U.S. Department of Health and Human Services

HRSA

Health Resources & Services Administration

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2024

Federal Office of Rural Health Policy

Community Based Division

Delta Region Maternal Care Coordination Program

Funding Opportunity Number: HRSA-24-120

Funding Opportunity Type(s): New

Assistance Listing Number: 93.912

Application Due Date: August 2, 2024

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!
We won't approve deadline extensions for lack of registration.
Registration in all systems may take up to 1 month to complete.

Issuance Date: June 25, 2024

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See Section VII for a complete list of agency contacts.

Authority: 42 U.S.C. 254c(e) (Section 330A(e) of the Public Health Service Act)

508 COMPLIANCE DISCLAIMER

Persons using assistive technology may not be able to fully access information in this file. For assistance, email or call one of the HRSA staff listed in Section VII Agency Contacts.

SUMMARY

Funding Opportunity Title:	Delta Region Maternal Care Coordination Program
Funding Opportunity Number:	HRSA-24-120
Assistance Listing Number:	93.912
Due Date for Applications:	August 2, 2024
Purpose:	Improve and expand access to and coordination of perinatal health care services in the Delta Regional Authority's Region (Delta Region).
Program Objective(s):	1. Use care coordination strategies to enhance and expand access to and coordination of perinatal services in the Delta Region through a strong network of entities that represent the spectrum of care during and after pregnancy; 2. Utilize evidence-based, promising practice and/or value-based care model(s) in the planning and delivery of perinatal services; 3. Identify barriers to providing maternal health care in the region and strategies for addressing such barriers; and 4. Develop and implement deliberate and sustainable strategies of care coordination into policies, procedures, staffing, services, and communication systems.
Eligible Applicants:	To be eligible to receive a cooperative agreement under this program, an entity: (A) Shall be a domestic public or private, nonprofit or for-profit entity located in the Delta region, with demonstrated experience serving, or the capacity

	to serve, rural and underserved populations. Applicants must be located in the Delta Region. The Delta Region includes 252 counties and parishes located across eight states - Alabama, Arkansas, Illinois, Kentucky, Louisiana, Mississippi, Missouri, and Tennessee. (B) Must represent a network that includes the following – (i) at least three or more healthcare providers and (ii) that may be rural, urban, non-profit, or for-profit entities, and (C) Must not previously have received a grant under 42 U.S.C. 254c(e) (other than a grant for planning activities) for the same or similar project unless the entity is proposing to expand the scope of the project or the area that will be served through the project. See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.
Anticipated FY 2024 Total Available Funding:	$1,800,000
Estimated Number and Type of Award(s):	Up to four new cooperative agreements
Estimated Annual Award Amount:	Up to $450,000 per award, subject to the availability of appropriated funds
Cost Sharing or Matching Required:	No
Period of Performance:	September 30, 2024 through September 29, 2028 (4 years)
Agency Contacts:	**Business, administrative, or fiscal issues:** Marie Mehaffey Grants Management Specialist Division of Grants Management Operations, OFAM Email: Mmehaffey@hrsa.gov **Program issues or technical assistance:** Nikita Patel

	Public Health Analyst Federal Office of Rural Health Policy Email: DeltaMCCProgram@hrsa.gov

Application Guide

You (the applicant organization / agency) are responsible for reading and complying with the instructions included in this NOFO and in *HRSA Application Guide (Application Guide)*. Visit HRSA's How to Prepare Your Application page for more information.

Technical Assistance

We have scheduled the following webinar:

Tuesday, July 9, 2024
3 – 4 p.m. ET
Weblink: https://hrsa-gov.zoomgov.com/j/1602332988?pwd=eEtwelJid1ZXSDlJUitZd2IiU1lBUT09

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

Call-In Number: 1-833-568-8864
Meeting ID: 44025214

We will record the webinar. Provide information on where to find the webinar recording.

Table of Contents

I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Delta Region Maternal Care Coordination Program (Delta MCC). The purpose of this program is to improve and increase access to care for pregnant women and new mothers during and after pregnancy.

To support this purpose, the objectives for the Delta MCC are to:

1. Use care coordination strategies to enhance and expand access to perinatal services in the Delta Region through a strong, diverse network of entities that represent the spectrum of care during and after pregnancy;

2. Utilize evidence-based, promising practices and/or value-based care model(s) in the planning and delivery of perinatal services;

3. Identify barriers to providing maternal health care in the region and strategies for addressing such barriers; and

4. Develop and implement deliberate and sustainable strategies of care coordination into policies, procedures, staffing, services, and communication systems (including but not limited to billing for appropriate services and partnering private and public payers).

Applicants are encouraged to consider innovative strategies to meet the needs of and support pregnant women and new mothers. Some examples of activities that can be provided include:

- Provide outreach and education to pregnant women and new mothers on healthy nutrition to reduce risk of hypertension

- Provide screening and referral of mental health issues such as depression and anxiety including HRSAs Maternal Mental Health Hotline (1-833-TLC-MAMA)

- Refer pregnant women and new mothers to online or local support groups

- Recruitment of doula and midwifery services, community health workers, and/or maternal fetal specialist services

- Support patient care through telehealth

- Support travel costs, as necessary, of maternal health specialist to travel to pregnant woman

- Provide education and social support for pregnant women through the development of centering pregnancy (group prenatal care) visits;

- Provide resources and education to support in-home hypertension management and blood pressure self-monitoring and reporting;

- Support mobile prenatal and postpartum care visits for pregnant women and new mothers;

- Utilize development dyad models (mother and infant) to support combined postpartum and infant checkup visits;

- Support childcare for pregnant women and new mothers during prenatal and postpartum care visits;

Applicants are encouraged to consider innovative strategies. Applicants are encouraged to propose ways to achieve these goals through the establishment or continuation of collaborative networks/consortiums of providers and services who support pregnant women and new mothers through pregnancy and post-partum. The networks will focus on reducing risk factors for pregnant women during and after pregnancy through screening and referral to needed services and interventions.

HRSA recommends your members consist of a broad array of organizations from both traditional and non-traditional health care entities. Network members may include cross-sector entities such as health care providers, key services for supporting infant and child health, quality program providers, and insurers. See Appendix B for examples of the types of network members.

This program funding should be used to complement the work of other organizations and should not duplicate or supplant activities that are funded through other federal mechanisms.

The Delta MCC is a four-year program with year one (September 30, 2024 – September 29, 2025) a planning year and years two, three, and four (September 30, 2025 – September 29, 2028) focused on program implementation.

For more details, see Program Requirements and Expectations.

2. Background

The Delta MCC is authorized by 42 U.S.C. § 254c(e) (§ 330A(e) of the Public Health Service Act).

Trends in maternal health have worsened over time[1] and the risk from maternal death is unevenly distributed across African Americans, American Indian/Alaskan Natives, low-income persons, and rural residents. Rural residents have a 9 percent greater chance of experiencing severe maternal morbidity, defined as potentially life-threatening complications or the need to undergo a lifesaving procedure during or immediately

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[1] Centers for Disease Control and Prevention. Pregnancy Mortality Surveillance System. https://www.cdc.gov/reproductivehealth/maternal-mortality/pregnancy-mortality-surveillance-system.htm

following childbirth, and maternal death compared with urban residents.[2] However, data that is broken out specific to the Delta Region indicates that odds of maternal death in Delta counties are 1.39 times higher compared with non-Delta counties.[3] While this program is intended to address maternal death specifically, the goals of the program aim to support building systems of coordinated care that reduce risk for maternal death and improve health outcomes and disparities in this Region.

Delta Region Definition

The Delta Region includes 252 counties and parishes located across eight states – Alabama, Arkansas, Illinois, Kentucky, Louisiana, Mississippi, Missouri, and Tennessee. To view maps of the counties and parishes in each state that are in the Delta Region, visit https://dra.gov/map-room/.   To determine if a county or parish in the Delta Region is rural visit https://www.ruralhealthinfo.org/am-i-rural.

II. Award Information

1. Type of Application and Award

Application type(s) New

We will fund you via a cooperative agreement.

A cooperative agreement is like a grant in that we award money, but we are substantially involved with program activities.

Aside from monitoring and technical assistance (TA) provided directly to the award recipients, we also get involved in these ways:

- Providing a list of common measure and data elements that must be reported on by all recipients;

- Participating in the planning and development of the qualitative and quantitative data collection measures;

- Reviewing award activities on an ongoing basis and providing guidance in planning and implementation activities; and

- Providing consultation with the funded network, as appropriate, in outreach and dissemination activities.

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[2] Kozhimannil K, Interrante J, Henning-Smith C, Admon K. Rural-Urban Differences in Severe Maternal Morbidity and Mortality in the US, 2007-2015. Health Affairs. 2019; 38 (12): 2077-2085.
[3] Smith BL, Sandlin, AT, Bird, TM, Steelman, SC. Maternal mortality in the Mississippi Delta region. Southern Medical Journal. 2014; 107(5): 275-9.

