U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

HRSA

Health Resources & Services Administration

Federal Office of Rural Health Policy
Policy Research Division

Rapid Response Rural Data Analysis and Issue Specific Rural Research Studies

Funding Opportunity Number: HRSA-21-029
Funding Opportunity Types: New, Competing Continuation
Assistance Listings (CFDA) Number: 93.155

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2021

Application Due Date: January 29, 2021

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

Issuance Date: November 20, 2020

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2021 Rapid Response Rural Data Analysis and Issue Specific Rural Research Studies Program. The purpose of this program is to assist rural communities with conducting rapid data analyses and short term issue-specific rural research studies to understand the impact of current and proposed policies and regulations as well as provide information that will improve health care in rural America. Due to the nature of rural policy analysis and formulation, rural organizations and health care providers often require timely information that is available only through specialized analysis of databases of information compiled by the Centers for Medicare and Medicaid Services (CMS), other federal and state agencies, or private organizations. Most rural groups and individuals do not have the capacity to store the data sets, the staff expertise to refine and analyze the data, nor the technology necessary to run statistical analyses. Findings from these analyses will be used to help inform rural health care providers and stakeholders including states, relevant professional associations, organizations focused on improving access to quality health care services in rural communities such as State Offices of Rural Health (SORHs) and State Rural Health Associations (SRHAs), and the National Advisory Committee on Rural Health and Human Services.

Funding Opportunity Title:	Rapid Response Rural Data Analysis and Issue Specific Rural Research Studies
Funding Opportunity Number:	HRSA-21-029
Due Date for Applications:	January 29, 2021
Anticipated Total Annual Available FY 2021 Funding:	$500,000
Estimated Number and Type of Award:	Up to one (1) cooperative agreement
Estimated Award Amount:	Up to $500,000 per year subject to the availability of appropriated funds
Cost Sharing/Match Required:	No
Period of Performance:	July 1, 2021 through June 30, 2026 (5 years)
Eligible Applicants:	All domestic public and private entities, non-profit and for-profit, are eligible to apply. Eligible entities may include, but are not limited to, public and private institutions of higher education, public and private health research organizations, foundations, tribes and tribal organizations, and faith-based entities. See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in HRSA's *SF-424 R&R Application Guide,* 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: Wednesday, December 2, 2020
Time: 3 – 4 p.m. ET
Call-In Number: 1-800-369-1935
Participant Code: 9104656
Weblink: https://hrsa.connectsolutions.com/rr_ta_hrsa-21-029/
Playback Number: 1-888-277-9385

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Rapid Response Rural Data Analysis and Issue Specific Rural Research Studies Program. The purpose of this program is to assist rural communities with conducting rapid data analyses and short term issue-specific rural research studies to understand the impact of current and proposed policies and regulations as well as provide information that will improve health care in rural America.

Due to the nature of rural policy analysis and formulation, rural organizations and health care providers often require timely information that is available only through specialized analysis of databases of information compiled by the Centers for Medicare and Medicaid Services (CMS), other federal and state agencies, or private organizations. The recipient is responsible for collaborating with agencies in the Department of Health and Human Services (HHS) to compile and analyze data that is requested in a timely manner. The recipient will also collaborate with rural stakeholders to determine what data sets are needed. These collaborative efforts are vital because most rural groups and individuals do not have the capacity to store the data sets, the staff expertise to refine and analyze the data, nor the technology necessary to run statistical analyses.

The recipient is required to staff a rapid response data analysis team capable of responding within one to two business days to an estimated one to two data analysis requests per month from rural health stakeholders. In addition to data analysis requests, the recipient must also respond to an estimated five to seven technical assistance requests per month to help rural stakeholders find and use existing research and analysis products produced under this cooperative agreement. The recipient is also expected to design and complete two short term (three to six month) issue-specific rural health services research studies per year. Findings from these analyses will be used to help inform rural health care providers and stakeholders including states, relevant professional associations, organizations focused on improving access to quality health care services in rural communities such as State Offices of Rural Health (SORHs) and State Rural Health Associations (SRHAs), and the National Advisory Committee on Rural Health and Human Services.

