

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**



Health Resources & Services Administration

**Federal Office of Rural Health Policy  
Hospital State Division**

***State Offices of Rural Health Program (SORH)***

**Funding Opportunity Number: HRSA-21-026**  
**Funding Opportunity Type: New, Competing Continuation**  
**Assistance Listings (CFDA) Number: 93.913**

**NOTICE OF FUNDING OPPORTUNITY**

Fiscal Year 2021

**Application Due Date: February 1, 2021**

*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, including SAM.gov and Grants.gov,  
may take up to 1 month to complete.*

**Issuance Date: November 23, 2020**

Rachel Moscato, MPH  
Public Health Analyst  
Federal Office of Rural Health Policy  
Telephone: (301) 443-2724  
Email: [rmoscato@hrsa.gov](mailto:rmoscato@hrsa.gov)

Authority: 42 U.S.C. § 254(r) (§ 338J of the Public Health Service Act)

## EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2021 State Offices of Rural Health (SORH) Program .The purpose of this program is to assist states in strengthening rural health care delivery systems by maintaining a focal point for rural health within each state.

The FY 2021 President’s Budget does not request funding for this program. This notice is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately. You should note that this program may be cancelled prior to award.

Funding Opportunity Title:	State Offices of Rural Health Program
Funding Opportunity Number:	HRSA-21-026
Due Date for Applications:	February 1, 2021
Anticipated Total Annual Available FY 2021 Funding:	\$11,500,000
Estimated Number and Type of Awards:	Up to 50 grants
Estimated Award Amount:	Up to \$230,000 per year, subject to the availability of appropriated funds
Cost Sharing/Match Required:	Yes
Period of Performance:	July 1, 2021 through June 30, 2026 (5 years)
Eligible Applicants:	Eligibility for this funding opportunity is limited to states with State Offices of Rural Health.  See <a href="#">Section III.1</a> 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 HRSA's *SF-424 Application Guide*, available online at <http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf>, except where instructed in this NOFO to do otherwise.

## **Technical Assistance**

HRSA has scheduled the following technical assistance:

### *Webinar/Conference Call*

Day and Date: December 8, 2020

Time: 3 - 4 p.m. ET

Call-In Number: 1-888-989-9741

Participant Code: 8962344

Weblink: <https://hrsa.connectsolutions.com/sorh/>

Playback Number: 1-888-562-8229

Passcode: 120820

# Table of Contents

<b>I. PROGRAM FUNDING OPPORTUNITY DESCRIPTION .....</b>	<b>1</b>
1. PURPOSE.....	1
2. BACKGROUND .....	1
<b>II. AWARD INFORMATION .....</b>	<b>1</b>
1. TYPE OF APPLICATION AND AWARD .....	1
2. SUMMARY OF FUNDING .....	2
<b>III. ELIGIBILITY INFORMATION.....</b>	<b>2</b>
1. ELIGIBLE APPLICANTS .....	2
2. COST SHARING/MATCHING .....	2
3. OTHER.....	2
<b>IV. APPLICATION AND SUBMISSION INFORMATION.....</b>	<b>3</b>
1. ADDRESS TO REQUEST APPLICATION PACKAGE .....	3
2. CONTENT AND FORM OF APPLICATION SUBMISSION .....	3
i. Project Abstract .....	4
ii. Project Narrative .....	5
iii. Budget.....	11
iv. Budget Narrative.....	12
v. Attachments .....	13
3. DUN AND BRADSTREET DATA UNIVERSAL NUMBERING SYSTEM (DUNS) NUMBER TRANSITION TO THE UNIQUE ENTITY IDENTIFIER (UEI) AND SYSTEM FOR AWARD MANAGEMENT (SAM) .....	14
4. SUBMISSION DATES AND TIMES .....	15
5. INTERGOVERNMENTAL REVIEW .....	16
6. FUNDING RESTRICTIONS .....	16
<b>V. APPLICATION REVIEW INFORMATION.....</b>	<b>17</b>
1. REVIEW CRITERIA.....	17
2. REVIEW AND SELECTION PROCESS .....	20
3. ASSESSMENT OF RISK .....	20
<b>VI. AWARD ADMINISTRATION INFORMATION .....</b>	<b>21</b>
1. AWARD NOTICES .....	21
2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS .....	21
3. REPORTING .....	21
<b>VII. AGENCY CONTACTS.....</b>	<b>22</b>
<b>VIII. OTHER INFORMATION.....</b>	<b>23</b>

# **I. Program Funding Opportunity Description**

## **1. Purpose**

This notice announces the opportunity to apply for funding under the State Offices of Rural Health (SORH) Program. Federally funded since 1991, the purpose of the SORH Program is to assist states in strengthening rural health care delivery systems by maintaining a focal point for rural health in each state. The program provides funding for an institutional framework that links small rural communities with state and federal resources to develop long-term solutions to rural health programs. This competing continuation provides instructions for applying for a new five-year period.

