# U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



## HRSA
### Health Resources & Services Administration

Federal Office of Rural Health Policy
Office for the Advancement of Telehealth

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*Regional Telehealth Resource Center Program*

**Funding Opportunity Number:** HRSA-21-022
**Funding Opportunity Types:** Competing Continuation, New
**Assistance Listings (CFDA) Number:** 93.211

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## NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2021

## Application Due Date: January 21, 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: October 23, 2020**

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Authority: 42 U.S.C. § 254c-14(d)(2) (§330I(d)(2) of the Public Health Service Act)

# EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2021 Regional Telehealth Resource Center (RTRC) Program. The purpose of the RTRC Program is to provide expert and customized telehealth technical assistance across the country. RTRCs are located regionally to facilitate award activities at the local level and to ensure that resources are geographically distributed. The RTRCs will provide training and support, disseminate information and research findings, promote effective collaboration, and foster the use of telehealth technologies to provide health care information and education for health care providers who serve rural, frontier, and medically underserved areas and populations. It is expected that RTRCs will share expertise through individual consultations, training, webinars, conference presentations, and a significant web presence.

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|---|---|
| Funding Opportunity Title: | Regional Telehealth Resource Center Program |
| Funding Opportunity Number: | HRSA-21-022 |
| Due Date for Applications: | January 21, 2021 |
| Anticipated Total Annual Available FY 2021 Funding: | $3,900,000 |
| Estimated Number and Type of Awards: | Up to twelve (12) cooperative agreements |
| Estimated Award Amount: | Up to $325,000 per year |
| Cost Sharing/Match Required: | No |
| Period of Performance: | September 1, 2021 through August 31, 2024 (three (3) years) |
| Eligible Applicants: | Eligible applicants include domestic public, non-profit, and for-profit entities. Faith-based and community-based organizations, tribes, and tribal organizations are eligible to apply.<br><br>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 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*

Day and Date: Tuesday, November 17, 2020
Time: 2 – 4 p.m. ET
Call-In Number: 1-888-566-6169
Participant Code: 4857449
Weblink: https://hrsa.connectsolutions.com/rtrc_ta_webinar_for_applicants/
Playback Number: 1-800-925-0851
Passcode: 1621

# Table of Contents

# I. Program Funding Opportunity Description

## 1. Purpose

This notice announces the opportunity to apply for funding under the Regional Telehealth Resource Center (RTRC) Program. RTRCs assist health care organizations, health care networks, and health care providers in the implementation of cost-effective telehealth programs to serve rural areas and populations. RTRCs also assist patients and families living in rural areas with telehealth technology to obtain health services. This notice of funding opportunity (NOFO) will support 12 RTRCs that focus on statewide and regional telehealth activities as shown below. RTRCs will serve as focal points for advancing the effective use of telehealth technologies in their respective communities and states.

| Northeast Region | Southeast Region | Upper Midwest Region | Northwest Region* |
|---|---|---|---|
| Connecticut | Alabama | Illinois | Alaska |
| Maine | Florida | Indiana | Idaho |
| Massachusetts | Georgia | Michigan | Montana |
| New Hampshire | South Carolina | Ohio | Oregon |
| New York | Puerto Rico | | Utah |
| Rhode Island | Virgin Islands | **North Central Region** | Washington |
| Vermont | | Iowa | Wyoming |
| | **South Region** | Minnesota | |
| **Mid-Atlantic Region** | Arkansas | Nebraska | **West Region** |
| Delaware | Mississippi | North Dakota | California |
| District of Columbia | Tennessee | South Dakota | |
| Kentucky | | Wisconsin | **Pacific Region** |
| Maryland | **South Central Region** | | American Samoa |
| North Carolina | Kansas | **Southwest Region*** | Guam |
| Pennsylvania | Missouri | Arizona | Hawaii |
| Virginia | Oklahoma | Colorado | Commonwealth of the Northern Mariana Islands |
| West Virginia | | Nevada | Federated States of Micronesia |
| New Jersey* | **West Central Region** | New Mexico | Marshall Islands |
| | Louisiana | | Republic of Palau |
| | Texas | | |

* Historically, two TRC regions have divided Utah and New Jersey. In this funding opportunity, New Jersey will be served by the Mid-Atlantic TRC, and Utah will be served by the Northwest TRC, except for the Four Corners Region, which will be served by the Southwest TRC. Upon award, the Southwest and Northwest recipients will need to develop a coordinated strategy for serving the shared region.