Rapid Response Data Analysis
In order to acquire the information from the data sets needed to identify trends, problems, and progress in rural health care financing and access to care in rural areas, rural stakeholders must rely on organizations that have the data storage capacity, personnel, and technology resources to provide the information to meet immediate policy needs, often in one to two days. Examples of past data analyses that increased understanding of the impact of health policies on rural communities and stakeholders are:
- Calculating annual costs and revenues reported by Rural Health Clinics (RHCs), Critical Access Hospitals (CAHs), and other rural hospitals;
- Analyzing the number of CAH patient days that are swing bed admissions vs. acute care admissions;

- Mapping travel routes and distances between rural hospitals nationwide; and
- Compiling detailed data on rural hospital closures, openings, and mergers from 2005 to 2020.

Each of these analyses required access to and familiarity with data sets that would have been prohibitively expensive for the vast majority of rural health care providers and organizations to analyze in a timely manner.

Issue Specific Research Studies

At the same time, the ever-changing nature of the rural policy environment sometimes necessitates short-term research and analysis of emerging policy issues. This work is more elaborate than rapid response needs, requiring data construction and analyses that involve more resources than the one to two day rapid response work described above. This work is expected to be completed in three to six months. Examples of past short term issue-specific rural research studies include:
- *2019 Wage Index Differences and Selected Characteristics of Rural and Urban Hospitals; and*
- *Characteristics of Communities Served by Rural Hospitals Predicted to be at High Risk of Financial Distress in 2019*

These and other examples of issue-specific rural research studies funded under the Rapid Response Rural Data Analysis and Issue Specific Rural Research Studies Program are available on the Rural Health Research Gateway (www.ruralhealthresearch.org).

2. Background

This program is authorized by 42 U.S.C. § 912(b)(5) (§ 711(b)(5) of the Social Security Act). The Health Resources and Services Administration's (HRSA) Federal Office of Rural Health Policy (FORHP) is the focal point for rural health activities within HHS. FORHP is statutorily required to advise the Secretary on the effects of current policies and proposed statutory, regulatory, administrative and budgetary changes in Medicare and Medicaid programs on the financial viability of small rural hospitals, the ability of rural areas to attract and retain physicians and other health professionals, and access to and the quality of health care in rural areas. For additional information about FORHP, please see http://www.hrsa.gov/ruralhealth/index.html.

II. Award Information

1. Type of Application and Award

Types of applications sought: Competing Continuation, New

HRSA will provide funding in the form of a cooperative agreement. A cooperative agreement is a financial assistance mechanism where HRSA anticipates substantial involvement with the recipient during performance of the contemplated project.

HRSA program involvement will include:

- Participating in the planning and development of the annual work plan and final selection of projects and rapid data analyses;
- Reviewing and commenting on project design and methodology in work plan proposals;
- Reviewing products produced under this cooperative agreement, including the methodology, analysis, results, policy implications, format, and tone prior to public dissemination;
- Collaborating with rural stakeholders and the award recipient to provide guidance and assistance in identifying key organizations through which to share information and research findings developed through this cooperative agreement; and
- Identifying rural stakeholders who would benefit from the services and resources supported under this cooperative agreement.

The cooperative agreement recipient's responsibilities will include:

- Adhering to HRSA guidelines pertaining to acknowledgement and disclaimer on all products produced by HRSA award funds;
- Adhering to Section 508 of the Rehabilitation Act of 1973, as amended;
- Developing products that aim to produce new information in alignment with FORHP's charge under 42 U.S.C. § 912 (§ 711 of the Social Security Act);
- Participating in the planning and development of the recipient's annual short term, issue specific research studies and rapid response data analysis projects;
- Responding to HRSA requests, comments and questions within a timely manner;
- Submitting finalized short term, issue specific research briefs to the Rural Health Research Gateway (https://www.ruralhealthresearch.org/);
- Sharing data analysis and short term, issue specific research briefs for HRSA review by work plan guidelines;
- Providing the public with a vehicle for performing data analysis and interpretation on rural health services, including determining the feasibility of conducting the data analyses and interpretations;
- Distributing research findings as a tool to inform the public including, but not limited to, national, state, and local policymakers, state-based entities, and/or individual rural health care providers; and
- Identifying up to two rural policy issues that need to be studied in a timeframe that cannot be accommodated by the Rural Health Research Center Program (typically three to six months).

