

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Health Resources and Services Administration**

Federal Office of Rural Health Policy  
Community-Based Division

***Rural Health Network Development Planning Program***

**Announcement Type:** New; Competing Continuation

**Funding Opportunity Number:** HRSA-17-016

**Catalog of Federal Domestic Assistance (CFDA) No. 93.912**

**FUNDING OPPORTUNITY ANNOUNCEMENT**

Fiscal Year 2017

**Application Due Date: January 3, 2017**

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

*Deadline extensions are not granted for lack of registration.*

*Registration in all systems, including SAM.gov and Grants.gov,  
may take up to one month to complete.*

**Issuance Date: November 2, 2016**

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

## **EXECUTIVE SUMMARY**

The Health Resources and Services Administration (HRSA), Federal Office of Rural Health Policy (FORHP) is accepting applications for fiscal year (FY) 2017 Rural Health Network Development Planning Program. The purpose of this grant program is to promote the planning and development of healthcare networks in order to: (i) achieve efficiencies; (ii) expand access to, coordinate, and improve the quality of essential health care services; and (iii) strengthen the rural health care system as a whole.

Funding Opportunity Title:	Rural Health Network Development Planning
Funding Opportunity Number:	HRSA-17-016
Due Date for Applications:	January 3, 2017
Anticipated Total Annual Available Funding:	\$2,400,000
Estimated Number and Type of Awards:	Up to 24 grants
Estimated Award Amount:	Up to \$100,000 per year
Cost Sharing/Match Required:	No
Project Period:	June 1, 2017- May 31, 2018 (1 year)
Eligible Applicants:	To be eligible to receive a grant under this subsection, an entity - (A) shall be a rural public or rural nonprofit private entity; (B) shall represent a network composed of participants - (i) that include 3 or more health care providers; and (ii) that may be nonprofit or for-profit entities; and (C) shall not previously have received a grant under this subsection (other than a grant for planning activities) for the same or a similar project. [See <u>Section III-1</u> of this funding opportunity announcement (FOA) for complete eligibility information.]

### **Application Guide**

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide*, available online at <http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf>, except where instructed in this FOA to do otherwise. A short video explaining the *Application Guide* is available at <http://www.hrsa.gov/grants/apply/applicationguide/>.

## **Technical Assistance Webinar**

The Federal Office of Rural Health Policy will hold a technical assistance webinar on **December 13, 2016** at 2:00 PM – 3:00 PM Eastern Standard Time to assist you in preparing for your applications. The Adobe Connect webinar and call-in information is as follows:

Conference line (for audio): 877-918-1352, passcode: 1557034

URL (for web): <https://hrsa.connectsolutions.com/foata-webinar/>

(Please enter as a “Guest”)

Prior to joining, please test your web connection:

[https://hrsa.connectsolutions.com/common/help/en/support/meeting\\_test.htm](https://hrsa.connectsolutions.com/common/help/en/support/meeting_test.htm)

Note: You must dial into the conference line to hear the audio portion of the webinar. No pre-registration is required.

For your reference, the Technical Assistance call will be recorded and available for playback within one hour of the end of the call and will be available until **January 13, 2017**. The phone number to hear the recorded call is 866-443-4138, passcode: 1557034.

The Technical Assistance call is open to the general public. The purpose of the call is to review the FOA and to provide any additional or clarifying information that may be necessary regarding the application process. There will be a Q&A session at the end of the call to answer any questions. While the call is not required, it is highly recommended for any organization interested in applying for the Rural Health Network Development Planning Program.

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# **I. Program Funding Opportunity Description**

## **1. Purpose**

This announcement solicits applications for the Rural Health Network Development Planning Grant Program (“Network Planning”).

The purpose of the Network Planning program is to assist in the development of an integrated health care network, specifically for entities that do not have a history of formal collaborative efforts. Health care networks can be an effective strategy to help smaller rural health care providers and health care service organizations align resources and strategies, achieve economies of scale and efficiency, and address challenges more effectively as a group than as single providers. The Network Planning program promotes the planning and development of healthcare networks in order to: (i) achieve efficiencies; (ii) expand access to, coordinate, and improve the quality of essential health care services; and (iii) strengthen the rural health care system as a whole. The health care system is undergoing a significant amount of change and this can be particularly challenging for small rural providers.

The goals of the Network Planning program are centered around approaches that will aid providers in better serving their communities given the changes taking place in health care, as providers move from focusing on the volume of services to focusing on the value of services. This program will bring together key parts of a rural health care delivery system, particularly those entities that may not have collaborated in the past under a formal relationship, to establish and improve local capacity and coordination of care. The program will support one year of planning with the primary goal of helping networks create a foundation for their infrastructure and focusing member efforts to address important regional or local community health needs.

## **2. Background**

This program is authorized by Section 330A(f) of the Public Health Service Act, 42 U.S.C. 254c(f), as amended, to expand delivery of health care services in rural areas through the planning of integrated health care networks in rural areas.

The passage of the Affordable Care Act (ACA) has provided opportunities for expanded insurance coverage in rural areas. There are also increasing efforts across payers and employers to focus on health promotion and chronic disease management in order to improve patient outcomes and reduce downstream costs. The increasing focus on showing value in health care delivery creates incentives to develop regional systems of care that preserve local autonomy for rural communities while also ensuring access to the appropriate continuum of care for the local service population. Thus, it is more important now than ever for rural providers to participate in efforts such as implementing population health strategies to demonstrate the quality and value they provide rural residents.

While the ACA created opportunities for increased health care coverage, the realities of

rural health care delivery such as a limited provider base, financial instability and higher rates of chronic disease, continue to pose as barriers to optimal health care delivery and access to quality and coordinated care. Thus, policymakers are increasing focus on the concept of population health to effectively address these challenges. Some rural communities may be negotiating how to best meet local health care needs, particularly in those rural communities that may be too small to support a full-service hospital but need more than an ambulatory clinic or a nursing home. Additionally, an increasing number of rural hospitals have closed or limited services due to diminishing financial viability. As of August 2016, seventy-six (76) rural hospitals have either closed or suspended operations<sup>1</sup>. As the lynchpin of a community, the loss of a rural hospital can impact access to necessary health care services. Communities are beginning to explore innovative approaches to maintain access to essential health care services in rural areas while appropriately leveraging community resources and facilities to ensure sustainability.

Considering the unique set of challenges facing rural communities, the formation of a health network may provide an opportunity to bring together rural health care providers and other community organizations in order to address local health needs. While this grant provides one year of funding, FORHP envisions that these networks will work towards becoming operational and sustainable beyond the project year and achieving long-term outcomes such as: network sharing services, enhancing service coordination and integration, and having a viable business model. The long-term impact of this program will help organizations achieve efficiencies, increase access to care and coordination, and strengthen the rural health care system as a whole. At the conclusion of this one-year grant, recipients will be expected to report on various process and outcome measures, as well as, fulfill other grant reporting requirements.

To view the abstracts of previous Network Planning grant recipients, visit HRSA's Data Warehouse: <http://datawarehouse.hrsa.gov/tools/findgrants.aspx>.

## **II. Award Information**

### **1. Type of Award**

Type(s) of applications sought: New, Competing Continuation

Funding will be provided in the form of a grant.

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

This program will provide funding during federal fiscal year 2017. Approximately \$2,400,000 is expected to be available to fund up to twenty-four (24) recipients. You may apply for a ceiling amount of up to \$100,000 per year. The actual amount available will not be determined until enactment of the final FY2017 federal budget. This program announcement is subject to the appropriation of funds, and is a contingency action

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<sup>1</sup> University of North Carolina. The Cecil G. Sheps Center for Health Services Research [August, 2016].

taken to ensure that, should funds become available for this purpose, applications can be processed, and funds can be awarded in a timely manner. The project period is one (1) year.

Effective December 26, 2014, all administrative and audit requirements and the cost principles that govern federal monies associated with this award will be subject to the Uniform Guidance 2 CFR 200 as codified by HHS at 45 CFR 75, which supersede the previous administrative and audit requirements and cost principles that govern federal monies.

A funding preference is available for this opportunity. You must specifically request the preference by including **Attachment 12**. The requirements for the funding preference are described in section V. 2. of this announcement.

### **III. Eligibility Information**

#### **1. Eligible Applicants: Geographic and Network Requirements**

##### **A) Geographic Requirements:**

- i. The applicant organization must be a rural nonprofit or rural public entity that represents a consortium/network of three or more health care providers. Federally-recognized tribal entities are eligible to apply as long as they are located in a rural area. The applicant organization must be located in a non-metropolitan county or in a rural census tract of a metropolitan county, and all services must be provided in a non-metropolitan county or rural census tract.

