

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

**HRSA**

Health Resources & Services Administration

Federal Office of Rural Health Policy

Hospital State Division

**Delta Region Rural Health Workforce Training Program**

**Funding Opportunity Number: HRSA-22-164**

**Funding Opportunity Type: New**

**Assistance Listings (AL/CFDA) Number: 93.912**

**NOTICE OF FUNDING OPPORTUNITY**

Fiscal Year 2022

**Application Due Date: June 17, 2022**

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!

HRSA will not approve deadline extensions for lack of registration.

Registration in all systems may take up to 1 month to complete.

**Issuance Date: April 22, 2022**

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

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

## 508 COMPLIANCE DISCLAIMER

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

## EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2022 Delta Region Rural Health Workforce Training Program. The purpose of this program is to improve healthcare delivery in rural areas by training future and current health professionals for high-quality, good-paying jobs<sup>1</sup> in the rural counties and parishes of the Mississippi River Delta Region and Alabama Black Belt (Delta Regional Authority (DRA) region) in the following critical administrative support professions: medical coding and billing, insurance claims processing, health information management, clinical documentation, business operations for healthcare organizations, and supply chain and materials management. These skilled administrative support professionals are key to increasing hospital revenues, thereby improving a hospital's financial viability and thus its ability to improve health care in the rural areas it serves.

Funding Opportunity Title:	Delta Region Rural Health Workforce Training Program
Funding Opportunity Number:	HRSA-22-164
Due Date for Applications:	June 17, 2022
Anticipated Total Annual Available FY 2022 Funding:	\$2,200,000
Estimated Number and Type of Awards:	Up to four grants; approximately one recipient will be funded for each geographic region.
Estimated Annual Award Amount:	Up to \$550,000 per year, subject to the availability of appropriated funds.
Cost Sharing/Match Required:	No

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<sup>1</sup> High-quality, good-paying job is defined as a job that exceeds the local prevailing wage for an industry in the region, includes basic benefits (e.g., paid leave, health insurance, retirement/savings plan) and/or is unionized, and helps the employee develop the skills and experiences necessary to advance along a career path.

Period of Performance:	September 1, 2022 through August 31, 2026 (4 years)
Eligible Applicants:	<p>All domestic public and private, nonprofit and for-profit entities are eligible to apply. This includes, but is not limited to: faith-based and community-based organizations, federally recognized tribes and tribal organizations, state governments, and private institutions of higher education.</p> <p>Applicants must be located in one of the eight states in the Delta Regional Authority (DRA) region. The DRA region includes 252 counties and parishes located across eight states - Alabama, Arkansas, Illinois, Kentucky, Louisiana, Mississippi, Missouri, and Tennessee. To view service area maps for each state, visit <a href="https://dra.gov/about-dra/map-room/">https://dra.gov/about-dra/map-room/</a>.</p> <p>See <a href="#">Section III.1</a> of this notice of funding opportunity (NOFO) for complete eligibility information.</p>

## **Application Guide**

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in HRSA's [SF-424 R&R Application Guide](http://www.hrsa.gov/grants/apply/applicationguide/sf424rrguidev2.pdf), available online at <http://www.hrsa.gov/grants/apply/applicationguide/sf424rrguidev2.pdf>, except where instructed in this NOFO to do otherwise.

## **Technical Assistance**

HRSA has scheduled the following technical assistance:

### *Webinar*

Day and Date: Thursday, May 5, 2022

Time: 2 – 3 p.m. ET

Call-In Number: (833) 568-8864

Webinar ID: 160 737 5943

Passcode: 47591877

Weblink: <https://hrsa.gov.zoomgov.com/j/1607375943?pwd=WHk0UFhHaUtlczZSWVYzM3NWMINqUT09>

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

HRSA will record the webinar. Please contact [jsteele@hrsa.gov](mailto:jsteele@hrsa.gov) for playback information.

## Table of Contents

<b>I. PROGRAM FUNDING OPPORTUNITY DESCRIPTION</b> .....	<b>1</b>
1. PURPOSE .....	1
2. BACKGROUND.....	2
<b>II. AWARD INFORMATION</b> .....	<b>4</b>
1. TYPE OF APPLICATION AND AWARD .....	4
2. SUMMARY OF FUNDING .....	4
<b>III. ELIGIBILITY INFORMATION</b> .....	<b>5</b>
1. ELIGIBLE APPLICANTS .....	5
2. COST SHARING/MATCHING.....	7
3. OTHER .....	7
<b>IV. APPLICATION AND SUBMISSION INFORMATION</b> .....	<b>7</b>
1. ADDRESS TO REQUEST APPLICATION PACKAGE .....	7
2. CONTENT AND FORM OF APPLICATION SUBMISSION .....	8
<i>i. Project Abstract</i> .....	12
<i>ii. Project Narrative</i> .....	12
<i>iii. Budget</i> .....	16
<i>iv. Budget Justification Narrative</i> .....	17
<i>v. Attachments</i> .....	18
3. UNIQUE ENTITY IDENTIFIER (UEI) AND SYSTEM FOR AWARD MANAGEMENT (SAM).....	19
4. SUBMISSION DATES AND TIMES .....	21
5. INTERGOVERNMENTAL REVIEW.....	21
6. FUNDING RESTRICTIONS .....	21
<b>V. APPLICATION REVIEW INFORMATION</b> .....	<b>22</b>
1. REVIEW CRITERIA.....	22
2. REVIEW AND SELECTION PROCESS .....	25
3. ASSESSMENT OF RISK .....	25
<b>VI. AWARD ADMINISTRATION INFORMATION</b> .....	<b>26</b>
1. AWARD NOTICES.....	26
2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS .....	26
3. REPORTING .....	28
<b>VII. AGENCY CONTACTS</b> .....	<b>28</b>
<b>VIII. OTHER INFORMATION</b> .....	<b>30</b>
<b>APPENDIX A: DELTA REGION RURAL HEALTH WORKFORCE TRAINING PROGRAM GLOSSARY OF TERMS</b> .....	<b>31</b>
<b>APPENDIX B: DELTA REGION RURAL HEALTH WORKFORCE TRAINING PROGRAM USEFUL RESOURCES</b> .....	<b>33</b>

# I. Program Funding Opportunity Description

## 1. Purpose

This notice announces the opportunity to apply for funding under the Delta Regional Rural Health Workforce Training Program. The purpose of this program is to improve healthcare delivery in rural areas by training future and current health professionals, for high-quality, good-paying jobs in the rural counties and parishes of the Mississippi River Delta Region and Alabama Black Belt (Delta Regional Authority (DRA) region) in the following critical administrative support professions: medical coding and billing, insurance claims processing, health information management, clinical documentation, business operations for healthcare organizations, and supply chain and materials management.

This program supports HRSA's collaboration with the Delta Regional Authority to enhance healthcare delivery in the rural counties and parishes of the DRA region, and addresses a key area of need identified by DRA and rural healthcare organizations in the region.