Authorizing legislation provides that each SORH must conduct the following activities:

- 1) Maintain within the state a clearinghouse for collection and disseminating information on:
  - (a) rural health care issues;
  - (b) research findings relating to rural health care; and
  - (c) innovative approaches to the delivery of health care in rural areas;
  
- 2) Coordinate the activities carried out in the state that relate to rural health care, including providing coordination for the purpose of avoiding redundancy in such activities; and
  
- 3) Identify federal and state programs regarding rural health and provide technical assistance to public and non-profit private entities regarding participation in such programs.

The legislation also allows that each SORH may conduct activities pertaining to recruiting and retaining health professionals to serve in rural areas of the state and provide contracts to public and non-profit private entities to carry out SORH activities.

## **2. Background**

The SORH Program is authorized by 42 U.S.C. § 254(r) (§ 338J of the Public Health Service Act), and is a federal-state partnership that requires a state funding match. SORH provides funding to a single award recipient in each of the 50 states and creates a rural framework to link rural communities with state and federal resources.

# **II. Award Information**

## **1. Type of Application and Award**

Type of application sought: New, Competing Continuation

HRSA will provide funding in the form of a grant.

## **2. Summary of Funding**

HRSA estimates approximately \$11,500,000 to be available annually to fund 50 recipients. You may apply for a ceiling amount of up to \$230,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. The FY 2021 President's Budget does not request funding for this program. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately. The period of performance is July 1, 2021 through June 30, 2026. Funding beyond the first year is subject to the availability of appropriated funds for SORH in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

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

Authorizing legislation Section 338L of the Public Health Service Act (42 U.S.C. 254r), as amended, limits indirect costs under the SORH Program. Indirect costs will be budgeted and reimbursed at the lesser of 15 percent of total direct costs or the applicant's negotiated Indirect Cost Rate Agreement (ICRA).

## **III. Eligibility Information**

### **1. Eligible Applicants**

States with State Offices of Rural Health are eligible to apply. Only one applicant from each state is eligible, based on the designation of the governor.

### **2. Cost Sharing/Matching**

Cost sharing/matching is required for this program. Per Section 338J of the Public Health Services Act (42 U.S.C. 254r), as amended, SORH requires a non-federal funding match of not less (may be more) than \$3 for each \$1 of federal funds in each year of the period of performance. Non-federal contributions may be in cash or in-kind.

In extreme cases of budget shortfalls and if all attempts to identify cash or in-kind match are exhausted, a SORH may apply for a waiver or reduction of the non-federal match. The waiver will go through an extensive application process requiring documentation and must be approved by HRSA. Contact the SORH Program Coordinator for more information. Please note that the waiver process is separate from the Notice of Funding Opportunity (NOFO) process and Non-Competing Continuation (NCC) process and must be implemented post-award.

### **3. Other**

HRSA will consider any application that exceeds the ceiling amount non-responsive and will not consider it for funding under this notice.

HRSA will consider any application that fails to satisfy the deadline requirements referenced in [Section IV.4](#) non-responsive and will not consider it for funding under this notice.

NOTE: Multiple applications from an organization are not allowable. HRSA will only accept your **last** validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application.

## **IV. Application and Submission Information**

### **1. Address to Request Application Package**

HRSA **requires** 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 <http://www.grants.gov/applicants/apply-for-grants.html>.

The NOFO is also known as “Instructions” on Grants.gov. You must select “Subscribe” and provide your email address for each NOFO you are reviewing or preparing in the workspace application package 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**

Section 4 of HRSA’s [SF-424 Application Guide](#) provides instructions for the budget, budget narrative, 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. You are responsible for reading and complying with the instructions included in HRSA’s [SF-424 Application Guide](#) except where instructed in the NOFO to do otherwise. 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 *Application Guide* for the Application Completeness Checklist.

#### **Application Page Limit**

The total size of all uploaded files included in the page limit may not exceed the equivalent of **60 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this NOFO. Standard OMB-approved forms that are included in the workspace application package do not count in the page limit.

Please note: If you use an OMB-approved form that is not included in the workspace application package for HRSA-21-026, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this

NOFO to avoid exceeding the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **It is therefore important to take appropriate measures to ensure your application does not exceed the specified page limit.**

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

### **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. § 3321).
- 3) Where you are unable to attest to the statements in this certification, an explanation shall be included in *Attachment 8: Other Relevant Documents*.