2. Summary of Funding

HRSA estimates approximately $500,000 to be available annually to fund one (1) recipient. The actual amount available will not be determined until enactment of the final FY 2021 federal appropriation. You may apply for a ceiling amount of up to $500,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately. The period of performance is July 1, 2021 through June 30, 2026 (5 years). Funding beyond the first year is subject to the availability of appropriated funds for the Rapid Response Rural Data Analysis and Issue Specific Rural Research Studies Program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government. HRSA may reduce recipient funding levels beyond the first year if you are unable to fully succeed in achieving the goals listed in your application.

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

III. Eligibility Information

1. Eligible Applicants

All domestic public and private entities, non-profit and for-profit, are eligible to apply. Eligible entities may include, but are not limited to, public and private institutions of higher education, public and private health research organizations, foundations, tribes and tribal organizations, and faith-based entities.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

HRSA will consider any application that exceeds the ceiling amount non-responsive and will not consider it for funding under this notice.

HRSA will consider any application that fails to satisfy the deadline requirements referenced in Section IV.4 non-responsive and will not consider it for funding under this notice.

NOTE: Multiple applications from an organization are not allowable.

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

IV. Application and Submission Information

1. Address to Request Application Package

HRSA **requires** you to apply electronically. HRSA encourages you to apply through Grants.gov using the SF-424 Research and Related (R&R) workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at http://www.grants.gov/applicants/apply-for-grants.html.

The NOFO is also known as "Instructions" on Grants.gov. You must select "Subscribe" and provide your email address for each NOFO you are reviewing or preparing in the workspace application package in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the For Applicants page for all information relevant to this NOFO.*

2. Content and Form of Application Submission

Section 4 of HRSA's *SF-424 R&R Application Guide* provides instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the *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 *SF-424 R&R Application Guide* for the Application Completeness Checklist.

Application Page Limit

The total size of all uploaded files included in the page limit may not exceed the equivalent of **80 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments including biographical sketches (biosketches), and letters of commitment and support required in HRSA's *SF-424 R&R Application Guide* and this NOFO. Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Biographical sketches **do** count in the page limitation. Please note: If you use an OMB-approved form that is not included in the workspace application package for HRSA-21-029, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **It is therefore important to take appropriate measures to ensure your application does not exceed the specified page limit.**

Applications must be complete, within the specified page limit, and validated by Grants.gov under the correct funding opportunity number prior to the deadline.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification
1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3321).
3) Where you are unable to attest to the statements in this certification, an explanation shall be included in *Attachment 4: Other Relevant Documents*.

See Section 4.1 viii of HRSA's *SF-424 R&R Application Guide* for additional information on all certifications.

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

i. *Project Abstract*

See Section 4.1.ix of HRSA's *SF-424 R&R Application Guide*.

ii. *Project Narrative*

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

Successful applications will contain the information below. Please use the following section headers for the narrative:

- *INTRODUCTION -- Corresponds to Section V's Review Criterion #1 (Need)*

  Provide a brief overview of your proposed project and how it will align with FORHP's charge under 42 U.S.C § 912 (§ 711 of the Social Security Act).

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

  Demonstrate a strong understanding of:
  - The unique characteristics of rural communities and why rural residents are considered an underserved population.

- The need to assist rural communities by conducting rapid data analyses and research studies to understand the impact of current and proposed policies and regulations in order to provide information that will improve health care in rural America.

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

  This section should describe the overall methodology you propose to successfully respond to rapid response data requests and conduct short term issue specific rural health research studies. The proposed methodology must reflect the rapidly changing rural health and health policy environment.