The Delta Region Rural Health Workforce Training Program addresses the ongoing need in healthcare facilities for trained administrative support professionals in rural communities through the development of networks that support recruitment, formal training, social needs, certification, and placement of students.<sup>2</sup> This program aims to provide training and pathways to professional certifications to current administrative support professionals working in rural DRA region healthcare facilities as well as new entrants to the workforce<sup>3</sup> and dislocated workers.<sup>4</sup>

The goals of the Delta Region Rural Health Workforce Training Program are:

- Enhance healthcare delivery in rural areas within the DRA region by creating training programs focused on building the skills and capacity of administrative support professionals in rural healthcare facilities.

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<sup>2</sup> For the purposes of this program, a network is defined as an organizational arrangement among at least four separately owned, non-profit or for-profit, public or private health care providers or other entities that provide or support the delivery of healthcare services in which each member has its own EIN number and has a substantial role in the project.

<sup>3</sup> "New entrants to the workforce" refers to those who have never worked before or who have been out of the workforce for a long enough time to make it as if they are entering the workforce for the first time. For example, this may include, but is not limited to, the long-term unemployed and formerly incarcerated individuals. Also eligible, consistent with federal and state wage and employment laws, are youth who are enrolled in their junior or senior year of high school and who could be employed before or within six months after the end of the grant lifecycle, and youth who have dropped out of school and are seeking their first full-time job.

<sup>4</sup> "Dislocated workers" refers to individuals who were terminated or laid-off or have received a notice of termination or lay-off from employment; or were self-employed but are now unemployed, as well as other individuals described at the Workforce Innovation and Opportunity Act (WIOA) sec. 3(15) (<https://www.congress.gov/113/bills/hr803/BILLS-113hr803enr.pdf>).

- Create a sustainable pipeline of trained professionals to rural areas through the development of networks between educational institutions, community based organizations, and rural healthcare facilities located in the DRA region.
- Improve recruitment and retention of critical administrative support professionals by providing a pathway to high-quality, good paying jobs in rural healthcare facilities through opportunities for training and education.

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

## 2. Background

The Delta Region Rural Health Workforce Training Program is authorized by §711(b)(5) of the Social Security Act, (42 U.S.C. 912(b)(5)). HRSA's Federal Office of Rural Health Policy (FORHP) is the focal point for rural health activities within the U.S. Department of Health and Human Services. FORHP hospital and state programs provide technical assistance and other activities as necessary to support improving health care in rural areas. For additional information about FORHP, please see [www.hrsa.gov/ruralhealth](http://www.hrsa.gov/ruralhealth).

The DRA region includes eight states – Alabama, Arkansas, Illinois, Kentucky, Louisiana, Mississippi, Missouri, and Tennessee – that together have a population of almost 10 million people living in 252 counties and parishes. Of the 252 counties and parishes, 212 (84 percent) are rural (non-metropolitan area), and 41 percent of the total population in the Delta Regional Authority (DRA) region resides in one of these rural counties.<sup>5</sup> The Delta Regional Authority, established in 2000 by Congress, makes investments into Delta communities' human and physical infrastructure. The counties and parishes served by DRA are among the most distressed areas of the country.<sup>6</sup>

There is extensive documentation regarding the distress of the counties and parishes in the DRA region for both health and economic conditions. The population in the DRA region has been decreasing, and 20 percent of the region's population has income below the poverty rate, compared with the national rate of 14 percent.<sup>7</sup> Further, poverty is much more persistent in the DRA region than nationally; rural (non-metropolitan) counties with a high incidence of poverty are largely concentrated in the Southern region, with the most severe poverty found in the historically poor areas such as the DRA region.<sup>8</sup>

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<sup>5</sup> HRSA FORHP internal analysis of 2010 Census data, March 27, 2017.

<sup>6</sup> Delta Regional Authority, [www.dra.gov](http://www.dra.gov).

<sup>7</sup> Rural Health Reform Policy Research Center, Exploring Rural and Urban Mortality Differences in the Delta Region, <https://ruralhealth.und.edu/assets/1376-5956/exploring-rural-urban-mortality-differences-delta-region.pdf>, 2016.

<sup>8</sup> United States Department of Agriculture, Economic Research Service. Geography of Poverty. <https://www.ers.usda.gov/topics/rural-economy-population/rural-poverty-well-being/#geography>.

Approximately 13 percent of the rural hospitals that closed between 2010 and 2020 are located in a Delta county or parish.<sup>9</sup> Recent analysis found that multiple DRA states are among those determined to have the highest number of rural hospitals at risk of financial distress.<sup>10</sup> Findings from HRSA's Delta Region Community Health Systems Development Program, which provides in-depth technical assistance to rural healthcare facilities in the DRA region, show that trained administrative support professionals<sup>11</sup> (i.e., staff specializing in billing/coding, claims processing, data analysis, and clinical documentation) are necessary for hospitals to meet key performance indicators around financial and quality improvement. These staff play a key role in increasing hospital revenue and therefore a hospital's financial viability, which is key to improving health care in the rural communities they serve.

Economic and health disparities in addition to inadequate availability of rural health professional training sites make it challenging to maintain a strong healthcare workforce in rural communities. The majority of rural areas do not have the adequate workforce supply to meet their population needs, especially in healthcare facilities.<sup>12</sup>

The Delta Region Rural Health Workforce Training Program aims to train and place future professionals in critical administrative support roles in rural healthcare facilities in the DRA region. It is an expectation that proposed training programs would offer participants multiple pathways for training, including certificate programs, Associate Degree programs, and Bachelor's Degree programs if these are applicable to the occupational training supported through this HRSA program. Proposed training programs optimally should also offer participants the opportunity to obtain professional certification(s) from appropriate credentialing bodies such as The American Health Information Management Association (AHIMA) and American Academy of Professional Coders (AAPC).

For the purposes of this program, the training disciplines associated with the administrative support field include the following:

- Health Information Management
- Medical Coding and Billing (including reimbursement fundamentals for various healthcare provider types – Critical Access Hospital (CAH), Prospective Payment System (PPS), Rural Health Clinic (RHC), etc.)
- Insurance Claims Processing

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<sup>9</sup> HRSA FORHP internal analysis of hospital closure data publicly available at:

<https://www.shepscenter.unc.edu/programs-projects/rural-health/rural-hospital-closures/>

<sup>10</sup> Thomas, S, et al. Geographic Variation in the 2019 Risk of Financial Distress among Rural Hospitals, April 2019.

<https://www.ruralhealthresearch.org/publications/1251>.

<sup>11</sup> The American Health Information Management Association: Health Information 101. Accessed 2/14/2021 at <https://www.ahima.org/certification-careers/certifications-overview/career-tools/career-pages/health-information-101/>.

<sup>12</sup> American Hospital Association. Rural Report. Accessed 3/16/2022 at <https://www.aha.org/system/files/2019-02/rural-report-2019.pdf>.

- Clinical Documentation Improvement
- Business Operations for Healthcare Organizations (i.e., IT support, human resources, accounting, etc.)
- Supply Chain and Materials Management

## **II. Award Information**

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

Type of applications sought: New

HRSA will provide funding in the form of a grant.

### **2. Summary of Funding**

HRSA estimates approximately \$2,200,000 to be available annually to fund up to four recipients. HRSA anticipates funding at least one recipient within each geographic regions. The specific counties for each geographic region are listed under the Service Area Requirements section below.