The Health Resources and Services Administration (HRSA) expects all RTRCs to fully collaborate with each other, to share and combine expertise and resources to create a unified telehealth technical assistance capability with effective and efficient educational tools, consulting and support capabilities. In addition to the RTRCs, HRSA expects to fund two National Telehealth Resource Centers (NTRCs), focused on policy and

technology respectively, with which RTRCs will share expertise and resources. The NTRCs are intended to assist the work of RTRCs in advancing telehealth by providing a collective resource for information on telehealth policy and technology. RTRC applicants are encouraged to review the NTRC notice (HRSA-21-023) to understand the distinction between RTRCs and NTRCs. The technical assistance provided by RTRCs will focus on meeting needs of telehealth networks, practitioners or organizations in their region, including, but not limited to rural health clinics, critical access hospitals, State Offices of Rural Health, etc. Awards are expected to be used for the following <u>core services</u>:

1. providing technical assistance, training, and support, and providing for travel expenses, for health care providers and a range of health care entities that provide or will provide telehealth services;
2. disseminating information and research findings related to telehealth services;
3. promoting effective collaboration among telehealth resource centers and the HRSA Office for the Advancement of Telehealth (OAT), as well as other HRSA award recipients (e.g., Telehealth Centers of Excellence, technical assistance (TA) providers);
4. conducting evaluations to determine the best utilization of telehealth technologies to meet health care needs;
5. promoting the integration of the technologies used in clinical information systems with other telehealth technologies;
6. fostering the use of telehealth technologies to provide health care information and education for consumers in a more effective manner; and
7. implementing special projects or studies under the direction of HRSA.

On January 31, 2020, the Secretary of the U.S. Department of Health and Human Services declared a public health emergency in response to COVID-19. Should the public health emergency still be in place at the time of this funding notice, and in response to this public health emergency, you may include COVID-19 related activities in your application. Activities could include an increased emphasis on telehealth support for providers and patients during the public health emergency response. Applicants that focus on such emergency use of telehealth should also outline plans to shift priorities for changing needs and uses of telehealth.

Applicants are encouraged to include populations that have historically suffered from poorer health outcomes, health disparities, and other inequities, as compared to the rest of the rural population, when addressing telehealth technical assistance. Examples of these populations include, but are not limited to, racial and ethnic minorities, people/persons experiencing homelessness, pregnant women, disabled individuals, youth and adolescents, etc.

A RTRC may consider a reasonable fee for continuing assistance in excess of 10 hours of technical assistance provided. The 10-hour limit is to ensure equitable access to technical assistance due to the public nature of the RTRCs. Any fees received by RTRCs must be used to supplement the HRSA award activities, must be listed, and the hours and level of effort related to those fees must be explained in progress and financial reports to HRSA. Further information will be provided in the award notice.

## 2. Background

This program is authorized by 42 U.S.C. § 254c-14(d)(2) (§330I(d)(2) of the Public Health Service Act). The program is administered by the OAT, located within HRSA's Federal Office of Rural Health Policy (FORHP). Please reference detailed information on OAT here: https://www.hrsa.gov/rural-health/telehealth

RTRCs support the availability of expert technical assistance and advisory services in the development of telehealth services and leveraging the experience of mature telehealth programs. They are located regionally to facilitate award activities at the local level and to ensure that resources are geographically distributed. For this program, telehealth services are defined as services provided through technologies relating to the use of electronic information, and telecommunications technologies, to support and promote, at a distance, health care, patient and professional health-related education, health administration, and public health.

# 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**:
- Participating in conference calls or meetings with recipients;
- Supporting effective collaboration among National and Regional TRCs;
- Identifying special projects or studies;
- Involvement and assistance with RTRC contacts to other HRSA programs or other federal agencies involved with telehealth, relevant to the function of TRCs;
- Participating and planning as it relates to the strategic direction of the services provided by award recipients;
- Ongoing review of activities and suggestions on content, presentation approach, and selection of products/publications;
- Reviewing or commenting on products or publications; and
- Providing input and background on current and future issues.

**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, per Section 2.2 of the Application Guide (Acknowledgement of Federal Funding);
- Completing activities proposed by the award recipient and reviewed by HRSA, except as modified in consultation with HRSA through appropriate prior approval processes;

- Maintaining knowledge of HRSA, HHS, and other federal programs to link award recipients and stakeholders to appropriate resources and programs;
- Participating in conference calls or meetings with HRSA;
- Collaborating with HRSA in ongoing review of activities and budgets;
- Responding timely to requests for technical assistance to advance telehealth networks or programs;
- Providing most technical assistance at no charge;
- Coordinating with other TRC award recipients to avoid duplication of effort and provide a unified approach to advancing telehealth activity;
- Assessing the market to understand how to best identify and reach target audiences;
- Identifying appropriate professional meetings at which to exhibit each year; and
- Establishing evaluation metrics and tracking related data, as reviewed by HRSA and in collaboration with the Telehealth Research Centers, to assist in measuring the success of the cooperative agreement in advancing telehealth.