  Rapid Response Data Analyses
  In this section you must provide a detailed explanation of your proposed methodology to staff a rapid response data analysis team capable of responding within one to two business days to an estimated one to two data analysis requests per month from rural health stakeholders. This strategy should include (but is not limited to):
  - Develop and maintain a robust repository of rural health and rural health policy relevant datasets that are current, cleaned, and geocoded
  - Provide the public with a vehicle for performing data analyses and interpretation related to time sensitive and significant rural health policy issues/questions to understand the impact of policies and regulations and to provide information to improve health care in rural areas
  - Develop a process to determine the feasibility of responding to individual requests, including the feasibility of conducting the data analyses and the broader public benefit of conducting the analyses
  - Develop a process for sharing the results of the analyses with the public in a timely manner and for responding to five to seven technical assistance requests per month to help rural stakeholders find and use existing research and analysis products produced under this cooperative agreement

  Issue Specific Research Studies
  In this section you must include specific information for two short term issue specific research studies that you propose to conduct in the first budget year. Proposed projects should aim to produce policy relevant briefs or reports with a high likelihood of being applied in meaningful ways to improve health care in rural areas, including by improving the understanding of the effects of current policies or proposed policy changes on the financial viability of rural hospitals, the ability of rural areas to attract and retain health care professionals, and the access to and quality of health care in rural areas. Competing continuation applicants must propose research projects that are not duplicative of past projects but they may propose projects that build on or update previously funded work. Post award, final projects will be chosen in consultation with HRSA and may include emerging priorities from HRSA/HHS. Projects will be defined collaboratively between the successful applicant and HRSA. This process may include additional input from

HRSA on possible alternative proposals and/or suggested proposal modifications, depending on policy needs at that time. The proposals must be national in scope.

You must avoid duplication with research that is already underway or recently completed by FORHP's Rural Health Research Center Program; query the Rural Health Research Gateway (www.ruralhealthresearch.org) for help in identifying projects previously funded and currently underway. Projects must not duplicate or overlap with work conducted by the Flex Monitoring Team (www.flexmonitoring.org), which evaluates the Rural Hospital Flexibility Program and also conducts larger analyses on Critical Access Hospital (CAH) trends specific to quality and performance improvement.

It is expected that all short term, issue specific research projects proposed for the first year will be completed within a three to six month time frame during the first budget period.

Present **two** proposals using the format outlined below. Limit each research proposal to a maximum of six pages.

Proposal Summary
   a. Project title
   b. Principal Investigator
   c. Stand-alone two sentence project description

Research Proposal
a. *Project title*

b. *Statement of the problem/issue and policy relevance*: Clearly state the purpose of the research. Identify the gaps in existing knowledge that the research is intended to fill. State the relevance of the research and its implications for rural health policy from the perspectives of national, state and local stakeholders. Emphasize its potential value for members of rural communities. State how the proposed research will contribute to the current literature.

c. *Geographic Coverage*: Describe the geographic coverage for the research and assess how generalizable the results will be for the purpose of informing policy-making. HRSA has a preference for studies that are nationally representative or have implications for the design or implementation of national policies. Describe the ability of the data to represent varying levels of rurality. The research should include rural versus urban analyses as well as analyses by level of rurality so that the results are described for the rural continuum.

d. *Hypotheses, Design and Analysis*: State the hypothesis(es) or research questions for the research project. Thoroughly describe the project design you will use to accomplish the specific aims of the proposed study (quantitative or mixed methods). All studies should have some quantitative component and qualitative work should not be the foundation for a study. Include a discussion of any anticipated limitations of the study design.

e. *Data Sources*: Identify proposed data sources. Include information on data availability, acquisition cost, and a time schedule for obtaining and preparing the data for analysis. If primary data will be used, discuss the data collection plan including sampling methods, estimated sample size, expected response rate, data collection schedule, etc.

