

U.S. Department of Health and Human Services



Health Resources & Services Administration

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2024

Federal Office of Rural Health Policy

Hospital State Division

Delta Health Systems Implementation Program

Funding Opportunity Number: HRSA-24-079

Funding Opportunity Type(s): New

Assistance Listing Number: 93.912

Application Due Date: June 24, 2024

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

Issuance Date: April 24, 2024

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

Authority: 42 U.S.C. 912(b) (§ 711(b) of the Social Security 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 Health Systems Implementation Program
Funding Opportunity Number:	HRSA-24-079
Assistance Listing Number:	93.912
Due Date for Applications:	June 24, 2024
Purpose:	The purpose of this program is to improve healthcare delivery in rural areas by implementing projects that will improve the financial sustainability of hospitals and allow for increased access to care in rural communities. These projects focus on financial and operational improvement, quality improvement, telehealth, and workforce development in hospitals in the rural counties and parishes of the Delta Regional Authority's region (Delta region).
Program Objective(s):	Improve health care in rural areas by improving financial stability in small rural hospitals through projects focused on: <ul style="list-style-type: none">• Financial and operational improvements;• Implementation of quality improvement initiatives;• Expansion of telehealth services;• Workforce recruitment and retention initiatives; and• The development of new service lines to address the needs of the community, including populations in the community that have been historically underserved.

Eligible Applicants:	<p>Eligible applicants include domestic public or private, nonprofit or for-profit entities. Domestic community-based organizations, tribes, and tribal organizations are also eligible to apply.</p> <p>Applicants must be located in the rural counties and parishes of the Delta region. The Delta region includes 252 counties and parishes located across eight states - Alabama, Arkansas, Illinois, Kentucky, Louisiana, Mississippi, Missouri, and Tennessee.</p> <p>See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.</p>
Anticipated FY 2024 Total Available Funding:	Approximately \$2,000,000
Estimated Number and Type of Award(s):	Approximately 5 new grants
Estimated Award Amount:	Approximately \$400,000 per award for the two-year period of performance. Award recipients will receive the full award amount in the first year of the period of performance and are required to allocate it across the two-year period of performance.
Cost Sharing or Matching Required:	No
Period of Performance:	September 1, 2024 through August 31, 2026 (2 years)
Agency Contacts:	<p>Business, administrative, or fiscal issues: Marie Mehaffey Grants Management Specialist Division of Grants Management Operations, OFAM Email: mmehaffey@hrsa.gov</p> <p>Program issues or technical assistance: Suzanne Snyder Public Health Analyst Federal Office of Rural Health Policy Email: RuralHospitals@hrsa.gov</p>

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:

Wednesday, May 1, 2024

2 – 3 p.m. ET

Weblink: [https://hrsa-](https://hrsa.gov)

[gov.zoomgov.com/j/1611632485?pwd=bW01S1FrT1dxSlk0YWNIk3RXRFRBQT09](https://hrsa.gov.zoomgov.com/j/1611632485?pwd=bW01S1FrT1dxSlk0YWNIk3RXRFRBQT09)

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

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

Meeting ID: 161 476 5855

We will record the webinar. Please contact ssnyder1@hrsa.gov to request playback information 48 hours after the live event.

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Delta Health Systems Implementation Program (DSIP). The purpose of this program is to improve healthcare delivery in rural areas by implementing projects that will improve the financial sustainability of hospitals and allow for increased access to care in rural communities. These projects focus on financial and operational improvement, quality improvement, telehealth, and workforce development in hospitals in the rural counties and parishes of the Delta region.

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/about-dra/map-room>. To determine if a county or parish in the Delta region is rural visit <https://www.ruralhealthinfo.org/am-i-rural>

Funding is provided to support small rural hospitals (critical access hospitals or inpatient prospective payment system facilities with up to 100 beds) in the Delta region that have received previous technical assistance (TA) through the [Delta Region Community Health Systems Development Program \(DRCHSD\)](#) or another similar TA program within the last five years. The DRCHSD Program provides intensive, multi-year technical assistance to healthcare facilities located in the Delta region for free. DSIP is an extension of the DRCHSD Program and is designed to help hospitals that previously received TA, from [DRCHSD](#) or another similar TA program, to implement projects based on the recommendations from their TA.