You may apply for a ceiling amount of up to \$550,000 total cost (includes both direct and indirect, facilities and administrative costs) per year.

The period of performance is September 1, 2022 through August 31, 2026 (4 years). Funding beyond the first year is subject to the availability of appropriated funds for the Delta Region Rural Health Workforce Training Program in subsequent fiscal years, satisfactory progress, and a decision that continued funding is in the best interest of the Federal Government.

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

### **Limitations on indirect cost rates**

Indirect costs under training awards to organizations other than state or local governments or federally recognized Indian tribes, will be budgeted and reimbursed at 8 percent of modified total direct costs rather than on the basis of a negotiated rate agreement, and are not subject to upward or downward adjustment. Direct cost amounts for equipment, tuition and fees, as otherwise allowable, and subawards and subcontracts in excess of \$25,000 are excluded from the direct cost base for purposes of this calculation.

### III. Eligibility Information

#### 1. Eligible Applicants

Eligible applicants include:

All domestic public and private, nonprofit and for-profit entities are eligible to apply. This includes, but is not limited to: faith-based and community-based organizations, federally recognized tribes and tribal organizations, state governments, and private institutions of higher education.

Applicants must be located in one of the eight states in the Delta Regional Authority (DRA). Applicants must be able to serve a service area that meets the Service Area Requirements in the section below. The DRA region includes 252 counties and parishes located across eight states - Alabama, Arkansas, Illinois, Kentucky, Louisiana, Mississippi, Missouri, and Tennessee. To view service area maps for each state, visit <https://dra.gov/about-dra/map-room/>.

Applicants are encouraged to notify DRA early in the process of their intent to submit an application.

#### Service Area Requirements

Applicants are required to identify in which of the following geographic regions the proposed training program will operate. Applicants must identify a service area within the proposed geographic region. Training programs are not required to cover the entire geographic region.

Service areas must only include rural counties and parishes in the DRA region of the states listed. Counties and parishes outside of the DRA region will not be considered for funding. HRSA intends to fund at least one recipient for each geographic region—the highest ranked applications for each geographic region will receive consideration for award.

**Table: DRA Counties by Geographic Region**

Region	State	DRA region counties included
Northern Region	Illinois	Alexander, Franklin, Gallatin, Hamilton, Hardin, Jackson, Johnson, Massac, Perry, Pope, Pulaski, Randolph, Saline, Union, White
	Kentucky	Ballard, Caldwell, Calloway, Carlisle, Christian, Crittenden, Fulton, Graves, Hickman, Hopkins, Livingston, Lyon, Marshall, McCracken, McLean, Muhlenberg, Todd, Trigg, Union, Webster

<b>Region</b>	<b>State</b>	<b>DRA region counties included</b>
	Missouri	Butler, Carter, Crawford, Dent, Douglas, Dunklin, Howell, Iron, Madison, Mississippi, New Madrid, Oregon, Ozark, Pemiscot, Perry, Phelps, Reynolds, Ripley, Ste. Genevieve, St. Francois, Scott, Shannon, Stoddard, Texas, Washington, Wayne, Wright
Central Region	Arkansas	Arkansas, Ashley, Baxter, Bradley, Calhoun, Chicot, Clay, Cross, Dallas, Desha, Drew, Fulton, Grant, Greene, Independence, Izard, Jackson, Jefferson, Lawrence, Lee, Lincoln, Lonoke, Marion, Mississippi, Monroe, Ouachita, Phillips, Poinsett, Prairie, Randolph, St. Francis, Searcy, Sharp, Stone, Union, Van Buren, White, Woodruff
Central Region (cont'd)	Mississippi	Attala, Bolivar, Carroll, Coahoma, Grenada, Holmes, Humphreys, Lafayette, Leflore, Montgomery, Panola, Quitman, Sunflower, Tallahatchie, Tippah, Tunica, Union, Washington, Yalobusha
	Tennessee	Benton, Carroll, Chester, Decatur, Dyer, Gibson, Hardeman, Hardin, Haywood, Henderson, Henry, Lake, Lauderdale, Madison, McNairy, Obion, Tipton, Weakley
Southern Region	Louisiana	Acadia Parish, Allen Parish, Ascension Parish, Assumption Parish, Avoyelles Parish, Beauregard Parish, Bienville Parish, Caldwell Parish, Catahoula Parish, Claiborne Parish, Concordia Parish, East Carroll Parish, Evangeline Parish, Franklin Parish, Jackson Parish, Jefferson Davis Parish, Lafourche Parish, LaSalle Parish, Lincoln Parish, Madison Parish, Morehouse Parish, Natchitoches Parish, Plaquemines Parish, Pointe Coupee Parish, Rapides Parish, Red River Parish, Richland Parish, James Parish, Landry Parish, St. Martin Parish, St. Mary Parish, Tangipahoa Parish, Tensas Parish, Union Parish, Washington Parish, West Carroll Parish, West Feliciana Parish, Winn Parish
	Mississippi	Adams, Amite, Claiborne, Copiah, Covington, Franklin, Issaquena, Jasper, Jefferson, Jefferson Davis, Lawrence, Lincoln, Marion, Pike, Sharkey, Smith, Walthall, Warren, Wilkinson, Yazoo
Eastern Region	Alabama	Barbour, Bullock, Butler, Choctaw, Clarke, Conecuh, Dallas, Escambia, Greene, Macon, Marengo, Monroe, Perry, Pickens, Sumter, Washington, Wilcox

## 2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

## 3. Other

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

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

NOTE: Multiple applications from an organization are not allowable.

HRSA will only accept your **last** validated electronic submission, under the correct funding opportunity number, before the Grants.gov application due date as the final and only acceptable application.

### **Beneficiary Eligibility Requirements:**

A student/trainee receiving support from award funds must be a citizen of the United States or a foreign national having in his/her possession a visa permitting permanent residence in the United States, or a non-citizen national.

All students/trainees receiving support from award funds must formally commit to working in the DRA region upon completion of the program.

## IV. Application and Submission Information

### 1. Address to Request Application Package

HRSA **requires** you to apply electronically. HRSA encourages you to apply through [Grants.gov](#) using the SF-424 Research and Related (R&R) workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at [Grants.gov: HOW TO APPLY FOR GRANTS](#).

The NOFO is also known as “Instructions” on Grants.gov. You must select “Subscribe” and provide your email address for HRSA-22-164 in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the [For Applicants](#) page for all information relevant to this NOFO.*

## 2. Content and Form of Application Submission

### Application Format Requirements

Section 4 of HRSA's [SF-424 R&R Application Guide](#) provides general instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, etc. You must submit the information outlined in the HRSA [SF-424 R&R Application Guide](#) in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in HRSA's [SF-424 R&R Application Guide](#) except where instructed in the NOFO to do otherwise. You must submit the application in the English language and in the terms of U.S. dollars (45 CFR § 75.111(a)).

See Section 8.5 of the HRSA [SF-424 R&R Application Guide](#) for the Application Completeness Checklist.