f. *Human Subjects Research:* Provide answers to the questions below.
   i. Are human subjects involved? If activities involving human subjects are planned at any time during the proposed research project, indicate YES even if the proposed project is exempt from Regulations for the Protection of Human Subjects. Indicate NO if no activities involving human subjects are planned and skip to the Staff-Loading Chart, Section (g) below of the Research Proposal.
   ii. If the answer was YES, indicate if the Institutional Review Board (IRB) review is pending. If the IRB has been approved, enter the approval date.
   iii. If exempt from IRB approval enter the exemption numbers and a short description corresponding to one or more of the exemption categories. See http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html#46.101(b) for a list of the six categories of research that qualify for exemption from coverage by the regulations as defined in the Common Rule for the Protection of Human Subjects.
   iv. For the Human Subject Assurance Number provide the IRB approval number or the approved Federal Wide Assurance (FWA), Multiple Project Assurance (MPA), Single Project Assurance (SPA) or Cooperative Project Assurance Number (CPA) that the applicant has on file with the Office of Human Research Protections, if available.
   v. If you have not yet been reviewed by IRB and you believe your research is exempt, provide a justification for the exemption(s) with sufficient information about involvement of human subjects to allow a tentative conclusion by HRSA staff that the claimed exemption(s) seems appropriate.
   vi. Note that non-exempt research involving human subjects cannot be conducted under a HHS-sponsored award unless your organization provides verification of the justification of the exemption per HHS regulations. Documentation of IRB review when it is completed and its exemption or approval must be sent to the Project Officer. This IRB certification must include the grant number, the title of the project, name of the appropriate IRB which has reviewed and exempted or approved the proposed activity, name of the principal investigator/program director, date of IRB exemption or approval, and appropriate signatures.

g. *Staff-Loading Chart:* Identify the project leader and other senior staff involvement. Include a staff-loading chart that presents the number of hours devoted to the project for each staff member and the total number of hours for each activity (e.g., data cleaning, mapping, analysis). Indicate the relevant expertise and experience of the staff.

h. *Timetable:* Provide a schedule for the project work. Deliverable due dates for each project should be included. Gantt charts are not necessary. Dates should reflect time required for data acquisition, IRB approval, etc.

i. *Literature Citations:* Provide citations to published literature relevant to this proposal.

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

In this section you must describe the activities or steps necessary to complete the proposed project. This discussion must include the following:

- Explanation of quality control processes, including the quality of the written products produced under this cooperative agreement. This should include a plan for the Principal Investigator to review all draft reports to assure their quality and readability.
- Plan to comply with Section 508 of the Rehabilitation Act of 1973, as amended.
- Project management plan that will ensure each funded activity stays on track throughout the first 12 month budget period.
- A general work plan for budget periods two through five. This SHOULD NOT include specific proposals for work that will be conducted during those years but should highlight activities that will span all five years of the period of performance.
- Plan for notifying HRSA prior to any public release of products funded through this cooperative agreement (e.g., a courtesy copy of manuscripts submitted to HRSA prior to journal acceptance, advance notice of a presentation at a conference and any accompanying slides or materials, etc.)
- Plan for publically disseminating, as appropriate, the results from any rapid response data analyses or issue specific research studies on the Rural Health Research Gateway (www.ruralhealthresearch.org)

▪ *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion # 4 ([Impact](#))*

Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan, and approaches that you will use to resolve such challenges. Include a specific discussion around challenges or difficulties that may arise from the fact that many data sets do not explicitly include rural and urban geographic indicators or use geographic indicators or definitions of rural that may not correspond to the rural definition needed for a particular analysis.

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

  This section should describe a plan for the following:
  - Reporting the number of times that each research study or report posted on your website and funded under this cooperative agreement is accessed and/or downloaded as well as a plan to track any journal citations.

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

  This section should describe your expertise in responding to and conducting rapid response data analyses and short term, issue specific research studies. This includes your organization's structure and staffing plan.
  - Provide information on your organization's current mission and structure, including an applicant organizational chart (**Attachment 3**), and how this aligns with the scope of the proposed activities.
  - Succinctly describe your capacity to effectively manage the programmatic, fiscal, and administrative aspects of the proposed project.
  - Demonstrate your program's significant past experience conducting similar work (from any funder). Include specific examples of:
    - Past publications or analyses that were national in scope, contain rural-centric or rural-urban comparisons as part of the analysis, and were completed in a three to six month time period
    - Past rapid data analyses of complex national data sets that included rural-urban comparisons and were completed in one to two days
    - Communicating complex public policy issues and data analyses to varied audiences in ways that identify key rural concerns within the broader issue
  - Demonstrate your organization's existing relationships with key rural stakeholders such as (but not limited to) SORHs and SRHAs
  - Demonstrate your organization's access to and substantial experience working with large, national data sets such as those listed in the table below:

Table of National Data Sets

Agency for Healthcare Research and Quality
- Healthcare Cost and Utilization Project
- Nationwide Inpatient Sample

American Dental Association
- Masterfile of Dentists

American Hospital Association (AHA)
- AHA Abridged Guide of U.S. Hospitals

American Medical Association
- Physician Masterfile

American Osteopathic Association
- Physician Masterfile

American Academy of Nurse Practitioners
- Professional Data

Bureau of the Census, U.S. Department of Commerce
- American Community Survey
- Current Population Survey
- 2010 Census Summary Files
- Congressional District Summary File
- Summary Files for Outlying Areas
- Topologically Integrated Geographic Encoding and Referencing System
- Census of Agriculture
- Economic Census
- Census Summary Tape Files
- Intercensal Population Estimates
- Small Area Health Insurance Estimates
- Small Area Income and Poverty Estimates

Bureau of Economic Analysis, U.S. Department of Commerce
- Personal Income

Bureau of Labor Statistics, U.S. Department of Labor
- Local Area Unemployment Statistics
- Occupational Employment and Wage Estimates

Centers for Medicare & Medicaid, U.S. Department of Health and Human Services
- Hospital Cost Reporting Information System
- Hospital Cost Reporting Information System – Skilled Nursing Facility File
- HMO Market Penetration Report File
- Hospital Market Service Area File
- Case Mix Index File
- Provider Specific File
- Provider of Services Files
- Medicare MedPAR Claims Data
- Medicare Inpatient Claims Data
- Medicare SNF Claims Data
- Medicare Outpatient Claims Data
- Medicare Carrier Claims Data

- Master Beneficiary Summary File
- Medicare Advantage Files
- Medicare Prescription Part Drug Part D Files
- National Provider Identification
- CMS Public Use Data on ACO Performance
- Medicare Enrollment
- Medicare Provider Utilization and Payment

Claritas, Inc.
- Pop-Facts Database for Census Tracts, ZIP Codes and Minor Civil Divisions

Esri Global, Inc.
- StreetMap North America

Economic Research Service, U.S. Department of Agriculture
- Rural-Urban Continuum Codes
- Urban Influence Codes
- County Typology Codes
- Frontier and Remote Area Codes
- Rural Urban Commuting Area Codes

Health Resources and Service Administration, U.S. Department of Health and Human Services
- Health Professional Shortage Area Designations
- Medically Underserved Area Designations
- Health Area Resource File
- Uniform Data System
- National Health Service Corp Physicians
- National Health Service Corp Dentists
- List of Federally Qualified Health Centers

Centers for Disease Control and Prevention, U.S. Department of Health and Human Services
- CDC Wonder
- National Health Interview Survey
- Compressed Mortality Analytical File

National Council for Prescription Drug Programs
- Monthly Pharmacy Data

Office of Management and Budget
- *Metropolitan and Micropolitan Statistical Areas*

Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute
- County Health Rankings

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 the application for funding, you will have a well-organized plan and, by carefully following the approved plan, may avoid audit issues during the implementation phase.

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

The Further Consolidated Appropriations Act, 2020 (P.L. 116-94), Division A, § 202 states, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." See Section 4.1.iv Budget – Salary Limitation of HRSA's *SF-424 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.

iv. *Budget Justification Narrative*

See Section 4.1.v of HRSA's *SF-424 R&R Application Guide*.

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

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

v. *Attachments*

Provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit.** Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit. **Clearly label each attachment**.

Attachment 1: 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, please 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 2: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific)

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

Attachment 3: Project Organizational Chart

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

Attachments 4–15: Other Relevant Documents

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

3. **Dun and Bradstreet Data Universal Numbering System (DUNS) Number Transition to the Unique Entity Identifier (UEI) and System for Award Management (SAM)**

You must obtain a valid DUNS number, also known as the Unique Entity Identifier (UEI), and provide that number in the application. At a future, to-be-determined date, the *DUNS number will be replaced by the UEI, a "new, non-proprietary identifier" requested in, and assigned by, the System for Award Management (SAM.gov). For more details, visit the following pages: [Planned UEI Updates in Grant Application Forms](#) and [General Service Administration's UEI Update](#).

