

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



Federal Office of Rural Health Policy
Community Based Division

Rural Health Care Services Outreach Program

Funding Opportunity Number: HRSA-18-030

Funding Opportunity Type: New

Catalog of Federal Domestic Assistance (CFDA) Number: 93.912

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2018

Application Due Date: December 6, 2017

*Ensure your 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 1 month to complete.*

Issuance Date: October 6, 2017

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Authority: Public Health Service Act, Section 330A(e) (42 U.S.C. 254c(e)), Public Law 115-31.

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Federal Office of Rural Health Policy (FORHP) is accepting applications for Fiscal Year (FY) 2018 Rural Health Care Services Outreach Program. The purpose of this grant program is to expand the delivery of health care services in rural areas.

Funding Opportunity Title:	Rural Health Care Services Outreach Program
Funding Opportunity Number:	HRSA-18-030
Due Date for Applications:	December 6, 2017
Anticipated Total Annual Available FY18 Funding:	\$5,000,000
Estimated Number and Type of Awards:	Up to 25 grants
Estimated Award Amount:	Up to \$200,000 per year
Cost Sharing/Match Required:	No
Project Period/Period of Performance:	May 1, 2018 through April 30, 2021 (3 years)
Eligible Applicants:	<ul style="list-style-type: none"> • Located in a rural county or eligible rural census tract; and • Rural public and nonprofit private entities including faith-based and community organizations; and • In a consortium with at least two additional organizations. These two other organizations can be rural, urban, nonprofit or for-profit. The consortium must include at least three or more health care providers; and • Have not previously received an Outreach grant for the same or similar project unless the applicant is proposing to expand the scope of the project or the area that will be served through the project. <p>See Section III-1 of this notice of funding opportunity (NOFO), formerly known as the funding opportunity announcement (FOA), for complete eligibility information.</p>

Application Guide

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

Technical Assistance

The following technical assistance webinar has been scheduled:

Webinar

Day and Date: Tuesday, November 14, 2017

Time: 2 – 3 p.m. ET

Call-In Number: 1-800-369-2036

Participant Code: 1622646

Weblink: https://hrsaseminar.adobeconnect.com/rhc_services_outreach_program/

Playback Number: 1-866-373-9239

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I. Program Funding Opportunity Description

1. Purpose

This notice solicits applications for the Rural Health Care Services Outreach Program (Outreach Program).

The Outreach Program is a community-based grant program aimed towards promoting rural health care services by enhancing health care delivery in rural communities. Outreach projects focus on the improvement of access to services, strategies for adapting to changes in the health care environment, and overall enrichment of the respective community's health. Through a consortia of local health care and social service providers, rural communities can develop innovative approaches to challenges related to their specific health needs. Furthermore, the program creates an opportunity to address the key clinical priorities of the U.S. Department of Health and Human Services (HHS): serious mental illness, substance abuse, and childhood obesity.

The overarching goals for the Outreach Program are to:

- Expand the delivery of health care services to include new and enhanced services exclusively in rural communities;
- Deliver health care services through a strong consortium, in which every consortium member organization is actively involved and engaged in the planning and delivery of services;
- Utilize and/or adapt an evidence-based or promising practice model(s) in the delivery of health care services; and
- Improve population health, and demonstrate health outcomes and sustainability

Outreach projects are grounded in an evidence-based or promising practice model (please see [Appendix B](#) for definitions). Projects take the framework or methodology of an evidence-based or promising practice model and can tailor the model to effectively address the need of the community with respect to the organization's capacity.

Previously funded Outreach grant programs have brought care to over 2 million rural citizens across the country who often face difficulty gaining access to care. This includes projects focused on the full range of needs in rural communities from workforce, post-acute care services, long-term care services, emergency health care services, public health enhancement, and care coordination.

Additionally, while the non-categorical nature of the Outreach Program brings distinct value to rural communities working to address their specific health needs, evaluation of the Outreach Program as a whole has proven to be complex given the diversity of the funded projects. FORHP is taking on a new approach in an effort to address this. In addition to funding Outreach programs through the traditional Outreach track, the creation of the Outreach Program Health Improvement Special Project (HISP) will focus on the utility of centralized metrics to describe cardiovascular disease (CVD) risk for a subset of individuals. You can opt to apply for the HISP track and you will be tasked with meeting the specified guidelines outlined in this announcement and will report on

measures regarding the enhancement of current and anticipated health outcomes related to cardiovascular disease risk. The overarching goal of the HISP is to demonstrate changes to cardiovascular risk as a result of the activities supported by the Outreach Program. HISP participants are strongly encouraged to follow the same set of individuals throughout the 3-year project period. HISP applications will be evaluated and considered for participation in the HISP track only. Your application will **not** be considered for both the HISP track and the regular Outreach track.

In order to comprehensively describe the long-term outcomes of the HISPs, participants will report data using the Centers for Disease Control and Prevention (CDC) Heart Age Calculator. The CDC's Heart Age calculator is intended for individuals 30 to 74 years old who have no history of cardiovascular disease (e.g., heart attack, stroke, peripheral artery disease, or heart failure). The tool collects factors such as diabetes, blood pressure (systolic), body mass index, and smoking behavior in order to determine an individual's heart age and potential risk of experiencing a cardiovascular event. By utilizing this tool, an individual can work to improve their heart age and lower their risk for experiencing a cardiovascular event by ultimately addressing the calculator's factors (e.g. smoking behavior) that are often times tied to other chronic conditions or overall health status. Please consider this when determining your capacity to participate in the special project.

HISP applicants participating in the Centers for Medicare and Medicaid Million Hearts Cardiovascular Disease Risk Reduction Model Program must propose a project that is unique and separate from that being funded by other federal entities. You must exhibit how your proposed project addresses the goals of the Outreach Program and how your project addresses a community need (further details can be found in the Needs Assessment section). You are encouraged to develop innovative approaches to help your rural communities improve the health of your local population while including the community served in the development and ongoing operations of the program.

Lastly, all Outreach awardees will work closely with technical assistance (TA) providers throughout the 3-year grant period. The targeted TA will assist awardees with achieving desired project outcomes, sustainability and strategic planning, and will ensure alignment of the awarded project with the Outreach Program goals. Additionally, awardees will engage with a FORHP partner organization tasked with evaluating the Outreach Program as well as other FORHP grant programs through a cohort analysis. This larger scale evaluation will ensure the chronicling of project successes, challenges, the associated impact of the implemented evidence-based or promising practice models, and will be separate from the individual, grant-level evaluation work that awardees will develop internally. The TA and high-level evaluative work is provided to awardees at no additional cost. This support is an investment made by FORHP in order to ensure the success of the awarded projects. FORHP has found that most awardees benefit greatly from the support provided through these collaborations. If funded, awardees will learn more about the targeted technical assistance and evaluation support.

2. Background

The Outreach Program is authorized by Section 330A(e) of the Public Health Service (PHS) Act (42 U.S.C. 254c(e)), Public Law 115-31, as amended to “promote rural health care services outreach by expanding the delivery of health care services to include new and enhanced services in rural areas.”