Program Objective

Improve health care in rural areas through projects in these focus areas:

- Financial and operational improvements;
- Implementation of quality improvement initiatives;
- Expansion of telehealth services and financial/operational systems enhancements;
- Workforce recruitment and retention initiatives; and
- The development of new service lines to address the needs of the community, including populations in the community that have been historically underserved.

Implementation project activities could include, but are not limited to:

- Financial and Operational (such as developing new service lines, increasing inpatient and swing bed volume, increasing outpatient services, implementing revenue cycle best practices to increase point of service collections, and optimizing emergency department operations)
- Quality (such as reducing readmissions, improving transitions of care and discharge planning, implementing performance measurement systems, clinical documentation integrity training, and utilizing data analytics)
- Telehealth (such as expanding telehealth services, and enhancing cybersecurity)
- Workforce (such as recruitment initiatives, implementing new technology to increase clinical efficiency, simulation training for clinicians, and leadership training such as rounding to improve patient and employee satisfaction)

HRSA will work with recipients of this grant to identify the appropriate measures to show improvement in financial sustainability and the impact of their specific implementation projects.

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

2. Background

The Delta Health Systems Implementation Program is authorized by 42 U.S.C. 912(b) (§ 711(b) of the Social Security Act).

This program supports HRSA's collaboration with the Delta Regional Authority (DRA) to enhance healthcare delivery in the rural counties and parishes of the Delta region.

This collaboration began in 2017 with the DRCHSD Program. The DRCHSD Program provides intensive, multi-year technical assistance to healthcare facilities located in the Delta region for free. The TA services focus on financial and operational efficiency, quality improvement, telehealth, community care coordination, population health, emergency medical services, and workforce recruitment and retention. The DRCHSD Program is available to healthcare facilities located in the 252 counties and parishes of the Delta region. The [National Rural Health Resource Center](#) is the TA provider for the DRCHSD Program.

As rural healthcare facilities completed the multi-year TA of the DRCHSD Program, there was a need for support to continue the implementation of projects recommended during TA consultations. DSIP was developed in 2023 to meet this need as an extension of the DRCHSD Program. DSIP provides funding to implement projects based on recommendations from the DRCHSD Program or another similar TA program.

If you have not received TA or would like more information on the DRCHSD Program, you can reach out to drchsd-program@ruralcenter.org.

II. Award Information

1. Type of Application and Award

Application type(s): New

We will fund you via a grant.

2. Summary of Funding

We estimate approximately \$2,000,000 will be available each year to fund 5 recipients. You may apply for a ceiling amount of up to \$400,000 for a two-year period of performance (reflecting direct and indirect costs).

The period of performance is September 1, 2024, through August 31, 2026 (2 years).

Award recipients will receive the full award amount in the first year of the two-year period of performance and must allocate funding across the two years. Applicants must submit a budget and budget narrative that includes both years of the period of performance. While you must distribute the funding across the two years, the budget does not need to be evenly split across the two-year period of performance and can vary based on the hospital's needs.

[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 is located in a rural county or parish in the Delta region and is:

- Public or private, non-profit or for-profit
- Community-based
- Tribal (governments, organizations)

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/about-dra/map-room/>. To determine if a county or parish in the Delta region is rural visit <https://www.ruralhealthinfo.org/am-i-rural>. Include proof of your organization's location in a rural county or parish in the Delta region in Attachment 3.

2. Cost Sharing or Matching

Cost sharing or matching is not required for this program.

3. Other

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](#)
- Fails to propose a project in a small rural hospital located within a rural county or parish in the Delta region.

Multiple Applications

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

IV. Application and Submission Information

1. Address to Request Application Package

We **require** you to apply online through [Grants.gov](https://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-24-079 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 **40 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
- Proof of non-profit status (if it applies)

If there are other items that do not count toward the page limit, we'll make this clear in Section IV.2.v [Attachments](#).