You must also register with SAM and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the agency under 2 CFR § 25.110(d)).

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

If you have already completed Grants.gov registration for HRSA or another federal agency, confirm that 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 (http://www.dnb.com/duns-number.html)
- System for Award Management (SAM) (https://www.sam.gov)
- Grants.gov (http://www.grants.gov/)

For further details, see Section 3.1 of HRSA's *SF-424 R&R Application Guide*.

SAM.GOV ALERT: For your SAM.gov registration, you must submit a notarized letter appointing the authorized Entity Administrator. The review process changed for the Federal Assistance community on June 11, 2018.

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

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

4. Submission Dates and Times

Application Due Date
The due date for applications under this NOFO is *January 29, 2021 at 11:59 p.m.ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's *SF-424 R&R Application Guide* for additional information.

5. **Intergovernmental Review**

The Rapid Response Rural Data Analysis and Issue Specific Rural Research Studies 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 5 years, at no more than $500,000 per year (inclusive of direct **and** indirect costs). This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division A of the Further Consolidated Appropriations Act, 2020 (P.L. 116-94) and Continuing Appropriations Act, 2021 and Other Extensions Act (P.L. 116-159) are in effect at the time this NOFO is posted. Please see Section 4.1 of HRSA's *SF-424 R&R Application Guide* for additional information. Awards will be made subsequent to enactment of the FY 2021 appropriation. The NOA will reference the FY 2021 appropriation act and any restrictions that may apply. Note that these or other restrictions will apply as required by law in subsequent appropriations acts for FY 2021. You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on use of funds for lobbying, executive salaries, gun control, abortion, etc. Like those for all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

All program income generated as a result of awarded funds must be used for approved project-related activities. The program income alternative applied to the award(s) under the program will be the addition/additive alternative. You can find post-award requirements for program income at 45 CFR § 75.307.

V. Application Review Information

1. **Review Criteria**

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

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

Review criteria are used to review and rank applications. The Rapid Response Rural Data Analysis and Issue Specific Rural Research Studies Program has six (6) review criteria. See the review criteria outlined below with specific detail and scoring points.

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

The extent to which:
- The purpose of the proposed project aligns with FORHP's charge under 42 U.S.C. § 912
- The application demonstrates a strong understanding of the unique characteristics of rural communities and why rural residents are considered an underserved population
- The application demonstrates a strong understanding of the need to assist rural communities by conducting rapid data analyses and research studies to understand the impact of current and proposed policies and regulations in order to provide information that will improve health care in rural America.

Criterion 2: RESPONSE (30 points) – Corresponds to Section IV's Methodology and Work Plan

Project Management (5 points)
The extent to which the application:
- Includes a clear explanation of quality control processes
- Includes a clear plan to comply with Section 508 of the Rehabilitation Act of 1973, as amended
- Has a thorough project management plan to ensure that each funded activity stays on track throughout the first 12 month budget period
- Provides a general work plan for budget periods two through five that highlights activities that will span all five years of the period of performance
- Has a clear plan to notify HRSA prior to any public release of products funded through this cooperative agreement

Issue Specific Rural Research Studies (10 points)
The extent to which the application:
- Clearly describes each item included in the *Research Proposal* outline as described in Section IV's *Methodology*

Rapid Response Data Analyses (15 points)
The extent to which the application:
- Includes a detailed explanation of the proposed methodology to staff a rapid response data analysis team capable of completing complex data analysis requests within one to two business days

- Includes a well thought out and logical strategy to:
  - Develop and maintain a robust repository of rural health and rural health policy relevant datasets that are current, cleaned and geocoded;
  - Provide the public with a vehicle for performing data analyses and interpretation related to time sensitive and significant rural health policy issues/questions to understand the impact of policies and regulations and to provide information to improve health care in rural areas;
  - Develop a process to determine the feasibility of responding to individual requests, including the feasibility of conducting the data analyses and the broader public benefit of conducting the analyses; and
  - Develop a process for sharing the results of the analyses with the public in a timely manner and for responding to requests to help rural stakeholders find and use previously released products.