If your organization's headquarters are located in a metropolitan county that serves non-metropolitan or metropolitan counties, you (the applicant organization/agency) are not eligible solely because of the areas you serve. In addition, if you are located in a metropolitan county with branches in a non-metropolitan county you are not eligible to apply if you are eligible only because of the areas or populations you serve.

To ascertain rural eligibility, please refer to <http://datawarehouse.hrsa.gov/RuralAdvisor/RuralHealthAdvisor.aspx>. This webpage allows you to search by county or street address and determine your rural eligibility. The applicant organization's county name must be entered on the SF-424 Box 8, Section d. address. If the applicant is eligible by census tract the census tract number must also be included next to the county name.

If your organization is owned by or affiliated with an urban entity or health care system, the rural component may still apply as long as the rural entity has its own Employer Identification Number (EIN) and can directly receive and administer the grant funds in the rural area. The rural entity must be responsible for the planning, program management, financial management, and decision making of the project and the urban parent organization must

assure the FORHP in writing that, for the grant, they will exert no control over or demand collaboration with the rural entity. This letter must be included in **Attachment 10**.

- ii. In addition to the several states, only organizations in the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau may apply. If you are located outside the 50 states, you still have to meet the rural eligibility requirements.
- iii. One of the following documents must be included in **Attachment 1** to prove nonprofit status:
  - A letter from the IRS stating the organization's tax-exempt status under Section 501(c)(3); or if the applicant is an affiliate of a parent organization, a copy of the parent organization's IRS 501(c) (3) Group Exemption letter; and if owned by an urban parent, a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate. A copy of a currently valid IRS Tax exemption certificate;
  - Statement from a state taxing body, state attorney general or other appropriate state official certifying that the applicant organization has a nonprofit tax status and that none of the net earnings accrue to any private shareholders or individuals;
  - A certified copy of the organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization; or,
  - If your organization is a public entity, proof of nonprofit status is not necessary. However, your organization must identify itself as a public entity and submit an official signed letter on city, county, state or tribal government letterhead in **Attachment 1**. (You may include supplemental information such as documentation of the law that created the organization or documentation showing that the state or a political subdivision of the state controls the organization.) Tribal government entities should verify their federally- recognized status via the Bureau of Indian Affairs website: <http://www.bia.gov>.
  - If you have been previously awarded a grant from HRSA and your name has changed, a copy of both the organization's current by-laws and the IRS letter with the new organization name must be submitted.
- iv. In determining eligibility for this funding, the FORHP realizes there are some Metropolitan Areas that would otherwise be considered non-Metropolitan if the core, urbanized area population count did not include federal and/or state prison populations. Consequently, FORHP has created an exceptions process whereby applicants from Metropolitan counties in which the combined population of the core urbanized area is more than 50,000 can request an exception by demonstrating that through

the removal of federal and/or state prisoners from that count, they would have a population total of less than 50,000. You must present documented evidence of total population for the core urbanized area and demonstrate through data from the Census Bureau and state or Federal Bureaus of Prisons or Corrections Departments that show the total core urbanized area population (which is not the county or town population), minus any the state and/or federal prisoners, results in a total population of less than 50,000. Any data submitted that does not take the total core urbanized area population into consideration will not be eligible. For further information, please visit: <https://www.census.gov/geo/reference/ua/urban-rural-2010.html> Prisoners held in local jails cannot be removed from the core urbanized area population.

This exception is only for the purpose of eligibility for FORHP grant programs. To find out if you are eligible for a reclassification, please contact Steve Hirsch at 301-443-7322. If eligible, you will be required to request the exception and present the data in **Attachment 14** which will be verified by FORHP.

**Applications from organizations that do not meet the above criteria will not be considered under this funding opportunity announcement.**

**B) Network Requirements**

- i. The Rural Health Network Development Planning Program requires the establishment of a network. The networks must be composed of at least three separately owned health care providers that may be nonprofit or for-profit entities. The applicant organization along with each network member who will be receiving any of the grant funds must have **separate and different** Employer Identification Numbers (EIN). The applicant organization must have an active SAM registration.
  - a. A rural health network is defined as an organizational arrangement among, at minimum, three separately owned organizations that come together to develop strategies for improving health services delivery systems in a community. For example, a critical access hospital, a community health center, and a public health department may collaborate to form a network around a shared purpose. Networks may include a wide range of community partners providing health care including social service agencies, faith-based organizations, mental health agencies, charitable organizations, educational institutions, employers, local government agencies or other entities with an interest in a community's health care system. Strong partnerships at the community level with organizations such as those mentioned above, are essential to the overall success of improving population health through alignment of goals and resources.
- ii. Faith-based and community-based organizations are eligible to apply for these funds. For-profit or urban based organizations are not eligible to be the applicant organization but can participate in the network and all services must

be provided in a non-metropolitan county or rural census tract.

- iii. The network can be a horizontal network (composed of the same type of organization, i.e., hospitals or clinics), or a vertical network (composed of different types of organizations, i.e., a critical access hospital and a rural health clinic and a community health center). While the network members may be for-profit or nonprofit and may be in a rural or urban area, the applicant organization must be located in a non-metropolitan county or in a rural census tract of a metropolitan county, and all services must be provided in a non-metropolitan county or rural census tract. The roles and responsibilities of each member organization must be clearly defined and each must contribute significantly to the goals of the network. Multiple health care providers owned by the same overarching entity or health system are not considered a separate entity.
- iv. Existing networks that seek to expand services or expand their service area are not eligible to apply. Additionally, previous Network Planning award recipients who propose a continuation of an awarded project are not eligible to apply. Existing networks that are proposing to collaborate with at least two outside organizations that they have not worked with before under a formal relationship are eligible to apply.

Please Note: Individuals do not need to register with SAM. Individuals are exempt from the requirements of 2 CFR 25.

## **2. Cost Sharing/Matching**

Cost sharing/matching is not required for this program.

## **3. Other**

Applications that exceed the ceiling amount will be considered non-responsive and will not be considered for funding under this announcement.

Any application that fails to satisfy the deadline requirements referenced in *Section IV.4* will be considered non-responsive and will not be considered for funding under this announcement.

NOTE: Multiple applications from an organization are not allowable.

If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates), an application is submitted more than once prior to the application due date, HRSA will only accept the applicant's **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.

If the applicant organization has a history of receiving funds under the Rural Health Network Development Planning grant, they must propose a project which is different

from what was previously funded and have two new network members. Abstracts from previous Rural Health Network Development Planning awards must be submitted in **Attachment 11.**

### **Notifying your State Office of Rural Health**

You are required to notify the State Office of Rural Health (SORH) of your intent to apply to this program. A list of the SORHs can be accessed <http://nosorh.org/nosorh-members/nosorh-members-browse-by-state/>. You must include in **Attachment 2** a copy of the letter or email sent to the SORH, and any response received to the letter (including an exempt response), that was submitted to the SORH describing your project.

Each state has a SORH, and the FORHP recommends contacting the SORH entity early in the application process to advise them of your intent to apply. The SORH may be able to provide some consultation to you including information on model programs, data resources, technical assistance for consortiums, evaluation, introductions to partner organizations, or support of information dissemination activities. You should make every effort to seek consultation from your State Office of Rural Health at least three weeks in advance of the due date and provide a summary of the proposed project. If you do not receive a response, please include the original letter of intent requesting the support.

If you are located in the Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau you do not have a designated State Office of Rural Health. If you are from one of these areas, you can request an email or letter confirming the contact from the National Organization of State Offices of Rural Health. The email address is: [donnap@nosorh.org](mailto:donnap@nosorh.org).

## **IV. Application and Submission Information**

### **1. Address to Request Application Package**

HRSA **requires** you to apply for this funding opportunity announcement electronically through Grants.gov. You must download the SF424 application package associated with this funding opportunity following the directions provided at [Grants.gov](#).

### **2. Content and Form of Application Submission**

Section 4 of HRSA's [\*SF-424 Application Guide\*](#) provides instructions for the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the Application Guide in addition to the program specific information below. You are responsible for reading and complying with the instructions included in HRSA's [\*SF-424 Application Guide\*](#) except where instructed in the funding opportunity announcement to do otherwise.