If you use an OMB-approved form that is not in the HRSA-24-079 workspace application package, it may count toward the page limit.

Applications must be complete and validated by Grants.gov under HRSA-24-079 before the [deadline](#).

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- When you submit your application, you certify that you and your principals¹ (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.²
- If you cannot certify this, you must include an explanation in *Attachment 7-15: Other Relevant Documents*.

(See Section 4.1 viii "Certifications" of the [Application Guide](#))

¹ See definitions at [eCFR :: 2 CFR 180.995 -- Principal](#), and [eCFR :: 2 CFR 376.995 -- Principal \(HHS supplement to government-wide definition at 2 CFR 180.995\)](#).

² See also 2 CFR parts [180](#) and [376](#), [31 U.S.C. § 3354](#), and [45 CFR § 75.113](#).

Program Requirements and Expectations

1. You must implement a project in one or more of the program focus areas to include financial and operational improvement, quality improvement, telehealth, and workforce development in a small rural hospital located in a rural county or parish in the Delta region.
2. If you are not a small rural hospital implementing a project within your own organization, you must maintain a strong working relationship with the small rural hospital to meet the intended goals of the program
3. You must adhere to all listed budget requirements. See Section 2.IV.iii. [Budget](#) for more details.

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](#).

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	<i>Criterion 1: NEED</i>
Organizational Information	<i>Criterion 5: RESOURCES/CAPABILITIES</i>
Need	<i>Criterion 1: NEED</i>
Approach	<i>Criterion 2: RESPONSE</i>
Work Plan	<i>Criterion 2: RESPONSE</i>
Resolution of Challenges	<i>Criterion 2: RESPONSE</i>
Evaluation and Technical Support Capacity	<i>Criterion 3: EVALUATIVE MEASURES</i> <i>Criterion 4: IMPACT</i>

Narrative Section	Review Criteria
Budget Narrative	<i>Criterion 6: SUPPORT REQUESTED</i>

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](#)*
 - Briefly describe the purpose of the proposed project. Identify the small rural hospital in which the project will be implemented and indicate its location in a rural county or parish in the Delta region. Include proof of location in a rural county or parish in the Delta region in **Attachment 3**.

- *Organizational Information -- Corresponds to Section V's Review Criterion 5 [RESOURCES/CAPABILITIES](#)*
 - Describe your organization's current mission, structure, and scope of current activities, and how these elements all contribute to your ability to implement the DSIP requirements and meet the DSIP expectations.
 - Discuss your organization's ability to implement the proposed improvements based on recommendations from the hospital's technical assistance consultations. Include evidence of successful implementation of previous technical assistance recommendations. Note if the technical assistance was funded by HRSA.
 - Discuss how you'll account for federal funds and record all costs to avoid audit findings.
 - Include a Letter of Commitment indicating your organization's Board of Directors' understanding of and commitment to the requirements of this grant for the two-year period of performance. If you are not a small rural hospital proposing to implement a project within your own organization, include a Letter of Commitment indicating the small rural hospital's Board of Director's understanding of and commitment to the requirements of this grant for the two-year period of performance. Include the Letter of Commitment as **Attachment 5**.
 - If you are not a small rural hospital proposing to implement a project within your own organization, include a signed MOU between you and the hospital as **Attachment 6** that represents a strong working relationship and how you will support the hospital to meet the intended goals of this program.

- Include a staffing plan and job descriptions for key personnel as **Attachment 1**. HRSA recommends including a project director of at least 0.25 FTE capable of overseeing the program's administrative, fiscal, and business operations for the entirety of the project. Include an organizational chart in **Attachment 2**.

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

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

Community and Hospital Demographics

- Describe the larger health care delivery system beyond the small rural hospital, including other providers in the community or distance from the hospital to other providers.
- Describe the community health status and challenges that affect health care in the service area (e.g., poverty, uninsured or underinsured, chronic disease burdens, social determinants of health). Use and cite recent data, when possible, to support the information.
- Describe the rural population to be served and any rural underserved communities including those who suffer from poorer health outcomes, health disparities, and other inequalities. These populations include but are not limited to: Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; and persons otherwise adversely affected by persistent poverty or inequality.