## 2. Summary of Funding

HRSA estimates approximately $3,900,000 to be available annually to fund 12 recipients. The actual amount available will not be determined until enactment of the final FY 2021 federal appropriation. You may apply for a ceiling amount of up to $325,000 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 1, 2021 through August 31, 2024 (three years). Funding beyond the first year is subject to the availability of appropriated funds for RTRCs in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

Indirect Cost Rate for applicants is limited to the lesser of:
(i) 15 percent of the amount of the total award funds; or
(ii) the applicant's federally negotiated indirect cost rate for administering the award.

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, non-profit, and for-profit entities. Domestic faith-based and community-based organizations, tribes, and tribal organizations are also eligible to apply.

**Consultation with the State Office of Rural Health**

See instructions for **Attachment 7**. Per 42 U.S.C. 254c-14(g) of the PHS Act, to be eligible to receive an award, an entity, in consultation with the appropriate State Office of Rural Health or another appropriate state entity, shall prepare and submit an application, containing the following:

a) A description of the project that the eligible entity will carry out using the funds provided under the award;

b) A description of the manner in which the project funded under the award will meet the health care needs of rural or other populations to be served through the project, including improving the access to services, and quality of the services received by those populations;

c) Evidence of local support for the project, and a description of how the areas, communities, or populations to be served will be involved in the development and ongoing operations of the project;

d) A plan for sustaining the project after federal support for the project has ended;

e) Information on the source and amount of non-federal funds the entity will provide for the project; and

f) Information demonstrating the long-term viability of the project and other evidence of your institutional commitment to the project.

**Consortium applications**

RTRCs can be collaborative organizations, composed of more than one entity, but only one entity is the applicant organization of record. All other organizations may be members of the consortium or network.

**2. Cost Sharing/Matching**

Cost sharing/matching is not required for this program.

**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 and an organization cannot apply as both a Regional TRC (HRSA-21-022) and as a National TRC (HRSA-21-023).

**Applicants may only apply to serve one region**. You must specify which region you intend to serve. This funding cycle will support up to twelve RTRCs, with one award per region as listed above in the Purpose section. RTRCs will serve as focal points for advancing the effective use of telehealth technologies in their respective communities and states.

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 **80 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-21-022, 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 *Attachments 11-15: 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*.

The abstract is a one-page, single-spaced, standalone document, and should not refer to other sections of the application. Please include the following information in your abstract (it is recommended that you provide this information in table format):

1. Project Title
2. Requested Award Amount
3. Applicant Organization Name
4. Applicant Organization Address
5. Applicant Entity Type (e.g., public, non-profit, for-profit, etc.)
6. Specify What Region is Selected
7. Specify Whether a Previous or Current NTRC or RTRC Recipient
8. Specify Whether Claiming a Funding Preference (see **Attachment 8**)
9. Project Director Name and Title
10. Project Director Contact Information (phone number and email address)
11. Identify how the applicant first learned about the funding opportunity (select one: TRC, State Office of Rural Health, HRSA News Release, Grants.gov, HRSA Project Officer, HRSA Website, Technical Assistance Provider, State/Local Health Department, Other: specify)
12. Identify the major goal(s) and objectives for the period of performance
13. Brief description of the programs and activities that will be used to attain the objectives. Comment on innovation, cost, and other characteristics of the methodology.
14. Brief description of the coordination planned with NTRCs and other organizations or entities related to the RTRC's objectives.

### 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. You must clearly describe how you propose to establish or operate a RTRC that provides technical assistance to existing or developing telehealth networks. Identify the region and states to be served. Briefly describe the demand for technical assistance and provide a summary of the services proposed. If you are proposing a consortium, explain why a consortium is necessary.

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

  This section outlines the needs of the population groups/states that could be addressed through enhanced telehealth services in rural areas, frontier communities, and medically underserved areas, and for medically underserved populations. The target population and its unmet health needs should be described and documented, including any populations identified as vulnerable, which may include, but are not limited, to people/persons experiencing homelessness, racial and ethnic minorities, disabled individuals, elderly etc.

You must clearly address how the RTRC will demonstrate how telehealth technologies could be used to: (1) expand access to, coordinate, and improve the quality of health care services; (2) improve and expand the training of health care providers; and (3) expand and improve the quality of health information available to health care providers, and patients and their families, for decision-making. This could include an analysis of the demand for and scope of services needed from the community, end users, and potential beneficiaries; a plan to track and assess changes in demand; and a description of barriers that telehealth projects face in the region (including language and cultural barriers). This section should help reviewers understand the need for telehealth technical assistance to be addressed by each proposed project.