You must follow all relevant federal regulations and public policy requirements. Your other responsibilities will include:

- Adhering to HRSA guidelines pertaining to acknowledgement and disclaimer on all products with HRSA award funds;

- Participating in conference calls and/or meetings with HRSA;

- Working collaboratively with HRSA and responding to HRSA requests, comments, and questions on a timely basis;

- Cooperating with HRSA-funded Technical Assistance partners during the period of performance (and potentially share project updates and information with them after the period of performance ends);

- Establishing relationships and collaborations to leverage other complementary federal and state Maternal and Child Health programs and federally funded health centers while ensuring that there is no duplication of effort;

- Establishing a shared network governance model that incorporates perspectives from all members in its decision-making and resource allocation to meet program goals while ensuring and demonstrating high-level engagement from every member. The shared governance model structure should provide safeguards to ensure a collaborative decision-making process that empowers all network members to address program goal; and

- Adjusting approach based on HRSA's feedback and priorities.

2. Summary of Funding

We estimate $1,800,000 will be available each year to fund 4 recipients. You may apply for a ceiling amount of up to $450,000 annually (reflecting direct and indirect costs).

The period of performance is September 30, 2024, through September 29, 2028 (4 years).

Support beyond the first budget year will depend on:

- Appropriation
- Satisfactory progress in meeting the project's objectives
- A decision that continued funding is in the government's best interest

45 CFR part 75 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards applies to all HRSA awards.

If you've never received a negotiated indirect cost rate, you may elect to charge a *de minimis* rate of 10 percent of modified total direct costs (MTDC)*. You may use this for the life of the award. If you choose this method, you must use it for all federal awards

until you choose to negotiate for a rate. You may apply to do so at any time. See Section 4.1.v. Budget Narrative in the *Application Guide*.

Note: One exception is a governmental department or agency unit that receives more than $35 million in direct federal funding.

III. Eligibility Information

1. Eligible Applicants

You can apply if your organization meets <u>all three</u> of the following criteria:

1. Your organization is in the United States and is:

    *   Public or private, non-profit or for-profit

2. Your organization meets the following geographic requirements:

    *   You are an organization physically located in the [Delta Region](#)

    *   You are an organization with demonstrated experience serving, or the capacity to serve, rural underserved populations located within the Delta Region; and

    *   Your organization proposes a project serving the rural Delta region.

Applicants will be deemed non-responsive and will not be considered for this funding opportunity if the applicant:

*   Is located outside of the [Delta Region](#);

*   Submits an application to serve populations outside of HRSA designated rural counties or rural census tracts in the [Delta Region](#), and

*   Submits more than one application.

For more details, see [Program Requirements and Expectations](#).

2. Cost Sharing or Matching

Cost sharing or matching is not required for this program.

3. Other

To be considered for funding, your organization must represent a network/consortium composed of three or more health care providers and health care organizations, including the applicant organization, with at least 66 percent (two-thirds) of

network/consortium members located in a HRSA-designated rural area, as defined by the [Rural Health Grants Eligibility Analyzer](#).

We may not consider an application for funding if it contains any of the following non-responsive criteria:

- Exceeds the funding ceiling amount

- Fails to satisfy the deadline requirements referenced in [Section IV.4](#)

Consulting your State Office of Rural Health

By statute, all applicants are required to consult their State Office of Rural Health (SORH) or equivalent (appropriate state entity) regarding their intent to apply to this program.

HRSA strongly recommends applicants contact their SORH before applying. The SORHs have expertise in FORHP programs specifically as well as rural health generally, and there may be opportunities to utilize SORH expertise in ways to that enhances applications. For example, the SORH may be able to provide information regarding model programs, data resources, and technical assistance for networks/consortiums, evaluation, partner organizations, or support of information dissemination activities. For this program especially, the SORH can play a vital role as a network/consortium partner in both the application phase and if awarded, the planning and implementation phases of this program. If you do not receive a response, please include the original letter of intent requesting the consultation as part of Attachment 8

SORHs responding to this notice as the applicant organization must provide an attestation in **Attachment 7** that there is no conflict of interest and other non-SORH applicants were not prejudiced. This attestation must clearly show that the SORH application was independently developed and written and that they have not knowingly duplicated efforts or project ideas of non-SORH applicants within their state.

Each state has a SORH, and a list of the SORHs can be accessed at: https://nosorh.org/nosorhmembers/nosorh-members-browse-bystate/. All applicants must include in **Attachment 7** a copy of the letter or email sent to the SORH, and any response received to the letter, which was submitted to the SORH describing their project.

Multiple Applications

We will only review your **last** validated application before the Grants.gov [due date](#).

Exceptions

Multiple Application Exception

Multiple applications associated with the same UEI (previously DUNS) number and/or EIN are not allowable. HRSA also recognizes a growing trend towards greater

consolidation within the rural health care industry and the possibility that multiple organizations may share an EIN and/or UEI with its parent organization. As a result, at HRSA's discretion, separate applications associated with a single UEI number and/or EIN are allowable, as long as the applicants provide HRSA with all of the information requested in **Attachment 9, Exceptions Request**. HRSA expects applications with the same UEI number and EIN providing the requested information for Attachment 9 Exception Request with their application are independently developed and written.

HRSA reserves the right to deem applications that provide insufficient information in **Attachment 9**, or are nearly identical in application content, to be ineligible. In this instance, assuming all other eligibility criteria are met, HRSA will only accept the last submitted application for HRSA-24-120 associated with the EIN or DUNS number.

Tribal Exception

HRSA is aware that tribes and tribal organizations may have an established infrastructure without separation of services recognized by filing for EINs and/or UEI. In case of tribes and tribal governments, only a single EIN or UEI located in a HRSA-designated rural area is necessary to meet the network/consortium requirements. Tribes and tribal entities under the same tribal governance must still meet the network/consortium criteria of three or more entities under the single EIN and/or UEI are committed to the proposed approach as evidenced by a signed Letter of Commitment. Please refer to **Attachment 9** for additional information on how to request this exception.

To request for a Tribal Exception and/or Multiple EIN Exception, the following **must** be included in **Attachment 9**:
- Names, titles, email addresses, and phone numbers for points of contact at each of the applicant organizations and the parent organization;
- Proposed project focus and service area for each applicant organization with the same EIN or UEI (these should not overlap);
- Justification for why each applicant organization must apply to this funding opportunity separately as the applicant organization, as opposed to serving as network member organizations on other applications;
- Assurance that the applicant organizations will each be responsible for the planning, program management, financial management, and decision making of their respective projects, independent of each other and/or the parent organization; and
- Signatures from the points of contact at each applicant organization and the parent organization.

IV. Application and Submission Information

1. Address to Request Application Package

We *require* you to apply online through Grants.gov. Use the SF-424 workspace application package associated with this notice of funding opportunity (NOFO). Follow these directions: How to Apply for Grants. If you choose to submit using an alternative online method, see Applicant System-to-System.

Note: Grants.gov calls the NOFO "Instructions."

Select "Subscribe" and enter your email address for HRSA-24-120 to receive emails about changes, clarifications, or instances where we republish the NOFO. You will also be notified by email of documents we place in the RELATED DOCUMENTS tab that may affect the NOFO and your application. *You're responsible for reviewing all information that relates to this NOFO.*

2. Content and Form of Application Submission

Application Format Requirements

Submit your information as the *Application Guide* and this program-specific NOFO state. **Do so in English and budget figures expressed in U.S. dollars.** There's an Application Completeness Checklist in the *Application Guide* to help you.

Application Page Limit

The total number of pages that count toward the page limit shall be no more than **50 pages** when we print them. We will not review any pages that exceed the page limit. Using the pages within the page limit, HRSA will determine eligibility using Section III. Eligibility Information of the NOFO.

These items do not count toward the page limit:

- Standard OMB-approved forms you find in the NOFO's workspace application package
- Abstract (standard form (SF) "Project_Abstract Summary")
- Indirect Cost Rate Agreement

If there are other items that do not count toward the page limit, we'll make this clear in Section IV.2.vi Attachments.

If you use an OMB-approved form that is not in the HRSA-24-120 workspace application package, it may count toward the page limit.

Applications must be complete and validated by Grants.gov under HRSA-24-120 before the deadline.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- When you submit your application, you certify that you and your principals[4] (for example, program director, principal investigator) can participate in receiving award funds to carry out a proposed project. That is, no federal department or agency has debarred, suspended, proposed for debarment, claimed you ineligible, or you have voluntarily excluded yourself from participating.
- If you fail to make mandatory disclosures, we may take an action like those in 45 CFR § 75.371. This includes suspending or debarring you.[5]
- If you cannot certify this, you must include an explanation in *Attachment 11: Other Relevant Documents*.

(See Section 4.1 viii "Certifications" of the *Application Guide*)

Program Requirements and Expectations

Applicants for the Delta MCC must meet all the requirements stated under section III. Eligibility Information. Applicant organizations are also expected to meet the requirements outlined below. Failure to respond to these requirements may impact your application's score.

Applicant Organization Requirements

A. The applicant organization must be in an established or formal network/consortium partnership that can provide care during and after pregnancy. Please see Appendix C for the definition of established/formal networks, the definition of health care provider organizations and examples of types of partnership organizations.

B. The applicant organization must have the staffing and infrastructure necessary to oversee program activities and financial management for the award. As such, HRSA strongly recommends the project director allot adequate time (at least 1 FTE) to the program and has management experience involving multiple organizational arrangements. HRSA highly recommends your staffing plan should include supporting and key personnel that total **at least one full time-FTE** at the time of application.

