

U.S. Department of Health and Human Services



Health Resources & Services Administration

Federal Office of Rural Health Policy

Hospital State Division

Information Services to Rural Hospital Flexibility Recipients Cooperative Agreement

Funding Opportunity Number: HRSA-22-062

Funding Opportunity Types: Competing Continuation, New

Assistance Listings (AL/CFDA) Number: 93.155

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2022

Application Due Date: February 28, 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: December 28, 2021

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

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

508 COMPLIANCE DISCLAIMER

Note: Persons using assistive technology may not be able to fully access information in this file. For assistance, please 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 Information Services to Rural Hospital Flexibility Recipients Cooperative Agreement. The purpose of this program is by improving the quality and financial viability of health care providers in rural communities through technical assistance to beneficiaries of Federal Office of Rural Health Policy (FORHP) initiatives, such as award recipients, Critical Access Hospitals, small rural hospitals, and rural communities. This program directly supports Medicare Rural Hospital Flexibility (Flex) Program beneficiaries in carrying out activities of the Flex Program.

Funding Opportunity Title:	Information Services to Rural Hospital Flexibility Recipients Cooperative Agreement
Funding Opportunity Number:	HRSA-22-062
Due Date for Applications:	February 28, 2022
Anticipated Total Annual Available FY 2022 Funding:	\$1,100,000
Estimated Number and Type of Award:	One cooperative agreement
Estimated Annual Award Amount:	Up to \$1,100,000 per year
Cost Sharing/Match Required:	No
Period of Performance:	September 01, 2022 through August 31, 2027 (5 years)
Eligible Applicants:	Eligible applicants include domestic public or private, non-profit or for-profit organizations. 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 [HRSA's SF-424 Application Guide](#), available online, except where instructed in this NOFO to do otherwise.

Technical Assistance

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Tuesday, January 11, 2022

Time: 2 – 3 p.m. ET

Call-In Number: 1-833-568-8864

Participant Code: 32221090

Weblink: <https://hrsa.gov.zoomgov.com/j/1607758707?pwd=TkJwUTFmMmh0V2d0cFEwd0UvVjhmdz09>

Participants also have the option of using VOIP (Computer Audio).

HRSA will record the webinar. Please contact VLeach@hrsa.gov for playback information.

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Information Services to Rural Hospital Flexibility Recipients Cooperative Agreement.

The purpose of this program is to improve health care in rural areas by improving the quality and financial viability of health care providers in rural communities through technical assistance to beneficiaries of Federal Office of Rural Health Policy (FORHP) initiatives, such as award recipients, Critical Access Hospitals, small rural hospitals, and rural communities. This program directly supports Medicare Rural Hospital Flexibility (Flex) Program beneficiaries in carrying out activities of the Flex Program. The objectives of this program are the following:

- To provide assistance, capacity building, and support to Medicare Rural Hospital Flexibility program (Flex) recipients;
- To provide assistance, capacity building, and support to Small Rural Hospital Improvement Program (SHIP) recipients; and
- To provide assistance, capacity building, and support to Critical Access Hospitals (CAHs), small rural hospitals, and rural communities.

Assistance will be provided in the areas of: financial and operational performance improvements and benchmarking; community engagement and population health initiatives; provision of rural emergency medical services; quality improvement; and building capacity to participate in alternative payment models.

[For more details, see cooperative agreement recipient's responsibilities.](#)

2. Background

The Information Services to Rural Hospital Flexibility Recipients Cooperative Agreement is authorized by Section 711(b)(5) of the Social Security Act (42 U.S.C. 912 (b)(5)). The Health Resources and Services Administration's Federal Office of Rural Health Policy (FORHP) is the focal point for rural health activities within the U.S. Department of Health and Human Services. FORHP is required to advise the Secretary on the effects of current policies and regulatory changes in Medicare and Medicaid) on the financial viability of small rural hospitals, the ability of rural areas to attract and retain physicians and other health professionals, and access to (and the quality of) health care in rural areas. For additional information about FORHP, please see <http://www.hrsa.gov/ruralhealth/index.html>.