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

### **Temporary Reassignment of State and Local Personnel during a Public Health Emergency**

Section 319(e) of the Public Health Service (PHS) Act provides the Secretary of the Department of Health and Human Services (HHS) with discretion upon request by a state or tribal organization to authorize the temporary reassignment of state, tribal, and local personnel during a declared federal public health emergency. The temporary reassignment provision is applicable to state, tribal, and local public health department or agency personnel whose positions are funded, in full or part, under PHS programs and allows such personnel to immediately respond to the public health emergency in the affected jurisdiction. Funds provided under the award may be used to support personnel who are temporarily reassigned in accordance with § 319(e). Please reference detailed information available on the HHS Office of the Assistant Secretary for Preparedness (ASPR) website via

<http://www.phe.gov/Preparedness/legal/pahpa/section201/Pages/default.aspx>.

### **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***

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, consistent with forms and attachments, and well organized 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.

- **NEEDS ASSESSMENT** -- Corresponds to [Section V's Review Criterion #1 "Need"](#)

SORH must have a clear picture and understanding of the rural health landscape in order to assist in strengthening the rural health care delivery system, developing short and long-term solutions to rural health challenges, and prioritizing the limited resources and activities inherent to the rural health program. This section should describe the rural health environment and the needs that may be addressed through activities such as information dissemination, coordination of activities, collaboration and partnership, providing technical assistance and rural recruitment and retention activities.

Use the following sub-headings for this section:

Rural Population – Describe your state's rural population (based on state and FORHP rural definitions). Demographic data should be used and cited whenever possible to support the information provided. Include a map of the rural landscape.

Health Status – Describe the general health status of your state and rural population. Note how it compares to national data. Factors such as age, poverty, social determinants of health, racial and ethnic health disparities, substance use disorders, including opioids, and other social problems should be included, if relevant.

Healthcare Delivery System – Describe the state rural health system and infrastructure. Include components such as critical access hospitals (CAH), small rural and referral hospitals, rural health clinics (RHC), community health centers and rural emergency medical services (EMS). Describe key partners and stakeholders (i.e., hospital and rural health associations, quality network, public health partners, coalitions) and how they coordinate and interact with each other. Include discussion of challenging issues and how they are addressed, such as broadband and telehealth, maternity and obstetrics services, behavioral health, oral health, aging, population health, racial and ethnic health disparities, substance use disorder, including opioids, and transportation. Describe efforts of providers, partners to participate in alternative payment models and value based payment programs.

Workforce and Recruiting/Retention – Describe the availability, distribution and shortages within the rural health workforce as well as any other state health workforce issues. Include any information on specific shortages (Obstetrics/Gynecology, Behavioral Health and Oral Health, etc.) and include not only medical doctors but other health care professionals including but not limited to allied health professionals.

- **METHODOLOGY**-- Corresponds to [Section V's Review Criteria #2 "Response" and #4 "Impact"](#)

In narrative format, describe the proposed methods to meet the three Program Objectives listed below. The objectives for the proposed five-year period of performance should link back to the Needs Assessment section. Activities, programs and initiatives for the proposed period of performance should be specific, realistic, measurable and achievable within a specified timeframe. As appropriate, identify meaningful support and collaborations with key partners and stakeholders in planning, designing, and implementing all activities.

The Methodology Section must align with and correspond to the Work Plan Section, with the objectives and activities clearly numbered in a way that aligns both sections (for example, Objective 1.a. in the Methodology section should be labeled as 1.a. in the Work Plan). The Methodology is a narrative document whereas the Work Plan includes comparable information in a landscape format listing the activity, date of completion, staff responsible, progress or process measures, and outcome or impact.

For the purpose of this application, the applicant must describe only those award activities funded by the SORH federal and non-federal matching funds under this award. Activities performed by SORH staff that are funded by other HRSA awards (i.e., Primary Care Office) or non-federal funds are not to be listed in the work plan. However, SORH may (optional) provide a brief summary how they have leveraged other funds.

## **Program Objectives**

### **1. Collect and Disseminate Information**

SORH is the focal point and clearinghouse for rural health within their state. They collect and receive information about rural health issues, research findings and innovative approaches for the delivery of health care in rural areas from a wide variety of sources and disseminate information through a variety of means to rural partners and stakeholders that can benefit from or use the information.