Network/Consortium Requirements

A. You must specify the organizations that will be in the network consortium. Your network consortium partners must consist of at least 3 separately owned entities (your organization plus 2 additional organizations). Each applicant organization and network member must have its own EIN number unless an exception is requested (see details above in Section III.3).

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[4] See definitions at eCFR :: 2 CFR 180.995 -- Principal. and eCFR :: 2 CFR 376.995 -- Principal (HHS supplement to government-wide definition at 2 CFR 180.995).
[5] See also 2 CFR parts 180 and 376, 31 U.S.C. § 3354, and 45 CFR § 75.113.

B. The network must represent a consortium composed of three or more health care provider organizations, including the applicant organization, with at least 66 percent (two-thirds) of network consortium members located in a HRSA-designated rural area, as defined by the Rural Health Grants Eligibility Analyzer. HRSA requires an attestation that at least sixty-six percent (66%), or two-thirds of consortium members (members with signed Letters of Commitment or Memorandum of Understanding) of the proposed project are physically located in a HRSA-designated rural area. See **Attachment 1**. The network/consortium must represent a diversity of health professionals relevant to coordinating care for maternal prenatal and perinatal services in the target rural service area. This would include, but not limited to:

- Rural and tribal hospitals

- Primary Care Providers including Federally Qualified Health Centers, Medicare-certified Rural Health Clinics, and Indian Health Service Clinics

- Healthy Start Awardees

- Maternal, Infant, and Early Childhood Home Visiting Program Awardees

- Level II facilities with the capability to provide specialty care to maternal health patients (see Appendix B)

- Tertiary hospitals that can provide high-risk obstetric care, such as Level III and Level IV facilities (see Appendix B)

- Insurers (Medicaid, Children's Health Insurance Program, Private Insurers)

C. Each network/consortium partner must demonstrate substantial involvement in the project and contribute significantly to the goals of the project, including how members will share information across the network and plans for shared governance in how the network will operate on behalf of all members.

D. If you are an established network/consortium with formal existing network members established through signed network member agreements, please include a summary, no longer than one page, detailing your network's history of working together and highlighting your network's products, services, and sources of sustainability as **Attachment 2**.

E. At a minimum, the network must have a Letter of Commitment from all network/consortium partners submitted with this application. The Letter of Commitment must be signed and dated by all network/consortium partners/members, reflect the mutual commitment of each member partner to the Delta MCC and describe the extent of the anticipated involvement by each network partner. Include the Letter of Commitment as **Attachment 1**. If funded, award recipients who submitted a letter of commitment with their application will be expected to submit

a signed Memorandum of Agreement (MOA) within the planning year of the project period.

Service Area Requirements

A. Delta MCC supported services may only be delivered in HRSA-designated rural counties and rural census tracts within the Delta Region.

If your target rural service area contains any counties or census tracts that are NOT designated rural counties or rural census tracts within the Delta Region per the Rural Health Grants Eligibility Analyzer, your application will not be reviewed or scored.

B. The applicant organization must include a legible map that clearly shows the location of network/consortium partners, the geographic area(s) that will be served by the network/consortium, and any other information that will help visualize and understand the scope of the proposed project activities in **Attachment 3**.

Data Reporting Requirements

Delta MCC seeks to document and monitor progress on program goals through the collection of data from each award recipient and their network partners. Award recipients will work with a HRSA-funded data support provider to collect data from network partners and report data on a regular basis throughout the course of the program as determined by FORHP.

The purpose of the data collection and report is for the network and the HRSA-funded Data Support Provider to inform progress on the work plan; perform continuous quality improvement; and help to identify gaps in perinatal care within the targeted rural service area.

Examples of data to be collected across the network may include, but are not limited to:
- Number and name of counties served in project
- Number of people in the target population
- Number of unique individuals from your target population who received direct services during this reporting period
- Number of unique women from your target population who received direct services during this reporting period
- Number of pregnant women who receive a prenatal visit
- Number of new mothers who receive a postpartum visit
- Number of high-risk pregnancies
- Number of pregnant women and new mothers with hypertension
- Number of pregnant women and new mothers that received mental health screening
- Number of infants with low birth weight
- Number of pregnant women and new mothers screened for high blood sugar

- Number of pregnant women, new mothers, and their families screened for potential home visiting services
- Number of visits performed by clinicians travelling into the area and/or number of hours of mobile clinic services added in target counties

Please note that these are examples of the data elements that award recipients may be expected to collect and report; the final list of required data elements may differ from the list above. Additional information will be provided by the Federal Office of Rural Health Policy. Applicants should, however, build these risk-reduction efforts into their application work plan.

Program-Specific Instructions

Include application requirements and instructions from Section 4 of the *Application Guide* (budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract). Also include the following:

i. *Project Abstract*

Use the Standard OMB-approved Project Abstract Summary Form that you'll find in the workspace application package. Do not upload the abstract as an attachment or it may count toward the page limit. For information you must include in the Project Abstract Summary Form, see Section 4.1.ix of the *Application Guide.*

In addition to the SF-424 Application Guide requirements, the project abstract must contain the following information below:

ABSTRACT HEADING CONTENT
Application Organization Information • Organization Name Address (street, city, state, ZIP code) • Facility/Entity Type (SORH, CAH, FQHC, Community based organization, health department, etc.) • Website Address (if applicable)
Project Overview • Project Title • Project Goal • Project Objectives
Proposed Service Area (e.g., Delta Region states and counties). NOTE: Proposed rural counties should be fully rural. For partially rural counties, include rural census tract(s).

ABSTRACT BODY CONTENT
Target Population Brief description of the target population group(s) to be served
Network/Consortium Partnerships Provide the full list of organization names and facility/entity type of partner(s) organizations comprising the network/consortium members who have signed a Letter(s) of Commitment, Memorandums of Agreement (MOA), or Business Associate Agreements (BAAs) to implement the proposed project. • HRSA requires an attestation that at least sixty-six percent (66%), or two-thirds of consortium members (members with signed Letters of Commitment or Memoranda of Understanding) of the proposed project are physically located in a HRSA-designated rural area, as defined by the Rural Health Grants Eligibility Analyzer.
Project Activities Brief description of the proposed activities and/or services
Expected Outcomes Brief description of the proposed project's expected outcomes
Capacity to Serve Rural Underserved Populations in the Delta Region Please describe your capacity to serve rural underserved populations in the Delta Region. Examples to show this capacity may include, but is not limited to, a history or ability to: • Identify existing formal partnerships (as applicable): If you are an established network/consortium, briefly summarize your network/consortium's history of working together and highlighting your network/consortium's products, services, and sources of sustainability. • Discuss organizational expertise and capacity as it relates to the scope of work proposed. Include a brief overview of the organization's assets, skills and qualifications to carry on the project. • Describe current experience, including member partnerships, activities, program implementation and previous work of a similar nature. • Discuss the effectiveness of methods and/or activities employed to promote rural health care services outreach by improving and expanding health care services in rural communities. You must describe your geographic relationship to the proposed rural service population as well as your plans to ensure that rural populations are served. You should also describe how you will ensure a high degree of direction and input from rural communities in the project.

Funding Preference

Applicants must explicitly document a qualifying funding preference and cite the qualification that is being met (see 42 U.S.C. 254c(h)(3)) to receive a funding preference.

HRSA highly recommends you include concise language making it clear to HRSA which funding preference you qualify for. If you do not qualify for a funding preference, please state that you do not qualify.

If applicable, you need to provide supporting documentation in Attachment 8. Please refer to Section V.2 for further information.

Funding Priority Points Requested

To receive a funding priority for delivering services in counties or parishes and census tracts with a maternity care health professional target area (MCTA) of 20 or higher, please include a statement in the abstract that you qualify for this funding priority.

HRSA highly recommends that the applicant use the language below to identify their funding priority request:

"[Applicant organization name] is requesting a funding priority. The proposed project will deliver coordinated perinatal health care services in the following counties or parishes and census tracts with a MCTA of 20 or higher based on designated geographic primary care HPSAs: [insert list of counties or parishes and census tracts with a MCTA of 20 or higher]."

If applicable, you need to provide supporting documentation in Attachment 8. Please refer to Section V.2 for further information.

NARRATIVE GUIDANCE

The following table provides a crosswalk between the narrative language and where each section falls within the review criteria. Make sure you've addressed everything. We may consider any forms or attachments you reference in a narrative section during the merit review.

Narrative Section	Review Criteria
Introduction	*Criterion 1: NEED*
Organizational Information	*Criterion 5: RESOURCES/CAPABILITIES*
Need	*Criterion 1: NEED*

Narrative Section	Review Criteria
Approach	*Criterion 2: RESPONSE* *Criterion 4: IMPACT*
Work Plan	*Criterion 2: RESPONSE* *Criterion 4: IMPACT*
Resolution of Challenges	*Criterion 2: RESPONSE*
Evaluation and Technical Support Capacity	*Criterion 3: EVALUATIVE MEASURES*
Budget Narrative	*Criterion 6: SUPPORT REQUESTED*

ii. *Project Narrative*

This section must describe all aspects of the proposed project. Make it brief and clear.

Provide the following information in the following order. Please use the section headers. This ensures reviewers can understand your proposed project.