- *METHODOLOGY -- Corresponds to Section V's Review Criteria (2) Response, (3) Evaluative Measures (4) Impact, and (6) Support Requested*

  You must describe your plan to provide technical assistance to rural communities, including how you will address the breadth of requests for services. You must identify the mechanisms by which you will identify organizations in need of assistance. This will include the ability to identify the method of initial contact from communities and clients, (e.g., through the web site, toll free number, or contact at a meeting or conference), and clearly track the outcome of the technical assistance (e.g., a new site or service was established).

  A strategy to share information, including lessons learned and best practices, should be included. You should clearly indicate how you have and will collaborate and share expertise with new and/or existing providers of telehealth services at the national, regional, state and local levels. You should discuss your plan for the following core services:
  1. providing technical assistance, training, and support, and providing for travel expenses, for health care providers and a range of health care entities that provide or will provide telehealth services;
  2. disseminating information and research findings related to telehealth services;
  3. promoting effective collaboration among telehealth resource centers and the HRSA OAT, as well as other HRSA award recipients (e.g., Telehealth Centers of Excellence, TA providers);
  4. conducting evaluations to determine the best utilization of telehealth technologies to meet health care needs;
  5. promoting the integration of the technologies used in clinical information systems with other telehealth technologies;
  6. fostering the use of telehealth technologies to provide health care information and education for consumers in a more effective manner; and
  7. implementing special projects or studies under the direction of the HRSA.

**Delivery Modes for Sharing Expertise:**
You must identify the means by which clients will contact your organization for technical assistance and the ways in which you will share expertise. Examples of potential delivery modes include:

- **One-to-One**: One or more RTRC staff members interact directly with an individual or a group of individuals representing a single organization.
- **Peer-to-Peer**: Arranging for an entity with a particular expertise to provide assistance to another organization or individual that requested technical assistance from the RTRC.
- **One-to-Many**: One or more RTRC staff members interacting directly and simultaneously with a group of entities made up of individuals representing different organizations or organizational units.
- **Broad Public**: In cooperation with National Telehealth Resource Centers, RTRCs should also provide public programs and webinars, recorded and posted for later viewing for example, on a public facing website.

For each service you propose to provide, you must clearly specify the ways you plan to deliver the service and how you will track the volume of services provided, the products or output of the service, and, where appropriate, the outcome of the service.

**Outreach Tools:**
Describe the specific tools you have or will develop to share expertise (e.g., webinars, toolkits, workshops, focus groups, conferences), and tools developed for industry adoption and sale. Lists of clients may be included (with benefits gained from tools, especially if benefits take a year or more to develop after the service was delivered).

**Specific Programmatic Services:**
You must refer to the types of services or products you will use to help a provider or a community with its strategic development or expansion of a telehealth program. The proposed services should be clearly linked to the needs/demand identified above and must be consistent with the resources available.

In addressing technical assistance and training, you should specifically address your plans to provide services in the following areas and identify the ways the planned outreach according to the specified delivery modes (e.g., one-to-one, peer-to-peer, and one-to-many). If you lack expertise in an area of need, please explain how collaboration with other organizations (especially other RTRCs and NTRCs) might address those areas. You should also address how you may coordinate with or avoid duplicating services from other public resources that advance the practice of telehealth. Examples of areas in which RTRCs have historically provided technical assistance include:
A. Developing organizational capacity to build telehealth networks;
B. Developing and implementing telehealth programs including workflow operations and development, business models, return on investment (ROI), best practices, strategic planning, provider coordination, and working with communities to establish telehealth services;

C. Expanding the range of clinical services using telehealth beyond ambulatory care, including critical and emergency care, inpatient, nursing home, residential and home care, and chronic disease management;
D. Integrating telehealth and health information systems;
E. Supporting distance education and training including creation or operation of technology-enabled collaborative learning and capacity models;
F. Understanding or selecting telecommunications and telehealth technologies;
G. Using mHealth – mobile devices;
H. Planning or understanding telehealth regulation, policy, licensure, credentialing or reimbursement;
I. Evaluating telehealth programs and information collection; and
J. Maintaining a public access map or registry of telehealth providers, through contact or self-reporting of telehealth networks or providers.

RTRCs must collaborate with other HRSA-funded Regional and National Telehealth Resource Centers to leverage each other's expertise to provide telehealth technical assistance as efficiently as possible across the nation.

**Sustainability**:
You must include a plan for sustaining the project after federal support for the project has ended, including keeping websites updated and active. Such plans could include affiliation with a health care program, association, or company related to telehealth or solicitation of other funding sources like private donations or non-federal awards.

- *WORK PLAN -- Corresponds to Section V's Review Criteria (2) Response, (3) Evaluative Measures, (4) Impact and (5) Resources/Capabilities*

Describe, in detail, the technical assistance services you will provide, to whom you intend to provide it, and the available tools and resources to be used in providing those services. Your work plan should include processes for improving telehealth access among identified vulnerable populations. You are encouraged to utilize the methods outlined in the National Culturally and Linguistically Appropriate Services Standards. This should include the core services listed under Methodology. Use a timeline that includes each activity and identifies responsible staff. As appropriate, identify meaningful support and collaboration with key participants in planning, designing and implementing all activities, including development of the application.