The Outreach Program was created in 1991 because of the categorical nature of discretionary grants and limitations in block grants. These types of grants require organizations to fulfill certain requirements and identify specific needs before they can qualify for funding. As a result, categorical funding defines the community’s need rather than the need defining the response. Since the creation of the Outreach Program, the non-categorical funding mechanism has enabled rural communities to take advantage of federal resources in the design and implementation of projects that are specifically tailored to meet their populations’ unique health needs. The Outreach Program authorizes projects that demonstrate innovative or effective models of outreach and service delivery in rural communities. Funding can be used for a broad range of health care services and are based on demonstrated community need.

Moreover, the Outreach Program presents an opportunity to tackle a new set of public health crises identified as clinical priorities by HHS. These clinical priorities include serious mental illness, substance abuse (particularly the opioid abuse epidemic), and childhood obesity. Approximately 1 in 5 adults, or 18.1 percent of the U.S. population over the age of 18, have a mental illness. When considering serious mental illness, an illness categorized by distinct mental disorders that result in functional impairment, roughly 9.8 million adults (over the age of 18) are affected.^{1, 2} Additionally, deaths from drug-related overdoses in the U.S. have risen. While deaths from drug overdose have increased by 11.4 percent between 2014 and 2015, there has also been a higher rate of opioid-related deaths with an increase of 15.6 percent.³ Rural residents face an even greater disparity as rural states are more likely to have higher rates of overdose deaths, specifically from prescription opiate overdoses.⁴ Rural residents, specifically rural

¹ Substance Abuse and Mental Health Services Administration (SAMHSA). Definitions and terms relating to co-occurring disorders (DHHS Pub. No. [SMA] 06-4163). 2006. <https://store.samhsa.gov/shin/content/PHD1130/PHD1130.pdf>. Accessed September 2017.

² Center for Behavioral Health Statistics and Quality. Behavioral health trends in the United States: Results from the 2014 National Survey on Drug Use and Health (HHS Publication No. SMA 15-4927, NSDUH Series H-50). 2015. <http://www.samhsa.gov/data/>. Accessed September 2017.

³ Rudd RA, Seth P, David F, Scholl L. Increases in Drug and Opioid-Involved Overdose Deaths — United States, 2010–2015. *MMWR Morb Mortal Wkly Rep.* ePub: December 2016. DOI: <http://dx.doi.org/10.15585/mmwr.mm6550e1>. Accessed September 2017.

⁴ National Advisory Committee on Rural Health and Human Services, *Families in Crisis: The Human Service Implications of Rural Opioid Misuse*. 2016. <https://www.hrsa.gov/advisorycommittees/rural/publications/opioidabuse.pdf>. Accessed September 2017.

children, also face a disparity when considering childhood obesity. Rural children aged 10 – 17 face increased rates of obesity as rural areas fare worse than urban areas.⁵

The Outreach Program supports and encourages creative projects that aim to confront these key public health crises as well as projects that address the needs of a wide range of population groups including, but not limited to, low-income populations, the elderly, pregnant women, infants, adolescents, rural minority populations, and rural populations with special health care needs.

FORHP has been investing in Outreach projects for more than 20 years and recognizes that there is limited literature and resources surrounding evidence-based and promising practice models targeted towards rural communities. FORHP seeks to build on successful approaches from prior HRSA investments as well as from the growing body of successful projects from public and private programs. FORHP acknowledges that a selected model may need to be tailored to address the unique nature of an individual community. You may find evidence-based toolkits (e.g. obesity prevention, care coordination, mental health and substance abuse, etc.) and program models at <https://www.ruralhealthinfo.org/community-health>. Additional resources can be found in the “Methodology” section of this notice.

In addition to projects utilizing or adapting an evidence-based or promising practice model, Outreach projects utilize consortiums to deliver health care services. Consortiums bring together rural providers and other agencies and community organizations to address health care problems that are not easily solved by a single entity. Historically, FORHP has found that active involvement from senior level officials, having a “champion in their organization who can effectively spearhead these efforts and engagement of all consortium members, has proven to be an attribute of successful projects.”

To learn more about previously and currently funded Rural Health Care Services Outreach projects please see the following resources:

- a) The Rural Health Care Services Outreach Directory is developed at the *beginning* of a project period and provides a brief description of each awardee’s project. To view the Outreach Directory for previous cohorts, please visit the Rural Health Information Hub website at <https://www.ruralhealthinfo.org/resources/lists/forhp-grantee-directories>.
- b) The Rural Health Care Services Outreach Sourcebook is developed at the *end* of a project period and provides a description and outcomes of each awardee’s project. To view the Sourcebook for previous cohorts, please visit the Rural Health Information Hub website at: <https://www.ruralhealthinfo.org/resources/lists/forhp-grantee-directories>.

⁵ U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, The Health and Well-Being of Children in Rural Areas: A Portrait of the Nation, 2011-2012. Rockville, Maryland: U.S. Department of Health and Human Services, 2015.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New

HRSA will provide funding in the form of a grant.

2. Summary of Funding

Approximately \$5,000,000 is expected to be available annually to fund 25 recipients. Of the 25 awards, up to 12 applicants will be selected and awarded to participate in the Health Improvement Special Project. You may apply for a ceiling amount of up to \$200,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. The actual amount available will not be determined until enactment of the final FY 2018 federal appropriation. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds awarded in a timely manner. The project period is from May 1, 2018 through April 30, 2021 (3 years). Funding beyond the first year is dependent on the availability of appropriated funds for the Outreach Program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

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

III. Eligibility Information

1. Eligible Applicants

A. Geographic Requirements

1. Your organization must be a rural nonprofit or rural public entity that represents a consortium of three or more health care providers. For the purposes of the Outreach Program, a consortium can also be a network (see [Appendix B](#) for definition). Your organization must be located in a non-metropolitan county or in a rural census tract of a metropolitan county. 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 (your 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. Your organization's county name must be entered on the SF-424 Box 8, Section d. Address. If you are 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 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 1**.

2. If you are located outside of the 50 states, you may apply only if you are in located in the District of Columbia, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, Guam, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau . You still have to meet the rural eligibility requirements if you are located outside of the 50 states.

In determining eligibility for this funding, 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 state and/or federal prisoners, that 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 15**, which will be verified by FORHP.

B. Applicant Organization Types

1. If your organization is a nonprofit entity (including a tribal organization), one of the following documents must be included in **Attachment 2** to prove nonprofit status (not applicable to state, local, and tribal government entities):
 - A letter from the IRS stating the organization's tax-exempt status under Section 501(c)(3);
 - 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 your 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 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 organization, a statement signed by the parent organization that your organization is a local nonprofit affiliate.
2. Faith-based and community-based organizations are eligible to apply for these funds. Tribes and tribal organizations are eligible to apply for these funds.

Applications from applicant organizations that do not meet the above criteria will not be considered under this notice of funding opportunity.