- *Introduction -- Corresponds to Section V's Review Criterion # 1 Need*

  o Briefly describe the purpose of the proposed project and clearly identify specific project goals, objectives, and expected outcomes. Summarize how the proposed project will address maternal prenatal and perinatal care, improve and expand care coordination services, and improve and expand access for the proposed target area(s).

- *Organizational Information -- Corresponds to Section V's Review Criterion(a) # 5 Resources and Capabilities*

  In this section, you must demonstrate your organizational capacity and the network capacity to carry out the proposed project activities and ability meet program expectations.

Organization Information

  o Describe your organization's current mission, structure, and scope of current activities, and how these elements all contribute to the organization's ability to implement the Delta MCC requirements and expectations.

  o Identify a Project Director, as well as key personnel on the award in the Project Abstract and **Attachment 4**. The Project Director will be responsible for project/program monitoring and carrying out the award activities as well as the overall network/consortium management.

- The applicant organization should identify a permanent Project Director prior to receiving award funds. If the applicant organization has a project director or has not yet hired a person to serve as the or Project Director, discuss the process and timeline for hiring a permanent individual for these positions.

- HRSA strongly recommends the Project Director allot adequate time and additional FTE support as needed for carrying out and managing network/consortium activities (1 FTE the Project Director is recommended).

- A staffing plan and job descriptions for key staff must be included in **Attachment 4**.

<u>Network Information</u>

- Provide Letters of Commitment from each network/consortium member, in **Attachment 1**, delineating their expertise, roles and responsibilities, and commitments in the project.

- Include the applicant organization's organizational chart **and** the network'/consortium's organizational chart and list in **Attachment 2**. The network/consortium member list must contain the following information for each network/consortium member; it is recommended that this information is provided in a table format:

- Network/consortium member organization name

- Network/consortium member organization street address and county

- Network/consortium member primary point of contact (name, title, email)

- Type of health care service and/or support services each network/consortium member provides (prenatal, labor and delivery, postpartum care, support service, etc.)

- Attestation if they are within a HRSA-designated rural area, as defined by the Rural Health Grants Eligibility Analyzer

- Describe how your network/consortium includes a spectrum of health professionals and organizations relevant to coordinating care for maternal prenatal and perinatal services in your target rural service area.

- Describe how your network will establish a shared network governance model that incorporates perspectives from all members in its decision-making and resource allocation to meet program goals while ensuring and demonstrating high-level engagement from every member. Discuss how this structure will provide safeguards to ensure a collaborative decision-making process that empowers all network members to address program goals.

Need-- Corresponds to Section V's Review Criterion # 1 Need

This section will help reviewers understand whom you will serve with the proposed project.

Target Population Details and Maternal Health Indicators

o Identify and describe any national and/or local rankings data to include the number of maternal deaths or most recent maternal mortality ratio; social vulnerability index; or other maternal health indicators. When possible, disaggregate health indicators by race and ethnicity or other demographic characteristics and/or discuss and contextualize the target population with respect to racial and ethnic disparities or other demographic characteristics. If the service area has a low population density where such data may impact patient privacy, please provide additional contextual information and the total population in the proposed service area.

Maternal Health Care Availability in Service Area

o Describe the health care services available in or near the target service are and any gaps in services, including whether the service area is an identified maternity care health professional target area (MCTA) or health care professional shortage area (HPSA). Specifically detail the current prenatal and perinatal services available or not available in the area.

o Describe the need for coordinated maternal health care services in the target service area.

▪ *Approach -- Corresponds to Section V's Review Criterion(a) #2 Response and #4 Impact*

This section outlines, in a narrative format, the approach you will use to address and respond to the needs in your community and meet the goals of this program as outlined in the Purpose Section. It is anticipated that the first year is the planning year, although some implementation activities may occur during this timeframe. Approaches in future years may be adjusted based on additional information gathered during year one of the project.

Define the specific goals and objectives of your proposed project. Propose methods that you will use to address the needs outlined in the Needs Assessment section and meet the five goals for the Delta MCC outlined in the Purpose section. To address the five goals, you should consider:

• Using care coordination, community outreach and education, and provider training to address maternal health and infant health disparities; including the use of telehealth to increase access to services as necessary.
• Supporting rural hospital and rural clinic participation in AIM Safety Bundles and the state-wide Perinatal Quality Collaboratives.

- Using trained doulas, community health workers, and other qualified personnel to enhance coordination of services.

Applicants should also consider the following in their program planning and implementation:
- Develop a triage plan for various levels of risk during pregnancy;
- Reduce rates of hypertension for those identified for being at risk;
- Make referrals to services for appropriate counseling during the prenatal and postpartum periods;
- Monitor factors related to low birth weight;
- Make referrals for nutritional and clinical consultation to reduce the rate of gestational diabetes; and
- Make referrals for home-visiting services.

During year one, award recipients will engage in community asset mapping to strengthen their project. Additional instructions will be provided upon receipt of the award.

Describe how your strategies during the program years will lead to the capacity of the network/consortium to contribute the outcomes outlined in the Purpose section.

Describe how you will develop and implement sustainable strategies of care coordination into policies, procedures, staffing, services, and communication systems.

Describe how you will assess and address disparities in infant and maternal health outcomes, including among rural racial and ethnic minority and other underserved populations.

Briefly illustrate the level of collaboration of members in the network/consortium. Describe each network/consortium members' contribution to accomplish set program goals and how the network /consortium plans to implement shared governance. Describe the communication plan that will be used within the network/consortium and how frequently network/consortium meetings will be held.

Describe how the network/consortium partnerships and collaboration among entities that represent the spectrum of care during and after pregnancy will help identify barriers to providing maternal care and strategies for addressing barriers throughout the project.

Outline the specifics of the evidence-based, promising practice, and/or value-based care models for your strategies to address perinatal care.

Describe how you will build in strategies for sustainability so that the work can continue within the network/consortium after this grant ends.

Work Plan -- Corresponds to Section V's Review Criteria #2 Response and #4 Impact Provide a clear and detailed work plan in **Attachment 6** that you will use to achieve each of the program goals listed under Section I.1 Purpose.

- o Describe activities or steps you will use to achieve each of the program goals and objectives proposed during the entire period of performance identified in the "Introduction" section.

- o Describe timeframes and deliverables and identify personnel, network/consortium members, and/or key collaborators responsible for executing each activity during the five-year period of performance. Identified key faculty/staff in the work plan must correspond with the staffing plan in **Attachment 4**.

- o Describe the expected impact on the target population and the regional health landscape, including the expected or potential long-term changes and/or improvements and expansions in health care delivery due to implementation of care coordination strategies and innovation.

Resolution of Challenges -- Corresponds to Section V's Review Criterion #2 Response

Discuss potential challenges and approaches to resolve those challenges. Include a discussion of:

- o Maintaining network/consortium collaboration and involvement;

- o Ensuring work and activities serve the target rural populations; and

- o Ensuring the services provided address the cultural, linguistic, religious, and social differences of the target population.

- *Evaluation and Technical Support Capacity -- Corresponds to Section V's Review Criterion # 3 Evaluative Measures*

This section describes your proposed plan to monitor ongoing processes and progress towards meeting project goals, objectives and expected outcomes.

- o Describe how you will engage network/consortium members to ensure effective and productive collaboration.

- o Describe the capacity of network partners to collect and report data to you as the lead organization, including your capacity to oversee the data collection, cleaning, and reporting to HRSA.

iii. *Budget*

The *Application Guide* directions may differ from those on Grants.gov.

Follow the instructions in Section 4.1.iv Budget of the *Application Guide* and any specific instructions listed in this section. Your budget should show a well-organized plan.

Reminder: The total project or program costs are all allowable (direct and indirect) costs used for the HRSA activity or project. This includes costs charged to the award and non-federal funds used to satisfy a matching or cost-sharing requirement (which may include MOE, if applicable).

As required by the [Consolidated Appropriations Act, 2024 (P.L. 117-328)](#), Division H, § 2024, "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." Effective January 2024, the salary rate limitation is $221,900. As required by law, salary rate limitations may apply in future years and will be updated.

iv. *Budget Narrative*

See Section 4.1.v. of the *Application Guide.*

v. *Attachments*

Provide the following attachments in the order we list them.

Most attachments count toward the [application page limit.](#) Indirect cost rate agreement and proof of non-profit status (if it applies) are the only exceptions. They will not count toward the page limit.

Clearly label each attachment. Upload attachments into the application. Reviewers will not open any attachments you link to.

Attachment 1: Signed Letters of Commitment from all Network/Consortium Members (required)

You must have a Letter of Commitment, Memorandums of Agreement (MOAs), or Business Associate Agreements (BAAs) from all network/consortium partners submitted with this application. The Letter of Commitment, MOAs, or BAAs must be signed and dated by all network/consortium members, reflect the mutual commitment of each member to the Delta MCC and describe the extent of the anticipated involvement by each network/consortium partner. Refer to Program Requirements and Expectations under Network/Consortium Requirements and Appendix B for more information. **This attachment will <u>not</u> count towards the 50-page limit.**

Attachment 2: The Applicant Organization's Organizational Chart AND the Network/Consortium Organizational Chart and List

Include the applicant organization's organizational chart the network/consortium's organizational chart. The network/consortium member list must contain the following information for each network/consortium member; it is recommended that this information is provided in a table format:

- Network/Consortium member organization name

- Network/Consortium member organization street address and county

- Network/Consortium member primary point of contact (name, title, email)

- Type of service provided by the Network/Consortium member (prenatal care, labor and delivery, postpartum care, support services, etc.)

