines and workforce and staffing issues;

- Communicating complex rural hospital policy and regulatory issues to varied audiences in ways that make them easily understandable and actionable;

- Experience identifying, analyzing and disseminating best practices around rural hospital operations and finances;

- Evidence demonstrating experience or relationships working with rural hospital federal and state stakeholders.

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: 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 limitation; however, any related budget narrative does count. See Section 4.1.iv of HRSA's *SF-424 Application Guide*.

Attachment 7: Consortium Members

> If applicable: A complete list of consortium members, including a chart that shows the applicant organization overall management structure and the relationship among the partner organizations.

Attachments 8–15: Other Relevant Documents

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

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

The UEI, a new, non-proprietary identifier assigned by the System for Award Management (SAM.gov), has replaced the Data Universal Numbering System (DUNS) number.

Effective April 4, 2022:

- Register in SAM.gov and you will be assigned your UEI (SAM) within SAM.gov.

- You will no longer use UEI (DUNS) and that number will not be maintained in any Integrated Award Environment (IAE) systems (SAM.gov, CPARS, FAPIIS, eSRS, FSRS, FPDS-NG). For more details, visit the following webpages: Planned UEI Updates in Grant Application Forms and General Service Administration's UEI Update.

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.gov Knowledge Base](https://sam.gov/content/home))

- 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 *July 27, 2022 at 11:59 p.m. ET*. HRSA suggests you submit your application to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov in HRSA's *SF-424 Application Guide* for additional information.

5. Intergovernmental Review

The Rural Emergency Hospital TA Center 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 $2,500,000 per year (inclusive of direct **and** indirect costs). 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 are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on specific uses of funding. It is imperative that you review and adhere to the list of statutory restrictions on the use of funds detailed in Section 4.1 of HRSA's SF-424 Application Guide. Like all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

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

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

V. Application Review Information

1. Review Criteria

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

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

Six review criteria are used to review and rank Rural Emergency Hospital Technical Assistance Center applications. Below are descriptions of the review criteria and their scoring points.

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

Reviewers will evaluate the quality and extent to which the application:

- Demonstrates a clear understanding of the purpose of the proposed project and clearly identify specific goals, objectives, and outcomes.

- Clearly describes the issues faced by hospitals that would be looking into conversion to the new provider designation of REH, including financial feasibility and shifting the service mix of the new REH while continuing to meet the community health needs.

- Clearly explains the challenges hospitals could face in getting community engagement in the transition to the new model.

- Clearly describes the impact of a conversion on local emergency medical services agencies and other community health providers.

- Clearly discusses how the technical assistance will support equitable care within rural communities for all residents including, but not limited to, Black, Latino, and

Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities, lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; and persons others adversely affected be persistent poverty or inequality.

- Clearly describes the existing resources available and where there are gaps in information and resources that this project will address.

Criterion 2: RESPONSE (30 points) – Corresponds to Section IV's (a) Methodology, (b) Work Plan and (c) Resolution of Challenges

Criterion 2(a): Methodology (20 points)

The extent to which the application:

- Clearly addressed the stated needs through the plan proposed in the methodology;

- Clearly explains the process for identifying, tracking, analyzing and translating key policy, regulatory, and programmatic issues affecting Rural Emergency Hospitals;

- Clearly outlines the plan to develop resources for broad dissemination to candidate communities (and other stakeholders) related to the three program objectives;

- Clearly explains the plan to provide direct assistance to individual hospitals and communities with related to the three program objectives;

- Clearly describe the process for ongoing collaboration with HRSA and other key HHS partners, and stakeholders, as well as state Medicare Rural hospital Flexibility recipients and other state level partners; and

- Clearly describes a plan for convening an REH technical assistance advisory council and how it will be used to strengthen the REH TA program.

Criterion 2(b): Work Plan (5 Points)

The extent to which the application:

- Provides a detailed work plan in **Attachment 1** that describes the activities or steps to achieve each of the objectives proposed during the entire period of performance in the Methodology section;

- Includes clear timeframes for each activity and the responsible staff or key stakeholders in planning, designing, and implementing all activities.

Criterion 2(c): Resolution of Challenges (5 points)

The extent to which the application:

- Demonstrates an understanding of the potential challenges and barriers of providing TA related to conversion to a new provider type to eligible rural hospitals and their communities, and describes reasonable strategies for resolving those challenges; and

- Clearly demonstrates the potential challenges of working collaboratively across a wide variety of federal, state and other partners and details strategies on how those challenges will be resolved.

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

The extent to which the application:

- Clearly describes the program performance evaluation that will contribute to continuous quality improvement;

- Clearly discusses expected outcomes of the funded activities;

- Clearly explains the systems and processes that will support the performance management plan, including any data collection strategy, if appropriate; and

- Clearly describes any potential obstacles for implementing the program performance evaluation and your plan to address those obstacles.

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

The extent to which the proposed project:

- Clearly discusses a communication strategy and plan to disseminate information with targeted rural stakeholders;

- Clearly describes an approach to identify and analyze successful REH transition strategies and implementation models to assist in the development of best practice models and strategies for TA tools; and

- Clearly describes how the methodology for technical assistance and resource development will have lasting impact after the period of federal funding ends.

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

5(a) Organizational Capacity (7 points)

The extent to which the application:

- Succinctly describes the organization's current mission, structure, and scope of current activities, and how these elements all contribute to the organization's ability to implement the program requirements and meet program expectations.

- Clearly discusses the organization's capability to execute the proposed work plan, and properly account for the federal funds.