In addition, you must clearly address how you will assess the demand for your services and how you will track changes in this demand over time. Provide the estimated volume of services anticipated in the first year.

It is anticipated that successful applicants will demonstrate that they are capable of not only conducting the project, but also completing a self-assessment in the time period proposed to assess the impact of your services on improving access to telehealth services, the quality of those services, or reducing barriers to implementing those services. You must present an implementation schedule that identifies major project tasks and milestones. In addition, you must describe in

detail the technical approach employed in the project and how the various components will be organized and work together. You must explain how you will track utilization of your services, including the number of programs/providers that have used specific RTRC services and the outcomes of those services (i.e., additional telehealth sites and/or services) or other evidence of advancing the state of telehealth and documenting how the RTRC was involved).

In order to understand how you will build on existing resources, you must describe the expertise, resources, and services currently available to meet the project's objectives of providing technical assistance on a wide range of telehealth issues related to your project goals. With respect to dissemination, you must demonstrate plans and capability for sharing best practices and lessons learned from your successes and failures.

You must describe current experience, skills, and knowledge, including those of individuals on staff, in providing technical assistance to health care providers and entities, evaluation, telehealth policy activities in your region and state, educational outreach and information dissemination, and other relevant experience. Describe specific strengths that make you uniquely qualified to work with the regions or states identified in the application. You are encouraged to reference materials published and previous work of a similar nature.

You must demonstrate the experience necessary to provide an understanding of technological, clinical, educational, and administrative aspects of relevant telehealth services. You must provide specific strategies for sharing lessons learned and collaborating with providers of telehealth services. Demonstrated ability to solve difficult challenges at the health care provider or network level for both start-up and advanced programs should be detailed.

You must demonstrate knowledge of and be able to assist programs with diverse funding sources, including federal, state and local governments, reimbursement from health insurance organizations, awards from private non-profit organizations, and supported by private donors.

- *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.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criterion (3) Evaluative Measures*

  In an effort to evaluate the effectiveness of award fund use for project activities, recipients must conduct a self-assessment at the end of each project year as part of your annual progress report. The self-assessment will provide information to identify your project's strengths and areas for improvement. Specifically, the self-assessment should include, but is not limited to, the following elements:

a) Outcomes Focused - Ensure that the goals and objectives of the project are assessed.
b) Data Collection - Illustrates accuracy and consistency of data collected, producing results that are as objective as possible. Ensure that data collection methods are feasible for the project and data are collected in a timely manner. Explain how data will be used to help inform quality improvement strategies and future efforts.
c) Sustainability - Identify progress on strategies that could lead to viability and sustainability after federal funding ends.
d) Quality Improvement – Identify areas of improvement in your work plan based on the findings of the assessment.

Applicants should also provide baseline numbers (qualitative/quantitative) for their activities and performance measures.

While the self-assessment is due at the end of each budget period, applicants should also describe how they will monitor TA throughout the period of performance and, when necessary, make changes to improve quality and customer service.

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion (5) Resources and Capabilities*

You must provide information on your current mission and structure, scope of current activities, and an organizational chart (**Attachment 6**), and describe how these contribute to the ability of the organization to become or continue functioning as an RTRC. You must clearly describe the extent to which you involve representatives from the provider communities and/or populations in both the design and operation of the RTRC, including how you will engage in local and regional collaborations to pursue your objectives and overcome challenges.

If you are applying as a consortium, you must provide information about how the various components will function, with the roles and responsibilities of all components specifically addressed in the application. Consortia applicants must clearly demonstrate that you have collaborated before on projects and have strong prior working relationships. You must also have standard protocols throughout the consortia/network for receiving, tracking, data collection and follow-up for all technical assistance requests. You must clearly describe your partnerships as an ongoing and integral part of project planning and operation, as appropriate. (A list of partners must be included in **Attachment 5**). The applicant organization is responsible for all fiscal, administrative, and programmatic aspects of the application and award.

Equally important is your organization's ability to be structured as a separate and distinct center, to be an impartial source of technical assistance apart from telehealth service organizations with which you may be affiliated. You must emphasize your independence from any parent organization that provides

telehealth services that may compete with organizations seeking assistance from the RTRC.

Given the spectrum and scope of work required, extensive organizational skills are an essential characteristic for a RTRC. You must provide information that demonstrates your ability and experience managing multiple projects, while addressing the details necessary for projects to run smoothly. You must demonstrate how you have previously met the needs of telehealth organizations in areas such as training, evaluation, and patient care, while also meeting demands for technical assistance and other services from the field. You should describe how you will continue to balance demands in the future. You must demonstrate your ability to track all technical assistance requests and document outcomes resulting from services provided.