### Application Page Limitation

The total size of all uploaded files included in the page limit shall be no more than the equivalent of **50 pages** when printed by HRSA. The page limit includes the project and budget narratives, and attachments required in the *Application Guide* and this NOFO.

Please note: Effective April 22, 2021, the abstract is no longer an attachment that counts in the page limit. The abstract is the standard form (SF) "Project\_Abstract Summary." Standard OMB-approved forms included in the workspace application package do not count in the page limit. If you use an OMB-approved form that is not included in the workspace application package for HRSA-22-164, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit.

**It is therefore important to take appropriate measures to ensure your application does not exceed the specified page limit. Any application exceeding the page limit of 50 will not be read, evaluated, or considered for funding.**

**Applications must be complete, within the maximum specified page limit, and validated by Grants.gov under HRSA-22-164 before the deadline.**

### Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- 1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Failure to make required disclosures can result in any of the remedies described in [45 CFR § 75.371](#), including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3354).
- 3) If you are unable to attest to the statements in this certification, you must include an explanation in *Attachment 5-15: Other Relevant Documents*.

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

## **Program Requirements and Expectations**

Applicants will be required to facilitate the following program requirements:

1. Develop academic training programs that lead to professional certification and academic degrees focused on administrative support functions in healthcare facilities in the following areas: medical coding and billing, insurance claims processing, health information management, clinical documentation, business operations for healthcare organizations, and supply chain and materials management.
2. Develop a network of organizations to support recruitment, formal training, certification, and placement of participants/trainees that meets the requirements listed in the Network Requirements section of this NOFO.
3. As part of the network, establish or leverage relationships with rural-serving DRA region community-based organizations to recruit participants/trainees from rural communities to participate in the program.
4. As part of the network, establish or leverage relationships with rural DRA region healthcare facilities to place participants/trainees for hands-on training and employment in high-quality, good-paying jobs upon completion of the program.
5. As part of the network, establish or leverage relationships with healthcare facilities participating in the [Delta Region Community Health Systems Development Program](#) to recruit current administrative support professionals to participate in training and facilities to serve as practicum sites for hands-on learning and future employment of participants/trainees in rural areas.
6. Provide financial support to participants/trainees for items such as tuition, books, software, certification testing fees, childcare support, etc. to facilitate successful completion of the program. Detailed information on trainee expenses is included in the Budget Narrative section of this NOFO.
7. Promote equity, which is essential to the Department of Health and Human Services' mission of protecting the health of Americans and providing essential human services. This view is reflected in Executive Order (E.O.) 13985, "Advancing Racial Equity and Support for Underserved Communities Through the Federal Government" (Jan. 20, 2021).

Recipients of Federal Financial Assistance (FFA) from HHS must administer their programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex. This includes ensuring programs are accessible to persons with limited English proficiency and persons with disabilities. The HHS

Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See [HHS Provider Obligations](#), [HHS Nondiscrimination Notice](#), and [Section VI. Award Administration Information](#) for further details.

## Network Requirements

For the purposes of this program, a network is defined as an organizational arrangement among at least four separately owned, non-profit or for-profit, public or private health care providers or other entities that provide or support the delivery of health care services in which each member has its own EIN number and has a substantial role in the project. Applicants are required to create a network of organizations that meet the following requirements.

1. The network must be composed of at least four separate organizations. These members may be for-profit or non-profit and may be in a rural or urban area. All members must be able to provide services in the identified service area. It is recommended that the network maintain at least two health care provider organizational members throughout the entire period of performance. It is also recommended that networks include an educational institution or other education provider, and that the network also be able to address the social needs of the students enrolled in the proposed training program. Note: the award will be made to only one member of the network, the applicant organization, which will serve as the recipient of record.

Network members should come from multiple sectors and disciplines. Examples of potential network members include, but are not limited to:

- Educational institutions or other training providers<sup>13</sup>
- Health care providers, such as:
  - Critical access hospitals or other hospitals;
  - Rural health clinics;
  - Local or state health departments;
  - Federally qualified health centers; and
  - Nursing homes.

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<sup>13</sup> It is recommended that networks that include a four-year college or university also include at least one additional training institution or institution of higher education located in the DRA region such as community colleges, technical colleges, and vocational schools to broaden the reach of the proposed training program in the region. A list of Minority Serving Institutions, including HBCUs, HSIs, and TCUs can be found here (also available on Grants.gov in the Related Documents Tab):

[https://www.minorityhealth.hhs.gov/assets/PDF/2020\\_Minority\\_Serving\\_Institutions.pdf](https://www.minorityhealth.hhs.gov/assets/PDF/2020_Minority_Serving_Institutions.pdf)

- Rural-serving community-based organizations that can assist in addressing the social needs of the students enrolled in the proposed training program
  - Community Action Agencies, Chambers of Commerce, Health Equity Councils, and other community groups
  - State or Local Workforce Development Boards
  - Labor Unions
  - Area Health Education Centers
  - State Offices of Rural Health
  - State Rural Health Associations
2. Each member of the network must sign a Memorandum of Agreement or a Memorandum of Understanding (MOA/MOU) submitted within the first six months of the period of performance. The purpose of this document is to signify the formal commitment of members. The MOA/MOU must describe the network's purpose. It must also describe each member's expertise relevant to the goals of the network and the member's responsibilities in terms of financial contribution, participation and membership benefits.
  3. Networks will identify and link training to actual high-quality job opportunities or career advancements within the selected training discipline. Networks will be expected and required to offer apprenticeships or internships so that those in training get the real-world experience they need to obtain quality employment that seeks to provide at or exceeds the local prevailing wage for the field in the region, includes basic benefits (e.g., paid leave, health insurance, retirement/savings plan) and/or is unionized, and helps the employee develop the skills and experiences necessary to advance along a career path.

### **Accreditation/Approval Documentation**

Organizations who are providing training must be accredited by a nationally recognized accrediting agency, and provide a copy of their active accreditation or active approval from state government within the first six months of the period of performance.

### **Program-Specific Instructions**

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

**i. Project Abstract**

Use the Standard OMB-approved Project Abstract Summary Form that is included in the workspace application package. Do not upload the abstract as an attachment or it may count toward the page limitation. For information required in the Project Abstract Summary Form, see Section 4.1.ix of HRSA’s [SF-424 R&R Application Guide](#).

**NARRATIVE GUIDANCE**

To ensure that you fully address the review criteria, the table below provides a crosswalk between the narrative language and where each section falls within the review criteria. Any forms or attachments referenced in a narrative section may be considered during the objective review.

<u>Narrative Section</u>	<u>Review Criteria</u>
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response and (4) Impact
Work Plan	(2) Response
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures and (4) Impact
Organizational Information	(5) Resources/Capabilities
Budget Narrative	(6) Support Requested

**ii. Project Narrative**

This section provides a comprehensive description of all aspects of the proposed project. It should be succinct, self-explanatory, consistent with forms and attachments, and organized in alignment with the sections and format below so that reviewers can understand the proposed project.

Use the following section headers for the narrative:

- INTRODUCTION -- Corresponds to Section V’s Review Criterion [#1 Need](#)  
This section should briefly describe the purpose of the proposed project. It should be succinct, self-explanatory and well organized so that reviewers can understand the proposed project.