FORHP accomplishes its mission and supports rural health through a range of programs and policy activities. There are several programs that support rural hospitals, such as the Medicare Rural Hospital Flexibility (Flex) Program and the Small Rural Hospital Improvement Program (SHIP). The Flex program provides funds to 45 states to assist the over 1,300 Critical Access Hospitals (CAH) designated nationally. Given the fast pace and significance of the changes in the health care environment that impact how hospitals operate financially, manage quality programs and participate in the larger health care systems within their communities, there is a need for technical assistance to assist these CAHs in driving change efforts. The SHIP program provides small awards to the over 1,600 small rural hospitals to specifically adapt to alternative payment models.

Resources developed through this cooperative agreement assist FORHP program recipients and rural health stakeholders in better understanding best practices around quality improvement, financial and operational improvement, and strategies for adapting to the changing needs of their community, and the health care payment environment, which leads to improved health care in rural areas. The cooperative agreement supports the development of new educational materials and trainings as well as adapting materials developed through other FORHP or federal partners to the rural hospital audience. This cooperative agreement will support the necessary health care needs of rural stakeholders over the course of a five-year period of performance.

Below are listed potential resources that offer relevant materials around education, evaluation and analysis. These include:

- [FORHP Rural Hospital Programs](#) that provide technical assistance and support to address the unique needs of rural hospitals through a variety of programs;
- The [Flex Monitoring Team \(FMT\)](#) that analyzes hospital level data and evaluates the impact of Flex funded resources;
- The Rural Quality Improvement Technical Assistance Cooperative Agreement (RQITA), which targets assistance for CAHs around quality data specifications, reporting and related improvement initiatives, specifically related to the [Medicare Beneficiary Quality Improvement Project \(MBQIP\)](#); and
- The [Rural Health Value](#) program which analyzes alternative payment models to assess their impact on rural communities.

II. Award Information

1. Type of Application and Award

Types of applications sought: Competing Continuation, 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.

HRSA Program involvement will include:

- Providing consultation and guidance in planning, development, operation, and evaluation of activities, including identifying key issues, projects, priorities and other topics for technical assistance;
- Collaborating and providing assistance in identifying opportunities and key organizations to disseminate or share information on emerging issues affecting Flex and SHIP programs, and rural hospitals and communities;
- Reviewing and providing feedback and recommendations on products, including but not limited to presentations, program documents (e.g., program plans, work plans, budget, contracts, key personnel, etc.), and resources, prior to printing, dissemination or implementation;
- Utilizing HRSA communications resources, as needed, to support the cooperative agreement;
- Participating, as appropriate, in the planning and implementation of any meetings, webinars, or advisory groups conducted by the award recipient during the period of performance;
- Sharing of relevant program data to ensure the greatest impact of technical assistance efforts;
- Reviewing proposed outcome measures specific to technical assistance provided; and
- Facilitating relationships with other federal stakeholders to fulfill the functions of the cooperative agreement.

The cooperative agreement recipient's responsibilities will include:

- Adhering to HRSA guidelines pertaining to acknowledgement and disclaimer on all products produced by HRSA award funds;
- Adhering to Section 508 of the Rehabilitation Act of 1973, as amended;
- Collaborating with the FORHP-funded Flex Monitoring Team (FMT) and use of FMT reports/ Critical Access Hospital Measurement and Assessment System (CAHMPAS) reports;
- Collaborating with the FORHP-funded Rural Quality Improvement Technical Assistance Cooperative Agreement, to include triaging of MBQIP Project technical assistance requests and coordination as needed with supported site visits;
- Educating national, state, and local beneficiaries of FORHP initiatives by providing technical assistance to those in need of additional support and guidance on rural hospital issues.
- Providing direct technical assistance to Flex Program and SHIP award recipients.
- Responding to Flex Program and SHIP award recipient requests, comments, and questions on a timely basis;

- Collaborating with HRSA, other HHS agencies, and other external stakeholders to support technical assistance strategies and address issues impacting rural hospitals and their communities;
- Evaluating and measuring impact of technical assistance activities in consultation with HRSA;
- Identifying and analyzing successful rural hospitals, Flex Program and SHIP award recipients to assist in the development of best practices models and strategies for technical assistance tools and resources for dissemination – and disseminating these among award recipients and as feasible to the public (e.g., through publication);
- Collaborating with FORHP to identify and respond to timely rural health issues such as: hospital closure and community sustainability, performance improvement innovations, health equity, and evolving health care environment.
- Collaborating with FORHP in convening a yearly technical assistance meeting supporting the education in the application of best practices associated with small rural hospitals, CAHs, and other rural relevant stakeholders; and
- Convening a rural health care technical assistance advisory council.