Applicants must discuss the various activities that will accomplish this objective, such as the use of websites, listserves, newsletters, and webinars. Applicants should also describe their promotion of the Rural Health Information Hub (RHlhub) and Rural Health Research Gateway and any other methods used to collect and disseminate information.

Required activities for Objective 1:

- Disseminate information provided by FORHP and other sources on award opportunities, research findings, policy updates, innovative practices and other rural health issues to statewide rural partners and stakeholders in a timely manner.
- Respond to inquiries for information and/or assistance via various methods (i.e., phone, email, social media, website and regular mail) in a timely manner.
- Promote utilization of RHIhub and Rural Health Research Gateway websites.

Examples of other activities that could help achieve Objective 1:

- Monitor website hits and requests for information.
- Create and distribute rural health newsletter.
- Contribute articles/information to other health care entities' newsletters, publications or social media
- Host webinars, educational sessions, conferences, workshops or summits.
- Collect and analyze state level workforce data.
- Fund rural health research projects.
- Develop and publish data sources for rural providers and policy makers to make informed decisions on recruitment of providers, changes to health care delivery system and other evidence-based decisions.

## **2. Coordinate rural health care activities in the state in order to avoid redundancy.**

SORH should be aware of rural health activities within their state and coordinate activities in order to avoid duplication of effort and inefficient utilization of limited resources. SORH engages in state level activities and are a voice for the rural perspective. The SORH also strengthens partnerships and fosters communication and collaboration among rural health partners and stakeholders at the local, state, federal and national level.

Applicants must outline and discuss the various activities such as participation or attendance at various rural health partner and stakeholder groups, boards, conferences, meetings, and any other methods used to coordinate rural health activities.

Activities pertaining to recruitment and retention of the rural health workforce must be included in this section (including how you coordinate with Primary Care Office (PCO) activities, but should not list your PCO funded activities).

Required activities for Objective 2:

- Participate in or attend select community, regional or statewide committees, boards, councils, meetings, webinars, conference calls related to rural health care.

- Attend and participate in meetings, activities and events offered by national level partners to build or strengthen partnerships and gather information to further the goals of SORH.
- Support multi-state workforce recruitment and retention (R&R) systems used to track and place providers (i.e., 3RNet) or other R&R systems specific to your state.

Examples of other activities that could help achieve Objective 2:

- Convene and staff advisory groups for SORH, other state agencies, policymakers and other organizations considering changes to health policy.
- Review and comment (when requested) on a variety of documents affecting rural health at state and national level.
- Provide input to state perspective on national rural health care policy issues.
- Establish working relationships with rural health providers such as small rural hospitals, Critical Access Hospitals, Federally Qualified Health Centers and Rural Health Clinics.
- Participate in or attend advisory panels, task forces, committees, networks, coalitions, policy and program development, health systems planning and strategic planning.
- Coordinate and maintain state rural health plan.
- Plan or collaborate on conferences or other joint activities and state programs.
- Link rural practice opportunities to medical students or residents.
- Support the administration of state and federal workforce programs (i.e., State Loan Repayment Program and National Health Services Corps).
- Address social determinants of health (SDOH) factors including socioeconomic status, neighborhood and physical environment, social support networks, community violence, and intimate partner violence.
- Describe collaborative efforts to address challenging issues such as: broadband and telehealth, maternity and obstetrics services, behavioral health, oral health, aging, population health, racial and ethnic health disparities, substance abuse including opioids and transportation.

*Examples of Rural Health Partners & Stakeholders:*

HRSA: Federal Office of Rural Health Policy (FORHP), National Health Services Corps (NHSC), Bureau of Primary Health Care (BPHC), Bureau of Health Workforce (BHW) & Office of Regional Operations (ORO), Telehealth Resource Centers (TRCs).

Federal Offices: Center for Medicare and Medicaid Services (CMS), Veterans Administration (VA) Office of Rural Health, U.S. Department of Agriculture (USDA), Centers for Disease Control (CDC) and Health Information (HIT) Exchanges, Department of Agriculture (USDA) Substance Abuse and Mental Health Services Administration (SAMHSA), Indian Health Service (IHS), Administration on Community Living (ACL) and Department of Transportation (DOT).

State: Public Health Departments, Primary Care Associations (PCA), Medicaid Offices, Hospital Associations, Emergency Medical Services (EMS), Rural Health Associations (RHA), Centers for Medicare and Medicaid Services (CMS), Network of Quality Improvement and Innovation Contractors (NQIIC), Primary Care Offices (PCO) and State Health Information Exchanges (SHIE).