- **NEEDS ASSESSMENT** -- Corresponds to Section V's Review Criterion [#1 Need](#)  
This section will help reviewers understand the service area the network will serve with the proposed project. Describe and document the target population and its unmet administrative workforce needs. Use and cite demographic data whenever possible to support the information provided.

Include a clear description of the rural service area to be addressed by the proposed training program. Include a list the counties to be served by the training program. Please note, service areas do not need to cover the entire geographic region. Compare local data to state and federal data where possible to highlight the proposed service area's unique need.

Describe the needs of healthcare facilities for trained administrative support professionals in the selected service area.

Present concrete data that supports the need for the targeted discipline(s), such as the turnover rate, service gaps, etc. (Targeted disciplines must fall under the approved discipline categories listed in the Background section of this NOFO. Applicants that propose disciplines outside of the list will not be considered for funding.)

Include a description of the proposed student population. Include a discussion focused on the needs of students from underrepresented backgrounds. These populations include, but are not limited to, racial and ethnic minorities, veterans, people with disabilities, first generation college students, etc.

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

Propose methods that the network will use to address the stated needs and meet each of the previously described program requirements and expectations in this NOFO. Include a description of any innovative methods that the network will use to address the stated needs.

Define the specific goals and objectives of the network's proposed activities as well as the strategy for meeting these goals and objectives. Goals and objectives should directly relate to the information presented in the Needs Assessment section.

Describe the recruitment strategy the network will use. Include a discussion on how the program will be advertised to local professionals already working in healthcare settings, particularly those from facilities participating in the Delta Region Community Health Systems Development Program.

Describe how the program will ensure that students demonstrate a substantive commitment to working in rural communities in the DRA region upon completion of the training program.

Describe the retention strategy the network will use. Include a discussion on tools and resources will the program provide to students, especially underrepresented students, participating in the program to ensure successful completion of the program.

Describe the strategy the network will use to place students in rural DRA region healthcare facilities to provide them hands-on experience, and in rural employment in the DRA region after completing the training program.

Propose a plan for project sustainability after the period of federal funding ends. HRSA expects recipients to sustain key elements of their projects, e.g., strategies or services and interventions, which have been effective in improving practices and those that have led to improved outcomes for the target population. A sustainability plan that incorporates recruitment, training, and retention of rural administrative support professionals is essential to the network's ability to create meaningful long-term change in rural DRA region communities.

Find additional rural-specific sustainability planning tools at:

<https://www.ruralhealthinfo.org/sustainability>

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

Describe the activities or steps that you will use to achieve each of the objectives proposed in the Methodology section during the entire period of performance. Use a time line that includes each activity and identifies responsible staff. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities.

Present a work plan matrix that illustrates the network's goals, objectives, strategies, activities, and measurable process and outcome measures in **Attachment 1**. The work plan must outline the individual or organization responsible for carrying out each activity and include a timeline for all five years of the program. It is expected that year one of the program will focus on planning, while years two through five will be focused on program implementation.

To ensure the program will be ready for implementation, the following activities are required within year one of the program:

**Year 1: Planning Year**

- **Month 6:** By the end of Month 6, finalize all network members; clearly identify roles/responsibilities of each member; submit an MOA/MOU to HRSA.
- **Month 9:** By the end of Month 9, the formal recruitment process for trainees commences.
- **Month 12:** Finalize plan to assess program performance. Develop a strategic plan for remaining four years of the program.

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

Discuss challenges the network is likely to encounter in designing and implementing the activities described in the work plan, and approaches the network will use to resolve such challenges.

Discuss barrier and challenges to recruiting into training and retaining students in and after training.

Discuss barriers specific to the DRA region such as geographic, socioeconomic, cultural, or other barriers and the plan to address these barriers.

- **EVALUATION AND TECHNICAL SUPPORT CAPACITY** -- Corresponds to Section V's Review Criteria [#3 Evaluative Measures](#) and [#4 Impact](#)

### **Performance Evaluation Plan**

Describe the plan for tracking, measuring and evaluating program performance. Discuss the anticipated outputs and outcomes of proposed activities. Both outcome and process measures may be used to evaluate the progress of the program.

At a minimum, the evaluation plan must contain the following measures. Please note this list is not exhaustive and additional measures should be included, as applicable:

- Number of trainees enrolled in training program, per year
- Number of trainees completing either a certificate or Associate Degree
- Number of trainees placed in a rural healthcare practicum site
- Number of trainees placed in salaried positions upon completion of the program

Describe the process for collecting and analyzing data for these measures, including how the network will track students after they complete training to determine employment and retention in rural areas of the DRA region.

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

Provide evidence of the applicant organization's ability to collaborate with appropriate organizations to carry out all the program requirements. Describe the relationship between the applicant organization and the proposed network members. Explain why each of the proposed network members are appropriate collaborators and what expertise they bring to the network.

Include an organizational chart of the network that depicts the relationship between the proposed network members as Attachment 4. Identify and describe each network member and include each member's organization name, address, primary contact person, and current role in the DRA region. It is recommended that you use a table to present this information and include with **Attachment 4**.

Discuss how the network will follow the approved work plan, as outlined in the application, properly account for the federal funds, and document all costs to avoid audit findings.

Provide examples of prior experience delivering training programs of a similar nature as outlined in this NOFO. Include a discussion of the outcomes and results of these experiences to show that they were successful.

Describe current experience, knowledge, and skills, including subject matter expertise of staff, materials published, and previous work of a similar nature. Include a staffing plan and job descriptions for key personnel that clearly identifies a project director of at least 0.5 FTE capable of overseeing the program's administrative, fiscal, and business operations for the entirety of the project as **Attachment 2**. Include biographical sketches for all key personnel as **Attachment 3**.

### iii. **Budget**

The directions offered in the [SF-424 R&R Application Guide](#) may differ from those offered by Grants.gov. Follow the instructions in Section 4.1.iv of HRSA's [SF-424 R&R Application Guide](#) and the additional budget instructions provided below. A budget that follows the *R&R Application Guide* will ensure that, if HRSA selects your application for funding, you will have a well-organized plan and, by carefully following the approved plan, may avoid audit issues during the implementation phase.

**Reminder:** The Total Project or Program Costs are the total allowable costs (inclusive of direct **and** indirect costs) you incur to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by you to satisfy a matching or cost-sharing requirement, as applicable.

As required by the Consolidated Appropriations Act, 2022 (P.L. 117-103), Division H, § 202 and Division A of the FY 2022 Extending Funding and Emergency Assistance Act (P.L. 117-43), "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." See Section 5.1.iv Budget – Salary Limitation of HRSA's [SF-424 R&R Application Guide](#) for additional information. Note that these or other salary limitations may apply in the following fiscal years, as required by law.

Indirect costs under training awards to organizations other than state or local governments, or federally recognized Indian tribes, will be budgeted and reimbursed at 8 percent of modified total direct costs rather than on the basis of a negotiated rate agreement, and are not subject to upward or downward adjustment. Direct cost amounts for equipment, tuition and fees, and subawards and subcontracts in excess of \$25,000 are excluded from the direct cost base for purposes of this calculation.