2. Summary of Funding

HRSA estimates approximately \$1,100,000 to be available annually to fund one recipient. The actual amount available will not be determined until enactment of the final FY 2022 federal appropriation. You may apply for a ceiling amount of up to \$1,100,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately.

The period of performance is September 01, 2022 through August 31, 2027 (5 years). Funding beyond the first year is subject to the availability of appropriated funds for the Information Services to Medicare Rural Hospital Flexibility Recipients Cooperative Agreement in subsequent fiscal years, satisfactory progress, and a decision that continued funding is in the best interest of the Federal Government.

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

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include domestic public or private, non-profit entities. Domestic faith-based and community-based organizations, tribes, and tribal organizations are also eligible to apply.

2. Cost Sharing/Matching

Cost sharing/matching 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 ceiling amount
- Fails to satisfy the deadline requirements referenced in [Section IV.4](#)

NOTE: Multiple applications from an organization are not allowable.

HRSA will only accept your **last** validated electronic submission, under the correct funding opportunity number, before 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 [Grants.gov: HOW TO APPLY FOR GRANTS](#).

The NOFO is also known as “Instructions” on Grants.gov. You must select “Subscribe” and provide your email address for HRSA-22-062 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, certifications, etc. You must submit the information outlined in the 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 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 HRSA *SF-424 Application Guide* for the Application Completeness Checklist.

Application Page Limitation

The total size of all uploaded files included in the page limit may not exceed the equivalent of **80 pages** when printed by HRSA. The page limit includes the project and budget narratives, and attachments required in the *Application Guide* and this NOFO.

Please note: Effective April 22, 2021, the abstract is no longer an attachment that counts in the page limit. The abstract is the standard form (SF) "Project_Abstract Summary." Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. If you use an OMB-approved form that is not included in the workspace application package for HRSA-22-062, 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. Any application exceeding the page limit of 80 will not be read, evaluated, or considered for funding.**

Applications must be complete, within the specified page limit, and validated by Grants.gov under HRSA-22-062 before the deadline.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

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

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

Program-Specific Instructions

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

i. **Project Abstract**

Use the Standard OMB-approved Project Abstract Summary Form 2.0 that is included in the workspace application package. Do not upload the abstract as an attachment or it will count toward the page limitation. Please use the guidance below. It is most current and differs slightly from that in Section 4.1.ix of HRSA's [SF-424 Application Guide](#).

Provide a summary of the application in the Project Abstract box of the Project Abstract Summary Form using 4,000 characters or less.

- Address
- Project Director Name
- Contact Phone Numbers (Voice, Fax)
- Email Address
- Website Address, if applicable
- List all grant program funds requested in the application, if applicable
- If requesting a funding priority as outlined in [Section V.2](#) of this NOFO, indicate here.

Because the abstract is often distributed to provide information to the public and Congress, prepare this so that it is clear, accurate, concise, and without reference to other parts of the application. It must include a brief description of the proposed project including the needs to be addressed, the proposed services, and the population group(s) to be served. If the application is funded, your project abstract information (as submitted) will be made available to public websites and/or databases including [USAspending.gov](#).

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
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.

Use the following section headers for the narrative:

- **INTRODUCTION** -- Corresponds to Section V's Review [Criterion 1 Need](#)
Provide a brief overview of how the purpose of the cooperative agreement has been integrated into their proposed implementation strategy, outlining the strategic vision of the technical assistance provider, while identifying key anticipated milestones to measure success over the course of the five (5) year period of performance.

- **NEEDS ASSESSMENT** -- Corresponds to Section V's Review [Criterion 1 Need](#)
Provide an explanation of unmet need that will *be addressed for* state Flex programs, SHIP award recipients, small rural hospitals and rural communities. Needs assessment data specific to these entities should be used and cited whenever possible to support the information provided; use indicators such as financial and quality improvement metrics or community engagement/market share/population health metrics found publicly or through the Critical Access Hospital Measurement and Assessment System (CAHMPAS). The following are suggested technical areas:
 - Quality Improvement (to include full understanding of the Medicare Beneficiary Quality Improvement Project (MBQIP));
 - Rural Hospital Finance and Operations;
 - Community engagement;

- Population Health;
- Health Equity;
- Health care system transformation;
- Rural Emergency Medical Services; and
- Small Rural Hospital Closures.