Hospital Improvement Opportunities

- Discuss recent technical assistance the hospital has received from the Delta Region Community Health Systems Development Program, or another similar TA program. Include proof of previous technical assistance as **Attachment 4**.
- Describe the recommendations suggested for areas for improvement. Area(s) of focus could include financial or operational improvement, quality improvement, implementation of telehealth, implementing workforce activities or service lines to address the needs of the community.

- *Approach -- Corresponds to Section V's Review Criterion 2 [RESPONSE](#)*
 - Provide details on how you propose to serve the target population and service area based on the technical assistance recommendations as aligned with the [DSIP program objectives](#).
 - Clearly outline your implementation plan based on recommendations from the hospital's technical assistance consultations. State which focus area(s) your plan will address.
 - Propose a plan for continuing the project when federal funding ends. We expect you to sustain key strategies or services and actions which have led to improved practices and outcomes for the target population.
- *Work Plan -- Corresponds to Section V's Review Criterion 2 [RESPONSE](#)*
 - Include a timeline that outlines each activity with connected goals and objectives for the entire period of performance.
 - Identify responsible staff for each activity. As needed, identify how key stakeholders and/or consultants will help plan, design, and carry out all activities, including the application.
- *Resolution of Challenges -- Corresponds to Section V's Review Criterion 2 [RESPONSE](#)*
 - Discuss challenges that you are likely to encounter in designing and carrying out the activities in the work plan. Explain approaches that you'll use to resolve them.
- *Evaluation and Technical Support Capacity -- Corresponds to Section V's Review Criteria 3 [EVALUATIVE MEASURES](#) and 4 [IMPACT](#)*
 - Describe the short and long-term impacts/outcomes of the proposed project on the hospital, target population, and service area.
 - Describe your strategy to collect, analyze, and track data to measure progress and impact/outcomes.

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).

Program Income

You must use any program income you generate from awarded funds for approved project-related activities. Use program income under the addition alternative (45 CFR § 75.307(e)(2)). Find post-award requirements for program income at [45 CFR § 75.307](#).

Specific Instructions

The Delta Health Systems Implementation Program requires the following:

- **Travel:** Allocate travel funds for up to two (2) hospital staff to attend at least one national or regional rural health care conference focused on innovative approaches and solutions for small rural hospitals and rural health care leadership. Examples include but are not limited to the National Rural Health Association (NRHA) Annual Rural Health Conference, NRHA Critical Access Hospital Conference, the American Hospital Association (AHA) Rural Health Care Leadership Conference, and the Delta Region Community Health Systems Development Program annual summit. To determine estimated travel costs, rates should refer to the U.S. General Services Administration (GSA) per diem rates for FY 2024. Per diem rates can be found on the GSA's website: <https://www.gsa.gov/travel>. See [Appendix A](#) for an example of how to include this in the budget.
- **Equipment:** You may allocate no more than \$150,000 to equipment purchases to include financial system enhancements or telehealth systems. Include a list and description of how equipment purchases meet the goals of your proposed project.
- **Personnel:** HRSA recommends allocating funds for a project director with at least 0.25 FTE to the program. Ideally, the allocated time of the project director role should be filled by one individual, and not split amongst multiple project staff.
- **Contractual:** You are responsible for ensuring that your organization or institution has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts. Consistent with [45 CFR part 75](#), you must provide a clear explanation of the purpose of each contract, how the costs were estimated, and the specific contract deliverables.

As required by the Further Consolidated Appropriations Act, 2024 (P.L. 118-47), Division D, Title II, § 202, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." 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](#).

In addition, the Delta Health Systems Implementation Program requires the following:

The budget narrative must describe all line-item federal funds (including subawards) proposed for this project. The budget justification narrative should:

- Clearly justify how you will use the DSIP funds requested over the two-year period of performance. The funding request must align with your line-item budget which supports the needs and activities you identified in the project narrative portion of your application.
- Clearly indicate how funds will be distributed across partner organizations (subawards), if proposed.