National Associations: Rural Recruitment and Retention Network (3RNet), National Organization of State Offices of Rural Health (NOSORH), National Rural Health Association (NRHA), American Public Health Association (APHA), Association of State and Territorial Health Officials (ASTHO), National Association of Rural Health Clinics (NARHC), American Hospitals Association (AHA), and National Association of Community Health Centers (NACHC), National Association of Area Agencies on Aging (N4A).

### **3. Provide Technical Assistance (TA) to public and non-profit private entities.**

The SORH identifies federal, states and non-governmental (i.e., coalitions, networks, trusts, foundations) rural health opportunities (i.e., awards, programs, proposals, loans, training) and provides TA to public and non-profit entities regarding how to participate in or apply for such opportunities. Informational or educational TA on rural health related regulations, policies, and best practices may also be provided.

The volume, intensity and diversity of TA provided vary among SORHs, correlating primarily with the degree of state rural need and the capacity of SORH to provide specialized TA. TA may be provided by third party (i.e., contractor) or non-SORH staff as long as SORH will be directly involved in funding, planning or coordinating the TA. SORH must discuss the various types of direct TA activities they provide as well as the type of clients to whom they provide TA.

Required activity for Objective 3:

- Provide TA to public and nonprofit private entities pertaining to participation in federal, state, and non-governmental rural health programs, awards, loans and other funding sources.

Examples of other activities that could help achieve Objective 3 (may overlap or complement activities listed for other objectives):

- Provide TA to community partners and stakeholders about HRSA/FORHP awards and programs.
- Provide workshops, webinars, teleconferences on rural health funding opportunities.
- Review and provide feedback on award applications and/or provide letters of support.
- Sponsor training conferences and/or meetings.
- Provide consultative services to community based recruitment efforts.

- Provide training or consultation on feasibility of new delivery models (i.e., shared savings programs, or global budgeting).
  - Provide information to rural health facilities related to access to capital, financing and loan programs.
  - Provide information about participation in 340B Drug Pricing Program.
- *WORK PLAN -- Corresponds to [Section V's Review Criteria #2 "Work Plan" and Criteria #4 "Impact"](#)*

Describe the activities or steps that you will use to achieve each of the objectives proposed during the entire period of performance (five years) in the Methodology section. Use a timeline that includes each activity and identifies responsible staff. The Work Plan must be clear, concise, and numbered to correspond with the objectives, goals and activities described in the Methodology section. Federal and non-federal matching funds may be utilized to fund both required and other activities that relate to program requirements.

The Work Plan should be a snapshot of what is described in more detail in the Methodology section. The Work Plan should be in matrix format (landscape orientation) and list the following:

- Objective
- Activity (multiple for each objective)
- Date of completion (or anticipated)
- Staff (or responsible entity, contractor or partner)
- Progress or Process Measures (anticipated or actual)
- Outcome or Impact (anticipated or actual, may be specific or broad)

Include the Work Plan in **Attachment #1**.

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

Sufficiently discuss any potential barriers or challenges in designing and implementing the activities described in the Methodology and Work Plan as well as strategies and approaches to resolve such barriers or challenges. This section should include information on efforts to address unobligated balance.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to [Section V's Review Criteria #3 "Evaluation and Technical Support Capacity" and Criteria #4 "Impact"](#).*

Applicant must describe strategies and measures used to evaluate performance during the period of performance. The applicant should describe how progress toward meeting award objectives will be tracked, measured and evaluated.

Describe the data collection strategy implemented to collect, analyze and track data to measure performance and determine impact or outcomes and how the data will be used to improve performance. Discuss the use of any automated or web based performance reporting system (i.e., TruServ) as well as your use of the SORH Performance Improvement and Measurement System (PIMS) data.

- **ORGANIZATIONAL INFORMATION** -- Corresponds to [Section V's Review Criterion #4 "Organizational Information"](#)

Provide information on the applicant organization's current mission and structure, scope of current activities and provide an organizational chart (Attachment #5) that identifies the SORH within the larger organization as well as subcomponents of SORH (as applicable). Indicate if the SORH is authorized by state statute.

Describe relationships that contribute to the ability of the SORH to conduct program requirements and meet program expectations. Describe how the unique needs of rural communities are routinely assessed and monitored. Provide specific detail about the utilization of non-federal matching funds and how they impact the rural population within the state. Discuss how matching funds will be used to fund activities related to one or more of three program objective areas or for other rural health related objectives.

### **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 the 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.

In addition, the SORH program requires the following: If indirect costs are included in the budget, attach a copy of the indirect cost rate agreement as **Attachment 6**.