See Section 8.5 of the *Application Guide* for the Application Completeness Checklist.

## **Application Page Limit**

The total size of all uploaded files may not exceed the equivalent of 80 pages when printed by HRSA. The page limit includes the abstract, project and budget narratives, and attachments required in the *Application Guide* and this FOA. Standard OMB-approved forms are NOT included in the page limit. Indirect Cost Rate Agreement and proof of nonprofit status (if applicable) will not be counted in the page limit. **We strongly urge you to print your application to ensure it 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 to be considered under the announcement.**

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

- 1) The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Where the prospective recipient is unable to attest to any of the statements in this certification, such prospective recipient shall attach an explanation to this proposal.

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

## **Program-Specific Instructions**

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

### **i. Project Abstract**

You **must** clearly identify the focus area that your network planning activities support in the project abstract. FORHP highly suggests that you use the following language: "Focus Area - 1b - Patient Engagement" and "Legislative Aim - Aim #2 and #3". For additional guidance, see Section 4.1.ix of HRSA's [SF-424 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, and well organized so that reviewers can understand the proposed project.

You need to explain how your proposal incorporates elements of health care redesign, with a focus on transforming the health care delivery into a patient and value-driven system. This includes, but is not limited to, supporting the current health care landscape to improve outcomes, reduce costs, ensure access and efficient transitions of care, and promote innovative approaches.

Your application must clearly describe the health care concerns to be addressed by

the proposed network. For instance, your network may concentrate your efforts towards addressing prescription opioid and heroin-related morbidity and mortality in rural communities or may also focus on a health topic being addressed through the collaboration between a federally qualified health center and a critical access hospital. Your application **must clearly identify one** of the following focus areas (specifying the sub-category) that your network planning activities will address:

1. Population Health

Subcategories -

- i. Care Coordination
- ii. Patient Engagement
- iii. Data Analytics/Health Information Technology
- iv. Physician and Health Care Provider-Hospital Alignment

2. Alleviating Loss of Local Services and Access to Care

Subcategories -

- i. Rural Hospital Closure or Conversion
- ii. Rural Hospital Financially At-Risk of Closing
- iii. Enhancing Sustainable Emergency Medical Services
- iv. Telehealth

Additionally, you **must** describe planning activities that support **at least one** of the three legislative aims described below:

**1. Aim #1: Achieve efficiencies**

The network will focus on identifying ways to achieve better system efficiencies and improve regional and/or local rural health care services. Planning activities may include, but are not limited to:

- a) Conducting a community health and/or provider needs assessments at the regional and/or local level:
  - Develop and implement a needs assessment in the community;
  - Identify the most critical need of network partners to ensure their viability;
  - Identify additional collaborating network partners in the community/region;
  - Identify and develop a plan to address workforce issues; or
  - Identify financial resources or gaps available to support services.
- b) Updating a health information technology plan, which helps to improve outcomes for rural patients, based on the current standards of care, reporting enhancements and/or capacity.
- c) Collaborating with the local charitable hospital to develop an implementation plan for addressing community needs identified by the triennial community health needs assessment.

- d) Identifying a plan for developing regional systems of care to better meet rural patient concerns.
- 2. Aim #2: Expand access to, coordinate, and improve the quality of essential health care services**
- The network will focus on ways to build capacity and a network infrastructure that enables entities to coordinate care and increase access to care for rural communities both locally and regionally. Planning activities may include, but are not limited to:
- a) Developing a network business and/or operations plan, which may include:
    - A formal memorandum of agreement or understanding (MOA/MOU);
    - A shared mission statement;
    - A network/governance board or decision making structure;
    - A set of network bylaws;
    - The roles and responsibilities of the network partners; or
    - A business model.
  - b) Identifying the degree to which the network members are ready to integrate their functions and share clinical and/or administrative resources.
  - c) Assessing appropriateness/readiness for Patient Centered Medical Home accreditation.
  - d) Identifying strategies to communicate with the community about changes in the health care landscape and how to maintain access to viable health care services.
  - e) Developing a plan to expand the role of emergency medical services within the community.
  - f) Developing a plan to ensure access to essential services in communities that have lost a hospital or consider options for ensuring access in areas where the hospital is at risk of closing.

**3. Aim #3: Strengthen the rural health care system as a whole**

Network members will focus on ways to enhance community and partner relationships to promote involvement and participation in network planning activities. Planning activities may include, but are not limited to:

- a) Identifying ways to encourage cross-organizational collaboration and leadership commitment.
- b) Assessing the network's sustainability and viability.

- c) Identifying opportunities for the network to better address regional and/or local population health needs.
- d) Identifying and establishing ways to obtain regional and/or local community support/buy-in around the development of the network.
- e) Identify a strategy to leverage broadband connectivity to support health information technology applications in rural communities. This may include developing partnerships to leverage broadband funding through the Federal Communications Commission Health Care Connect program and the United States Department of Agriculture Broadband Program.
- f) Developing a transition plan that assures seamless access to care across a full range of services, in the event of a hospital closure/conversion.

You must **clearly** identify the focus area (ex: Focus Area – Population Health, Subcategory – Care Coordination) and legislative aim(s) (ex: Legislative Aim #3: Strengthen the rural health care system as a whole) in the Project Abstract **and** in the Introduction section of the proposal.

Network planning activities that model evidence-based frameworks or models that work are encouraged. Proposals should emphasize innovations and creative approaches in adapting to a changing health care environment that may serve as a model to other rural communities.

It is expected that over the course of the year, the network and its members will, at a minimum, take steps in creating a strong network infrastructure by addressing and overcoming organizational barriers and conflicts amongst network members and ensuring strong leadership is present. It is expected that the network will develop a strategic plan and conduct a self-assessment so that network members can use the information to help identify areas of strengths and areas for improvement as they move forward with their network activities beyond federal funding. Laying out a careful strategic plan that articulates where an organization wants to go is a critical first step to getting there.

Use the following section headers for the Narrative:

- **INTRODUCTION**

This section should briefly describe the purpose of the proposed project. You should briefly describe the planning activities that your network will conduct to build the network's infrastructure.

- **NEED -- Corresponds to Section V's Review Criterion 1: NEED**

This section outlines the perceived needs of the community and how the network will address those unmet needs. It should summarize the project's goals, expected outcomes, focus area and the aim(s) the project will support. This section should describe the rural community and how the network will serve the community. The following items must be addressed:

- A. The target population and its unmet health needs must be described and documented in this section as well as socio-cultural determinants of health and health disparities impacting the population or communities. Demographic data should be used and cited whenever possible to support the information provided and describe the need for creating a network to address the identified area(s) of focus. Please list the areas of impact in **Attachment 3**.
  - B. Describe the relevant services currently available in or near the service area of the network. The applicant should describe the potential impact of the network on providers, programs, organizations and other entities within the community. The applicant should identify gaps in the existing health care system and activities that the network will perform to fill those gaps. (i.e. personnel, service delivery needs, shared resources, etc. In this case, the application includes information on the population in relation to these health provider factors).
  - C. Explain how a network planning grant would address unmet needs. The applicant is expected to demonstrate the need for federal funding to support network planning activities by describing the environment in which the network will be developed and why federal funds are appropriate at this time.
  - D. Provide a map that shows the location of network members, the geographic area that will be served by the network and any other information that will help reviewers visualize and understand the scope of the proposed planning activities should be included. Please include the map as **Attachment 4**.  
*Note: Maps should be legible and in black and white.*
  - E. Identify the potential barriers and challenges in forming the network and implementing the network activities along with possible solutions to address the barriers. Including any pertinent geographic, socio-economic, linguistic, cultural, ethnic, workforce, or other barrier(s) that prohibit access to health care in the target community. As well as any anticipated linguistic, social, or religious barriers to health care.
  - F. If applicable, describe the financial performance (e.g. unprofitability, insolvency, utilization, staffing) of the rural hospital within the community at risk of closing.
- **RESPONSE -- Corresponds to Section V's Review Criterion 2: RESPONSE**  
This section describes proposed methods that will be used to address and

respond to the aforementioned needs in order to meet each of the program requirements and expectations in this funding opportunity announcement.