C. Consortium Requirements

1. As stated in Section 330A(e) of the Public Health Service Act (42 U.S.C. 254c(e)), a consortium composed of at least three or more health care providers ([Appendix B](#) for definition) will be required to be eligible for this notice of funding opportunity.
2. Only one consortium member will serve as the applicant of record and you, as the applicant organization, are required to meet the ownership or geographic requirements stated in Section III(1)(A). Other consortium members do not have to meet the ownership and geographic eligibility requirements.
3. For-profit organizations are not eligible to be the applicant organization but are eligible to be consortium members. Nonprofit organizations that support the delivery of health care are eligible consortium members and are eligible applicants. Examples of eligible consortium member entities include hospitals, public health agencies, home health providers, mental health centers, primary care service providers, oral health service providers, substance abuse service providers, rural health clinics, social service agencies, health professions schools, local school districts,

emergency services providers, community and migrant health centers, black lung clinics, churches and other faith-based organizations, and civic organizations.

4. Each consortium member must demonstrate substantial involvement in the project and contribute significantly to the goals of the project. The roles and responsibilities of each consortium member must be clearly defined in a Memorandum of Understanding/Agreement (MOU/A). The MOU/A must be signed by all consortium members and submitted as **Attachment 3**.
5. For the purposes of this grant program, a consortium is defined as an organizational arrangement among at least three separately owned local or regional health care providers in which each member has their own EIN number and has a substantial role in the project. The consortium must maintain at least three separate and different health care provider organizational members throughout the entire project period.

D. Management Criteria

The applicant organization (if awarded, will be the awardee of record) must have financial management systems in place and must have the capability to manage the grant. Your organization must:

- Exercise administrative and programmatic direction over grant-funded activities;
- Be responsible for hiring and managing the grant-funded staff;
- Demonstrate the administrative and accounting capabilities to manage the grant funds;
- Have at least one permanent staff at the time a grant award is made; and
- Have an Employer Identification Number (EIN) from the Internal Revenue Service.

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 notice.

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 notice.

NOTE: Multiple applications from an organization are not allowable. HISP applications will be evaluated and considered for participation in the HISP track only. Your application will **not** be considered for both the HISP track and the regular Outreach track.

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 **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.

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 at <http://nosorh.org/nosorh-members/nosorh-members-browse-by-state/>. You must include in **Attachment 4** a copy of the letter or email sent to the SORH describing your project and any response to the letter received (including an exempt response).

Each state has a SORH, and the Federal Office of Rural Health Policy 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 3 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.

Applicants located in Guam, the Commonwealth of Puerto Rico, Northern Mariana Islands, Virgin Islands, American Samoa, U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau do not have a designated State Office of Rural Health. Therefore, applicants from these areas 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.

Current and former awardees of any FORHP community-based grant programs are eligible to apply if the proposed project is a new proposal (entirely new project) or an expansion or enhancement of the previous grant project (per PHS Act, § 330A(e)(2)(C)). The project should not supplant an existing program. The proposal should differ significantly from the previous projects by expanding the service area of the project, serving a new population, providing a new service or expanding the scope of the previous grant activities. Please provide a 1-page synopsis for all previously funded FORHP grant projects and a brief description justifying how each previously funded project differs from the proposed project in **Attachment 5**.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA **requires** you to apply electronically through Grants.gov. You must use the SF-424 application package associated with this NOFO following the directions provided at <http://www.grants.gov/applicants/apply-for-grants.html>.

Effective December 31, 2017 - You **must** use the [Grants.gov Workspace](#) to complete the workspace forms and submit your application workspace package. After this date, you will no longer be able to use PDF Application Packages.

HRSA recommends that you supply an email address to Grants.gov on the grant opportunity synopsis page when accessing the notice of funding opportunity (NOFO) (also known as “Instructions” on Grants.gov) or application package. This allows Grants.gov to email organizations that supply an email address in the event the NOFO is changed and/or republished on Grants.gov before its closing date. Responding to an earlier version of a modified notice may result in a less competitive or ineligible application. *Please note you are ultimately responsible for reviewing the [Find Grant Opportunities](#) page for all information relevant to desired opportunities.*

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 NOFO to do otherwise. Applications must be submitted in the English language and must be in the terms of U.S. dollars (45 CFR § 75.111(a)).

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, attachments, and letters of commitment and support required in the *Application Guide* and this NOFO. Standard OMB-approved forms that are included in the application package do not count in the page limitation. Indirect Cost Rate Agreement and proof of nonprofit status (if applicable) will not be counted in the page limit. **We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.**

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

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. Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).
3. Where the prospective recipient is unable to attest to the statements in this certification, an explanation shall be included in **Attachment 15: Other Relevant Documents**.

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

Program-Specific Instructions

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

i. **Project Abstract**

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

A brief description of the community and community need(s).

- A brief description of the target population group(s) to be served and target service area(s).
- The focus area(s) of the project (ex: project will focus on diabetes education).
- A brief description of the proposed services.
- The number of consortium members involved in the project and those who have signed a Memorandum of Understanding/Agreement.
- The title/name of the evidence-based or promising practice model(s) that you will be adopting and/or adapting. If the model was tailored for the proposed project, please briefly describe how it was modified.
- A brief description on the expected outcome(s) of the proposed services.
- **Please place request for funding preference at the bottom of the abstract.** You must explicitly request a qualifying funding preference and cite the qualification that is being met (see 42 U.S.C. 254c(h)(3)). FORHP highly recommends that you include this language: ***"Your organization's name is requesting a funding preference based on qualification X. County Y is in a designated HPSA."*** at the bottom of the abstract if requesting funding preference. If applicable, you need to provide supporting documentation in **Attachment 6**. Refer to Section V.2 for further information.

ii. **Project Narrative**

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

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

- **INTRODUCTION -- Corresponds to Section V's Review Criterion #1 Need**
This section should briefly describe the purpose of the proposed project. It should summarize the project's goals and expected outcomes as well as explicitly state the evidence-based or promising practice model the proposed project will adopt and/or adapt to meet your community's need. Briefly describe the modification or deviation from the actual model (if any) in making it suitable and appropriate for the proposed project. Further details about the evidence-based or promising practice model must be explained in the "Methodology" section. Please see "Methodology" section for further instructions.

You are required to utilize Federal Office of Rural Health Policy Outreach Program measures (also commonly referred to as Performance Improvement Measurement System (PIMS) measures) to help monitor your project (as appropriate and relevant to the proposed project) (see **Appendix A** for PIMS measures). You are also required to develop your own grant project specific measures that you can track throughout the grant period. These measures would demonstrate health status improvement and include baseline data for each corresponding project specific measure. Baseline PIMS data will be reported 60 days after the project start date.

Entities applying for the Health Improvement Special Project must ensure that they will utilize the provided PIMS measures (**Appendix A**), incorporate project-specific measures, and capture the information required by the CDC Heart Age cardiovascular disease risk calculator also listed in **Appendix A**.

List the proposed FORHP-specific and grant project-specific measures and the projected impact in this section. Details about the proposed measures must be explained in the "Evaluation and Technical Support Capacity" section. Please see "Evaluation and Technical Support Capacity" section for further instructions.

- **NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion #1 Need**
This section outlines the community's need for the proposed project, and how the local community or region to be served will be involved in the ongoing operations of the project. Describe how the target population was involved in determining the need and relevant barriers the project intends to overcome, and provide a geographical snapshot of the targeted service area(s). A list of resources is located at the end of this section.