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 include links to.

Attachment 1: Staffing Plan and Job Descriptions for Key Personnel

Keep each job description to one page in length. Include the role, responsibilities, and qualifications of proposed project staff. When creating the staffing plan, HRSA recommends including a project director of at least 0.25 FTE capable of overseeing the program's administrative, fiscal, and business operations for the entirety of the project. For the purposes of this application, key personnel are individuals who are funded by this award, or person(s) conducting activities central to this program. Also describe your organization's timekeeping process. This ensures that you'll comply with federal standards related to recording personnel costs.

Attachment 2: Organizational Chart

Provide a one-page figure that shows the project's organizational structure.

Attachment 3: Proof of Location in a rural county or parish in the Delta region (DOES NOT COUNT TOWARD PAGE LIMIT)

Include a printout of your location in a rural county or parish in the Delta region from <https://www.ruralhealthinfo.org/am-i-rural>. This webpage allows you to search by county or street address and determine rural eligibility. If you are not a small rural hospital proposing to implement a project within your own organization, you must also include a printout of the small rural hospital's location in a rural county or parish in the Delta region. Printout should be legible and in black and white.

Attachment 4: Proof of Previous Technical Assistance (DOES NOT COUNT TOWARD PAGE LIMIT)

Documentation should be from the past five years and be one of the following items: recommendations from TA consultations, a recommendations report, or a letter from the Delta Region Community Health Systems Development Program confirming previous participation in TA. Reach out to the HRSA program contact if you have questions on what documentation would be appropriate.

Attachment 5: Board of Directors Letter of Commitment

Include a Letter of Commitment indicating your organization's Board of Directors' understanding of, and commitment to, the requirements of this grant for the two-year period of performance. The Letter of Commitment must be dated and signed by the Board Chair. If you are not a small rural hospital proposing to implement a project within your own organization, include a signed Letter of Commitment indicating the small rural hospital's Board of Director's understanding of and commitment to the requirements of this grant for the two-year period of performance.

Attachment 6: Memorandum of Understanding (if applicable)

If you are not a small rural hospital proposing to implement a project within your own organization, include a signed Memorandum of Understanding (MOU) between you and the hospital that represents a strong working relationship and how you will support the hospital to meet the intended goals of this program. MOUs should be no longer 2 pages.

Attachments 7–15: Other Relevant Documents

Include any other documents that are relevant to the application (e.g., proof of non-profit status, indirect cost rate agreements, letters of support, and contracts). Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverable. Letters of support must be dated and show a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.).

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

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.³

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](#).

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.

³ 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)).

4. Submission Dates and Times

Application Due Date

Your application is due on **June 24, 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

The Delta Health Systems Implementation Program 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

The General Provisions in Division D, Titles II and V, that reference the Further Consolidated Appropriations Act, 2024 (P.L. 118-47) 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.

Program-specific Restrictions

You cannot use funds under this notice for the following:

- to acquire or build real property;
- for construction; and
- to pay for equipment costs not directly related to the purposes of this award.

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. Our process helps you understand the criteria we use in our review. 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 Health Systems Implementation Program applications. Here are descriptions of the review criteria and their scoring points.

Criterion 1: NEED (20 points) – Corresponds to Section IV’s [Introduction](#) and [Needs Assessment](#)

Introduction (10 points)

- How well the application describes the purpose of the proposed project.
- Whether the application clearly proposes a project in a small rural hospital in a rural county or parish in the Delta region, as included in Attachment 3.

Needs Assessment (10 points)

Community and Hospital Demographics:

- Whether the application clearly identifies the health care structure and systems of the applicant community.
- How well the application clearly identifies the health care needs of the service area using demographic data from reliable and recent data sources.
- How well the application clearly identifies the target population(s) to be serviced, including any rural underserved communities and those who suffer from poorer health outcomes, health disparities, and other inequalities.