The following items must be addressed:

- A. Identify the proposed goals and objectives of the project and include a coherent strategy to carry out the activities to reach the proposed goals. Indicate which aim(s) your planning activities will support. Note: If a needs assessment has not been completed in your community within the past five (5) years, it is strongly encouraged that a community health needs assessment be included as one of the process goals for completion during the project period.
- B. Include a project work plan that clearly illustrates the network's goals, strategies, activities, and measurable outcomes. The work plan must outline the individual or organization responsible for carrying out each activity and include a timeline for the project period. Please include the work plan as **Attachment 5**.
- C. Include information on how the network members were identified for inclusion in the network, the expertise of each network member, and the desired working relationship among the members, i.e., reduction of ownership issues, improving communication strategies, reducing duplicate services, etc. Each network member should have an identified role in the project. Include a description of any previous collaboration among the network partners.
- D. Describe how the local community or region to be served will experience increased access to quality health care services across the continuum of care as a result of the planning activities carried out by the network, particularly how it relates to re-organizing health care delivery to make the transition to a health care environment that emphasizes value, quality and efficiency. The application should identify new services that could result as an outcome of planning for the integration and coordination of activities carried out by the network. When possible, provide and support your expected outcomes with quantifiable data.
- E. Describe the potential level of impact of the network's services on the providers in the service area that are not network members. Provide expected quantifiable impact whenever possible. Provide expected quantifiable impact whenever possible.
- F. Identify how communication will flow between network members, and address how the network partners will resolve differences in executing the project and issues, should they arise. Describe how network activities will be communicated and integrated into individual network members' organizational activities to the extent this is appropriate.
- G. Explain the expected outcomes this project will accomplish by the end of the project period. Provide expected quantifiable impact whenever

possible.

- H. Describe the potential financial impact on network members (i.e. cost sharing).
- I. Describe the process for how the network will engage in strategic planning in order to develop the network plan.
- J. If applicable, identify the models, evidence- based practices or promising practices used in relation to the proposed project.

- **IDENTIFICATION AND RESOLUTION OF CHALLENGES** -- *Corresponds to Section V's Review Criterion 3: IDENTIFICATION AND RESOLUTION OF CHALLENGES*

This section discusses the feasibility of the project activities and the challenges that are likely to be encountered in designing and implementing the activities described in the work plan. Describe the challenges associated with your work plan activities and include approaches to resolve each challenge.

- **EVALUATION** -- *Corresponds to Section V's Review Criterion 4: EVALUATION*

This section describes how progress toward meeting project goals will be tracked, measured, and evaluated. Any assumptions made in developing the project work plan and the anticipated outputs and outcomes of activities should be explained. Both outcome and process measures may be used to assess progress. Quantitative data should be used whenever relevant and available.

Describe ongoing quality assurance/quality improvement strategies that will allow for the early detection and modification of ineffective strategies. The applicant should also describe how this assessment will be used to help inform the network's quality improvement strategy and sustainability beyond federal funding. Specifically, this assessment should include, but is not limited to, the following elements:

- **Outcomes focus:** Ensures that the goals and objectives of the project are assessed. Outcomes should demonstrate improved health outcomes and impact to the community. The applicant should explain how resources are leveraged and utilized to enhance the community's health care delivery system.
- **Data collection:** Illustrates the accuracy and consistency of data to be collected, and the ability to produce objective results. Ensures that data collection methods are feasible for the project and data are collected in a timely manner.
- **Sustainability:** Identify factors and strategies that will lead to viability and sustainability after federal funding ends. Describe the tools and resources that will be used to illustrate the economic impact of the project throughout the project period. Explain how sustainability data will inform quality improvement strategies and future efforts.

Identify factors and propose a plan that will lead to the network's sustainability after

federal support for the project ends. The applicant should discuss the network and community benefits of a successful network. Factors/benefits may include:

- Network Member contributions;
  - Shared purchasing;
  - Shared personnel;
  - Collaborative service delivery;
  - Potential for the project to be replicated in other rural areas, if applicable; and
  - Potential future partners. There should also be a short discussion on what potential future partners will bring to the project and why they were not included in the original network.
- **RESOURCES AND CAPABILITIES -- Corresponds to Section V's Review Criterion 5: RESOURCES AND CAPABILITIES**

This section describes the abilities and contributions of the applicant organization and the network members. Provide a brief overview of the applicant organization that includes information such as your mission, structure, and current primary activities. Your organization should describe its ability to manage the grant project and personnel. You should also identify and describe financial practices and systems that assure that your organization has financial resources to manage federal funds. Documentation is required to identify that that your organization is a rural nonprofit or rural public entity ([Attachment 1](#)).

State whether your organization has a network director in place, or an interim director. If the network has an interim director, discuss the process and timeline for hiring a permanent network director for this project. The network director may also be the project director. The project director must be identified in the Abstract, as well as key personnel. Include information on the individual who will serve as the network director (or interim) and will be responsible for project monitoring and ensuring the grant activities are carried out. The proposed network may identify a permanent director prior to receiving grant funds. Provide evidence that the network director will allot at least **25 percent** of their time to the project and has management experience involving multiple organizational arrangements. Your organization should have **at least one paid full-time staff** employed at the time of application.

Include a description of the roles of key personnel and how their roles relate to the network and the planning project. Key personnel are individuals who will be funded by this award or person(s) conducting activities central to this program ([Attachment 6](#)). Describe the degree to which the network participants are ready to integrate their functions. Describe the developmental stage of the network (See *Definitions* at end of this FOA), extent of prior collaboration among network members and strategies for further development and maturation of the network.

Provide information on each of the network members and a one-page organizational

chart of the proposed network that clearly depicts the relationship between the proposed network members and includes the network governing board, if applicable. A table may be used to present the following information on each network member: the organization name, address, primary contact person, current role in the community/region, and **Employer Identification Number (EIN) (must be provided for each network member)**. This should be included in **Attachment 8**. Letters of commitment should be provided from each network member. These are to be included in **Attachment 9**.

Outline the roles and responsibilities within the network for each network member while addressing the capacity to carry out program goals. Describe the relationship between your organization and the other proposed network members. Describe the proposed network composition and identify those proposed network members that maybe non-conventional partners (e.g. neighboring hospitals, primary referral hospitals and tertiary facilities). Explain why each of the proposed network members are appropriate, what expertise they bring to the network, and why other key groups were not included. Describe how the members will contribute to the program requirements and meet program expectations.

Describe the relationship of the network with the community/region it serves. If appropriate, describe the extent to which the network and/or its members engage the community in its planning and functions.

Provide at least two letters of support from entities such as local clinics and providers, regional health systems, county officials, and area businesses. Letters of support should be uploaded in **Attachment 13**.

- **SUPPORT REQUESTED -- Corresponds to Section V's Review CRITERION 6: SUPPORT REQUESTED**

Provide a complete, consistent, and detailed budget presentation through the submission of SF-424A and a Budget Narrative that justifies the appropriateness of the requested funds. See Section IV.2.iii for more information regarding the Budget section.

#### **NARRATIVE GUIDANCE**

In order to ensure that the Review Criteria are fully addressed, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.

<b><u>Narrative Section</u></b>	<b><u>Review Criteria</u></b>
Need	1) Need
Response	2) Response
Identification and Resolution of Challenges	3) Identification and Resolution of Challenges

Evaluation	4) Evaluation
Resources and Capabilities	5) Resources and Capabilities
Support Requested	6) Support Requested

*iii. Budget*

See Section 4.1.iv of HRSA's [SF-424 Application Guide](#). Please note: the directions offered in the SF-424 Application Guide differ from those offered by Grants.gov. Please follow the instructions included in the Application Guide and, if applicable, the additional budget instructions provided below.

**Reminder:** The Total Project or Program Costs are the total allowable costs (inclusive of direct **and** indirect costs) incurred by the recipient to carry out a grant-supported project or activity. Total project or program costs include costs charged to the award. In addition, because the primary purpose of this program is to fund planning activities, we strongly recommend that you adhere to the following budget considerations.

**Travel:** Please allocate travel funds for one (1) program staff to attend a one (1) day technical assistance workshop at a location to be determined and include the cost of this as a budget line item.

**Equipment:** Based on historical data gathered from prior grant cycles, equipment costs for this program have averaged 5% of the total award amount. Accordingly, equipment costs which exceed 5% of the total award amount will generally be considered unreasonable and therefore are not allowable (see the definition of [Equipment](#) in [Section VIII. Other Information](#)).

**Legal Costs:** Based on historical data gathered from prior grant cycles, legal costs for this program have averaged 20% of the total award amount. Accordingly, legal costs which exceed 20% of the total award amount will generally be considered unreasonable and therefore are not allowable. Legal costs include services and activities such as: consults, 501(c)3 application preparation, articles of incorporation and by-laws development.