HISP Applicants: You are also required to provide this information as it relates to your cardiovascular disease project.

Please use the following five sub-headings for this section: Target Population Details, Program Development/Target Population Involvement, Barriers/Challenges, Target Service Area Details, and Health Care in Service Area.

1. Target Population Details

- a. Describe the target population. Consider disparities based on race, ethnicity, gender identity, sexual orientation, geography, socioeconomic status, disability status, primary language, health literacy, and other relevant elements. You should also consider people with disabilities; non-English speaking populations; lesbian, gay, bisexual, and transgender populations; people with limited health literacy; or populations that may otherwise be overlooked when identifying target populations.
- b. Describe the target population of the proposed grant project and the associated unmet health needs (if funded, this is the population that will be monitored and tracked). The population description may include information about the incidence and prevalence of specific conditions, such as chronic diseases, or about regarding age and socioeconomic status of the target population. *HISP Applicants*: Describe the target population as it relates to risk for cardiovascular disease. Also, include information regarding the social determinants of health and health disparities impacting the population or communities served. Demographic data should be used and cited when possible. Describe the entire population of the service area and its demographics in relation to the population to be served.
- c. Compare local data to state and federal data where possible in order to highlight the population's unique needs. For example, the uninsured rate in Community A is 75 percent whereas the state uninsured rate is 60 percent and the national rate is 20 percent. When possible, incorporate any national and/or local rankings data to aid in illustrating the community's need. Cite data for factors that are relevant to the project, such as specific health status indicators, age, etc. Insurance information, poverty, transportation, and statistics regarding crime, drug abuse and other social problems may be relevant and should be included. This section should help reviewers understand the target population that will be served by the proposed project.

2. Program Development/Target Population Involvement

- a. Describe how the needs of the target population were identified. Further, describe the involvement of the target population in the project development and future plans to

ensure the project is responding to the target population's needs.

- b. Discuss the manner and degree to which the target population was included in planning for the activities of the project. *HISP Applicants:* Include information regarding the process for involving the target population throughout the varying stages of the project. Provide details (frequency, number of participants, etc.) regarding the tools and methods (e.g., needs assessments, focus groups, questionnaires/surveys, etc.) that were utilized to identify the need of the target population. Also, describe the involvement of representatives of local, regional, tribal and/or state government that were involved in the planning process, as well as the involvement of local non-government organizations.

3. Barriers/Challenges

- a. Discuss any relevant barriers in the service area that the project hopes to overcome. *HISP Applicants:* You must include barriers relevant to cardiovascular disease. Any pertinent geographic, socioeconomic, linguistic, cultural, ethnic, workforce, other barrier(s) along with a plan to overcome those barriers should be discussed in this section.
- b. All projects that will primarily serve multiple ethnic or racial groups must describe specific plans for ensuring the services provided address the cultural, linguistic, religious, and social differences of the target populations.

4. Target Service Area Details

- a. Identify the target service area(s) for the proposed project.
- b. Describe any relevant geographical features of the service area that impact access to health care services.

5. Health Care Availability in Service Area

- a. Describe the health care services available in or near the target service area. Keep in mind that it is important for reviewers to understand the number and types of relevant health and social service providers that are located in and near the service area of the project as well as their relation to the project. How does the proposed project complement the current services in the community? Alternatively, does the proposed project duplicate services that are already available to the community? *HISP Applicants:* You should address any activities in the service area that resemble the proposed project activities (including any Million Hearts Cardiovascular Disease Risk Reduction Model project work).

- b. Describe the potential impact of the project on existing providers who are not part of the project (e.g., changes in referral patterns, practice patterns, provider reimbursement impact, etc.) and the community (e.g. economic impact etc.). Any potential adverse effect is particularly important, as well as estimates of how the project might augment and enhance any existing capabilities in the service area.
- c. Describe how this project will address a health gap in the community that would not otherwise have been addressed if it were not for this grant. Justify how other grant programs and/or resources would not have been able to fulfill this gap and that this grant program is the best and appropriate opportunity/avenue to address this gap.

Helpful Resources

Your local health department may be a valuable resource in acquiring data when responding to this section.

In addition, FORHP provides funding to the following entities that can help applicants in responding to this section:

Rural Health Information Hub

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

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

Within the Rural Health Information Hub is the Rural Community Health Gateway (Community Health Gateway). The Community Health Gateway highlights program approaches that can be adapted to fit a community's need. There are several evidence-based toolkits available including a care coordination toolkit, mental health and substance abuse toolkit, and oral health toolkit. You may also access program models that have shown to be effective. The Rural Community Health Gateway can be accessed at <https://www.ruralhealthinfo.org/community-health/toolkits>.

Rural Health Research Gateway

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

The Rural Health Research Gateway website is hosted at the University of North Dakota Center for Rural Health with funding from FORHP. Its intent is to help move new research findings of the Rural Health Research Centers to various end users as quickly and efficiently as possible. Please visit their website at: <http://www.ruralhealthresearch.org>.

- **METHODOLOGY -- Corresponds to Section V's Review Criterion #2 Response**
In narrative format, propose methods that will be used to meet each of the previously described program requirements and expectations in this notice of funding opportunity.

HISP Applicants: You should describe how the project will focus on CVD and how the program design will lend itself to the goals of the HISP including the accompanying reporting requirements (i.e. risk calculator and additional performance measures).

Please use the following four sub-headings in responding to this section: Goals and Objectives, Program Goals and Healthy People 2020 Initiative, Evidence-Based/Promising Practice Model, and Sustainability Approach.

1. Goals and Objectives

Define the specific goals and objectives of the proposed project. These goals and objectives should directly relate to the information presented in the "Needs Assessment" section. The stated goals and objectives should be specific, measurable, realistic, and achievable in a specific timeframe.

2. Program Goals and Healthy People 2020 Initiative

The goals of the grant-funded activities must be consistent with the Healthy People 2020 initiative. Please visit the following website for more information about Healthy People 2020 initiative: <https://www.healthypeople.gov/>. You should clearly describe how specific project goals relate to the Healthy People 2020 initiative. Please see Section 2 of HRSA's [SF-424 Application Guide](#) for more information.

3. Evidence-Based/Promising Practice Model(s)

You are required to propose a health service project based on an evidence-based or promising practice model(s) that has been shown to be effective in addressing gaps and needs in a community setting and improve the health status of participants. *HISP Applicants:* Please describe how the evidence-based or promising practice model is appropriate for cardiovascular disease.

In this sub-section, you must include the following:

- a. The title and/or name of the evidence-based or promising practice model that it will be adopting and/or adapting. You **must** cite the **source** of the evidence-based or promising practice model(s) and provide any supporting documentation that shows the effectiveness (or potential effectiveness) of this model in **Attachment 7**.
- b. A clear description of the evidence-based or promising practice model. Include an explanation that clearly demonstrates how the evidence-based or promising practice model will be effective in meeting the target population's need and how it will ultimately improve health status.
- c. A justification on how you selected the evidence-based practice or promising practice model. FORHP recognizes that there are few evidence-based or promising practice models specific to rural communities. Given that rural communities differ across the country, you can use a non-rural specific evidence-based or promising practice model's framework and/or methodology and tailor it to the proposed project. Include thorough rationale regarding how this framework is appropriate and relevant to the community's need and target population. Explain the extent to how the model is tailored and/or modified to the proposed project. Describe how the tailored evidence-based or promising practice model can be effective in fulfilling the community's unmet needs and improving health status.