- Includes information of the current experience, knowledge, and skills, and subject matter expertise of staff and includes a staffing plan, job descriptions and biographical sketches for all key personnel.

- If applicable, includes information about the partner organizations, outlining the roles and responsibilities of each member, and the project chart explaining the overall management and relationship of the partners.

5(b) Organizational Expertise (18 points)

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

- Expertise conducting rural hospital financial assessments;

- Work with rural hospitals and their communities to help them understand how to meet community health needs;

- Experience working with rural hospitals on operations, including implementing new service lines and workforce and staffing issues;

- Communicating complex rural hospital policy and regulatory issues to varied audiences in ways that make them easily understandable and actionable;

- Experience identifying, analyzing and disseminating best practices around rural hospital operations and finances;

- Evidence demonstrating experience or relationships working with rural hospital federal and state stakeholders.

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

The reasonableness of the proposed budget for each year of the period of performance 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

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.

3. Assessment of Risk

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

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

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

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

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

VI. Award Administration Information

1. Award Notices

HRSA will release the Notice of Award (NOA) on or around the start date of September 30, 2022. See Section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's *SF-424 Application Guide*.

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

- all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award,

- other federal regulations and HHS policies in effect at the time of the award or implemented during the period of award, and

- applicable statutory provisions.

Accessibility Provisions and Non-Discrimination Requirements

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

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

- For information on your specific legal obligations for serving qualified individuals with disabilities, including reasonable modifications and making services accessible to them, see Discrimination on the Basis of Disability.

- HHS-funded health and education programs must be administered in an environment free of sexual harassment. See Discrimination on the Basis of Sex.

- For guidance on administering your program in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see Conscience Protections for Health Care Providers and Religious Freedom.

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

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

Executive Order on Worker Organizing and Empowerment

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

Requirements of Subawards

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

Data Rights

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

3. Reporting

Award recipients must comply with Section 6 of HRSA's *SF-424 Application Guide* **and** the following reporting and review activities:

1) **Progress Report**. The recipient must submit a progress report to HRSA annually. More information will be available in the NOA.

2) **Quarterly Reports**. The recipient must submit updates quarterly. More information will be available in the NOA.

3) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in FAPIIS, 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:

Beverly H. Smith
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
Phone: (301) 443 7065
Email: bsmith@hrsa.gov

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

Kristi Martinsen
Director, Hospital State Division
Attn: REH TA
Federal Office of Rural Health Policy
Health Resources and Services Administration
Phone: (301) 594-4438
Email: kmartinsen@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
Telephone: 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
Telephone: (877) 464-4772 / (877) Go4-HRSA
TTY: (877) 897-9910
Web: http://www.hrsa.gov/about/contact/ehbhelp.aspx

VIII. Other Information

Technical Assistance

HRSA has scheduled the following webinar:

Day and Date: Monday, June 13, 2022
Time: 2 - 3 p.m. ET
Weblink: https://hrsa-gov.zoomgov.com/j/1605120478?pwd=M1FrZVlHeTVmZ2pWQ2d5dExrekpjdz09

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

Call-In Number: 833-568-8864
Meeting ID: 160-512-0478
Passcode: 46676237

HRSA will record the webinar. Please contact kmartinsen@hrsa.gov for the link to the recording.

Tips for Writing a Strong Application

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

Appendix: Page Limit Worksheet

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

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

Standard Form Name (Forms themselves do not count against the page limit)	Attachment File Name (Unless otherwise noted, attachments count against the page limit)	# of Pages Applicant Instruction – Enter the number of pages of the attachment to the Standard Form
Application for Federal Assistance (SF-424 - Box 14)	Areas Affected by Project (Cities, Counties, States, etc.)	*My attachment = ___ pages*
Application for Federal Assistance (SF-424 - Box 16)	Additional Congressional District	*My attachment = ___ pages*
Application for Federal Assistance (SF-424 - Box 20)	Is the Applicant Delinquent On Any Federal Debt?	*My attachment = ___ pages*
Attachments Form	Attachment 1: Work Plan	*My attachment = ___ pages*
Attachments Form	Attachment 2: Staffing Plan and Job Descriptions for Key Personnel	*My attachment = ___ pages*
Attachments Form	Attachment 3: Biographical Sketches of Key Personnel	*My attachment = ___ pages*
Attachments Form	Attachment 4: Letters of Agreement, Memoranda of Understanding, and/or contracts	*(Does not count against the page limit)*
Attachments Form	Attachment 5: Project Organizational Chart	*My attachment = ___ pages*
Attachments Form	Attachment 6: For Multi-Year Budgets--5th Year Budget	*My attachment = ___ pages*
Attachments Form	Attachment 7: Consortium Members	*My attachment = ___ pages*

Standard Form Name (Forms themselves do not count against the page limit)	Attachment File Name (Unless otherwise noted, attachments count against the page limit)	# of Pages Applicant Instruction – Enter the number of pages of the attachment to the Standard Form
Attachments Form	Attachment 8 –15: Other Relevant Documents	*My attachment = ___ pages*
Project/Performance Site Location Form	Additional Performance Site Location(s)	*My attachment = ___ pages*
Project Narrative Attachment Form	Project Narrative	*My attachment = ___ pages*
Budget Narrative Attachment Form	Budget Narrative	*My attachment = ___ pages*
# of Pages Attached to Standard Forms		Applicant Instruction: Total the number of pages in the boxes above.
Page Limit for HRSA-22-167 is 80 pages		**My total = ____ pages**