Hospital Improvement Opportunities:

- Whether the application clearly discusses recent technical assistance received from the Delta Region Community Health Systems Development Program, or another similar TA program.
- How well the application discusses the resulting technical assistance recommendations for areas of improvement.

Criterion 2: RESPONSE (25 points) – Corresponds to Section IV’s [Approach](#), [Work Plan](#), and [Resolution of Challenges](#)

- How well the applicant’s proposed project responds to the identified needs of the target population and service area based on technical assistance recommendations as aligned with the program’s “[Purpose](#).”

- How well the application outlines the implementation plan based on technical assistance consultation recommendations, including the focus area(s) it will address.
- The strength of the proposed plan for sustaining the project's key strategies or services beyond federal funding and actions which will lead to improved practices and outcomes for the target population.
- Whether the application includes a clear timeline of activities with connected goals and objectives and corresponding responsible staff.
- The strength of the proposed goals and objectives and how well they relate to the project.
- How well the application identifies meaningful support with stakeholders and/or consultants in planning, designing, and implementing activities, as needed.
- How well the application discusses likely challenges and corresponding resolutions in designing and carrying out the activities in the work plan.

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

- How strong and effective the data collection strategy is to measure progress and impact/outcomes.

Criterion 4: IMPACT (15 points) – Corresponds to Section IV's [Evaluation and Technical Support Capacity](#)

- How impactful the proposed project will be on the small rural hospital, target population, and service area.

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

- How well the application includes description of the organization's current mission, structure, and scope of current activities.
- How well the applicant organization demonstrates the capabilities to fulfill the DSIP requirements and expectations.
- Evidence that the applicant organization will successfully implement the proposed improvements based on technical assistance consultation recommendations and previous successful implementation of technical assistance recommendations.
- How well the applicant organization demonstrates their ability to properly account for the federal funds and document all costs.

- How well the Letter of Commitment demonstrates the organization’s Board of Directors’ understanding of, and commitment to the requirements of this grant for the two-year period of performance, if awarded.
- If applicable, how well the MOU demonstrates a strong working relationship between the applicant organization and the small rural hospital and how the applicant organization will support the hospital in meeting the intended goals of this program.
- How well the staffing plan identifies all key personnel conducting activities central to this program, including a project director with adequate time to oversee the program’s administrative, fiscal, and business operations for the entirety of the project.

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

How reasonable the proposed budget is for each year of the period of performance.

This includes:

- Whether costs, as outlined in the budget and required resources sections, are reasonable and align with the scope of work;
- Whether required travel allocations are included;
- Whether key staff have adequate time devoted to the project to achieve project objectives;
- Whether subawards/subcontracts are clearly outlined and connected to project objectives; and
- Whether all included equipment costs align with the project objectives.

2. 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

3. 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 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 termination 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 \(E.O. 14025\)](#) 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.

Health Information Technology (IT) Interoperability Requirements

Successful applicants under this NOFO agree that:

Where award funding involves:	Recipients and subrecipients are required to:
Implementing, acquiring, or upgrading health IT for activities by any funded entity	Use health IT that meets standards and implementation specifications adopted in 45 CFR part 170, Subpart B, if such standards and implementation specifications can support the activity. Visit https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-D/part-170/subpart-B to learn more.
Implementing, acquiring, or upgrading health IT for activities by eligible clinicians in ambulatory settings, or hospitals, eligible under Sections 4101, 4102, and 4201 of the HITECH Act	Use health IT certified under the ONC Health IT Certification Program, if certified technology can support the activity. Visit https://www.healthit.gov/topic/certification-ehrs/certification-health-it to learn more.

If standards and implementation specifications adopted in [45 CFR part 170, Subpart B](#) cannot support the activity, recipients, and subrecipients are encouraged to utilize health IT that meets non-proprietary standards and implementation specifications developed by consensus-based standards development organizations. This may include standards identified in the ONC Interoperability Standards Advisory, available at <https://www.healthit.gov/isa/>.