The needs assessment should help reviewers understand the needs to be fulfilled by the proposed project and provide the context and rationale for the proposed work plan and budget. The assessment should answer the following questions:

- What is the environment for critical access hospitals and small rural hospitals – status and trends?
- What are the challenges that impact a technical assistance provider supporting rural programmatic services and stakeholders?
- What other stakeholders are currently engaged in supporting FORHP programs through technical assistance?
- What are the perceived gaps in the current technical assistance environment?
- How have certain populations within rural areas historically suffered from poorer health outcomes, health disparities, and other inequities compared to the rest of the target population? These populations may include, but are not limited to racial and ethnic minorities, sexual orientation and gender identity, persons with disabilities, persons experiencing homelessness, etc.

Clearly identify data sources and associated dates to show that the needs assessment is based on the most recent information available. It is understood that available data may be several years old in some cases, but can be utilized to establish trends or baseline targets. Applicants may also use data from other sources, to include data from hospitals, health department data, and focus groups or surveys with hospital CEOs/CFOs/quality staff.

- **METHODOLOGY** -- Corresponds to Section V's Review [Criterion 2 Response](#) & [Criterion 4 Impact](#)

Propose methods to be used to meet Cooperative Agreement Recipient's responsibilities to best support for rural health care stakeholders to include: Flex and SHIP program recipients. The applicant should propose methods to be used to meet the previously described Cooperative Agreement Recipient's responsibilities described in this funding opportunity announcement. As appropriate the applicant should include the development of resources and tools to support technical assistance, training, outreach, collaborations, communication strategies and educational opportunities for sharing/disseminating with the targeted rural stakeholders. The support should be provided through a

combination of human and virtual resources necessary to address rural health care issues.

The applicant should discuss the proposed methodology for meeting the [Cooperative Agreement Recipient's responsibilities](#), helping rural stakeholders address the needs of their communities through technical assistance and support.

The methodology should cover a 5 year period of performance explaining activities to begin September 1, 2022 and going no longer than August 31, 2027. This narrative should expand upon the work plan matrix addressing the following:

- Provide a justification for the funds being requested and should clearly demonstrate activities intended to be completed in the period of performance;
- Describe how the project will be implemented;
- Provide evidence and direct linkage to how the work plan addresses the needs identified in the [Needs Assessments](#) section above; and
- Describe how each activity will strengthen and support rural communities.

Describe how the work plan will impact the FORHP recipients and will meet the needs through technical assistance. This section should describe how the work plan will lead to the goals of the cooperative agreement to provide technical assistance to Flex and SHIP program participants, and small rural hospitals and rural communities. Clearly indicate how the proposed activities identified in the work plan will meet the needs of rural stakeholders and advance rural health care.

▪ **WORK PLAN -- Corresponds to Section V's Review [Criterion 2 Response](#)**

Describe the activities or steps that will be used to achieve each of the activities proposed during the entire period of performance in the Methodology section. Use a time line that includes each activity and identifies responsible staff. This section provides a format for applicants to demonstrate the clarity, feasibility, and scope of the proposed goals and their measurable objectives. The goals and objectives should reflect clear evaluative measures to show the progression of implementation through final outcomes. These outcomes should include as appropriate short, intermediate, and long term outcome measures reflective of the intent of the goals and objectives. The work plan's goals and objectives should be aligned with, and appropriate for, the need, proposed budget, and the applicant's organizational capacity. The work plan Matrix should be added as **Attachment 1**:

The work plan matrix, should depict the relationship between program goals, objectives, responsible person(s)*, timelines, budget, and measures of success. The work plan matrix should represent year one of the period of performance and should provide goals, objectives, activities as they correlate with budget, personnel responsible, timelines (when available), and metrics (process and outcome

measures). The matrix is recommended to be in a table format, and should be added as **Attachment 1**.

▪ **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. Demonstrate a clear understanding of the challenges involved in working and providing technical assistance to rural stakeholders.