Criterion 3: EVALUATIVE MEASURES (5 points) – Corresponds to Section IV's *Evaluation and Technical Support Capacity*

The strength and effectiveness of the plan to:
- Report the number of times each policy brief or report posted on the applicant organization's website is accessed and/or downloaded as well as a plan to track any journal citations

Criterion 4: IMPACT (15 points) – Corresponds to Section IV's *Work Plan,* *Methodology* *and* *Resolution of Challenges*

The strength of the applicant organization's:
- Ability to identify challenges likely to be encountered in designing and implementing the proposed projects and the feasibility and effectiveness of the proposed approaches to resolve those challenges
- Plan to address challenges or difficulties that may arise from the fact that many data sets do not explicitly include rural and urban geographic indicators or use geographic indicators/definitions of rural that may not correspond to the rural definition needed for a particular analysis
- Plan for publically disseminating, as appropriate, the results from any rapid response data analyses or issue specific research studies on the Rural Health Research Gateway (www.ruralhealthresearch.org)
- Ability to identify key gaps in existing knowledge and propose research projects that have a high likelihood of being applied in meaningful ways to improve health care in rural areas and rural stakeholders' understanding of the effects of health policies
- Proposals for two issue-specific research studies that are well-conceived with a study design and data sources appropriate to answer the research question

Criterion 5: RESOURCES/CAPABILITIES (35 points) – Corresponds to Section IV's Organizational Information

Organizational Structure (5 points)
The extent to which:
- The organization's current mission and structure aligns with the scope of the proposed activities
- The applicant organization can effectively manage the programmatic, fiscal and administrative aspects of the proposed project
- The applicant organization has existing relationships with key rural stakeholders such as SORHs and SRHAs

Past Experience Conducting Similar Work (20 points)
The extent to which the application clearly demonstrates through specific examples past experience (from any funder):
- Communicating complex public policy issues and data analyses to varied audiences in ways that identify key rural concerns within a broader issue
- Conducting rapid (defined as one to two days) analyses of complex national data sets that included rural-urban comparisons
- Designing and executing health services research studies that were national in scope, contain rural-centric or rural-urban comparisons as part of the analysis, and were completed in a three to six month time period

Access to and Experience with Large, National Datasets (10 points)
The extent to which the application demonstrates access to and substantial experience working with large, national datasets such as those listed in *Section IV* of the NOFO.

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

The reasonableness of the proposed budget for each year of the period of performance in relation to the objectives, the complexity of the research/data analysis activities, and the anticipated results.
- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives

2. Review and Selection Process

The objective review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. 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 (FAPIIS). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider your comments, in addition to other information in FAPIIS in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed as described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

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

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award (NOA) prior to the start date of July 1, 2021. 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 Notice of Award, 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 Department regulations and policies in effect at the time of the award, and applicable statutory provisions.

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.

Human Subjects Protection

Federal regulations (45 CFR part 46) require that applications and proposals involving human subjects must be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. If you anticipate research involving human subjects, you must meet the requirements of the HHS regulations to protect human subjects from research risks.

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**. The recipient must submit a progress report to HRSA annually. Further information will be available in the NOA.

2) **Quarterly Tracking Reports.** The recipient will submit a tracking report to HRSA on a quarterly basis. Further information will be provided in the NOA.

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

Please 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.

VII. Agency Contacts

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

Kimberly Dews
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-0655
Fax: (301) 443-0655
Email: kdews@hrsa.gov

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

Sarah Young
Deputy Director, Policy Research Division
Attn: Rapid Response Rural Data Analysis and Issue Specific Rural Research Studies
Federal Office of Rural Health Policy
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-5905
Email: SYoung2@hrsa.gov

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

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)
Email: support@grants.gov
Self-Service Knowledge Base: https://grants-portal.psc.gov/Welcome.aspx?pt=Grants

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

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

VIII. Other Information

Technical Assistance

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Wednesday, December 2, 2020
Time: 3 – 4 p.m. ET
Call-In Number: 1-800-369-1935
Participant Code: 9104656
Weblink: https://hrsa.connectsolutions.com/rr_ta_hrsa-21-029/
Playback Number: 1-888-277-9385

Tips for Writing a Strong Application

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