Authorizing legislation Section 338L of the Public Health Service Act (42 U.S.C. 254r), as amended, limits indirect costs under the SORH Program. Indirect costs will be budgeted and reimbursed at the lesser of 15 percent of total direct costs or the applicant's negotiated Indirect Cost Rate Agreement (ICRA).

The Further Consolidated Appropriations Act, 2020 (P.L. 116-94), Division A, § 202 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.” 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](#).

In addition, the SORH program requires the following:

This award will have a five-year period of performance. The annual progress reports will include an annual update to the budget narrative. In addition, the State Offices of Rural Health Program requires the following:

SORH is required to attend three partnership meetings: 1) FORHP Regional SORH Meeting, 2) National Rural Health Association and 3) National Organization of State Offices of Rural Health. New SORH Directors must also attend the FORHP SORH Orientation within one year of beginning their role as SORH Director.

Other: Put all costs that do not fit into any other category into this category and provide an explanation of each cost in this category. Partner organization dues (i.e., NRHA, NOSORH, 3RNet) are to be included in this section.

<b>NARRATIVE GUIDANCE</b>	
To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria. Any attachments referenced in a narrative section may be considered during the objective review.	
<b><u>Narrative Section</u></b>	<b><u>Review Criteria</u></b>
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response and (4) Impact
Work Plan	(2) Response and (4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures and (4) Impact
Organizational Information	(5) Resources/Capabilities
Budget and Budget Narrative	(6) Support Requested



## **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.** Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit. **Clearly label each attachment.**

### ***Attachment 1: Work Plan***

Attach the work plan for the project that includes all information detailed in [Section IV.2.ii. Project Narrative](#) and covers all five years of the period of performance. The Work Plan must describe both required and additional activities that will be used to achieve each of the objectives proposed in the Methodology section and as appropriate: identify meaningful support and collaborations with key partners, stakeholders in planning, designing and implementing all activities. The Work Plan should be clear, coherent and aligned with the goals and objectives described in the Methodology section and use a timeline that includes each activity and identifies responsible staff. Reminder: Both the Methodology section and Work Plan should use a numbering system to identify each objective/activity and should clearly align with each other.

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

Applicants must include a staffing plan that includes all positions funded (full or partially) by federal and state matching funds. Include amount of full-time equivalent (FTE) per funded position (i.e., full-time – 1.0 FTE, half time – 0.5 FTE). Describe how each position supports the core objectives or required activities.

Each SORH must fund a SORH Director (position title may vary) to be the dedicated face of the SORH and the primary rural health contact within the state and with FORHP. There is no minimal FTE requirement but the amount should be sufficient to perform and/or oversee award objectives and activities listed in the Work Plan. SORH may fund additional staff (i.e., deputy, clerical support) with federal or state matching funds. However, SORH funds are not intended to fund organizational positions whose primary purpose is not directly related to the completion of SORH objectives and activities. Recipients are expected to have the organizational capacity to provide necessary administrative and financial support to the SORH.

Keep each job description to one page in length. 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 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: Indirect Cost Rate Agreement (NOT counted in page limit)**

Provide the current federally negotiated indirect cost rate agreement used to substantiate indirect costs in the proposed budget.

**Attachment 7: For Multi-Year Budgets--5<sup>th</sup> 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 5<sup>th</sup> year as an attachment. Use the SF-424A Section B, which does not count in the page limit: however, any related budget narrative does count. See Section 4.1.iv of HRSA's [SF-424 Application Guide](#).

**Attachments 8–15: Other Relevant Documents (NOTE: 15 is the maximum number of attachments allowed.)**

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

**3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number Transition to the Unique Entity Identifier (UEI) and System for Award Management (SAM)**

You must obtain a valid DUNS number, also known as the Unique Entity Identifier (UEI), and provide that number in the application. At a future, to-be-determined date, the \*DUNS number will be replaced by the UEI, a “new, non-proprietary identifier” requested in, and assigned by, the System for Award Management (SAM.gov). For more details, visit the following pages: [Planned UEI Updates in Grant Application Forms](#) and [General Service Administration's UEI Update](#).

You must also register with SAM and continue to maintain active SAM registration with current information at all times during which you have 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)).

If you are chosen as a recipient, HRSA would not make an award until you have complied with all applicable DUNS (or UEI) and SAM requirements and, 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 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.

\*Currently, the Grants.gov registration process requires information in three separate systems:

- Dun and Bradstreet (<http://www.dnb.com/duns-number.html>)
- 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](#).

**[SAM.GOV](#) ALERT:** For your SAM.gov registration, you must submit a [notarized letter](#) appointing the authorized Entity Administrator. The review process changed for the Federal Assistance community on June 11, 2018.