**Contractual:** You are responsible for ensuring that your organization or institution has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts. Consistent with 45 CFR 75, you must provide a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables.

**Other:** The purpose of this program is to fund planning activities. Applications that propose to use award to pay for the direct provision of clinical health services will be deemed unresponsive and will not be considered for funding under this announcement.

Please refer to the [HHS Grants Policy Statement](#) and [Uniform Guidance](#) for further information on allowable and unallowable costs.

The Consolidated and Further Continuing Appropriations Act, 2015, Division G, § 203, (P.L.113-235) 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.”. Please see Section 4.1.iv Budget – Salary Limitation of HRSA’s [SF-424 Application Guide](#) for additional information. Note that these or other salary limitations will apply in FY 2017, as required by law.

**iv. Budget Narrative**

See Section 4.1.v. of HRSA’s [SF-424 Application Guide](#). In addition, the Rural Health Network Development Planning program requires the following:

Please provide a budget narrative justification that explains the amounts requested for each line in the budget. The budget narrative should specifically describe how each item will support the achievement of proposed objectives. The budget period is for one (1) year. Line item information must be provided to explain the costs entered in the SF-424A. Thoroughly describe how each item in the “other” category is justified. The budget narrative MUST be concise. Do NOT use the narrative to expand the project narrative.

**v. Attachments**

Please 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 nonprofit status (if applicable) will not count toward the page limit. **Each attachment must be clearly labeled.**

***Attachment 1: Proof of Nonprofit Status (Not counted in the page limit)***

One of the following documents must be included in this section to prove nonprofit status

- A letter from the IRS stating the organization’s tax-exempt status under Section 501(c)(3); or if the applicant is an affiliate of a parent organization, a copy of the parent organization’s IRS 501(c) (3) Group Exemption letter; and if owned by an urban parent a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.
- A copy of a currently valid IRS Tax exemption certificate;
- Statement from a state taxing body, state attorney general or other appropriate state official certifying that the applicant organization has a nonprofit tax status and that none of the net earnings accrue to any private shareholders or individuals;
- A certified copy of the organization’s certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization; or
- If the applicant organization is a public entity, proof of nonprofit status is not necessary. The applicant organization must, however, identify itself as a public entity and submit an official signed letter on city, county, state or Tribal government letterhead in **Attachment 1**. (You may include supplemental information such as documentation of the law that

created the organization or documentation showing that the state or a political subdivision of the state controls the organization.) Tribal government entities should verify their federally-recognized status via the Bureau of Indian Affairs website: <http://www.bia.gov>.

***Attachment 2: Required documentation from State Office of Rural Health***

All applicants are required to notify their State Office of Rural Health (SORH) early in the application process to advise them of their intent to apply. The SORH can often provide technical assistance to applicants. Please include a copy of the SORH's response to your correspondence and/or the letter or email you sent to the SORH notifying them of your intent to apply.

***Attachment 3: Areas of Impact***

Include a list of the areas, counties and cities that will be impacted by this project. If an organization is located in a rural census tract of an urban county, the rural census tract must be clearly identified here as well as the county and census tracts of the network partners.

***Attachment 4: Map of Service Area.***

Include a legible map that clearly shows the location of network members, the geographic area that will be served by the network, and any other information that will help reviewers visualize and understand the scope of the proposed planning activities.

***Attachment 5: Work Plan***

Attach the work plan for the project. The work plan should illustrate the network's goals, strategies, activities, and measurable progress and outcome measures. The work plan must outline the individual or organization responsible for carrying out each activity and include a timeline for the project period.

***Attachment 6: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of the HRSA's [SF-424 Application Guide](#))***

Provide a staffing plan that discusses the staffing requirements necessary to run the network, and specifically to accomplish the proposed network planning project. Include the qualification levels for the project staff and rationale for the amount of time that is requested for each staff position. Staffing needs should be explained and should have a direct link to activities proposed in the project narrative and budget portion of the application.

Provide the job descriptions for key personnel listed in the application. Keep each job description to one page in length. Include the role, responsibilities, and qualifications of proposed project staff. For the purposes of this application, key personnel are individuals who are funded by this award or person(s) conducting activities central to this program.

***Attachment 7: Biographical Sketches of Key Personnel***

Provide biographical sketches for persons occupying the key positions described in **Attachment 6** (each sketch should not exceed two pages in

length). In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch. If the Project Director (PD) serves as a PD for other federal awards, please list the federal awards as well as the percent FTE for each respective federal award.

***Attachment 8: Network Organizational Chart and Network Member Information.***

Provide a one-page organizational chart of the network identifying how decisions will be made and communication will flow. Provide a list of all network members that includes: the organization's name and type (i.e., community health center, hospital, health department, etc.); the name of the key person from the organization that will be working on the project; organization contact information; anticipated responsibility in the project; current role in the health care system; and the Employee ID Number (EIN). If a network member is serving as the applicant organization on behalf of the network, they must also include a one-page organizational chart of the applicant organization.

***Attachment 9: Letters of Commitment***

Provide a scanned, signed copy of a letter of commitment from each of the network members. Letters of commitment must be submitted with the application and must identify what the organization's roles and responsibilities in the project will be, what activities they will be included in, and how that organization's expertise is pertinent to the network planning project. The letter must indicate understanding of the benefits that the network will bring to the members and to the community encompassed by the network (service area). The letter must also include a statement indicating that the proposed partner understands that the grant funds will be used for the development of a health care network and are not to be used for the exclusive benefit of any one network partner or to provide clinical services.

In place of individual letters, the applicants may include a Memorandum of Agreement (MOA) or Memorandum of Understanding (MOU) describing the responsibilities and roles each organization will be responsible for in the project. The MOA/MOU should be signed by each network partner.

***Attachment 10: Letter from Urban Parent Organization (If Applicable)***

If the applicant organization is owned by, or affiliated with, an urban entity or health care system, the rural component may still apply as long as the rural entity has its own Employer Identification Number (EIN) and can directly receive and administer the award in the rural area. The rural entity must be responsible for the planning, program management, financial management and decision making of the project, and the urban parent organization must assure the FORHP in writing that, for the award, they will exert no control over or demand collaboration with the rural entity. If applicable, a letter stating this should be submitted in this attachment.

***Attachment 11: Previous Grants (If Applicable)***

If the applicant organization has received any FORHP funds within the last 5

years, the grant number and the abstract from the previous award should be included here.

***Attachment 12: Request for a Funding Preference (If Applicable)***

If requesting a funding preference, the application must provide documentation that supports the funding preference qualification. For further information on funding preferences and the required documentation, please refer to [Section V.2](#).

***Attachments 13: Letters of Support (Optional)***

Letters of support should be from entities that would be affected by the program for which you are requesting funding. A support letter may be written by a public official, a community group, a nonprofit, or any number of other entities. This letter should specifically state that the organization writing the letter supports the project and would like to see it funded.

***Attachment 14: Exception Request (If Applicable)***

If a metropolitan area would otherwise be considered non-metropolitan (in the event that the core, urbanized area population count did not include federal and/or state prison populations) you must present and submit documented evidence of the total population for the core urbanized area. In addition, you must demonstrate validity through data from the Census Bureau, state, or Federal Bureaus of Prisons or Corrections Departments. This exception is only for the purpose of eligibility for FORHP grant programs. To find out if you are eligible for a reclassification, please contact Steve Hirsch at 301-443-7322.

***Attachment 15: Other Related Documents (Optional)***

Include here any other documents that may be relevant to the application (e.g. Indirect Cost Rate Agreement).

**3. Dun and Bradstreet Universal Numbering System Number and System for Award Management**

Your organizations must obtain a valid DUNS number and provide that number in your application. Each applicant must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which it has 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)).

HRSA may not make an award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements and, if an applicant has not fully complied with the requirements by the time HRSA is ready to make an award, HRSA may determine that the applicant is not qualified to receive an award and use that determination as the basis for making an award to another applicant.

If an applicant/awardee organization has 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.

The Grants.gov registration process requires information in three separate systems:

- Dun and Bradstreet (<http://fedgov.dnb.com/webform/pages/CCRSearch.jsp>)
- System for Award Management (SAM) (<https://www.sam.gov>)
- Grants.gov (<http://www.grants.gov>)

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

**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 FOA is January 3, 2017 at 11:59 P.M. Eastern Standard Time.

See Section 8.2.5 – Summary of e-mails from Grants.gov of HRSA's [SF-424 Application Guide](#) for additional information.