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 Reports.** The recipient must submit a progress report to us quarterly. The Quarterly Progress Reports will be used to demonstrate the award recipient's progress on activities within the quarter. The NOA will provide details.
- 3) **Final Program Report.** The recipient must submit a Final Program Report to us within 90 calendar days after the period of performance ends. The Final Report must be submitted online by recipients in the EHBs at <https://grants.hrsa.gov/webexternal/home.asp>.

The Final Report is designed to provide HRSA with information required to close out a grant after completion of project activities. The NOA will provide details.

- 4) **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:

Suzanne Snyder
Public Health Analyst
Attn: Delta Health Systems Implementation Program
Federal Office of Rural Health Policy
Health Resources and Services Administration
Call: 301-443-0178
Email: RuralHospitals@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: 606-545-5035)
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: Sample Budget Narrative

This is an example of how you can put together a Budget Narrative. You do not need to copy this exactly, but you should include all the budget categories. A detailed budget justification is required for all items within each category for which funds are requested.

BUDGET JUSTIFICATION	Federal Funds Requested
<p>EXPENSES: Object class totals should be consistent with those presented in the Federal Object Class Categories form.</p>	
<p>PERSONNEL – For staff positions supported in whole or in part by federal grant funds, include the information as shown in the <u>Federally-Supported Personnel Justification Table</u> below.</p> <p>We are requesting personnel funding for one (1) staff member to manage and support the implementation of this grant at .5 FTE. This staff member will be responsible for the overall management of the award and ensuring that we complete our activities in a timely manner.</p>	
Project Director @ .5 FTE	\$_____.
TOTAL PERSONNEL	\$_____.
<p>FRINGE BENEFITS</p> <p>Our fringe benefits include health insurance and Workman’s Compensation insurance and is calculated at ___% of salary costs. This cost element supports personnel resources for the implementation of the grant project</p>	
FICA @ ___%	\$_____.
Medical @ ___%	\$_____.
Unemployment & Workers Compensation @ X%	\$_____.
TOTAL FRINGE @ ___%	\$_____.
<p>TRAVEL – The grant program requires attendance to one national or regional rural health conference.</p>	
<p>NRHA Annual rural Health Conference, New Orleans, LA May 7-10, 2024</p> <p>2 Hospital Staff Attending Airfare: \$___ x 2 = \$_____ Lodging: \$___ x 2 per day x 4 days = \$_____ Meals: \$___ x 2 per day x 5 days = \$_____ Registration: \$___ X 2 = \$_____</p>	\$_____.

Delta Region Community Health Systems Development Program Summit, Memphis, TN September 13-14, 2024 2 Hospital Staff Attending Airfare: \$___ x 2 = \$___ Lodging: \$___ x 2 per day x 4 days = \$___ Meals: \$___ x 2 per day x 5 days = \$___	\$____.____
TOTAL TRAVEL	\$____.____
EQUIPMENT – <i>Equipment is any article of tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or \$5,000. (Uniform Guidance 45 CFR 75.2 Definitions). All tangible personal property other than those described as equipment are considered supplies. If a non-Federal entity chooses to define equipment using a lower threshold, it will appear as supplies for Federal purposes but as equipment in the non-federal entity records.</i>	
We are requesting funding to purchase _____ to support the implementation of our new tele-psych service line addition. This cost will ensure we have the equipment necessary to implement this service line successfully by _____.	
_____ @ \$___ each	\$____.____
TOTAL EQUIPMENT	\$____.____
SUPPLIES	
We are requesting funding for the purchase of _____ to support staff in _____ aspect of the implementation of this project.	
Printing Costs (\$___ per brochure x ___ brochures)	
TOTAL SUPPLIES	\$____.____
CONTRACTUAL – <i>Include sufficient detail to justify costs.</i>	
We are requesting funding to contract with _____ to advise us on the implementation of our new tele-psych service line addition. This will support the completion of project activities by _____.	
_____ contractual services	\$____.____
TOTAL CONTRACTUAL	\$____.____
OTHER – <i>Include sufficient detail to justify each item.</i>	

We are requesting funding to provide training opportunities for our hospital staff. These costs will also cover printing of educational materials and _____. It will also cover administrative charges related to the personnel assigned to manage this grant program, including telephone and internet service charges.