#### iv. ***Budget Justification Narrative***

See Section 4.1.v of HRSA's [SF-424 R&R Application Guide](#).

In addition, the Delta Region Rural Health Workforce Training Program requires the following:

**Participant/Trainee Support Costs:** List tuition/fees, books, stipends, travel, subsistence, and other related education expenses, and the number of participants/trainees. Ensure that your budget breakdown separates these trainee costs, and includes a separate sub-total entitled "Total Participant/Trainee Support Costs" which includes the summation of all trainee costs. NOTE: Participants/trainees are NOT required to pay back any participant/trainee support costs if they do not complete the program or do not work in a rural area upon completing the program.

It is recommended that Participant/Trainee support account for **up to 60 percent of the total annual budget**, and 40 percent of the budget be allocated to all other program administrative and management costs, including indirect.

**Stipends:** Requests for stipends (general living expenses to help defray the student's costs and shall be used at the discretion of the student) for students participating in the training program should be entered under a separate budget justification heading, entitled "Trainee Expenses." Enter the number of students and the total amount requested under "Stipend."

In the budget justification, provide the stipend rate (e.g., \$40/day), the number of stipends to be awarded, and total stipend amount for the training program. The methodology for determining stipend rates should be clear and justifiable. If stipend rates vary across individual students or programming those differences should be clearly explained. If stipends are being paid for through sources other than the Delta Region Workforce Training funding, please provide the number, amount of stipend, and funding source.

**Scholarships:** Include the amount requested for student scholarship support to cover tuition, fees, books, and other related educational expenses. Scholarship funds must be disbursed in logical increments throughout the academic or calendar year and may not exceed \$10,000 in an academic year. Scholarships should be disbursed at the beginning of each period within the academic year (e.g., semester, quarter, term). A student can receive both a scholarship and a stipend as long as the scholarship award limitation is not exceeded and the awards do not cover the same expenses.

Students are designated to receive scholarships by the applicant institution in accordance with the guidelines established by the applicant organization. The proposed project must use scholarship funds in a manner that will meet the needs of eligible underrepresented students. The budget narrative must indicate the number of students to receive scholarships for each year of the award and the proposed amount of each scholarship per student. Whatever is stated in the budget narrative should agree with the total amount listed in the budget line item.

**Trainee Travel:** Enter amount requested for trainee travel necessary to the training experience. Describe the purpose of the travel and provide the number of trips involved, the travel allowance used, the destinations, and the number of individuals for whom funds are requested.

Student travel to a training site distant from the school may be charged to the grant if such travel is a necessary and integral part of the training provided through the project. The cost of a trainee's initial travel from his or her residence to the training program is not allowable except in cases of extreme need or hardship.

Upon justification in such cases, a travel allowance may be authorized at the level consistent with the institution's formal travel policy or at the applicable government mileage rate, whichever is less. Such authorization must be requested in advance and written authorization must be received from the Grants Management Officer, Division of Grants Management Operations with a copy to the program project officer. Travel support may also be provided for field trips and other appropriate training activities. Daily commuting costs and costs of routine local travel are not allowable.

#### v. **Attachments**

Provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limitation.** Your indirect cost rate agreement and proof of non-profit status (if applicable) will not count toward the page limitation. **Clearly label each attachment.** You must upload attachments into the application. HRSA will not open/review any *hyperlinked* attachments.

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

Attach the work plan for the project that includes all information detailed in [Section IV.2.ii. Project Narrative](#). If you will make subawards or expend funds on contracts, describe how your organization will ensure proper documentation of funds.

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

Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff. Also include a description of your organization's time keeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

*Attachment 3: Biographical Sketches of Key Personnel (does not count toward page limit)*

Include biographical sketches for persons occupying the key positions described in *Attachment 2*, not to exceed two pages in length per person. In the event that a biographical sketch is included for an identified individual not yet hired, include a letter of commitment from that person with the biographical sketch.

*Attachment 4: Project Organizational Chart*

Provide a one-page figure that depicts the organizational structure of the project. Additionally, provide a table that identifies and describes each network member, includes each member's organization name, address, primary contact person, and current role in the DRA region.

*Attachments 5–15: Other Relevant Documents*

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

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

The UEI, a “new, non-proprietary identifier” assigned by the System for Award Management ([SAM.gov](#)), will replace the \*Data Universal Numbering System (DUNS) number.

From now until April 3, 2022, if you are not already registered in SAM.gov and wish to do business with the Federal Government, you need to obtain and/or use a UEI (DUNS) to register your entity in SAM.gov. Continue to use your UEI (DUNS) for registration and reporting until April 3, 2022.

Effective April 4, 2022:

- You can register in SAM.gov and you will be assigned your UEI (SAM) within SAM.gov.

You will no longer use UEI (DUNS) and that number will not be maintained in any Integrated Award Environment (IAE) systems (SAM.gov, CPARS, FAPIIS, eSRS, FSRs, FPDS-NG). For more details, visit the following webpages: [Planned UEI Updates in Grant Application Forms](#) and [General Service Administration's UEI Update](#).

You must register with SAM and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless you are an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or you have an exception approved by the agency under 2 CFR § 25.110(d)). For your SAM.gov registration, you must submit a [notarized letter](#) appointing the authorized Entity Administrator.

If you are chosen as a recipient, HRSA will not make an award until you have complied with all applicable SAM requirements. If you have not fully complied with the requirements by the time HRSA is ready to make an award, you may be deemed not qualified to receive an award, and HRSA may use that determination as the basis for making an award to another applicant.

If you have already completed Grants.gov registration for HRSA or another federal agency, confirm that it is still active and that the Authorized Organization Representative (AOR) has been approved.

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

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

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

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

**If you fail to allow ample time to complete registration with SAM or Grants.gov, you will not be eligible for a deadline extension or waiver of the electronic submission requirement.**

## 4. Submission Dates and Times

### Application Due Date

The due date for applications under this NOFO is *June 17, 2022 at 11:59 p.m.ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's [SF-424 R&R Application Guide](#) for additional information.

## 5. Intergovernmental Review

The Delta Region Rural Health Workforce Training Program is subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

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

## 6. Funding Restrictions

You may request funding for a period of performance of up to 4 years, at no more than \$550,000 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 of the Consolidated Appropriations Act, 2022 (P.L. 117-103) apply to this program. See Section 4.1 of HRSA's [SF-424 R&R Application Guide](#) for additional information. Note that these or other restrictions will apply in the next fiscal year, as required by law.

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on use of funds for lobbying, executive salaries, gun control, abortion, etc. Like all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

Be aware of the requirements for HRSA recipients and subrecipients at 2 CFR § 200.216 regarding prohibition on certain telecommunications and video surveillance services or equipment. For details, see the [HRSA Grants Policy Bulletin Number: 2021-01E](#).

All program income generated as a result of awarded funds must be used for approved project-related activities. Any program income earned by the recipient must be used under the addition/additive alternative. You can find post-award requirements for program income at [45 CFR § 75.307](#).

## V. Application Review Information

### 1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review and to assist you in understanding the standards against which your application will be reviewed. HRSA has critical indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation.