In accordance with the Federal Government's efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized federal-wide. Effective January 1, 2020, the forms themselves are no longer part of HRSA's application packages and the updated common certification and representation requirements will be stored and maintained within SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through SAM located at [SAM.gov](#).

**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 due date for applications under this NOFO is *February 1, 2021 at 11:59 p.m. ET*. HRSA suggests submitting applications 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 of HRSA's [SF-424 Application Guide](#) for additional information.

## 5. Intergovernmental Review

The State Offices of Rural Health Program is a program 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 five years, at no more than \$230,000 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 FY 2021 President's Budget does not request funding for this program. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately.

The General Provisions in Division A of the Further Consolidated Appropriations Act, 2020 (P.L. 116-94) and Continuing Appropriations Act, 2021 and Other Extensions Act (P.L. 116-159) are in effect at the time this NOFO is posted. Please see Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Awards will be made subsequent to enactment of the FY 2021 appropriation. The NOA will reference the FY 2021 appropriation act and any restrictions that may apply. Note that these or other restrictions will apply as required by law in subsequent appropriations acts for FY 2021.

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

- to provide health care (including providing cash payments regarding such care);
- to conduct activities for which federal funds are expended
  - (i) within the state to provide technical and other non-financial assistance under section 254c(f) of this title;
  - (ii) under a memorandum of agreement entered into with the State Office of Rural Health under section 254c(h) of this title; or
  - (iii) under a grant under section 254q-1 of this title;
- to purchase medical equipment, to purchase ambulances, aircraft or other vehicles, or to purchase major communications equipment;
- to purchase or improve real property; or
- to carry out any activity regarding a certificate of need.

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 use of funds for lobbying, executive salaries, gun control, abortion, etc. Like those for all other applicable award requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

All program income generated as a result of awarded funds must be used for approved project-related activities. The program income alternative applied to the award(s) under the program will be 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 critical 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.

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

Review criteria are used to review and rank applications. The State Offices of Rural Health (SORH) Program has six. See the review criteria outlined below with specific detail and scoring points.

***Criterion 1: NEED (25 points)*** – Corresponds to [Section IV's "Introduction" and "Needs Assessment"](#)

#### *Introduction (3 points)*

The extent to which the Introduction section responds to the purpose included in the program description.

#### *Needs Assessment (22 points)*

The quality of and extent to which the Needs Assessment section:

The extent to which the application uses assessment techniques used to determine rural needs to be addressed with the funds.

The extent to which the application describes the rural health landscape including:

- basic demographics of the rural population,
- their health status,
- the rural healthcare delivery system, and
- workforce issues including recruiting and retention.

The extent to which any specific needs pertaining to the purpose of SORH including collecting and disseminating rural health information, coordinating activities to avoid duplication and provide technical assistance.

**Criterion 2: RESPONSE (35 points)** – Corresponds to [Section IV's "Methodology"](#), ["Work Plan"](#) and ["Resolution of Challenges"](#)

**Methodology (20 points):**

The extent to which the application responds directly to the "purpose" included in the program description.

The extent to which the application is in alignment with and complements the objectives and the extent to which other activities demonstrate a clear link to the needs identified in the Needs Assessment section.

The extent to which the application addresses the objectives, activities, programs and initiatives are specific, measurable, realistic and achievable in a specific timeframe.

The extent to which the objectives and activities are clearly labelled (numbered) and are in alignment with Work Plan.

**Work Plan (10 points):**

The extent to which the work plan is clear and concise with labelled (numbered) objectives and activities that are in alignment with the Methodology section.

The extent to which the work plan includes activities that are appropriate, reasonable and achievable to meet objectives.

The extent to which the work plan includes estimated completion dates, responsible entity (staff or contractor), progress or process measures and outcome or impact of activities, which includes quantitative information.

**Resolution of Challenges (5 points):**

The extent to which the application sufficiently discusses the barriers and challenges that are likely to be encountered in designing and implementing the activities described in the Methodology and Work Plan, as well as the specific approaches that will be used to resolve identified challenges. If applicable, this section should address recurring unobligated balance and efforts to address that issue.

**Criterion 3: EVALUATIVE MEASURES (5 points)** – Corresponds to [Section IV's "Evaluation and Technical Support Capacity"](#)

The extent to which the applicant includes a strong and effective method to monitor and evaluate the performance during the period of performance. Evidence that the evaluative measures will be able to assess: 1) the extent to which the program objectives have been met and 2) to what extent these can be attributed to the project.