Note: You can use either an evidence-based or promising practice model. Applications that propose a project based on an evidence-based practice model will not be scored higher than those that propose a project based on a promising practice model and vice-versa.

The Rural Health Information Hub and Rural Health Research Gateway can be valuable resources in responding to this section. Please refer to the "Needs Assessment" section for details about these resources. Other resources that you may use in identifying an appropriate and effective evidence-based or promising practice framework for your communities by various topic areas are:

- a. AHRQ'S Innovation Exchange
<http://www.innovations.ahrq.gov/>
- b. CDC's Guide to Community Preventive Services
<http://www.thecommunityguide.org>
- c. Promising Practices Network
<http://www.promisingpractices.net/>
- d. SAMHSA's A Guide to Evidence-Based Practices (EBP) on the Web
<http://www.samhsa.gov/ebpWebguide/>

- e. SAMHSA's National Registry of Evidence-Based Programs and Practices (NREPP)
<http://nrepp.samhsa.gov/>
- f. NACCHO Promising Practice Model Database
<http://www.naccho.org/topics/modelpractices/database/index.cfm>
- g. Association of State and Territorial Health Officials
<http://www.astho.org/Programs/Prevention/>
- h. Partnership for Prevention
<http://www.prevent.org/>

4. Sustainability Plan:

- a. You must describe a plan for sustaining the program funded by the Outreach grant.
- b. While FORHP understands that ongoing support for these initiatives may be challenging in rural communities, awardees must consider how their Outreach funded programs will be sustained beyond the 3-year grant period. The prospect for having a long-term impact from your Outreach grant is greatly increased if the potential for sustainability is considered during the planning phase of the project. FORHP recommends that you think about ways to diversify funding sources (instead of depending solely on federal funding). You should describe the strategies that will be utilized to achieve the desired sustainability of the project as a result of the Outreach funding.
- c. Past awardees have experienced a sustainable impact from their Outreach grant through the continuation of activities and services, the ongoing work of consortia partners, policy change, changes in practice and culture within health institutions and communities, and the continued use of assets (such as HIT equipment, curricula) purchased with Outreach funding, among other strategies. Most successful sustainability strategies include a variety of sources of support and do not depend on federal funding to maintain program activities. Historically, successful awardees have incorporated diverse strategies that include absorption of some activities by consortia partners (i.e., a partner takes on a grant funded activity beyond the grant period as part of their standard practice), earned income through third-party reimbursement or fees for services rendered, and other grants and charitable contributions. You should describe some of the potential sources of support for achieving sustainability. Sources of support could include but are not limited to financial, in-kind, or the absorption of activities by consortium members.
- d. FORHP understands that the sustainability plan may evolve as the project is implemented. However, the prospect of being financially able to continue the project is increased if strategies for sustainability are

identified during the planning stages of the project. You should describe how realistic and feasible the proposed sustainability plan is for your project.

Note: As part of receiving the grant, awardees are required to submit a final sustainability plan during the third year of their grant period. Further information will be provided upon receipt of the award.

- *WORK PLAN -- Corresponds to Section V's Review Criteria #2 Response and #4 Impact*

Describe the activities or steps that will be used to achieve each of the activities proposed during the entire project period in this section. Use a timeline that includes each activity and identifies responsible staff. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities, including development of the application and, further the extent to which these contributors reflect the cultural, racial, linguistic and geographic diversity of the populations and communities served.

HISP Applicants: You must describe the activities that will be used to capture the required additional measures and risk calculator information. HISP applicants must also describe how the consortium will address plans in fulfilling these activities.

Please use the following four sub-headings in responding to this section: Work Plan, Impact, Replicability, and Dissemination Plan.

1. **Work Plan**

- a. You must submit a detailed work plan that describes the planned activities and steps necessary to accomplish each of the proposed project goals. Use a timeline that includes each activity and identifies the responsible staff and/or consortium member. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including development of the application and, further the extent to which these contributors reflect the cultural, racial, linguistic, and geographic diversity of the populations and communities served.

- b. You should provide a clear and coherent work plan that aligns with the project's goals and objectives. To accomplish this, you are strongly encouraged to present a matrix that illustrates the project's goals, strategies, activities, and measurable process and outcome measures.

- c. The work plan must outline the **individual and/or organization responsible** for carrying out each activity and **include a timeline for all 3 years of the grant**. FORHP is aware that the work plan may change as the project is implemented. However, a project's likelihood of success is increased if there is a thorough and detailed work plan in the planning stages.

d. This work plan should include goals, strategies/objectives, activities, outputs/outcomes, assessment methods (i.e. how is the output measured), performance period, and responsible organization or person. It can be on a tabular format for ease of readability. **Where appropriate, the work plan should also contain performance benchmarks to help monitor progress for each activity.** For example, if one of the proposed activities is to conduct tobacco cessation classes and you have an objective of reaching 100 patients at the end of year 1, the work plan should include an appropriate and feasible performance indicator or benchmark for that activity to help monitor progress.

Note: As a grant deliverable, awardees will be required to submit a 3-year strategic plan during the first year of the grant period. The strategic plan will provide guidance for program development throughout the grant period and beyond. This will include strategies aimed at effectively addressing the identified community. It will be a systematic guide, created by the consortium, for reaching project goals and objectives. The plan will set expectations and define the roles and responsibilities of each of the consortium members. Further information regarding the submission of the strategic plan will be provided upon receipt of the award.

2. **Impact**

- a. Describe the expected impact on the target population.
- b. Describe the potential impact of the selected evidence-based or promising practice model/s that was used in the design and development of the proposed project.
- c. Although FORHP recognizes the influence of external factors when attributing the effects of an activity or program to the long-term health outcome of a community, you should still describe the expected or potential long-term changes and/or improvements in health status due to the program. Examples of potential long-term impact could include:
 - i. changes in morbidity and mortality,
 - ii. maintenance of desired behavior,
 - iii. policy implications,
 - iv. reductions in social and economic burdens associated with uninsured status,
 - v. mitigation in access to care barriers, and/or
 - vi. changes in risk for cardiovascular disease

3. **Replicability**

Describe the expected impact from the project on the target population and the extent of the project's value to similar communities with comparable needs. You must describe the extent to which project results may be national in scope. You must describe the degree to which the project activities are replicable to other rural communities with similar needs. *HISP Applicants:* You must include how your project may be replicated among organizations attempting to address cardiovascular disease.

4. **Dissemination Plan**

Describe the plans and methods for dissemination of project results. You must articulate a clear approach for widely disseminating information regarding results of your project. You must include a plan that describes how the information collected throughout the project will be shared with varying stakeholders. A dissemination plan must be outlined describing strategies and activities for informing respective target audiences and stakeholders (i.e., policymakers, research community, etc.), including the general public. *HISP Applicants*: You must describe how your data and project results will be tailored to appropriate audiences so it can be disseminated effectively as it relates to cardiovascular disease.