#### **5. Intergovernmental Review**

The Rural Health Network Development Planning program is a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100. See Executive Order 12372 in the [HHS Grants Policy Statement](#).

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

#### **6. Funding Restrictions**

When responding to this announcement you may request funding for a project period of up to one (1) year, at no more than \$100,000 per year.

Funds under this announcement may not be used for the following purposes:

- To build or acquire real property
- For construction

Because, as noted above, the purpose of this grant is to fund planning activities, applications that propose to use grant funds to pay for the direct provision of clinical health services will be deemed unresponsive.

The General Provisions in Division G of the Consolidated and Further Continuing Appropriations Act, 2015 (P.L. 113-235) apply to this program. Please see

Section 4.1 of HRSA's [SF-424 Application Guide](#) for additional information. Note that these or other restrictions will apply in FY 2017, as required by law.

All program income generated as a result of awarded grant funds must be used for approved project-related activities.

## V. Application Review Information

### 1. Review Criteria

Procedures for assessing the technical merit of applications have been instituted to provide for an objective review of applications and to assist the applicant in understanding the standards against which each application will be judged. Critical indicators have been developed for each review criterion to assist the applicant in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. Review criteria are outlined below with specific detail and scoring points.

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

Review Criteria are used to review and rank applications. The Rural Health Network Development Planning program has six (6) review criteria:

CRITERION	NUMBER OF POINTS
Need	20
Response	25
Identification and Resolution of Challenges	15
Evaluation	15
Resources and Capabilities	15
Support Requested	10
<b>TOTAL POINTS</b>	<b>100</b>

*Criterion 1: NEED (20 points)*

*Items under this criterion address the NEED section of the Project Narrative.*

1. The extent to which the application clearly describes the purpose of the proposed project, the local/regional health care environment, expected outcomes, focus area and the aim(s) the Network Planning project would support.
2. The extent to which the application clearly describes the health care service

environment in which the network will be developed and includes appropriate data sources (local, Tribal, state, federal) in the analysis of the environment in which the network is functioning.

- a. The degree to which the application supports the need for the proposed project by identifying the population of the service area using demographic data whenever appropriate. The extent to which the application documents the unmet health needs/problems in the service area that the network proposes to address and how the network planning program would help to meet the identified needs.
- b. If applicable, the extent to which the application identifies the gaps of the existing health care service providers and the activities the network will perform to fill those gaps. (i.e. personnel, service delivery needs, shared resources, etc. In this case, the application includes information on the population in relation to these health provider factors).
3. The extent to which relevant services currently available in or near the network service area are discussed as well as the potential impact of the network's activities on providers, programs, organizations, and other network entities in the community. The extent to which the network provides clear examples and strategies describing how the project will benefit the area health providers' ability to improve access to health care and serve the community.
4. The recognition of new and emerging challenges facing rural communities.
5. The extent to which the application depicts the location of network members, the geographic area that will be served by the network and any other information that will help visualize and understand the scope of the proposed planning activities (see **Attachment 4**).
6. The extent to which the applicant documents the relevant barriers that it hopes to overcome, including:
  - a. Any pertinent geographic, socio-economic, linguistic, cultural, ethnic, workforce, or other barrier(s) that prohibit access to health care in the target community.
  - b. Any anticipated linguistic, social, or religious barriers to health care of the target population.
  - c. Recent hospital closure or conversion that impacts access to health care services within the community (if applicable).
7. If the proposal is addressing the loss of local services (Focus Area 2) - the clarity with which the applicant describes the recent or anticipated hospital closure, hospital conversion, or loss of emergency services that impacts access to health care services within the community (e.g. financial performance information).

*Criterion 2: RESPONSE (25 points)*

*Items under this criterion address the RESPONSE section of the Project Narrative.*

1. The clarity and appropriateness of the proposed goals and objectives and the aim(s) the activities are supporting, and the extent to which project activities would result in achieving the proposed goals outlined in the project work plan.
2. The extent to which the application includes a clear work plan that is aligned with the network's goals and objectives. The appropriateness of the work plan in

identifying responsible individuals and organizations and a timeline for each activity throughout the one-year project period. The extent to which the applicant provides strong evidence that the network has the capacity to effectively carry out the activities listed in the work plan.

3. The degree to which the applicant network is describing an innovative approach to addressing new and emerging challenges likely to be encountered in designing and implementing the activities described in the work plan, particularly in how it relates to reorganizing health care delivery to make the transition to a health care environment that emphasizes value, quality and efficiency.
4. The extent to which the application identifies the expertise and capacity of each proposed member and how the expertise relates to the network's goals as evidenced by the proposed roles and responsibilities of each network member and the key person who will oversee the network activities for each member (see **Attachment 8**).
5. The strength of the proposed flow of network communications and evidence that communication will be used to resolve differences in executing the project and addressing issues should they arise.
6. The potential level of impact of the network's services on the providers that are not members of the network in the service area.
7. The potential financial impact on the network members, i.e., cost sharing, joint purchasing, personnel sharing, etc.
8. The extent to which the network will impact their rural community and providers
9. The extent to which the network will strengthen its relationship with the community/region it serves.

*Criterion 3: IDENTIFICATION AND RESOLUTION OF CHALLENGES (15 points)*

*Items under this criterion address the IDENTIFICATION AND RESOLUTION OF CHALLENGES section of the Project Narrative*

1. The feasibility of activities and objectives identified in the work plan including measurable outcomes.
2. This extent to which the applicant clearly identifies and discusses anticipated challenges that might be encountered in designing and implementing the activities described in the work plan.
3. The extent to which the applicant describes unique approaches to resolve each anticipated and/or existing challenge.

*Criterion 4: EVALUATION (15 points)*

*Items under this criterion address the EVALUATION section of the Project Narrative.*

1. The extent to which the process and outcome measures are able to be tracked, to assess whether the program objectives will be met and the extent to which these can be attributed to the project.
2. The clarity and appropriateness of the data collected to inform network activities.
3. The clarity and appropriateness in which the network plans to use quality assurance/quality improvement strategies to inform the network's self-assessment and sustainability beyond federal funding.
4. The strength of proposed ongoing quality assurance/quality improvement

strategies that will allow the early identification and modification of ineffective strategies.

5. The extent to which the applicant clearly describes how the network will strengthen their network infrastructure and capacity.
6. The extent to which the applicant clearly demonstrates how the network will develop a strategic plan that will lead the network to sustainability after the federal support for the project ends.

**Criterion 5: RESOURCES AND CAPABILITIES (15 points)**

*Items under this criterion address RESOURCES AND CAPABILITIES section of the Project Narrative.*

1. The qualifications, appropriateness of the resources, and capability of the applicant organization to meet project and financial requirements.
2. Clarity of the roles and responsibilities, within the network, of each network member. The extent to which the network members demonstrate the strength of their mutual commitment in carrying out the planning activities.
3. Strength of the relationship between the network and the community/region it serves. Degree to which the network is capable of partnering with appropriate organizations in the community to fulfill the goals of the network and Rural Health Network Development Planning program.
4. The extent to which the application provides sufficient information on potential future partners and what strategies have been developed for choosing them as well as what these potential partners will bring to the project. Extent to which applicant demonstrates community support for committed involvement in network planning activities via letters entities such as, but not limited to, local clinics and providers, regional health systems, county officials, and area businesses.
5. The strength and appropriateness of the plans for development of a network governing board.
6. Strength and qualifications of the network director (or the individual who will serve as the interim director) who will allot at least 25 percent of their time to the project and be responsible for monitoring the project and ensuring grant activities are carried out. If the network has an interim director, the timeliness and feasibility of the process for hiring a director. The effectiveness of the application in clearly demonstrating how the network director's role contributes to the success of the network and how it will contribute to the planning activities.

**Criterion 6: SUPPORT REQUESTED (10 points)**

*Items under this criterion address the SUPPORT REQUESTED section of the Project Narrative. Items under this criterion will also reference Sections IV.2.iii and Section IV.2.iv – Budget and Budget Narrative, respectively.*

1. The extent to which the proposed budget is reasonable in relation to the objectives, the complexity of the activities, and the anticipated results.
2. The extent to which the proposed budget is reasonable in relation to travel, equipment, and legal services.
3. The extent to which the budget narrative logically and clearly documents how

- and why each line item request (such as personnel, travel, equipment, supplies, information technology, and contractual services) supports the goals and activities of the proposed grant-funded activities.
4. The extent to which the applicant describes why federal funds are appropriate to support a network in this service area at this time.