**Criterion 4: IMPACT (10 points)** – Corresponds to [Section IV's "Methodology", "Work Plan" and "Evaluation and Technical Support Capacity"](#)

The extent to which the activities proposed in the Work Plan are clear, specific and contribute to accomplishment of each objective; and reasonably achievable, given the level and experience of staff, resources available and length of the period of performance to carry out the proposed activities.

The extent to which the applicant explains any assumptions made in developing the project Work Plan and discusses anticipated performance measures and desired outcomes of award funded activities.

The extent to which the applicant describes a data collection strategy that includes how data will be collected, analyzed and tracked to measure performance and determine impact or outcomes, including a discussion of SORH PIMS measures.

**Criterion 5: RESOURCES/CAPABILITIES (15 points)** – Corresponds to [Section IV's "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.

The extent to which the applicant provides a detailed Project Organizational Chart (Attachment #5) that includes a SORH Director (or similar title) and any subcomponents of SORH.

The extent to which the application's Staffing Plan and Job Description for Key Personnel (Attachment #2) provides a detailed description of how each position will support the program objectives or activities that includes roles, responsibilities, qualifications and rationale for the amount of time (as percent of FTE) being requested for each staff position.

The extent to which the application's Biographical Sketches of Key Personnel (Attachment #3) provides sufficient detail to confirm personnel are qualified to occupy key positions.

**Criterion 6: SUPPORT REQUESTED (10 points)** – Corresponds to [Section IV's "Budget" and "Budget Narrative"](#)

The reasonableness of the proposed budget for each year of the period of performance in relation to the objectives, and the extent to which key personnel have adequate time to achieve project objectives.

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 SF-424A (budget grid) is complete, accurate and includes both federal and non-federal 3:1 matching funds and clearly indicated indirect of 15% or less.

The extent to which the budget includes required travel (NRHA, NOSORH and SORH Regional Meeting that documents the following: travel estimates in state and out of state travel (i.e., airfare, mileage), lodging/per-diem and misc. (i.e., registration, parking) and mileage for each person travelling to a particular meeting. New SORH Directors Orientation should be included, if applicable.

The extent to which the budget provides a detailed explanation as to the purpose of each letter of agreement and description of proposed contracts including how the costs were determined or estimated and the specific contract deliverables.

## **2. Review and Selection Process**

The objective review process provides an objective evaluation 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.



## VI. Award Administration Information

### 1. Award Notices

HRSA will issue the Notice of Award (NOA) prior to the start date of July 1, 2021. 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 Notice of Award, 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 Department regulations and policies in effect at the time of the award, and applicable statutory provisions.

#### 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.

### 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(s)**. The recipient must submit a progress report to HRSA on an annual basis. Further information will be available in the NOA.
- 2) **FORHP Performance Measurement Information System (PIMS)**  
You will submit an annual PIMS report to HRSA that will be due 60 days after the end of each budget year. The required documentation will be uploaded into the HRSA Electronic Handbooks (EHBs). OMB Control Number: 0915-0322, expires 03/31/23.
- 3) **Integrity and Performance Reporting**. The NOA will contain a provision for integrity and performance reporting in [FAPIS](#), as required in [45 CFR part 75 Appendix XII](#).

Please 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.

## VII. Agency Contacts

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

Kimberly Dews  
Grants Management Specialist  
Division of Grants Management Operations, OFAM  
Health Resources and Services Administration  
5600 Fishers Lane, Mailstop 10SWH03  
Rockville, MD 20857  
Telephone: (301) 443-0655  
Fax: (301) 443-0655  
Email: [kdews@hrsa.gov](mailto:kdews@hrsa.gov)

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

Rachel Moscato, MPH  
Public Health Analyst  
Federal Office of Rural Health Policy  
Health Resources and Services Administration  
5600 Fishers Lane, Room 17W-25B  
Rockville, MD 20857  
Telephone: (301) 443-2724  
Fax: (301) 443-2803  
Email: [rmoscato@hrsa.gov](mailto:rmoscato@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, please dial 606-545-5035)  
Email: [support@grants.gov](mailto:support@grants.gov)  
Self-Service Knowledge Base: <https://grants-portal.psc.gov/Welcome.aspx?pt=Grants>

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

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

## **VIII. Other Information**

### **Technical Assistance**

HRSA has scheduled following technical assistance:

#### *Webinar/Conference Call*

Day and Date: December 8, 2020

Time: 3 - 4 p.m. ET

Call-In Number: 1-888-989-9741

Participant Code: 8962344

Weblink: <https://hrsa.connectsolutions.com/sorh/>

Playback Number: 1-888-562-8229

Passcode: 120820

### **Tips for Writing a Strong Application**

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