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

Six review criteria are used to review and rank the Delta Region Rural Health Workforce Training Program applications. Below are descriptions of the review criteria and their scoring points.

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

1. The extent to which the application demonstrates the rural service area and the healthcare facilities' needs to be addressed by the proposed training program and presents concrete data, where possible, to highlight the proposed rural service area and the healthcare facilities unique need.
2. The extent to which the application describes the proposed student population and includes a discussion focused on the needs of underrepresented populations including, but not limited to, racial and ethnic minorities, veterans, people with disabilities, first-generation college students, etc.
3. The extent to which the application succinctly explains the purpose of the proposed project. The quality of and extent to which the relationship is clear and logical between the challenges affecting the proposed service area and the need for the proposed training program.

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

Methodology (15 points):

1. The extent to which the proposed project responds to the [Program Requirements and Expectations](#) described in this NOFO.
2. The strength of the proposed goals and objectives and their relationship to the identified project. The extent to which the activities described in the application are capable of addressing the problem and attaining the project. The appropriateness of these activities and extent to which they flow logically from the goals and objectives.

3. The extent to which the application describes the recruitment and retention strategies the network will use.
4. The detail and appropriateness of the plan to place students in rural employment in the DRA region after completing the training program.

Work Plan (10 Points):

1. The extent to which the application provides a detailed work plan that is logical, in a timeline format and has strong objectives and goals to ensure achievement of projected outcomes.
2. The appropriateness of the work plan in identifying responsible individual(s) and organization(s) and a timeline for each activity for all five years. The appropriateness of associated process and outcome measures for each activity and respective goal.
3. The degree to which the work plan aligns with the implementation timeline set out for the year one planning year.

Resolution of Challenges (5 points):

1. The extent to which the application identifies and clearly describes potential challenges and barriers that may be encountered in implementing program activities and attaining the project objectives.
2. The extent to which the application clearly describes approaches to address challenges and barriers that may be encountered during implementation of program activities.

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

1. The strength and effectiveness of the proposed plan for tracking, monitoring, and evaluating the project results. Evidence that the evaluative measures will be able to assess: 1) to what extent the program objectives have been met, and 2) to what extent these can be attributed to the project.
2. The effectiveness of the process for collecting and analyzing data/information for program evaluation measures and the approach for assessing the network's progress in relation to proposed outputs and outcomes.
3. The feasibility and effectiveness of the network's method for tracking trainees after they complete training to determine employment and retention in rural areas of the DRA region. The appropriateness of methods for tracking employment and retention (i.e., surveys, wage data, education data, etc.).

*Criterion 4: IMPACT (13 points) – Corresponds to Section IV's [Methodology](#) and [Evaluation and Technical Support Capacity](#)*

1. The extent to which the proposed project will have a public health impact and the project will be effective, if funded. This may include: the impact results may have on the service area or target student population and the degree to which the project activities are replicable.
2. The extent to which the applicant proposed a plan for project sustainability after the period of federal funding ends that addresses recruitment, training, and retention.

*Criterion 5: RESOURCES/CAPABILITIES (22 points) – Corresponds to Section IV's [Organizational Information](#)*

1. The extent to which the application provides evidence of the applicant organization's capability to collaborate with appropriate organizations to carry out all the program requirements.
2. Degree of collective strength of the network as evidenced by a discussion of why each of the proposed network members are appropriate collaborators and what expertise they bring to the network. The extent to which application identifies and describes each of the network members and includes each member's organization name, address, primary contact person, and current role in the DRA region. The extent to which the organizational chart(s) demonstrates a clear and distinct relationship between the network member organizations.
3. The strength of the discussion on how the network will follow the approved work plan, as outlined in the application, properly account for the federal funds, and document all costs to avoid audit findings.
4. Extent to which the application demonstrates a strong and feasible staffing plan that incorporates requirements necessary to run the network and the training program. Degree to which the staffing plan and resumes establish and appropriately specify:
  - a. The number and types of staff, qualification levels, and FTE equivalents.
  - b. The capabilities (current experience, skills, knowledge, experience with previous work of a similar nature, and materials published) of key staff already identified and the requirements that the applicant has established to fill other key positions if the grant is received.
  - c. Staffing needs in relation to the activities proposed in the project narrative and budget portion of the application.
  - d. The process and timeline for hiring a 0.5 FTE project director, if the network does not already have a project director. The extent to which the

application clearly demonstrates how the project director's role contributes to the success of the training program.

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

1. The reasonableness of the proposed budget for each year of the period of performance in relation to the objectives, the complexity of the activities, and the anticipated results.
2. The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
3. The extent to which key personnel have adequate time devoted to the project to achieve project objectives.
4. The inclusion, appropriateness and reasonableness of the estimated participant/trainee support costs, outlined in the budget.

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

The objective review process provides an objective evaluation of applications to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. See Section 5.3 of HRSA's [SF-424 R&R Application Guide](#) for more details.

## **3. Assessment of Risk**

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

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

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

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

HRSA will report to FAPIS a determination that an applicant is not qualified ([45 CFR § 75.212](#)).

## **VI. Award Administration Information**

### **1. Award Notices**

HRSA will release the Notice of Award (NOA) on or around the start date of September 1, 2022 See Section 5.4 of HRSA's [SF-424 R&R Application Guide](#) for additional information.

### **2. Administrative and National Policy Requirements**

See Section 2.1 of HRSA's [SF-424 R&R Application Guide](#).

If you are successful and receive a NOA, in accepting the award, you agree that the award and any activities thereunder are subject to:

- all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award,
- other federal regulations and HHS policies in effect at the time of the award or implemented during the period of award, and
- applicable statutory provisions.

### **Accessibility Provisions and Non-Discrimination Requirements**

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy). This includes ensuring programs are accessible to persons with limited English proficiency and persons with disabilities. The HHS Office for Civil Rights (OCR) provides guidance on complying with civil rights laws enforced by HHS. See [Providers of Health Care and Social Services](#) and [HHS Nondiscrimination Notice](#).

- Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see [Fact Sheet on the Revised HHS LEP Guidance](#) and [Limited English Proficiency](#).
- For information on your specific legal obligations for serving qualified individuals with disabilities, including reasonable modifications and making services accessible to them, see [Discrimination on the Basis of Disability](#).
- HHS-funded health and education programs must be administered in an environment free of sexual harassment. See [Discrimination on the Basis of Sex](#).
- For guidance on administering your program in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see [Conscience Protections for Health Care Providers](#) and [Religious Freedom](#).

Please 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 and assist HRSA recipients in meeting their civil rights obligations. 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](mailto:HRSACivilRights@hrsa.gov).

### **Executive Order on Worker Organizing and Empowerment (E.O. 14025)**

Pursuant to the Executive Order on Worker Organizing and Empowerment, HRSA strongly encourages applicants to support worker organizing and collective bargaining and to promote equality of bargaining power between employers and employees. This may include the development of policies and practices that could be used to promote worker power. Applicants can describe their plans and specific activities to promote this activity in the application narrative.