- Attestation if they are within a HRSA-designated rural area, as defined by the Rural Health Grants Eligibility Analyzer

If applicable, include a short summary of the history of the network.

Attachment 3: Map of the Service Area

Include a legible map that clearly shows the location of network/consortium partners, the geographic area that will be served by the network/consortium, and any other information that will help reviewers visualize and understand the scope of the proposed project activities. Maps should be legible and in black and white.

Attachment 4: Staffing Plan and Job Descriptions for Key Personnel *(see Section 4.1. of* the *Application Guide)*

Include the role, responsibilities, and qualifications of proposed project staff to run the network/consortium, and specifically to accomplish the proposed grant project. Staffing needs should be explained and should have a direct link to activities proposed in the Project Narrative and budget sections of the application. Staffing plan should include in-kind personnel to the program. Keep each job description to one page as much as possible. Refer to Evaluation and Technical Support Capacity under Resources/Capabilities on for more information.

Attachment 5: Biographical Sketches of Key Personnel

Include biographical sketches for people who will hold the key positions you describe in Attachment 2. Keep it to two pages or less per person. Do **not** include personally identifiable information (PII). If you include someone you have not hired yet, include a letter of commitment from that person with the biographical sketch.

Attachment 6: Work Plan

Attach the project's Work Plan. Make sure it includes everything that Section IV.2.ii. Project Narrative details. If you'll make subawards or spend funds on contracts, describe how your organization will document funds.

Attachment 7: State Office of Rural Health Letter or other Appropriate State Government Entity Letter

Refer to Section III.3 **Consulting your State Office of Rural Health** section for the content requirements. **This attachment will <u>not</u> count towards the 50-page limit.**

Attachment 8: Proof of Funding Preference/Priority

Refer to Section V.2 Application Review Information Funding Preferences and Priorities for the content requirements. **This attachment <u>will not</u> count towards the 50-page limit.**

Attachment 9: Exceptions Request (if applicable)

Refer to Eligibility Information under Exceptions on how to submit the request. **This attachment <u>will not</u> count towards the 50-page limit.**

Attachment 10: HRSA Funding History (if applicable)

Current and former HRSA award recipients must include the following information for awards received within the last 5 years:
- Dates of prior award(s) received;
- Grant number assigned to the previous project(s);
- A copy of the abstract that was submitted with the previously awarded grant application(s); and
- A description of the roles of your organization and network members in the previous award.

Note that funding under this program must be used for activities that are not otherwise supported by other federal entities funding. For instance, HRSA funded health center or Healthy Start Program applicants must propose a project that is unique and separate from that being funded by the HRSA/BPHC Health Center Program or Healthy Start operational funding.

This attachment will <u>not</u> count towards the 50-page limit.

Attachments 11-15: Other Relevant Documents (if applicable)

Include any other documents that are relevant to the application. This may include letters of support, which are not required for eligibility.

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

A UEI is required to apply for this funding. You must register in the SAM.gov to receive your UEI.

You cannot use a DUNS number to apply. For more details, visit the following webpage: General Service Administration's UEI Update

After you register with SAM, maintain it. Keep your information updated when you have: an active federal award, application, or plan that an agency is considering.[6]

When you register, you must submit a notarized letter naming the authorized Entity Administrator.

We will not make an award until you comply with all relevant SAM requirements. If you have not met the requirements by the time we're ready to make an award, we will deem you unqualified and award another applicant.

If you already registered on Grants.gov, confirm that the registration is active and that the Authorized Organization Representative (AOR) has been approved.

To register in Grants.gov, submit information in two systems:

- System for Award Management (SAM) (SAM Knowledge Base)

- Grants.gov

Effective March 3, 2023, individuals assigned a SAM.gov Entity Administrator role must be an employee, officer, or board member, and cannot be a non-employee. This change is to ensure entities are in control of who has permission to control roles within their entity.

Here's what this means:

- Entity Administrators assigning roles to non-employees will only be able to assign a Data Entry role or lower.

- Any entities assigning Entity Administrator roles using an Entity Administrator Role Request Letter (formerly called "notarized letter") will no longer be able to assign the Entity Administrator role to a non-employee.

- Entity Administrator roles assigned to non-employees will be converted to Data Entry roles. With a Data Entry role, non-employees can still create and manage entity registration data entry but cannot manage roles.

If you are an entity using a non-employee or if you are a non-employee working with an entity to manage registrations, please read (and share) more about this change on the BUY.GSA.gov blog to know what to expect.

For more details, see Section 3.1 of the *Application Guide.*

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[6] Unless 2 CFR § 25.110(b) or (c) exempts you from those requirements or the agency approved an exemption for you under 2 CFR § 25.110(d)**.**

Note: Allow enough time to register with SAM and Grants.gov. We do not grant application extensions or waivers if you fail to register in time.

4. Submission Dates and Times

Your application is due on *August 2 , 2024, at 11:59 p.m. ET*. We suggest you submit your application to Grants.gov at least 3 calendar days before the deadline to allow for any unexpected events. See the *Application Guide's* Section 8.2.5 – Summary of emails from Grants.gov.

5. Intergovernmental Review

Delta MCC must follow the terms of [Executive Order 12372](#) in 45 CFR part 100.

See Section 4.1 ii of the *Application Guide* for more information.

6. Funding Restrictions

You may request funding for a period of performance of up to 4 years, at no more than $450,000 per year (inclusive of direct and indirect costs). Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division H that reference the [Consolidated Appropriations Act, 2024 (P.L. 117-328)](#) apply to this program. See Section 4.1 of the *Application Guide* for information. Note that these and other restrictions will apply in fiscal years that follow, as the law requires.

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

- To build or acquire real property; or for construction.
- Major renovation or alteration of any space.

Minor renovations and alterations are allowable.

You must have policies, procedures, and financial controls in place. Anyone who receives federal funding must comply with legal requirements and restrictions, including those that limit specific uses of funding.

- Follow the list of statutory restrictions on the use of funds in Section 4.1 (**Funding Restrictions**) of the *Application Guide.* We may audit the effectiveness of these policies, procedures, and controls.

- 2 CFR § 200.216 prohibits certain telecommunications and video surveillance services or equipment. For details, see the [HRSA Grants Policy Bulletin Number: 2021-01E](#).

If funded, for-profit organizations are prohibited from earning profit from the federal award (45 CFR § 75.216(b)).

V. Application Review Information

1. Review Criteria

We review your application on its technical merit. We have measures for each review criterion to help you present information and to help reviewers evaluate the applications.

We use six review criteria to review and rank Delta MCC applications. Here are descriptions of the review criteria and their scoring points.

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

How well the application:

- Describes the purpose of the proposed project and clearly identifies specific project goals, objectives, and expected outcomes.

- Summarizes how the proposed project will address maternal perinatal care, improve and expand care coordination services, and improve and expand access for the proposed target area(s).

The extent to which the application:

- Describes the national and/or local rankings data, including the number of maternal deaths or most recent maternal mortality ratio; social vulnerability index; or other maternal health indicators.

- Describes the health indicators by race and ethnicity or other demographic characteristics and/or discuss and contextualize the target population with respect to racial and ethnic disparities or other demographic characteristics. If the service area has a low population density where such data may impact patient privacy, the application includes contextual information about the total population in the service area.

- Describes the health care services available in or near the target service are and any gaps in services, including whether the service area is an identified maternity care health professional target area (MCTA) or health care professional shortage area (HPSA).

- Details the current perinatal services available or not available in the area.

- Describes the need for coordinated maternal services in the target service area.

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

Developing Strategies to Accomplish Goals (10 Points)
- How well the applicant's proposed project responds to the program's Purpose and the Program Requirements and Expectations, including the strength of the proposed goals and objects and how well they relate to the project.
- How well the activities described in the application will address the needs identified and meet project objectives.

The extent to which the application:

- Incorporates the recommended strategies of comprehensive care services, community outreach and education, telehealth, community health workers, midwifery services, doulas, maternal fetal specialists and AIM Safety Bundles and Perinatal Quality Collaboratives. If the applicant does not include some or all of these recommended strategies, they clearly explain why not and detail other strategies that will achieve program goals.

- Describes how the strategies over the program years will lead to the capacity of the network/consortium to contribute the outcomes outlined in the Purpose section.

- Describes the plan to triage and refer for various levels of risk during and after pregnancy for the pregnant patient and infant.

- Describes how they will develop and implement sustainable strategies of care coordination into policies, procedures, staffing, services, and communication systems.

- Describes how they will continue to assess and address disparities in infant and maternal health outcomes, including among rural racial and ethnic minority and other underserved populations.

Demonstrating Collaboration and Using Evidence-Based, Promising Practice, and/or Value-Based Care Model(s) to Improve Outcomes (10 Points)
- How well the application outlines the specifics of the evidence-based, promising practice, and/or value-based care models to inform the strategies to address perinatal care.

The extent to which the application:

- Demonstrates the level of collaboration of members in the network/consortium.