## 2. Review and Selection Process

Please see section 5.3 of the HRSA's [SF-424 Application Guide](#) for more details.

**HRSA will use other factors other than merit criteria in selecting applications for federal award. For this program, HRSA will use funding preferences.**

### Funding Preferences

The authorizing legislation (Section 330A(h) of the Public Health Service Act (42 U.S.C. 254c(f)) provides a funding preference for some applicants. If you receive a funding preference, you will be placed in a more competitive position among applications that can be funded. Applications that do not receive a funding preference will be given full and equitable consideration during the review process. The funding factor will be determined by the Objective Review Committee. The law provides that a funding preference be granted to any qualified applicant organization that specifically requests and demonstrates that they meet the criteria for the preference as follows:

#### ***Qualification 1: Health Professional Shortage Area (HPSA)***

An applicant can request this funding preference if the service area of the applicant is located in an officially designated health professional shortage area (HPSA). You must include a screenshot or printout from the HRSA Shortage Designation website which indicates if a particular address is located in a HPSA:

<http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx>.

#### ***Qualification 2: Medically Underserved Community/Populations (MUC/MUPs)***

An applicant can request this funding preference if the applicant is located in a medically underserved community (MUC) or serves medically underserved populations (MUPs). You must include a screenshot or printout from the HRSA Shortage Designation website which indicates if a particular address is located in a MUC or serves an MUP:

<http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx>.

#### ***Qualification 3: Focus on primary care and wellness and prevention strategies.***

An applicant can request this funding preference if their project focuses on primary care and wellness and prevention strategies. This focus must be evident throughout the project narrative.

If requesting a funding preference, please indicate which qualification is being met in the **Project Abstract**. See page 41 of the [HRSA SF-424 Application Guide](#). FORHP highly recommends that the applicant include this language: "**Your organization name**"

*is requesting a funding preference based on qualification X. County Y is (in a designated HPSA; or in a MUC/MUP; or is focusing on primary care and wellness and prevention strategies)."*

If a funding preference is requested, documentation of funding preference must be placed in **Attachment 12**. (Please label documentation as "Proof of Funding Preference Designation/Eligibility.") If the applicant does not provide appropriate documentation in **Attachment 12**, the applicant will not receive the funding preference.

You only have to meet one of the qualifications stated above to receive the preference. Meeting more than one qualification does not increase an applicant's competitive position.

**Please Note:** The Health Resources and Services Administration 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](#)). The decision not to make an award or to make an award at a particular funding level, is discretionary and is not subject to appeal to any OPDIV or HHS official or board.

### **3. Assessment of Risk and Other Pre-Award Activities**

The Health Resources and Services Administration 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](#)).

Applications receiving a favorable objective review that HRSA is considering for funding are reviewed for other considerations. These include, as applicable, cost analysis of the project/program budget, assessment of the applicant's management systems, ensuring continued applicant eligibility, and compliance with any public policy requirements, including those requiring just-in-time submissions. You may be asked to submit additional programmatic or grants 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 an award will be made. Following review of all applicable information, the HRSA approving and business management officials will determine whether an award can be made, 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.

Effective January 1, 2016, HRSA is required to review and consider any information about the applicant that is in the [Federal Awardee Performance and Integrity Information](#)

System (FAPIIS). An applicant may review and comment on any information about itself that a federal awarding agency previously entered. HRSA will consider any comments by the applicant, in addition to other information in FAPIIS in making a judgment about the applicant's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed by applicants as described in [45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants](#).

A determination that an applicant is not qualified will be reported by HRSA to FAPIIS ([45 CFR § 75.212](#)).

#### **4. Anticipated Announcement and Award Dates**

It is anticipated that awards will be announced prior to the start date of June 1, 2017.

### **VI. Award Administration Information**

#### **1. Award Notices**

The Notice of Award will be sent prior to the start date of June 1, 2017. See section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

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

See section 2 of HRSA's [SF-424 Application Guide](#).

#### **3. Reporting**

The successful applicant under this funding opportunity announcement must comply with Section 6 of HRSA's [SF-424 Application Guide](#) and the following reporting activities:

- **Performance Measures Report.** A performance measures report is required after the end of the budget period in the Performance Improvement Measurement System (PIMS). FORHP developed a set of standard measures, PIMS, to assess the overall impact that FORHP programs have on rural communities and to enhance ongoing quality improvement. Recipients are required to collect, report and analyze data on PIMS through HRSA's Electronic Handbook (EHB) after each budget period. Data collected from PIMS will be aggregated by FORHP to demonstrate the overall impact of the program. Upon award, recipients will be notified of specific performance measures required for reporting.
- **Self-Assessment.** An informal self-assessment report is required after the end of the project period in the EHB. Self-assessments are designed to assist formative, evolving and mature networks in assessing their current local and/or regional network capacity. The tool, to be used as a guide, is intended for a team of network members to use during the establishment of local or regional networks and when reviewing their current work by identifying network

strengths as well as areas needing improvement. Further information will be provided upon receipt of the award.

- **Strategic Plan.** A strategic plan is required after the end of the project period in the EHB. The strategic plan should be used as a tool to help the network establish its goals and objectives, identify priority areas, and solutions. Further information will be provided upon receipt of the award.
- **Final Programmatic Report.** A Final Programmatic Report is required after the end of the project period in the EHB. The strategic plan should be used as a tool to help the network establish its goals and objectives, identify priority areas, and solutions. Further information will be provided upon receipt of the award.

## VII. Agency Contacts

You may obtain additional information regarding business, administrative, or fiscal issues related to this funding opportunity announcement by contacting:

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

Additional information related to the overall program issues and/or technical assistance regarding this funding opportunity announcement may be obtained by contacting:

Meriam Mikre, MPH  
Public Health Analyst  
Attn: Rural Health Network Development Planning Program  
Federal Office of Rural Health Policy  
Health Resources and Services Administration  
5600 Fishers Lane, 17W45A  
Rockville, MD 20857  
Telephone: (301) 945-3110  
Fax: (301) 443-2803  
Email: [Mmikre@hrsa.gov](mailto:Mmikre@hrsa.gov)

You may need assistance when working online to submit your application forms electronically. You should 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, seven days a week, excluding federal holidays at:

Grants.gov Contact Center  
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035) E-mail: [support@grants.gov](mailto:support@grants.gov)  
iPortal: <https://grants-portal.psc.gov/Welcome.aspx?pt=Grants>

If you are successful, you may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). For assistance with submitting information in HRSA's EHBs, contact the HRSA Call Center, Monday-Friday, 8:00 a.m. to 8:00 p.m. ET:

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

## VIII. Other Information

### 1. Technical Assistance Webinar

The Federal Office of Rural Health Policy will hold a technical assistance webinar on **December 13, 2016** at 2:00 PM – 3:00 PM Eastern Standard Time to assist applicants in preparing their applications.

The Adobe Connect webinar and call-in information is as follows:

Conference line (for audio): 877-918-1352, passcode: 1557034

URL (for web): <https://hrsa.connectsolutions.com/foata-webinar/>  
(Please enter as a "guest")

Prior to joining, please test your web connection:

[https://hrsa.connectsolutions.com/common/help/en/support/meeting\\_test.htm](https://hrsa.connectsolutions.com/common/help/en/support/meeting_test.htm)

Note: You must dial into the conference line to hear the audio portion of the webinar. No pre-registration is required.

For your reference, the Technical Assistance call will be recorded and available for playback within one hour of the end of the call and will be available until **January 13, 2017**. The phone number to hear the recorded call is 866-443-4138, passcode: 1557034.

The Technical Assistance call is open to the general public. The purpose of the call is review the grant guidance and to provide any additional or clarifying information that may be necessary regarding the application process. There will be a Q&A session at the end of the call to answer any questions. While the call is not required, it is highly recommended for any organization interested in applying for the Rural Health Network Development Planning Program.

## **2. Pre-Application Planning Advice**

- a. Successful applicants have shared that an effective strategy in their pre-application planning process was to involve all parties having a stake in their project. The Federal Office of Rural Health Policy urges significant community involvement in the project from the very beginning. You should work closely with community representatives and organizations that will be affected by the projects or involved with its implementation.

Community involvement can be accomplished through the use of town meetings, focus groups, surveys, and other appropriate techniques.