- **RESOLUTION OF CHALLENGES** - Corresponds to Section V's Review Criterion #2 Response
 1. Discuss challenges that are likely to be encountered in designing and implementing the activities described in the work plan, and approaches that will be used to resolve such challenges. *HISP Applicants*: You should include anticipated challenges associated with tracking the same individuals over the project period.
 2. You should discuss any challenges that could be encountered with keeping the consortium actively engaged throughout the project period, and approaches that will be used to resolve such challenges.
 3. You should discuss any challenges that could be encountered with staffing turnover and the approaches that will be used to ensure proper staff coverage in the interim.

- **EVALUATION AND TECHNICAL SUPPORT CAPACITY** - Corresponds to Section V's Review Criteria #3 Evaluative Measures and #5 Resources/Capabilities

Describe current experience, skills, and knowledge base, including individuals on staff, materials published, and previous work of a similar nature. As appropriate, describe the data collection strategy to collect, analyze, and track data to measure process, impact, and outcomes, with different cultural groups (e.g., race, ethnicity, language) and explain how the data will be used to inform program development and service delivery.

In addition to the required PIMS reporting outlined in [Appendix A](#) and the additional program-specific performance measures developed at the applicant-level, HISP awardees will be required to report data using the CDC cardiovascular disease risk calculator (listed in **Appendix A**). *HISP Applicants*: You must include a data collection strategy that is specific to the risk calculator.

Please use the following four sub-headings in responding to this section: Logic Model, Project Monitoring, Project Assessment, and Resources/Capabilities.

For the purpose of this NOFO, please note you must conduct a self-assessment of your project and not a comprehensive evaluation of your project or the Outreach

Program as a whole. You are not expected to allocate major resources towards a comprehensive evaluation of your project.

1. *Logic Model*

- a. You are required to submit a logic model that illustrates the inputs, activities, outputs, outcomes and impact of the project. A logic model is a simplified picture of a program, initiative, or intervention in response to a given situation. It shows the logical relationships among the resources that are invested, the activities that take place and the benefits or changes that result. An “outcomes approach” logic model attempts to logically connect program resources with desired results and is useful in designing effective assessment results and strategies. Include the project’s logic model and narrative description in **Attachment 8**.
- b. The logic model must clearly include these elements: inputs, outputs, short-term and long-term outcomes, and impacts. Only charts may be generated in 10-pitch fonts.

Below are resources on logic models:

- Kellogg Foundation
<http://www.wkkf.org/knowledge-center/resources/2006/02/WK-Kellogg-Foundation-Logic-Model-Development-Guide.aspx>)
- University of Wisconsin Cooperative Extension
<http://www.uwex.edu/ces/pdande/evaluation/evallogicmodel.html>
- CDC Program Evaluation Resources
<http://www.cdc.gov/healthyouth/evaluation/pdf/brief2.pdf>
- Innovation Network
http://www.innonet.org/client_docs/File/logic_model_workbook.pdf

Although there are similarities, a logic model is not a work plan. A work plan is an “action” guide with a timeline used during program implementation; the work plan provides the “how to” steps. Information on how to distinguish between a logic model and work plan can be found at the following website:

<http://www.cdc.gov/healthyouth/evaluation/pdf/brief5.pdf>

2. *Project Monitoring*

- a. Performance Measures
 - i. There will be two different sets of performance measures you will need to use and/or develop to monitor the project:
 - FORHP Outreach Program Specific Measures (PIMS measures)
 - FORHP developed standard measures to assess the impact that FORHP programs have on rural communities and to enhance ongoing quality improvement. FORHP has incorporated these performance measures as a requirement for all FORHP grant programs in order to achieve the stated objectives. Awardees are required to report on the Performance Improvement Measurement System (PIMS) through HRSA’s Electronic Handbook (EHB) after each budget period. Awardees will be required to provide data on

these measures annually for continued funding. **Please see [Appendix A](#) for prior cohort PIMS measures.** These PIMS measures are subject to change and final PIMS measures will be shared upon notice of award.

- In addition to the standard measures described above, the PIMS measures also include clinical measures that focus on a variety of clinical areas (i.e., mental health, oral health, etc.). However, some proposed topics may not be included in these set of clinical measures. You are required to select the appropriate PIMS clinical measures for your program and make it a part of your overall data collection strategy. If none of the PIMS clinical measures are applicable to the proposed project, please include a justification explaining why.
- All baseline PIMS data will be collected 60 days after the start of the project period.
- Project Specific Measures (non-PIMS measures)
 - Because every project is unique, you must describe and develop measures to be tracked for assuring effective performance of the proposed grant-funded project activities. You must include outcome and process measures that will be measured throughout the grant period. These measures are specific to the grant project and should not be confused with the general PIMS measures described in the previous section. These project specific measures must align with the goals and objectives of the proposed project and measure the potential health impact. It is expected that awardees will be able to articulate the outcomes of the project justified by these measures at the end of the 3-year grant period.
 - In order to demonstrate the effectiveness of the intervention(s) and to determine the replicability of the project to other rural communities, you must propose measures that can be monitored and tracked throughout the grant period.
 - You will need to establish baseline data for the project specific measures that you have developed. The need for baseline data is one key reason for designing the assessment plan before implementation begins because they establish a starting place and frame of reference for the program. Baseline data also helps determine where the community or target population currently is on a given health problem (e.g., the percent of employees who use tobacco) or issue (e.g., the percent of employees who are aware of recommended physical activity guidelines) and inform the benchmarks against which program managers and decision makers will assess program performance. Baseline data can also be used to describe the current level of program activities and allow measurement of the program's progress (i.e., process measures) over time such as the number of new physical

- activity classes offered to employees or the establishment of a new health benefit⁶.
 - You must list all proposed measures and corresponding baseline data for your non-PIMS measures in **Attachment 9**. Organize the proposed measures and corresponding baseline data in a tabular format) when listing them in **Attachment 9**.
 - b. Risk Calculator
 - i. *HISP Applicants*: In addition to the PIMS measures, you are required to report on the CDC Heart Age cardiovascular disease risk calculator (listed in **Appendix A**).
 - *HISP Applicants* are strongly encouraged to track and collect risk calculator information for the same group of individuals throughout the 3-year project period. *HISP applicants* must include a data collection plan that describes the anticipated process for collecting the risk calculator information. This plan must include strategies to collect baseline information, follow up information, as well as the anticipated collection times. *HISP participants* will also include risk calculator information as part of the baseline PIMS data collected after the first 60 days of the project period start date.
 - c. Quality Assurance and Quality Improvement

In addition, your organization, as the applicant organization, must describe on-going quality assurance and quality improvement strategies that will assist in the early identification and modification of ineffective efforts.
3. *Project Assessment*
- a. You are required to periodically assess the project throughout the grant period. This is a self-assessment of your program and not the Outreach Program as a whole.
 - b. Identify the strategies and measures that will be used to assess the project based on the logic model. You should describe how progress toward meeting project goals will be tracked, measured, and assessed. *HISP Applicants*: You must include plans to thoroughly assess identified strategies aimed at tracking the same community members throughout the 3-year project period.
 - c. As previously stated, you must include outcome and process measures (including baseline measures) that will be tracked throughout the grant period. These measures must align with the goals and objectives of the proposed project and the potential health impact. Although FORHP recognizes that it may be challenging to demonstrate impact in 3 years, your assessment should describe how the proposed project will contribute to overall health improvement. *HISP Applicants*: You must consider health improvement regarding risk for cardiovascular disease.
 - d. As mentioned in the “Project Monitoring” section, FORHP has developed a broad range of performance measures. Awardees are

⁶ CDC Workplace Health Promotion Evaluation
<http://www.cdc.gov/workplacehealthpromotion/evaluation/index.htm#4>

required to report on the Performance Improvement Measurement System (PIMS) through HRSA's Electronic Handbook (EHB) after each budget period. Therefore, relevant and applicable measures on FORHP's PIMS must also be included in the project's assessment in addition to other measures applicants decide to include.