▪ **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. The program performance evaluation should describe an appropriate plan for evaluation of the activities carried out under the cooperative agreement that ensures monitoring and measurement of progress towards the corresponding goals and objectives and uses the evaluation of findings to improve program performance. Identify performance indicators (e.g., qualitative/quantitative indicators) or benchmarks to be achieved/accomplished through the proposed project. Include descriptions of the inputs (e.g., organizational profile, collaborative partners, key staff, budget, and other resources), key processes, and expected outcomes of the funded activities.

Describe the systems and processes that will support your organization's performance management requirements through effective tracking of performance outcomes, including a description of how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes. As appropriate, describe the data collection strategy to collect, analyze and track data to measure process and impact/outcomes, with rural stakeholders 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 how those obstacles will be addressed.

▪ **ORGANIZATIONAL INFORMATION** -- Corresponds to Section V's Review [Criterion 5 Resources Capabilities](#)

This section should describe your expertise with providing technical assistance virtually and onsite to a wide range of stakeholders, including state and hospital staff. This includes your organization's structure and staffing plan.

- Provide information on your organization's current mission and structure, including an applicant organizational chart (**Attachment 5**), and how this

aligns with the scope of the proposed activities.

- Describe 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 key personnel as **Attachment 3**.
- Succinctly describe your capacity to effectively manage the programmatic, fiscal, and administrative aspects of the proposed project.
- Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature.
- Demonstrate your program’s significant past experience conducting similar work (from any funder). Include specific examples of:
 - Expert knowledge and demonstrable national recognition in the realm of CAH Finance, Performance Improvement, Quality Improvement, Health Systems Development, Emergency Medical Services, Community Engagement, and Population Health.
 - Demonstrate national-level experience providing rural health- related TA
 - Established methodologies for the creation and dissemination of TA related to the focus areas.
 - Demonstrate your organization’s existing relationships with key rural stakeholders such as (but not limited to) State Offices of Rural Health (SORH) and national rural health organizations.

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, 2021 (P.L. 116-260), Division H, § 202 and Division A of the Further Continuing Appropriations Act, 2022 (P.L. 117-70), “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 limitation. Your indirect cost rate agreement and proof of non-profit status (if applicable) will not count toward the page limitation. Clearly label each attachment. You must upload attachments into the application. Any *hyperlinked* attachments will *not* be reviewed/opened by HRSA.

Attachment 1: Work Plan

Attach the work plan for the project that includes all information detailed in [Section IV.2.ii. Project Narrative](#).

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

Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff. 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) **(Does NOT count towards application page limit)**

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

Attachment 5: Project Organizational Chart

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

Attachment 6: Tables, Charts, etc.

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

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

After using columns (1) through (4) of the SF-424A Section B for a 5-year period of performance, you will need to submit the budget for the 5th year as an attachment. Use the SF-424A Section B, which does not count in the page limitation; however, any related budget narrative does count. See Section 4.1.iv of HRSA's [SF-424 Application Guide](#).

Attachment 8: Progress Report **(FOR COMPETING CONTINUATIONS ONLY)**

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

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

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

Attachments 9–15: Other Relevant Documents

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

3. 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. In April 2022, 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 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 during which you have an active federal award or an application or 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.gov 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.

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

- Dun and Bradstreet (HYPERLINK "<http://www.dnb.com/duns-number.html>"<https://www.dnb.com/duns-number.html>)
- System for Award Management (SAM) (<https://sam.gov/content/home> | [SAM.gov Knowledge Base](#))
- Grants.gov (<https://www.grants.gov/>)

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

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. Effective January 1, 2020, the forms themselves are no longer part of HRSA's application packages instead, 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.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 28, 2022 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 Information Services to Medicare Rural Hospital Flexibility Recipients Cooperative Agreement is subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

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

6. Funding Restrictions

You may request funding for a period of performance of up to 5 years, at no more than \$1,100,000 per year (inclusive of direct **and** indirect costs). This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division H of the Consolidated Appropriations Act, 2021 (P.L. 116-260) and Division A of the Further Continuing Appropriations Act, 2022 (P.L. 117-70) apply to this program. See Section 4.1 of HRSA's [SF-424 Application Guide](#) for additional information. Note that these or other restrictions will apply in following fiscal years, as required by law.

Funds under this notice may not be used for the following purposes:

- 1) Purchasing or improving real property
- 2) Foreign Travel

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on use of funds for lobbying, executive salaries, gun control, abortion, etc. 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 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, except for the progress report submitted with a competing continuation application, which will be reviewed by HRSA program staff after the objective review process.