You must demonstrate your ability to provide technical assistance and leadership specifically to rural communities, taking into account the needs of your region's population (e.g., cultural, linguistic, etc.).

### 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 RTRC program requires the following:

Travel: Your travel budget should include funds for a maximum of two (2) staff members to attend an annual recipient meeting in Washington, DC.

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*.

## NARRATIVE GUIDANCE

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.

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

*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, please 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 (if applicable)*

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.

If you are applying on behalf of a consortium of entities to be involved in the technical resource center, list the members, key contact, and contact information. Attach the detailed agreement among the participants signed by the appropriate authority (organizations CEOs or equivalent authority). Highlight the organizational relationships within the consortium, the defined organizational role of each member in the proposed RTRC, and the financial and personnel commitment of each member to the project. Consortium members must have a proven history of collaboration together on common projects. The agreement must reflect clear organizational relationships within the consortium and the defined organizational role of each member in the proposed RTRC.

*Attachment 5: List of Partners (if applicable)*

Describe the agencies, organizations, or groups that are part of the project or consortia. Identify and define the work to be done by each agency supported by the project. Include name of organization, service(s) provided, number of clients served, and geographic areas served.

*Attachment 6: Project Organizational Chart*

Provide a one-page figure that depicts the organizational structure of the project, including subcontractors and other significant collaborators.

*Attachment 7: Proof of Consultation with State Office of Rural Health or Other Appropriate Entity*

Provide a letter signed by an official at the appropriate State Office of Rural Health (or other appropriate state entity) certifying that the applicant organization consulted with them in preparation of the application. One letter with signatures from multiple State Offices of Rural Health is appropriate. See Section III.1. Eligibility of this NOFO.

*Attachment 8: Request for Funding Preference*

To receive a funding preference, include a statement that you are eligible for a funding preference and identify the preference in the abstract. Include documentation of this qualification. See Section V.2. Not scored during the objective review.

*Attachment 9: Progress Report (if applicable)*
**(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.

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 (September 1, 2017 – August 31, 2021).

(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.

*Attachment 10: Copy of Indirect Cost Rate Agreement*
The Indirect Cost Rate Agreement must be dated and not expired. Not scored during the objective review.

*Attachments 11–15: 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. 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 *January 21, 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 RTRC Program 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 three years, at no more than $325,000 per year (inclusive of direct **and** indirect costs). Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division 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.

Pursuant to 42 U.S.C. 254c-14(k) you cannot use funds under this notice for the following purposes:

(1) to acquire real property;
(2) for expenditures to purchase or lease equipment, to the extent that the expenditures would exceed 20 percent of the total award funds;
(3) in the case of a project involving a telehealth network, to purchase or install transmission equipment;
(4) to pay for any equipment or transmission costs not directly related to the purposes for this award;
(5) to purchase or install general purpose voice telephone systems;
(6) for construction; or
(7) for expenditures for indirect costs (as determined by the Secretary), to the extent that the expenditures would exceed 15 percent of the total award funds.

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, except for the progress report submitted with a competing continuation application, which will be reviewed by HRSA program staff after the objective review process.

Review criteria are used to review and rank applications. The RTRC Program has six review criteria. See the review criteria outlined below with specific detail and scoring points.

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

Reviewers will assess the extent to which the application displays a clear understanding of the needs of the region for telehealth technical assistance services. The review will consider the extent to which the application:

- States the purpose of the proposed project.

- Describes how the applicant proposes to establish or operate a RTRC that provides technical assistance to existing or developing telehealth networks.

- If you are proposing a consortium, explain why a consortium is necessary and show that the consortium has a history of working together.

- Demonstrates knowledge of the availability and state of telehealth services in the proposed region.

- Provides sufficient evidence including quantitative data demonstrating the demand for the proposed RTRC technical assistance services from the community, end users, and potential beneficiaries in the proposed region.

- Adequately addresses the actual and potential relevant barriers that telehealth projects face in the region (e.g., specific legislative or regulatory issues, specific reimbursement challenges, technical infrastructure challenges, sociocultural

challenges, barriers to access for vulnerable populations, and organizational challenges).

- Demonstrates how you will track the regional changes in the demand for RTRC services.

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

Applicants should address the <u>core services</u> listed earlier. Reviewers will assess the extent to which the applicant organization describes its response to the needs identified and the strategy to be used to provide technical assistance to rural health care providers and other telehealth service consumers. They will assess:

Methodology (14 points)

- The extent to which the proposed project displays a realistic, feasible approach to providing technical assistance, training, and support for health care providers that are planning or implementing telehealth services.

- The quality of your organization's experience and proposed strategies for sharing and disseminating lessons learned from the experience of existing or emerging telehealth programs and services.