This engagement will help identify and reach consensus on community needs that will be addressed by the project. Community representatives and participating organizations should also be involved in setting the specific goals for the grant program and in decisions on the allocation of grant resources. You may conduct a formal needs assessment in your communities or can rely on assessments conducted by others. If a formal needs assessment has not been conducted, you can demonstrate community needs through the use of demographic data for your community or region, state and national data, and other appropriate information.

- b. Projects that bring together multiple sources of support are encouraged. If other resources are available or anticipated (e.g. federal, state, philanthropic, etc.), it will strengthen the sustainability of the project. The Federal Office of Rural Health Policy is interested in developing strategies to address the health care needs of underserved populations that can be adapted to other rural communities around the country.
- c. Network Development Planning grants require substantive participation by at least three different health care provider organizations. Many applications fail to establish a meaningful and substantive role for each member of the network which results in the application receiving a less than satisfactory rating. All network members must be fully involved in the proposed project and all must work together to achieve the project goals.
- d. Applications that put off planning, consensus building and sign-off by appropriate consortium members until close to the application deadline may risk the appearance that the project does not have sufficient commitment by all network members. This weakness could jeopardize a positive review of the application. Please make sure your community and network members are involved from the start and final signatures are secured well before the application deadline. With the electronic submission process, signed copies of letters of commitment can be scanned for upload.
- e. Prepare a complete budget for the full duration of your grant proposal. Your budget narrative should explain how the funds will be spent. The budget

narrative must link back to the activities of the proposed project.

### **3. Common Definitions**

For the purpose of this funding opportunity announcement, the following terms are defined:

**Budget Period** – An interval of time into which the project period is divided for budgetary and funding purposes.

**Developmental Stages of Networks** – Successful rural health networks pass through developmental stages similar to the lifecycle of a single organization. The maturation process isn't necessarily linear and a network's effectiveness is not necessarily related to its age; changes in the industry, the market, and members' conditions can cause a temporary downturn or upswing in the network's effectiveness. For purposes of the application, networks can use the following three categories to identify their current state:

**Formative:** A formative network is in the start-up phase of becoming organized and typically has been in operation for less than two years. Usually the impetus for organizations to form a network is to address a particular problem faced within a community. A formative network typically focuses on program and strategic planning, formalizes relationships among the network participants, and develops a strategic plan including performance measures and financial sustainability strategies. Prior collaboration is not required for network members.

**Evolving:** An evolving network typically has worked together for at least two or three years, may have begun to develop shared services, or developed joint community-based initiatives, and may have begun to integrate functions such as joint purchasing, information systems, and shared staffing.

**Mature:** A mature network consists of network members that have extensive collaborative experience with each other. The network has skilled and experienced staff as well as a highly functioning network board and typically offers integrated products and services. It may engage in common resource planning and bring in revenue from diverse sources, thereby enabling it to build capital reserves and be financially self-sufficient.

**Equipment** – Tangible nonexpendable personal property that has a useful life of more than 1 year and an acquisition cost of \$5,000 or more per unit or the capitalization threshold established by the recipient, whichever is less. See Section 45 CFR 75.320.

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

health related services.

**Health Information Technology** – The electronic storage of records, electronic billing, electronic ordering of tests and procedures, and even a shared, interoperable network to allow providers to communicate with one another.

**Horizontal Network** – A network composed of the same type of health care provider, e.g., all hospitals or all community health centers as one network.

**Hospital Closure** – The cessation of general, short-term, acute inpatient care within the past three years.

**Hospital Conversion** – A former hospital that now provides a mix of health services, but no inpatient care. Converted facilities could provide urgent care, urgent care, rehabilitation, primary care, skilled nursing care, etc.

**Hospital Financially At-Risk** – A hospital under financial distress or likely to be in the future. Financial distress can be characterized by unprofitability, insolvency and/or decline in equity.

**Integrated Rural Health Network** – A formal organizational arrangement among at least three separately owned health care providers or other entities that provide or support the delivery of health care services. The purpose of an Integrated Rural Health Network is to foster collaboration and integration of functions among network entities to strengthen the rural health care system.

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

**Network Director** – An individual designated by the award recipient institution to direct the project or program being supported by the grant. The Network Director is responsible and accountable to the recipient organization officials for the proper conduct of the project or program. The entity (organization) is, in turn, legally responsible and accountable to the Office of Rural Health Policy and the Department of Health and Human Services for the performance and financial aspects of the grant-supported activity. The interim Network Director may be employed by or under contract to the award recipient organization. The permanent Network Director may be under contract to the award recipient and the contractual agreement must be explained.

**Nonprofit** – Any entity that is a corporation or association of which no part of the net earnings may benefit private shareholders or individuals and is identified as nonprofit by the IRS.

**Notice of Award** – The legally binding document that serves as a notification to the recipient and others that grant funds have been awarded, contains or references all

terms of the award and documents the obligation of federal funds in the Health and Human Services accounting system.

**Project** – All proposed activities specified in a grant applicant as approved for funding.

**Project Period** – The total time for which support of a discretionary project has been approved. A project period may consist of one or more budget periods. The total project period comprises the original project period and any extension periods.

**Recipient** – An entity, usually but not limited to non-federal entities, that receives a federal award directly from a federal awarding agency to carry out an activity under a federal program. The term recipient does not include subrecipients.

**Rural Hospital** – Any short-term, general acute, non-federal hospital that is a. not located in a metropolitan county or is located in a RUCA type 4 or higher or is a Critical Access Hospital.

**State** – Includes, in addition to the 50 states, the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, the U.S. Virgin Islands, and the Republic of Palau.

**Telehealth** – The use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health, and health administration.

**Tribal Government** – Includes all federally recognized Tribes and state recognized Tribes.

**Tribal Organization** – Includes an entity authorized by a Tribal government or consortia of Tribal governments.

**Vertical Network** – A network composed of a variety of health care provider types, e.g., a hospital, rural health clinic, and public health department.

#### **4. Useful Web Sites**

Several sources offer data and information that will help you in preparing the applicant. You are especially encouraged to review the reference materials available at the following websites:

##### **Academy for Health Services Research and Health Policy/ Robert Wood Johnson's Networking for Rural Health**

Reference material available at the website, which includes:

- Principles of Rural Health Network Development and Management
- Strategic Planning for Rural Health Networks
- Rural Health Network Profile Tool
- The Science and Art of Business Planning for Rural Health Networks
- Shared Services: The Foundation of Collaboration

- Formal Rural Health Networks: A Legal Primer

Website: <http://www.academyhealth.org> (click on search and enter rural health network)

**Community Health Systems Development team of the Georgia Health Policy Center** Offers a library of resources on topics such as collaboration, network infrastructure and strategic planning.

Website: <http://ruralhealthlink.org/Resources/ResourceLibrary.aspx>

### **Health Resources and Services Administration**

Offers links to helpful data sources including state health department sites, which often offer data.

Website: <http://www.hrsa.gov>

### **Kaiser Family Foundation Website**

Resource for data and information.

Website: <http://www.kff.org>

### **Maternal and Child Health Data System**

Offers data, sorted by state, on services to women and children.

Website: <https://mchb.tvisdata.hrsa.gov/>

### **National Association of County and City Health Officials (NACCHO):**

NACCHO created a guide that demonstrates how building partnerships among local health departments (LHDs), community health centers, healthcare organizations, offices of rural health, hospitals, nonprofit organizations, and the private sector is essential to meet the needs of rural communities.

Website:

[http://www.naccho.org/topics/infrastructure/mapp/framework/clearinghouse/upload/MobilizingCommunityPartnerships\\_7-29.pdf](http://www.naccho.org/topics/infrastructure/mapp/framework/clearinghouse/upload/MobilizingCommunityPartnerships_7-29.pdf)

### **National Center for Health Statistics**

Provides statistics for the different populations.

Website: <http://www.cdc.gov/nchs/>

### **Rural Health Research Gateway**

Provides access to projects and publications of the FORHP-funded Rural Health Research Centers, 1997-present.

Website: <http://www.ruralhealthresearch.org/>

### **Technical Assistance and Services Center**

Provides information on the rural hospital flexibility and network resource tools.

Website: <http://www.ruralcenter.org/tasc>

### **The Rural Assistance Center (RAC)**

The RAC is a national resource for rural health and human services information. This Center serves as a single-point-of-entry for rural communities. Website: <http://www.raconline.org>

**University of North Carolina - Cecil G. Sheps Center for Health Services Research**

Resource for data and information on rural hospital closures.

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

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

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