Six review criteria are used to review and rank the Information Services to Rural Hospital Flexibility Recipient cooperative agreement applications. Below are descriptions of the review criteria and their scoring points.

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

The extent to which the application:

- A. Describes the purpose of the proposed multi-year project to provide technical assistance to Flex Program and SHIP award recipients and small rural hospitals and rural communities.
- B. Demonstrates a comprehensive understanding of the technical assistance needs of state Flex programs.
- C. Demonstrates a comprehensive understanding of the technical assistance needs of state SHIP programs.
- D. Uses local, state, and national data to support the technical assistance needs.
- E. Exhibits a strong understanding of the issues facing rural communities and health care providers, while demonstrating how:
 - a. Technical assistance expertise shows understanding of how the Flex Core Areas fit within rural health care delivery.

- b. Technical Assistance expertise shows understanding of how SHIP goals fit within rural health care delivery.

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

2(a) Methodology (15 points)

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

- Describes a reasonable approach for implementing its proposed work plan, i.e., for the development, management, and operations of the information center;
- Describes realistic and achievable projected activities for initial budget period and provides a description of anticipated activities for the remainder of the five-year period of performance;
- Each phase of multi-year activities is discussed with reference to how progress will be tracked during each budget period;
- Describes how each activity will strengthen and support rural communities;
- Demonstrates capability in the planning of the technical assistance workshops, training activities, materials development or advisory councils conducted during the period of the cooperative agreement;
- Describes a sound approach for ensuring flexibility and responsiveness to the needs of its recipients to be served by the project; and
- Includes the development of resources and tools to support technical assistance, training, outreach, collaborations, communication strategies and educational opportunities for sharing/disseminating with the targeted rural stakeholders.

2(b) Work Plan (10 points)

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

- Provides a detailed and logical work plan that is capable of achieving program objectives and implementing the program goals and objectives;
- Describes activities or steps that will be used to address the identified needs of Flex program and SHIP award recipients around technical assistance in the following areas: Quality Improvement; Rural Hospital Finance and Operations; Community engagement; Population Health; Health Equity; Health care system transformation; Rural Emergency Medical Services; and Small Rural Hospital Closures; and
- Provides a clear and complete work plan in **Attachment 1** describing timeframes, deliverables and key staff and partners required to execute each activity during the five-year period of performance. Identified key staff should correspond with the staffing plan in **Attachment 2**.

2(c) Resolution of Challenges (5 points)

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

- Demonstrates a strong understanding of the potential challenges and barriers in providing technical assistance to Flex programs, SHIP award recipients, small rural hospitals, and rural communities as well as reasonable strategies to resolve these challenges; and
- Describes and demonstrates an understanding of any additional internal and external challenges that may directly or indirectly affect the successful execution of the cooperative agreement and provides details and strategies on how these challenges will be resolved.

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

The extent to which the application:

- A. Demonstrates the ability of the organization to track performance outcomes through data collection and reporting.
- B. Proposes a feasible and effective method to monitor and evaluate project activities both quantitatively and qualitatively.
- C. Provides a clear plan for use of monitoring and performance evaluation findings to improve program activities and results.
- D. Demonstrates that the proposed project will have a measureable impact on Flex programs, SHIP programs, and rural hospitals and their communities.
- E. Presents a plan for disseminating all program materials developed for technical assistance, training, etc., through multiple platforms that could be used by rural stakeholders at the local, state, and federal.

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

The extent to which the application:

- A. Discusses how the work plan will lead to the goals and objectives of the Information Services to Rural Hospital Flexibility Recipients Cooperative Agreement.
- B. Demonstrates a clear understanding of the intent and requirements of the services being sought, including a thorough understanding of key players and issues in the rural health care and technical assistance environment.
- C. Demonstrates an understanding of the need for flexibility and responsiveness to the needs of its customers to be served by the cooperative agreement and discusses any problems/challenges and how those will be addressed.
- D. Demonstrates the impact and effectiveness that the proposed project should attain.