- Describes each network/consortium members' contribution to accomplish set program goals and how the network/consortium plans to implement shared governance.

- Describes the communication plan that will be used within the network/consortium and how frequently network/consortium meetings will be held.

- Describes how the network/consortium partnerships and collaboration among entities that represent the spectrum of care during and after pregnancy will help identify barriers to providing maternal care and strategies for addressing barriers throughout the project.

Work Plan (5 Points)
- How well the work plan activities or steps used will achieve each of the program goals and objectives proposed during the entire period of performance identified in the "Introduction" section.

- How well the work plan describes timeframes and deliverables and identify personnel, network/consortium members, and/or key collaborators responsible for executing each activity during the five-year period of performance.

Resolution of Challenges (5 Points)

How well the application discusses challenges and strategies to resolve those challenges related to:

- Maintaining network/consortium collaboration and involvement.

- Ensuring work and activities serve the target rural populations.

- Ensuring the services provided address the cultural, linguistic, religious, and social differences of the target population.

Criterion 3: EVALUATIVE MEASURES (10 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity
The extent to which the application:
- Describes how the applicant will engage network/consortium members to ensure effective and productive collaboration.

- Describes the capacity of the network partners to collect and report data to the applicant as the lead organization.

- Describes the capacity to oversee the data collection, cleaning, and reporting to HRSA.

- Details outcome and process measures that align with the goals and objectives of the proposed project and with the potential health impact.

Criterion 4: IMPACT (15 points) – Corresponds to Section IV's Approach and Workplan
The extent to which the application:
- Describes the expected impact on the target population and the regional health system, including the expected or potential long-term changes and/or

improvements and expansions in health care delivery due to implementation of care coordination strategies and innovation.

- Describes the strategies for sustainability so that the work can continue within the network/consortium after this grant ends.

Criterion 5: RESOURCES/CAPABILITIES (20 points) – Corresponds to Section IV's Organizational Information

- How well the application describes the organization's current mission, structure, and scope of current activities, and how these elements all contribute to the organization's ability to implement Rural Delta Maternal Care Coordination Program requirements and expectations.

The extent to which the application:

- Details a staffing plan and job descriptions for key staff.

- Identifies a Project Director, as well as key personnel with qualified experience to support this project.

- Discusses the Project Director responsibilities for project/program monitoring and carrying out the award activities. If the Project Director has not been identified, discusses the process and reasonable timeline for hiring a permanent individual for these positions.

- Provides Letters of Commitment from each network/consortium member, delineating their expertise, roles and responsibilities, and commitments in the project.

- Details the applicant organization's organizational chart and the network/consortium's organizational chart.

- Details the network/consortium member list with the organization name, address, contact information (name, title, email), type of healthcare/support service provider, attestation if located in a HRSA-designated rural area.

- Details how the network/consortium includes a diversity of health professionals and organizations relevant to coordinating care for maternal prenatal and perinatal services in the target rural service area.

- Details a shared network governance model that incorporates perspectives from all members in its decision-making and resource allocation to meet program goals while ensuring and demonstrating high-level engagement from every member.

- Describes how this structure will provide safeguards to ensure a collaborative decision-making process that empowers all network members to address program goals.

Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV's Budget and Budget Justification

The SF-424A budget forms, along with the budget justification components of the itemized budget and budget narrative, are to be used in the review of this section.

Together, they provide information regarding the reasonableness of the support requested.

- The extent to which the budget justification logically documents how and why each line-item request (such as personnel, travel, equipment, supplies, information technology, and contractual services) supports the goals and activities of the proposed award-funded activities over the length of the four-year period of performance.

- The degree to which the estimated cost to the government for proposed award-funded activities is reasonable.

3. Review and Selection Process

Subject matter experts provide an impartial evaluation of your application. Then, they pass along the evaluations to us, and we decide who receives awards. See Section 5.3 of the *Application Guide* for details. When we make award decisions, we consider the following when selecting applications for award:

- How high your application ranks
- Funding availability
- Risk assessments
- Other pre-award activities, as described in Section V.3 of this NOFO
- Other factors:
    - Funding Preferences
    - Funding Priorities

For this program, HRSA will use:

Funding Priority Points

This program includes a funding priority. A funding priority is the favorable adjustment of review scores of individually approved applications when applications meet specified criteria. Organizations requesting and meeting requirements of the funding priority will receive 3 points.

HRSA staff will grant a funding priority to applicants who clearly demonstrate how the network/consortium will deliver coordinated perinatal health care services in one or

more rural counties or parishes and census tracts with a <u>MCTA of 20 or higher</u> based on designated geographic primary care HPSAs[7].

See Appendix A for the list of rural or partially rural counties and parishes with a MCTA of 20 or higher in the eight Delta Region states.

If you are requesting a funding priority, please indicate this in the Project Abstract and **Attachment 8.** Please label document as Funding Priority Documentation.

Funding Preferences

This program provides a funding preference for some applicants, as authorized by 42 U.S.C. 254c(h)(3) (§ 330A(h)(3) of the Public Health Service Act). If your application receives a funding preference, it will be placed in a more competitive position among fundable applications. If your application does not receive a funding preference, it will receive full and equitable consideration during the review process. The HRSA staff will determine the funding factor and will apply it to any qualified applicant that demonstrates they meet the criteria for the preference as follows:

Qualification to meet the funding preference:

Health Professional Shortage Area (HPSA)
You meet this funding preference qualification if the applicant or the service area of the applicant is in an officially designated health professional shortage area (HPSA). Applicants must include a screenshot or printout from the HRSA Shortage Designation website, which indicates if a particular address is located in a HPSA: https://data.hrsa.gov/tools/shortagearea/by- address

If applicable, please indicate which qualification is being met in the **Project Abstract** and **Attachment 8**. Please label document as Funding Preference Documentation. If you do not provide appropriate documentation in **Attachment 8**, as described, you will not receive the funding preference.

If you qualify for both a Funding Priority and Preference, you can label the document as Funding Priority and Preference Documentation. If you do not qualify for a funding preference, please state that you do not qualify for a funding preference in a statement submitted as **Attachment 8**.

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[7] *MCTA scores by county or parish were calculated using publicly available data from the HRSA Data Warehouse. Data reflect MCTA scores on April 22, 2024 for areas designated as geographic and high need geographic primary care HPSAs.*

4. Assessment of Risk

If you have management or financial instability that directly relates to your ability to carry out statutory, regulatory, or other requirements, we may decide not to fund your high-risk application ([45 CFR § 75.205](#)).

First, your application must get a favorable merit review. Then we:
- Review past performance (if it applies)
- Review audit reports and findings
- Analyze the cost of the project/program budget
- Assess your management systems
- Ensure you continue to be eligible
- Make sure you comply with any public policies.

We may ask you to submit additional information (for example, an updated budget) or to begin activities (for example, negotiating an indirect cost rate) as you prepare for an award.

However, even at this point, we do not guarantee that you'll receive an award. After a full review we'll decide whether to make an award, and if so, if special conditions are required, and what level of funding is appropriate.

Award decisions are discretionary and final. You cannot appeal them to any HRSA or HHS official or board.

As part of this review, we use SAM.gov Entity Information [Responsibility / Qualification](#) (formerly named FAPIIS) to check your history for all awards likely to be over $250,000. You can comment on your organization's information in SAM.gov. We'll consider your comments before making a decision about your level of risk.

VI. Award Administration Information

1. Award Notices

The Notice of Award (NOA) is issued on or around the [start date](#) listed in the NOFO. See Section 5.4 of the *Application Guide* for more information.

2. Administrative and National Policy Requirements

See Section 2.1 of the *Application Guide*.

If you receive an NOA and accept the award, you agree to conduct the award activities in compliance/accordance with:

- All provisions of [45 CFR part 75](#), currently in effect.

- The termination provisions in 45 CFR 75.372. No other specific information provisions apply.

- Other federal regulations and HHS policies in effect at the time of the award. In particular, the following provision of 2 CFR part 200, which became effective on or after August 13, 2020, is incorporated into this NOFO: 2 CFR § 200.301 Performance measurement.

- Any statutory provisions that apply.

- The Assurances (standard certification and representations) included in the annual SAM registration.

Accessibility Provisions and Non-Discrimination Requirements

If you receive an award, you must follow all applicable nondiscrimination laws. You agree to this when you register in SAM.gov. You must also submit an Assurance of Compliance (HHS-690). To learn more, see the Laws and Regulations Enforced by the HHS Office for Civil Rights.

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

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

Executive Order on Worker Organizing and Empowerment (E.O. 15025) encourages you to support worker organizing and collective bargaining. Bargaining power should be equal between employers and employees.

This may include developing policies and practices that you could use to promote worker power. Describe your plans and activities to promote this in the application narrative.

Subaward Requirements

If you receive an award, you must follow the terms and conditions in the NOA. You'll also be responsible for how the project, program, or activity performs; how you and others spend award funds; and all other duties.

In general, subrecipients must comply with the award requirements (including public policy requirements) that apply to you. You must make sure your subrecipients comply with these requirements. 45 CFR § 75.101 Applicability gives details.

Data Rights

All publications you develop or purchase with award funds must meet program requirements.