Training Materials	\$_____.
TOTAL OTHER	\$_____.
TOTAL DIRECT CHARGES (Sum of all TOTAL Expenses rows above)	\$_____.
INDIRECT CHARGES – Include approved indirect cost rate. (If indirect costs are included in the budget, you must include a copy of your federal negotiated indirect cost rate agreement. If you do not have an indirect cost rate agreement, but wish to include indirect costs, then you may use a rate of no more than 10 percent of modified total direct costs (MTDC).)	
____% indirect rate (includes utilities and accounting services)	\$_____.
TOTALS (Total of TOTAL DIRECT CHARGES and INDIRECT CHARGES above)	\$_____.

Additional Budget Narrative:

See the table below for an example of the information required for staff positions supported in whole or in part by federal grant funds.

Federally-Supported Personnel Justification Table

Name	Position Title	% of FTE	Base Salary	Adjusted Annual Salary	Federal Amount Requested
J. Smith	Project Director	50	\$_____	\$_____	\$_____

Appendix B: Application Completeness Checklist

- Have I read this NOFO thoroughly and referred to the SF-424 Application Guide where indicated?
- Have I included all the attachments listed in [Section IV.2.v.](#)?
- Am I applying to the correct funding opportunity number for the Delta Health Systems Implementation Program (HRSA-24-079)?
- Does my proposed project improve the financial sustainability of the small rural hospital in the Delta region through the implementation of projects focused on financial and operational improvement, quality improvement, telehealth, and workforce development as specified in this NOFO?
- Does my application request a total of \$400,000 or less?
- Have I completed all forms and attachments as requested in [Section IV](#) of this NOFO and in the SF-424 Application Guide?
- Does my application meet the [page limit requirement](#) of 40 pages?
- Have I received confirmation emails from Grants.gov noting validation of successful submission?

Appendix C: 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 <i>(Forms themselves do not count against the page limit)</i>	Attachment File Name <i>(Unless otherwise noted, attachments count against the page limit)</i>	# of Pages <i>Applicant Instruction – enter the number of pages of the attachment to the Standard Form</i>
Application for Federal Assistance (SF-424 - Box 14)	Areas Affected by Project (Cities, Counties, States, etc.)	<i>My attachment = ___ pages</i>
Application for Federal Assistance (SF-424 - Box 16)	Additional Congressional District	<i>My attachment = ___ pages</i>
Application for Federal Assistance (SF-424 - Box 20)	Is the Applicant Delinquent On Any Federal Debt?	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 1: Staffing Plan and Job Descriptions for Key Personnel	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 2: Organizational Chart	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 3: Proof of Location in Rural County or Parish in the Delta region	<i>(Does not count against the page limit)</i>
Attachments Form	Attachment 4: Proof of Previous Technical Assistance	<i>(Does not count against the page limit)</i>

Standard Form Name <i>(Forms themselves do not count against the page limit)</i>	Attachment File Name <i>(Unless otherwise noted, attachments count against the page limit)</i>	# of Pages <i>Applicant Instruction – enter the number of pages of the attachment to the Standard Form</i>
Attachments Form	Attachment 5: Board of Directors Letter of Commitment	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 6: Memorandum of Understanding (If applicable)	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 7	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 8	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 9	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 10	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 11	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 12	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 13	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 14	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 15	<i>My attachment = ___ pages</i>
Project/Performance Site Location Form	Additional Performance Site Location(s)	<i>My attachment = ___ pages</i>
Project Narrative Attachment Form	Project Narrative	<i>My attachment = ___ pages</i>
Budget Narrative Attachment Form	Budget Narrative	<i>My attachment = ___ pages</i>
# of Pages Attached to Standard Forms		Applicant Instruction: Total the number of pages in the boxes above.
Page Limit for HRSA-24-079 is 40 pages		My total = ___ pages