- The extent to which the application describes a strategy to share lessons learned and best practices with new and/or existing telehealth programs and stakeholders.

- The quality of the strategy proposed to identify and proactively target communities in need of technical assistance.

- The strength of the description of the outreach tools to provide technical assistance including webinars, toolkits, workshop, focus groups, conferences, etc.

- The strength, relevance and appropriateness of the data to document the unique qualifications of the applicant organization to meet the challenges to helping advance telehealth services in the region, including how the organization will address such challenges in consideration of current telehealth programs in the region.

Work Plan (12 points)

- The appropriateness of activities proposed in light of the technical assistance needs in the region and the specificity with which you identify and propose to address those needs. Illustrations should be given of ability to solve difficult challenges at the health care provider or network level. Assistance plans for both start-up and advanced programs should be detailed.

- The ability of the proposed RTRC, their proposed services, and products to assist providers and organizations to establish and/or expand telehealth

programs, and serve as a resource for existing telehealth programs regarding changes in technology, policies or other issues affecting telehealth services.

- The specificity with which the application identifies partners and their qualifications, experience, and roles/responsibilities in the project.

- The clarity of the work plan that will be used to achieve each of the activities proposed, including all seven <u>core services</u>, including the timeline, activity, goals and responsible staff.

- The quality of the applicant's past experience in the seven <u>core services</u> or areas of need identified by the applicant.

Resolution of Challenges (4 points)

- The extent to which the application identifies challenges that they are likely to encounter in designing and implementing the activities described in the work plan.

- The extent to which the application clearly and effectively address the challenges outlined in the "Resolution of Challenges" sections of this notice.

*Criterion 3: EVALUATIVE MEASURES (15 points) – Corresponds to Section IV's [Methodology](#), [Work Plan](#), and [Evaluation and Technical Support Capacity](#)*

The review will consider:

- The appropriateness of the personnel completing program assessment.

- The extent to which the application demonstrates specific objectives to be achieved and measures by which the achievement can be assessed.

- Extent to which the applicant provides evidence that evaluation data will be routinely monitored, evaluated, and communicated.

- The extent to which the applicant provides evidence that if evaluation targets are not met, there is a procedure in place to realign program activities or try new approaches necessary to get the desired data outcomes needed to achieve program goals and objectives.

- The extent to which the application describes obstacles and solutions to implementing the program assessment.

- The extent and creativity of the applicant organization in tracking: the method of initial contact from communities and clients; the volume of services; the demand for services; utilization of services; and the outcome of their services and determining if new telehealth sites or services are established due to their activities.

*Criterion 4: IMPACT (15 points) – Corresponds to Section IV's [Methodology](#) and [Work Plan](#)*

The review will consider:

- The extent to which the application identifies specific approaches to assessing the impact of their services on improving access to telehealth services, the quality of those services, or reducing barriers to implementing those services, including among identified vulnerable populations.

- The strength of proposed methodology and/or work plan that demonstrates a realistic approach in addressing the breadth of requests for services and other challenges likely faced in establishing a RTRC.

- The clarity and feasibility of set milestones and timetables to establish the RTRC and implement proposed programs will be evaluated.

- The extent to which the applicant organization has provided strong analytic support, including quantitative data, with estimated volume of services anticipated in the first year.

- The extent to which the applicant organization identifies meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities, including the technical approach employed in the project and how the various components will be organized and work together.

- The strength of the specific strategies proposed for sharing lessons learned with new and/or existing telehealth programs.

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

The review will consider*:*

*Organizational Information (20 points)*

- The resources and capabilities of the applicant organization to support the proposed services.

- The extent to which project personnel are qualified by training and experience to provide telehealth technical service.

- The extent to which the applicant organization has demonstrated its ability to provide technical assistance and leadership to rural communities.

- The extent to which the applicant organization demonstrates experience in providing telehealth technical assistance services, as evidenced by the size of the program, their years of experience in providing services, and publications/documents demonstrating expertise.

- The extent to which the application emphasizes independence from any parent organization that is a provider of telehealth services that may be a competitor of organizations seeking assistance from the RTRC.

- The extent to which the applicant organization demonstrates it has previously met needs of health care providers for training, evaluation, and patient care, while also meeting the increased demands of a RTRC for technical assistance and other services.

- The extent to which the organization has involved representatives from the providers or populations served in the design and operation of the RTRC.

- The degree to which the applicant organization will engage in local and regional collaborations to pursue its objectives and overcome challenges.

- The extent to which the application outlines incentives to include and sustain the involvement of committed community stakeholders.

- The clarity and feasibility of standard protocols throughout the consortia/network for receiving, tracking, and following-up on technical assistance requests.