You may copyright any work that's subject to copyright and was developed, or for which ownership was acquired, under an award.

However, we reserve a royalty-free, nonexclusive, and irrevocable right to your copyright-protected work. We can reproduce, publish, or otherwise use the work for federal purposes and allow others to do so. We can obtain, reproduce, publish, or otherwise use any data you produce under the award and allow others to do so for federal purposes. These rights also apply to works that a subrecipient develops.

3. Reporting

Award recipients must comply with Section 6 of the *Application Guide* **and** the following reporting and review activities:

1) **Federal Financial Report**. The Federal Financial Report (SF-425) is required. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically. Visit [Reporting Requirements | HRSA](#). More specific information will be included in the NOA.

2) **Progress Report**(s). The recipient must submit a progress report to HRSA on an annual basis. Submission and HRSA approval of your Non-Competing Continuation (NCC) Progress Report triggers the budget period renewal and release of subsequent year funds. This report demonstrates award recipient progress on program-specific goals.   The NOA will provide details.

3) **Asset Mapping**. Award recipients are required to submit a baseline services map during the planning year that will include an asset mapping exercise of relevant health services in the service area and a gap analysis. Additional information will be provided upon receipt of the award.

4) **Data Collection Plan**. Award recipients are required to submit a data collection plan during the planning year that details each network/consortium partner's capability to collect and report data and the network/consortium's plan to meet data reporting requirements. Additional information will be provided upon receipt of the award.

5) **Strategic Work Plan**. A strategic work plan is required during the period of performance in the EHB. The strategic plan should be used as a tool to help the network/consortium establish its goals and objectives, identify priority areas, and solutions. It may also include an external environmental scan. Additional information will be provided upon receipt of the award.

6) **Data Reporting.** Award recipients will be required to collaborate with HRSA and with the HRSA-funded Data Support Provider to monitor the progress of their

project. During the first year of the period of performance, HRSA will provide more information on the specific data elements that award recipients will need to collect and report on annually.

7) **Sustainability Plan**. A sustainability plan is required at the end of the period of performance. Additional information will be provided upon receipt of the award.

8) **Final Closeout Report**. A final report is due within 120 days after the period of performance ends. The final report details the resulting model; core performance measurement data; impact of the overall project; the degree to which the award recipient achieved the mission, goal and strategies outlined in the program; award recipient objectives and accomplishments; barriers encountered; and responses to summary questions regarding the award recipient's overall experiences over the entire period of performance. Further information will be provided upon receipt of the award.

9) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in SAM.gov Entity Information [Responsibility / Qualification](#) (formerly named FAPIIS), as [45 CFR part 75 Appendix I, F.3.](#) and [45 CFR part 75 Appendix XII](#) require.

VII. Agency Contacts

Business, administrative, or fiscal issues:

Marie Mehaffey
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
Call: (301) 945-3934
Email: Mmehaffey@hrsa.gov

Program issues or technical assistance:

Nikita Patel
Public Health Analyst
Federal Office of Rural Health Policy
Attn: Delta Region Maternal Care Coordination Program
Health Resources and Services Administration
Call: 301-594-3288
Email: DeltaMCCProgram@hrsa.gov

You may need help applying through Grants.gov. Always get a case number when you call.

Grants.gov Contact Center (24 hours a day, 7 days a week, excluding federal holidays)
Call: 1-800-518-4726 (International callers: 506-545-5035)
Email: support@grants.gov
Search the Grants.gov Knowledge Base

Once you apply or become an award recipient, you may need help submitting information and reports through HRSA's Electronic Handbooks (EHBs). Always get a case number when you call.

HRSA Contact Center (Monday – Friday, 7 a.m. – 8 p.m. ET, excluding federal holidays)
Call: 877-464-4772 / 877-Go4-HRSA
TTY: 877-897-9910
Electronic Handbooks Contact Center

The EHBs login process changed on May 26, 2023, for applicants, recipients, service providers, consultants, and technical analysts. To enhance EHBs' security, the EHBs now uses **Login.gov** and **two-factor authentication**. Applicants, recipients, service providers, consultants, and technical analysts must have a Login.gov account for the new login process. For step-by-step instructions on creating a Login.gov account refer to the EHBs Wiki Help page.

VIII. Other Information

Technical Assistance

See TA details in Summary.

Tips for Writing a Strong Application

See Section 4.7 of the *Application Guide*.

Appendix A: Rural Counties with MCTA Scores Greater Than 20

You will be granted a funding priority if you clearly demonstrate how the network/consortium will deliver coordinated perinatal health care services in rural counties or parishes and census tracts with a MCTA of 20 or higher based on designated geographic primary care HPSAs. To qualify for the Funding Priority, in Attachment 8 identify which counties you are serving.

State	County	MCTA Score	Rural Status
AL	Barbour	22	Completely Rural
AL	Bullock	20	Completely Rural
AL	Butler	20	Completely Rural
AL	Clarke	21	Completely Rural
AL	Dallas	20	Completely Rural
AL	Greene	21	Completely Rural
AL	Hale	21	Completely Rural
AL	Lowndes	22	Completely Rural
AL	Marengo	20	Completely Rural
AL	Monroe	20	Completely Rural
AL	Sumter	21	Completely Rural
AL	Wilcox	21	Completely Rural
AR	Phillips	20	Completely Rural
IL	Alexander	20	Partially Rural
IL	Pulaski	20	Completely Rural
KY	Fulton	23	Completely Rural
LA	Avoyelles	20	Completely Rural
LA	Bienville	22	Completely Rural
LA	Claiborne	23	Completely Rural

LA	Concordia	23	Completely Rural
LA	Franklin	23	Completely Rural
LA	Jackson	22	Completely Rural
LA	Madison	23	Completely Rural
LA	Tensas	21	Completely Rural
LA	Union	20	Completely Rural
LA	Webster	21	Completely Rural
LA	West Carrol	21	Completely Rural
LA	Winn	21	Completely Rural
MS	Amite	21	Completely Rural
MS	Claiborne	22	Completely Rural
MS	Holmes	22	Completely Rural
MS	Humphreys	23	Completely Rural
MS	Jefferson	23	Completely Rural
MS	Jefferson Davis	21	Completely Rural
MS	Lawrence	20	Completely Rural
MS	Montgomery	20	Completely Rural
MS	Sunflower	21	Completely Rural
MS	Tallahatchie	21	Completely Rural
MS	Walthall	22	Completely Rural
MS	Wilkinson	20	Completely Rural
MS	Yazoo	21	Completely Rural
TN	Lauderdale	24	Completely Rural

Appendix B: Delta Region Maternal Health Network Partners

Applicant organizations should use these suggested partners to the extent practical. The Network should also develop a governance structure for their network in which all participants coordinate services and have an equal voice in network strategy and actions.

Health Care Providers

- Rural hospitals (including Critical Access Hospitals, small rural hospitals, Rural Emergency Hospitals, tribal hospitals)

- Rural clinics (Medicare-certified Rural Health Clinics, Federally Qualified Health Centers, Indian Health Service Clinics, Behavioral Health Providers)

- Maternal health providers (maternal fetal specialists, midwives, doulas, community health workers)

- Level II facilities with the capability to provide specialty care to maternal health patients (see Appendix)

- Tertiary hospitals that can provide high-risk obstetric care, such as Level III and Level IV facilities (see Appendix C)

Other Service Providers

- Federal Programs (Healthy Start Awardees, Maternal, Infant, and Early Childhood Home Visiting Program Awardees, Pediatric Mental Health Care Access Program)

- Supplemental Nutrition Assistance Program/Women, Infant and Children Providers

- Benefits Counselors for insurance programs (Medicaid, Children's Health Insurance Program, Earned Income Tax Credit)

- Community based organizations

Maternal Quality Initiative Partners

- Perinatal Quality Collaboratives

- AIM Safety Bundles State teams

Insurers

- Medicaid

- Children's Health Insurance Program

- Private Insurers

Appendix C: Common Definitions

Business Associate Agreement (BAA) – A covered entity's contract or other written arrangement with its business associate must contain the elements specified at 45 CFR 164.504(e). For example, the contract must: Describe the permitted and required uses of protected health information by the business associate; Provide that the business associate will not use or further disclose the protected health information other than as permitted or required by the contract or as required by law; and Require the business associate to use appropriate safeguards to prevent a use or disclosure of the protected health information other than as provided for by the contract. Where a covered entity knows of a material breach or violation by the business associate of the contract or agreement, the covered entity is required to take reasonable steps to cure the breach or end the violation, and if such steps are unsuccessful, to terminate the contract or arrangement. If termination of the contract or agreement is not feasible, a covered entity is required to report the problem to the Department of Health and Human Services (HHS) Office for Civil Rights (OCR).[8]

Established Network: Meets the definition below of a **formal network** in addition to having a history of working together.

Formal Network: A network organization is considered formal if the network has a signed Memorandum of Agreement (MOA), Memorandum of Understanding (MOU), or other formal collaborative agreements, including signed and dated bylaws. The network has a governing body that includes representation from all network member organizations and ensures that the governing body, rather than an individual network member, will make financial and programmatic decisions.
An advisory board that merely provides advice is not considered a governing body. An already existing non-profit board of individuals convened for providing oversight to a single organization is not an appropriate board structure.
The network ensures a joint decision-making model that ensures an equal voice for all network members and includes ongoing transparency related to network decisions, information and data sharing, and budget allocation decisions.