- e. You must describe the method by which data and relevant information for identified measures will be collected and analyzed. Identification of the approach selected for use in assessing project progress in relation to proposed outputs and outcomes is required.
- f. Project assessment must be thorough, meaningful, and must clearly demonstrate outcomes and impacts. This may be conducted internally. Explain any assumptions made in developing the project work plan as it relates to the anticipated outputs and outcomes of grant-funded activities.

Note: As part of receiving the grant award, awardees will also be required to submit a final Program Assessment Report at the end of the grant period that explains and discusses results and outcomes. Further information will be provided upon receipt of the award.

4. *Resources/Capabilities*

- a. You should describe a clear, coherent plan detailing the staffing requirements necessary to run the project.
- b. A staffing plan is required and should be included in **Attachment 11**. Specifically, the following should be addressed:
 - i. The job descriptions for key personnel listed in the application.
 - ii. The number and types of staff, qualification levels, and FTE equivalents.
 - iii. The information necessary to illustrate both the capabilities (current experience, skills, knowledge, and experience with previous work of a similar nature) of key staff already identified and the requirements that the applicant has established to fill other key positions if the grant is received. Resumes/biographical sketches of key personnel should be included in **Attachment 10**.
- c. *HISP Applicants:* In addition, you must include details regarding allocated personnel responsible for capturing additional measures, cardiovascular disease risk calculator data, as well as tracking the same community members over the 3-year grant period. This should also include the title and FTE of each staff member responsible for collecting, inputting, and reporting performance data for the HISP.
- d. Staffing needs should have a direct link to the activities proposed in the project narrative and budget portion of the application.

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

This section describes the abilities and contributions of your organization and the consortium member organizations.

Please use the following three sub-headings when responding to this section: Applicant Organization, Consortium Composition, and Consortium Involvement.

1. *Applicant Organization*

- a. Provide a brief overview of your organization (the applicant organization) and include information regarding mission, structure, and current primary activities. Your organization should describe its ability to manage the grant project and personnel. Include information regarding support and any oversight to be provided by executive-level staff (ex: CEO, CFO, etc.) at your organization. It should also identify and describe financial practices and systems that assure your organization has the capacity to manage federal funds. Provide documentation that your organization is a rural nonprofit or public entity (**Attachment 2**).
- b. Provide an organizational chart of your organization in **Attachment 12**.
- c. State whether your organization has a Project Director in place, or an interim Project Director. If your organization has an interim Project Director, discuss the process and timeline for hiring a permanent project director for this grant. The applicant should also describe the system and processes in place to address staff turnover.
- d. Provide information on the individual who will serve as the Project Director (or interim) and be responsible for monitoring the project and ensuring the execution of grant activities. It is preferred, not required, that your organization will identify a permanent Project Director prior to receiving grant funds. Provide evidence that the Project Director will allot adequate 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.
- e. A description of the roles of key personnel and how their roles relate to the consortium and the proposed project (**Attachment 11**).

2. *Consortium Composition*

- a. Your organization is encouraged to carefully consider the selection of participants for the consortium to ensure that the consortium positively contributes to the success of common project goals. The purpose of the consortium is to: 1) encourage creative and lasting collaborative relationships among health providers in rural areas; 2) ensure that your organization receives regular input from relevant and concerned entities within the health sector; and 3) to ensure that the grant-funded project addresses the health needs of the identified community.
- b. Discuss the strategies employed for creating and defining the consortium. Explain why each of the consortium partners are appropriate collaborators and, what expertise they bring to the project. You should identify when each of the consortium members became involved in the project and detail the nature and extent of each consortium member's responsibilities and contributions to the project.
- c. If applicable, describe the history of the consortium.
- d. Provide a list of the consortium members. A table may be used to present the following information on each consortium member: the organization

name, address, primary contact person, current role in the community/region, and **the Employer Identification Number (EIN) must be provided for each consortium member**. This should be included in **Attachment 13**.

- e. The consortium organizational chart should depict the structure of the consortium for the project and should describe how authority will flow from your organization receiving the federal grant funds to the consortium members. This should be included in **Attachment 13**.

3. Consortium Involvement

- a. All consortium members must provide significant contribution to the project and be actively engaged in the project; each member must have an identifiable role, specific responsibilities, and a realistic reason for being a consortium member. The roles and responsibilities for each of the organizations in the consortium must be clearly defined in the application.
- b. Provide evidence of the ability for each organization participating in the consortium to deliver the services, contribute to the consortium, and otherwise meet the needs of the project. Please note that each participating consortium member must have a substantive and vital role to the achievement of project goals. You must submit a Memorandum of Understanding /Agreement (MOU/A) that is signed and dated by all consortium members as **Attachment 3**. A MOU/A is a written document that must be signed by all consortium members to signify their formal commitment as a consortium. An acceptable MOU/A should at least describe the consortium's purpose and activities; clearly specify each organization's role in the consortium, responsibilities, and any resources (cash or in-kind) to be contributed by the member to the consortium. For the purposes of this grant program, a letter of commitment is not the same as a MOU/A; a letter of commitment may represent one organization's commitment to the project but does not necessarily outline the roles and responsibilities that are mutually agreed upon among the consortium.
- c. Provide details regarding how and when the consortium will regularly meet. Explain the proposed process for soliciting and incorporating input from the consortium for decision-making, problem solving, and urgent or emergency situations. Provide a plan for communication and discuss how coordination will work with the consortium members. Indicators should be included to assess the effectiveness of the communication and coordination of the consortium and its timely implementation. Discuss potential challenges with the consortium (e.g., consortium disagreements, personnel actions, expenditure activities, etc.) and identify approaches that can be used to resolve the challenges.
- d. Address how communication and coordination will occur between the Project Director and consortium members and how often communication is expected. Discuss how frequently project updates will be provided to the consortium members and the extent to which the project director will be accountable to the consortium. You should identify a process for periodic feedback and program modification as necessary.

- e. Describe the relationship of the consortium with the community/region it proposes to serve. If appropriate, the applicant should describe the extent to which the consortium and/or its members engage the community in its planning and functioning.