### **Requirements of Subawards**

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

## Data Rights

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

## 3. Reporting

Award recipients must comply with Section 6 of HRSA's [SF-424 R&R Application Guide](#) and the following reporting and review activities:

- 1) **Progress Report(s)**. The recipient must submit a progress report to HRSA annually. More information will be available in the NOA.
- 2) **Integrity and Performance Reporting**. The NOA will contain a provision for integrity and performance reporting in [FAPIS](#), as required in [45 CFR part 75 Appendix XII](#).

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

## VII. Agency Contacts

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

Eric Brown  
Grants Management Specialist  
Division of Grants Management Operations, OFAM  
Health Resources and Services Administration  
5600 Fishers Lane, Mailstop 10SWH03  
Rockville, MD 20857  
Telephone: (301) 945-9844  
Email: [EBrown@hrsa.gov](mailto:EBrown@hrsa.gov)

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

Jason Steele, MPH  
Public Health Analyst  
Attn: Delta Region Rural Health Workforce Training Program  
Federal Office of Rural Health Policy  
Health Resources and Services Administration  
5600 Fishers Lane, Mailstop 17W59-D  
Rockville, MD 20857  
Telephone: (301) 443-2203  
Email: [jleger@hrsa.gov](mailto:jleger@hrsa.gov)

You may need assistance when working online to submit your application forms electronically. Always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, 7 days a week, excluding federal holidays at:

Grants.gov Contact Center  
Telephone: 1-800-518-4726 (International callers dial 606-545-5035)  
Email: [support@grants.gov](mailto:support@grants.gov)

Self-Service Knowledge Base: <https://grants-portal.psc.gov/Welcome.aspx?pt=Grants>

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through [HRSA's Electronic Handbooks \(EHBs\)](#). Always obtain a case number when calling for support. For assistance with submitting in the EHBs, contact the HRSA Contact Center, Monday–Friday, 7 a.m. to 8 p.m. ET, excluding federal holidays at:

HRSA Contact Center  
Telephone: (877) 464-4772 / (877) Go4-HRSA  
TTY: (877) 897-9910  
Web: <http://www.hrsa.gov/about/contact/ehbhelp.aspx>

## **VIII. Other Information**

### **Technical Assistance**

HRSA has scheduled the following technical assistance:

#### *Webinar*

Day and Date: Thursday, May 5, 2022

Time: 2 – 3 p.m. ET

Call-In Number: (833) 568-8864

Webinar ID: 160 737 5943

Passcode: 47591877

Weblink: <https://hrsa.gov.zoomgov.com/j/1607375943?pwd=WHk0UFhHaUtlczZSWVYzM3NWMINqUT09>

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

HRSA will record the webinar. Please contact [jsteele@hrsa.gov](mailto:jsteele@hrsa.gov) for playback information.

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

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

## Appendix A: Delta Region Rural Health Workforce Training Program Glossary of Terms

**Delta Regional Authority (DRA) Region:** The DRA region includes 252 counties and parishes located across eight states - Alabama, Arkansas, Illinois, Kentucky, Louisiana, Mississippi, Missouri, and Tennessee. The 252 counties and parishes served by the Delta Regional Authority make up the most distressed area of the country.

**Dislocated workers:** Refers to individuals who were terminated or laid-off or have received a notice of termination or lay-off from employment; or were self-employed but are now unemployed, as well as other individuals described at WIOA sec. 3(15)<sup>14</sup>.

**Health Care Provider Organization:** Health care providers are defined as: hospitals, public health agencies, home health providers, mental health centers, substance use service providers, rural health clinics, primary care providers, oral health providers, social service agencies, long term care 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.

**High Quality, Good-Paying Job:** A job that exceeds the local prevailing wage for an industry in the region, includes basic benefits (e.g., paid leave, health insurance, retirement/savings plan) and/or is unionized, and helps the employee develop the skills and experiences necessary to advance along a career path<sup>15</sup>.

**Memorandum of Agreement or Memorandum of Understanding (MOA/MOU):** An MOA/MOU is a written document that must be signed by all network members to signify their formal commitment as network members. The MOA/MOU must describe the network's purpose. It must also describe each member's expertise relevant to the goals of the network and the member's responsibilities in terms of financial contribution, participation and membership benefits. For the purposes of this program, a letter of commitment is not the same as a MOA/MOU; a letter of commitment may represent one organization's commitment to the project but does not necessarily outline the roles and responsibilities that are mutually agreed upon among the network members.

**Network:** A formal organizational arrangement among at least four separately owned health care providers or other entities that provide or support the delivery of health care services. The purpose of a network is to foster collaboration and integration of functions among network entities to strengthen the rural health care system. A network organization has a signed Memorandum of Agreement (MOA) or Memorandum of Understanding (MOU). The network should have policies/practices in place to ensure that all network member organizations will make financial and programmatic decisions

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<sup>14</sup> <https://www.congress.gov/113/bills/hr803/BILLS-113hr803enr.pdf>

<sup>15</sup> <https://eda.gov/files/about/investment-priorities/EDA-FY21-Investment-Priorities-Definitions.pdf>

together (rather than an individual network member or lead applicant). An already existing non-profit board of individuals convened for providing oversight to a single organization is not an appropriate board structure.

**New entrants to the workforce:** Refers to those who have never worked before or who have been out of the workforce for a long enough time to make it as if they are entering the workforce for the first time. For example, this may include, but is not limited to, the long-term unemployed and formerly incarcerated individuals. Also eligible, consistent with federal and state wage and employment laws, are youth who are enrolled in their junior or senior year of high school and who could be employed before or within six months after the end of the grant lifecycle, and youth who have dropped out of school and are seeking their first full-time job.

**Rural Area:** Project area determined rural as defined by HRSA Rural Health Grants Eligibility Advisor: <https://data.hrsa.gov/tools/rural-health?tab=Address>.

**Service Area:** The rural counties that the proposed project will serve. The service area must be within one of the geographic regions listed in the Service Area Requirements section. Service areas must only include rural counties and parishes in the DRA region of the states listed. Counties and parishes outside of the DRA region will not be considered for funding.

**Underrepresented students:** This term includes students from groups who have been traditionally underrepresented in education abroad, including but not limited to, racial and ethnic minorities, veterans, first-generation college students, students with disabilities, and students from lower socio-economic households.

## Appendix B: Delta Region Rural Health Workforce Training Program Useful Resources

This is not intended to be a comprehensive list of resources.

- RHI Hub – Rural Health Networks and Coalitions Toolkit
  - <https://www.ruralhealthinfo.org/toolkits/networks>
- RHI Hub – Social Determinants of Health Toolkit
  - <https://www.ruralhealthinfo.org/toolkits/sdoh>
- WorkCred
  - <https://workcred.org/About-Workcred/What-We-Do.aspx>
- State Licensing Standards
  - <https://www.careeronestop.org/Toolkit/Training/find-licenses.aspx>
- Certification Finder
  - <https://www.careeronestop.org/Toolkit/Training/find-certifications.aspx>
- Health Information Technology, Evaluation and Quality Center
  - <https://hiteqcenter.org/Resources>
- The National Rural Health Resource Center – Delta Region Community Health Systems Development Program
  - <https://www.ruralcenter.org/drchsd>
- Delta Regional Authority
  - <https://dra.gov/>