Health Care Provider – Health care providers are defined as: hospitals, public health agencies, home health providers, mental health centers, substance abuse service providers, rural health clinics, primary care providers, oral health providers, social service agencies, health profession schools, local school districts, emergency services providers, community and migrant health centers, federally qualified health centers, tribal health programs, churches, and civic organizations that are/will be providing health related services.

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[8] Business Associate Agreements or Contracts as defined by the Department of Health and Human Services. (OCR), Office for Civil Rights (2021, June 28). Business Associates. HHS.gov. https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/business-associates/index.html

Health Care Network/Consortium – A formal organizational arrangement among at least three regional or local health care organizations and/or health care providers that comes together to plan and develop strategies for improving health services in a community.

Level II Facilities – Health care facilities who can provide maternal health care for managing moderate- to -high-risk antepartum, intrapartum, or postpartum conditions [as defined](#) by The American College of Obstetricians and Gynecologists (ACOG).[9]

Letter of Commitment – A formal document signed and dated by all network/consortium members to reflect the mutual commitment of each member to the Delta MCC and describe the extent of the anticipated involvement by each network/consortium partner.

Maternity Care Health Professional Target Areas: Maternity Care Health Professional Target Areas (MCTAs) are areas within an existing Primary Care Health Professional Shortage Areas (HPSA) that are experiencing a shortage of maternity health care professionals.

Memorandum of Agreement – The Memorandum of Agreement (MOA) is a written document that must be signed by all network/consortium member CEOs, Board Chairs or tribal authorities to signify their formal commitment as network/consortium members. An acceptable MOA must describe the network/consortium purpose and activities in general; member responsibilities in terms of financial contribution, participation, and voting; and membership benefits.

Project Director – An individual designated by the award recipient institution to direct the project or program being supported by the award. The Project Director is responsible for the proper conduct of the project or program. The entity (organization) is, in turn, legally responsible and accountable to HRSA and for the performance and financial aspects of the award supported activity. The Interim Project Director may be employed by or under contract to the award recipient organization. The permanent Project Director may be under contract to the award recipient and the contractual agreement must be explained. HRSA prefers that the network/consortium director role is different from the project director role.

Telehealth: HRSA defines telehealth as 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.

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[9] Level II facilities are defined by Levels of Maternal Care. Obstetric Care Consensus No. 9. American College of Obstetricians and Gynecologists. American Journal of Obstetrics and Gynecology 2019;134:e41e55. doi: 10.1016/j.ajog.2019.05.046.

Tertiary Institution – health facilities providing Level III or Level IV maternal health services as defined by The American College of Obstetricians and Gynecologists (ACOG).[10]

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[10] Level III (Subspecialty Care) and Level IV (Regional Perinatal Health Care Centers) facilities are defined by Levels of Maternal Care. Obstetric Care Consensus No. 9. American College of Obstetricians and Gynecologists. American Journal of Obstetrics and Gynecology 2019;134:e41e55. doi: 10.1016/j.ajog.2019.05.046.

Appendix D: Program Resources

The following resources may also be helpful to applicants. Inclusion of a non-federal resource on this list does not constitute endorsement by HRSA, nor a guarantee that information in the resource is accurate or up-to-date.

Alliance for Innovation on Maternal Health
Alliance for Innovation on Maternal Health (AIM) works through state teams and health systems to align national, state and hospital level quality improvement efforts to improve overall maternal health outcomes.
https://safehealthcareforeverywoman.org/aim-program/

HRSA Resources
- Office of Intergovernmental and External Affairs:
  https://www.hrsa.gov/about/organization/bureaus/hrsa-iea
- Bureau of Primary Health Care (BPHC) Health Center Program:
  https://bphc.hrsa.gov/
    - Find a Health Center (FQHC): https://data.hrsa.gov/
- National Health Service Corps (NHSC) and Primary Care Offices (PCOs):
  https://nhsc.hrsa.gov/nhsc-sites/contacts/regional-offices-state-contacts.html
- Maternal Child Health Glossary:
  https://mchb.tvisdata.qa.hrsa.gov/Glossary/Glossary
    - Find Healthy Start and Home Visiting Program:
      https://data.hrsa.gov/tools/find-grants
- National Organization for State Offices of Rural Health (NOSORH):
  https://nosorh.org/nosorh-members/nosorh-members-browse-by-state/
    - *Note:* For information on how SORHs can be helpful in supporting rural community organizations, please visit the following resources:
        - Community-Based Division Factsheet:
          https://nosorh.org/wp-content/uploads/2018/01/SORH-CBD-Factsheet-Final.pdf
        - Community Organization Collaboration Video:
          https://www.youtube.com/watch?v=Tk3hGs6Btpc

HHS Resources for Health Literacy
HHS Health.gov: Health Literate Care Model
AHRQ: Health Literacy Universal Precautions Toolkit

The National Preconception Health and Health Care: Preconception Resource Guide
The goal of the Preconception Resource Guide is focused improving the health of young adults and any children they may choose to have. The vision is that all people of reproductive age will achieve optimal health and wellness, fostering a healthy life course for them and any children they may have.
https://beforeandbeyond.org/resources/toolkits-reports/
Preconception Health

CDC: http://www.cdc.gov/preconception/index.html

Rural Health Information Hub
The Rural Health Information Hub (RHIhub) is supported by funding from HRSA and helps rural communities and other rural stakeholders access the full range of available programs, funding, and research that can enable them to provide quality health and human services to rural residents. Please visit RHIhub's website at: https://www.ruralhealthinfo.org.

RHIhub also provides free customized assistance that can provide support in gathering data, statistics, and general rural health information. You can contact RHIhub and information specialists can provide the information you need in responding to this section. To utilize RHIhub's free customized assistance, please call 1-800-270-1898 or send an email to info@ruralhealthinfo.org.

Rural Health Research Gateway
The Rural Health Research Gateway website (www.ruralhealthresearch.org) provides easy and timely access to all of the research and findings of the HRSA-funded Rural Health Research Centers. You can use the site to find abstracts of both current and completed research projects, publications resulting from those projects, and information about the research centers themselves as well as individual researchers.

Regional Telehealth Resource Centers
Provide technical assistance to organizations and individuals who are actively providing or interested in providing telehealth services to rural and/or underserved communities. https://www.telehealthresourcecenter.org/

Appendix E: Page Limit Worksheet

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

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

Standard Form Name *(Forms themselves do not count against the page limit)*	Attachment File Name *(Unless otherwise noted, attachments count against the page limit)*	# of Pages *Applicant Instruction – enter the number of pages of the attachment to the Standard Form*
Application for Federal Assistance (SF-424 - Box 14)	Areas Affected by Project (Cities, Counties, States, etc.)	*My attachment = ___ pages*
Application for Federal Assistance (SF-424 - Box 16)	Additional Congressional District	*My attachment = ___ pages*
Application for Federal Assistance (SF-424 - Box 20)	Is the Applicant Delinquent On Any Federal Debt?	*My attachment = ___ pages*
Attachments Form	Attachment 1: Signed Letters of Commitment from all Network/Consortium Members (required)	*(Does not count against the page limit)*
Attachments Form	Attachment 2: The Applicant Organization's Organizational Chart AND the Network/Consortium Organizational Chart and List	*My attachment = ___ pages*
Attachments Form	Attachment 3: Map of the Service Area	*My attachment = ___ pages*
Attachments Form	Attachment 4: Staffing Plan and Job Descriptions for Key Personnel	*My attachment = ___ pages*

Standard Form Name (Forms themselves do not count against the page limit)	Attachment File Name (Unless otherwise noted, attachments count against the page limit)	# of Pages Applicant Instruction – enter the number of pages of the attachment to the Standard Form
Attachments Form	Attachment 5: Biographical Sketches of Key Personnel	*My attachment = ___ pages*
Attachments Form	Attachment 6: Work Plan	*My attachment = ___ pages*
Attachments Form	Attachment 7: State Office of Rural Health Letter or other Appropriate State Government Entity Letter	*(Does not count against the page limit)*
Attachments Form	Attachment 8: Proof of Funding Preference/Priority	*(Does not count against the page limit)*
Attachments Form	Attachment 9: Exceptions Request (if applicable)	*(Does not count against the page limit)*
Attachments Form	Attachment 10: HRSA Funding History (if applicable)	*(Does not count against the page limit)*
Attachments Form	Attachment 11-15: Other Relevant Documents (if applicable)	*My attachment = ___ pages*
Project/Performance Site Location Form	Additional Performance Site Location(s)	*My attachment = ___ pages*
Project Narrative Attachment Form	Project Narrative	*My attachment = ___ pages*
Budget Narrative Attachment Form	Budget Narrative	*My attachment = ___ pages*

Standard Form Name *(Forms themselves do not count against the page limit)*	Attachment File Name *(Unless otherwise noted, attachments count against the page limit)*	# of Pages *Applicant Instruction – enter the number of pages of the attachment to the Standard Form*
# of Pages Attached to Standard Forms		Applicant Instruction: Total the number of pages in the boxes above.
Page Limit for HRSA-24-120 is 50 pages		**My total = _____ pages**