- The extent to which the application identifies current experience, skills, and knowledge, including those of individuals on staff, in providing technical assistance to other networks, business/strategic planning, evaluation, telehealth policy activities in their region and state, educational outreach and information dissemination, and other relevant experience.

*Work Plan (5 points)*

- The extent to which the applicant demonstrates knowledge of and capacity to assist programs with diverse funding sources.

- The description of the applicant's capacity to obtain key staffing and begin work immediately at start of the period of performance.

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

The review will consider:

- The extent to which the proposed budget for the three-year period of performance is reasonable to execute the activities and objectives outlined within the application to attain the anticipated results.

- The demonstration that the full-time equivalent (FTE) staffing expertise to implement and maintain the project is realistic, necessary, and justified.

- The extent to which the applicant provides a complete and detailed narrative and justification to support each line item on the SF424A budget form and the allocation of resources.

- The extent to which the applicant provides a plan for sustaining the project after federal support for the project has ended.

## 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. In addition to the ranking based on merit criteria, HRSA approving officials will apply other factors (e.g., geographical distribution) described below in selecting applications for award. See Section 5.3 of HRSA's *SF-424 Application Guide* for more details.

For this program, HRSA will use funding preferences.

**Funding Preferences**

This program provides a funding preference for some applicants, as authorized by 42 U.S.C. 254c-14(h)(2). Applicants receiving the preference will be placed in a more competitive position among applications that can be funded. Applications that do not receive a funding preference will receive full and equitable consideration during the review process. HRSA staff will determine the funding factor and will grant it to any qualified applicant that demonstrates they meet the criteria for the preference. To receive a funding preference, include a statement that you are eligible for a funding preference, and identify and request the applicable preference in the abstract. Include documentation of this qualification in **Attachment 8**. Funding preference will be granted to any qualified applicant that specifically requests and demonstrates that they meet the criteria for preference(s) as follows:

Applicable funding preferences include:

a) PROVISION OF SERVICES.—The eligible entity has a record of success in the provision of telehealth services to rural areas, medically underserved areas, or medically underserved populations.
b) COLLABORATION AND SHARING OF EXPERTISE.—The eligible entity has a demonstrated record of collaborating and sharing expertise with providers of telehealth services at the national, regional, state, and local levels.
c) BROAD RANGE OF TELEHEALTH SERVICES.—The eligible entity has a record of providing a broad range of telehealth services, which may include—
    a. a variety of clinical specialty services;
    b. patient or family education;
    c. health care professional education; and
    d. rural residency support programs.

### 3. Assessment of Risk

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

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

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

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

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

# VI. Award Administration Information

### 1. Award Notices

HRSA will issue the Notice of Award (NOA) prior to the start date of September 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*.

**Requirements of Subawards**

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

**Data Rights**

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

## 3. Reporting

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

1) **Progress Report**(s). The recipient must submit a progress report to HRSA on an annual basis, including a brief self-assessment. The Progress Report guidance will be provided by HRSA. Further information will be available in the NOA.

2) **PIMS (Performance Improvement Measurement System) Report**. As required by the Government Performance and Review Act of 1993 (GPRA), the recipient must submit a PIMS report to HRSA on an annual basis. This report provides standardized performance measures to evaluate the Regional Telehealth Resource Center Cooperative Agreement recipients. More information will be made available to recipients after September 1, 2021.

3) **Final Report**. A final report is due within 90 days after the period of performance ends. The final report will collect information such as program-specific goals and progress on strategies; core performance measurement data; impact of the overall project; the degree to which the recipient achieved the mission, goal and strategies outlined in the program; recipient objectives and accomplishments; barriers encountered;

and responses to summary questions regarding the recipient's overall experiences over the entire period of performance. The final report must be submitted electronically. Further information will be provided upon receipt of reward.

4) **OAT Recipient Directory**. Recipients of this award must provide information for OAT's Recipient Directory Profiles. Further instructions will be provided by OAT. The current Telehealth directory is available online at: https://www.hrsa.gov/ruralhealth/telehealth/index.html

5) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in FAPIIS, as required in 45 CFR part 75 Appendix XII.

# VII. Agency Contacts

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

Nancy Gaines
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-5382
Email: ngaines@hrsa.gov

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

Michelle Carnes
Project Officer, Federal Office of Rural Health Policy
Attn: Regional Telehealth Resource Center Program
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 17W59-D
Rockville, MD 20857
Telephone: (301) 443-0007
Email: mcarnes@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
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*

Day and Date: Tuesday, November 17, 2020
Time: 2 – 4 p.m. ET
Call-In Number: 1-888-566-6169
Participant Code: 4857449
Weblink: https://hrsa.connectsolutions.com/rtrc_ta_webinar_for_applicants/
Playback Number: 1-800-925-0851
Passcode: 1621


## Tips for Writing a Strong Application

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