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

5 (a) Resources (12 points)

The extent to which the application:

- A. The application's Staffing Plan and Position Descriptions (**Attachment 2**) and provide sufficient detail about the role and responsibilities of each project-supported staff position.
- B. Proposes project personnel that are qualified by training and/or experience to implement and carry out their roles described in the Staffing Plan as evidenced by biographical sketches/resumes (**Attachment 3**) that document the education, experience, and skills relevant and necessary for successfully carrying out the proposed project.
- C. The extent to which key personnel have adequate time devoted to the project to achieve project objectives.
- D. Demonstrates available non-staff resources required to support successful implementation of the project.

5 (b) Capabilities (13 points)

The extent to which the application:

- A. Clearly describes the ability of the organization to meet Cooperative Agreement Recipient's responsibilities including financial documentation.
- B. Demonstrates the capacity and planning for effective program management based on previous work. Illustrates its knowledge of rural health and the Flex and SHIP programs.
- C. Demonstrates its expertise and ability to effectively execute the provision of technical assistance to rural program recipients.
- D. Demonstrates a history of collaboration with recognized rural health organizations.

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

To the extent which the application:

- A. Provides a five-year budget that supports the objectives and activities of the proposed project.
- B. The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- C. Provides logical and adequate detail in justification of expenses for each line item request.
- D. Provides a detailed explanation as to the purpose of each contract or subcontract, how the costs were determined or estimated, and the specific contract deliverables.

2. Review and Selection Process

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

For this program, HRSA will use one funding priority.

Funding Priority

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

The Information Services to Rural Hospital Flexibility Recipients Cooperative Agreement has one funding priority:

Priority: Competing Continuation Progress Report (2 Points)

You will be granted a funding priority if:

The proposed technical assistance provider has submitted **Attachment 8**, the progress report, and the information establishes previous effective experience in providing technical assistance to the stakeholders supported under this cooperative agreement.

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

3. Assessment of Risk

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

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

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

HRSA is required to review and consider any information about your organization that is in the [Federal Awardee Performance and Integrity Information System \(FAPIS\)](#). 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 [FAPIS](#) 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 FAPIS 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 01, 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 provides guidance on complying with civil rights laws enforced by HHS. See <https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html> and <https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html>.

- 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 <https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html> and <https://www.lep.gov>.
- For information on your specific legal obligations for serving qualified individuals with disabilities, including reasonable modifications and making services accessible to them, see <http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html>.
- HHS-funded health and education programs must be administered in an environment free of sexual harassment. See <https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html>.
- For guidance on administering your program in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see <https://www.hhs.gov/conscience/conscience-protections/index.html> and <https://www.hhs.gov/conscience/religious-freedom/index.html>.

Federal funding recipients must comply with applicable federal civil rights laws. HRSA supports its recipients in preventing discrimination, reducing barriers to care, and promoting health equity. For more information on recipient civil rights obligations, visit the HRSA Office of Civil Rights, Diversity, and Inclusion [website](#).

[Executive Order on Worker Organizing and Empowerment](#)

Pursuant to the [Executive Order on Worker Organizing and Empowerment](#), 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 Reports.** The recipient must submit a non-competing continuation progress report to HRSA annually. The recipient must submit an end of year report at the end of each budget period. More information will be available in the NOA.
- 2) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in [FAPIS](#), as required in [45 CFR part 75 Appendix XII](#).

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

VII. Agency Contacts

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

Benoit Mirindi, PhD, MPH
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10N-108F
Rockville, MD 20857
Telephone: (301) 443-6606
Email: bmirindi@hrsa.gov

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

Victoria Leach
Public Health Analyst, Hospital State Division
Attn: Information Services to Rural Hospital Flexibility Recipients Cooperative Agreement
Federal Office of Rural Health Policy
Health Resources and Services Administration
5600 Fishers Lane, Room 17W-166B
Rockville, MD 20857
Telephone: (301) 945-3988
Email: VLeach@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 technical assistance:

Webinar

Day and Date: Tuesday, January 11, 2022

Time: 2 – 3 p.m. ET

Call-In Number: 1-833-568-8864

Participant Code: 32221090

Weblink: <https://hrsa.gov.zoomgov.com/j/1607758707?pwd=TkJwUTFmMmh0V2d0cFEwd0UvVjhmdz09>

Participants also have the option of using VOIP (Computer Audio).

HRSA will record the webinar. Please contact VLeach@hrsa.gov for playback information.

Tips for Writing a Strong Application

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