NARRATIVE GUIDANCE	
To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.	
<u>Narrative Section</u>	<u>Review Criteria</u>
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response
Work Plan	(2) Response and (4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures and (5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities
Budget and Budget Narrative (below)	(6) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the 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 may differ from those offered by Grants.gov. Please follow the instructions included in the Application Guide and the additional budget instructions provided below. A budget that follows the Application Guide will ensure that, if the application is selected for funding, you will have a well-organized plan and, by carefully following the approved plan, can avoid audit issues during the implementation phase.

Additionally, HRSA recently published a one-page guide to help HRSA awardees develop effective financial management practices. The technical assistance document, titled “[Tip Sheet for HRSA Grantees: A Guide for Developing Effective Financial Management Practices](#)” provides some simple tips to help recipients avoid mispending grant funds on unallowable expenditures or activities.

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 HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by the recipient to satisfy a matching or cost-sharing requirement, as applicable.

The Consolidated Appropriations Act, 2017, (P.L. 115-31), Division H, § 202, states, “None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.” 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 may apply in FY 2018, as required by law.

iv. Budget Narrative

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

The Rural Health Care Services Outreach program requires the following:

- **Budget for Multi-Year Award**
This notice is inviting applications for project periods up to 3 years. Awards, on a competitive basis, will be for a 1-year budget period, although project periods may be for 3 years. Submission and HRSA approval of the Progress Report(s) and any other required submission or reports is the basis for the budget period renewal and release of subsequent year funds. Funding beyond the 1-year budget period but within the multi-year project period is subject to availability of funds, satisfactory progress of the awardee, and a determination that continued funding would be in the best interest of the Federal Government. However, three separate and complete budgets must be submitted with this application.

In addition, FORHP would like to note the following:

1. Travel – Please allocate travel funds for up to two program staff to attend an annual 2.5-day technical assistance workshop in Washington, DC and include the cost in this budget line item.
2. Funding restrictions – See Section IV.5.

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: Letter from Urban Parent Organization

If your organization is owned by an urban parent, the urban parent must assure FORHP, in writing, that for this project, they will exert no control over the rural

organization. If applicable, a letter stating this should be submitted in this attachment. This attachment **will count** towards the 80-page limit.

Attachment 2: Proof of Nonprofit/Public Status

If your organization is a nonprofit entity, one of the following documents must be included in **Attachment 2** to prove nonprofit status (not applicable to state, local and tribal government entities):

- A letter from the IRS stating the organization's tax-exempt status under Section 501(c)(3);
- 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 your 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 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 your organization is a local nonprofit affiliate.

If your organization is a public entity, the proof of nonprofit status is not necessary. However, your organization must submit an official signed letter on city, county, state, or tribal government letterhead identifying them as a public entity in **Attachment 2**. (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>.

This attachment **will not count** towards the 80-page limit.

Attachment 3: Memorandum of Understanding/Agreement (MOU/A)

You must include a MOU/A (signed and dated by all consortium members). The MOU/A should at least clearly specify each organization's role in the consortium, each member's responsibilities, and any resources (cash or in-kind) to be contributed by the member to the consortium. This attachment **will count** towards the 80-page limit.

Attachment 4: State Office of Rural Health Letter

You are required to notify your State Office of Rural Health (SORH) early in the application process to advise them of your intent to apply. The SORH can often provide technical assistance. You should request an email or letter confirming that you have contacted your SORH. State Offices of Rural Health also may or may not, at their own discretion; offer to write a letter of support for the project. Please include a copy of the letter or confirmation of contact in **Attachment 4**. In the case that you do not receive a response from the SORH, submit a copy of

your request for consultation to the SORH. This attachment **will count** towards the 80-page limit.

Attachment 5: Federal Office of Rural Health Policy Community-Based Division Funding History Information

Current and former awardees of any FORHP community-based grant programs must include the following information for awards received within the last 5 years: dates of prior award(s) received; grant number assigned to the previous project(s); a copy of the abstract that was submitted with the previously awarded grant application(s); and a description of the roles of your organization and consortium members in the previous grant. This attachment **will count** towards the 80-page limit.

Attachment 6: Proof of Funding Preference Designation/Eligibility

If requesting a Funding Preference, include proof of funding preference designation/eligibility in this section. Include a printout or screenshot that displays the HPSA and/or MUC/P designation and respective score: <http://datawarehouse.hrsa.gov/geoadvisor/ShortageDesignationAdvisor.aspx>. The printout or screenshot of the HPSA designation can also be found at <http://hpsafind.hrsa.gov/> and the MUC/P designation can also be found at <http://muafind.hrsa.gov/>. For further information on Funding Preferences, please refer to Section V.2. This attachment **will count** towards the 80-page limit.

Attachment 7: Evidence-based or Promising Practice Model(s)

You must cite the source of the evidence-based or promising practice model(s) and provide documentation that shows the effectiveness (or potential effectiveness) of this model. Documentation could include a peer-reviewed abstract of the model or a citation/description from a credible web source. This attachment **will count** towards the 80-page limit.

Attachment 8: Logic Model and Narrative Description

You are required to submit a logic model and narrative that illustrates the inputs, activities, outputs, outcomes, and impact of the project. This attachment **will count** towards the 80-page limit.

Attachment 9. These are additional proposed measures not included in the proposed PIMS measures in [Appendix A](#). This attachment **will count** towards the 80-page limit.

Attachment 10: Biographical Sketches for Key Personnel

Include biographical sketches for persons occupying the key positions (key positions as described in **Attachment 11**). Biographical sketches are not to 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 an evaluator has been identified at the time of application, biographical information of the evaluator should also be included. This attachment **will count** towards the 80-page limit.

Attachment 11: Staffing Plan and Job Descriptions for Key Personnel

Provide a staffing plan for the proposed project and the job descriptions for key personnel listed in the application. In the staffing plan, explain the staffing requirements necessary to complete the project, the qualification levels for the project staff, and rationale for the amount of time that is requested for each staff position. Provide the job descriptions for key personnel listed in the application that describes the specific roles, responsibilities, and qualifications for each proposed project position. Keep each job description to one page, if possible. For the purposes of this grant application, Key Personnel is defined as persons funded by this grant or persons conducting activities central to this grant program. If the Project Director (PD) serves as a PD for other federal grants, please list the federal grants as well as the percent FTE for that respective federal grant. This attachment **will count** towards the 80-page limit. Provide a table of contents for this attachment. (The table of contents will not count in the page limit.)

Attachment 12: Applicant Organization's Organizational Chart

Provide an organizational chart of your organization in this attachment that will **count** towards the 80-page limit.

Attachment 13: Consortium Member List and Consortium Organizational Chart

You must provide a consortium member list and organizational chart for the consortium. A table may be used to present the following information on each consortium member: the organization name, address, primary contact person, current role in the community/region, and **the Employer Identification Number (EIN), which must be provided for each consortium member**. A list of each of the consortium member organizations' roles, responsibilities and contributions to the project should be included. The consortium organizational chart should depict the structure of the consortium for the project and should describe how authority will flow from your organization receiving the federal grant funds to the consortium members. This attachment **will count** towards the 80-page limit.

Attachment 14: Health Improvement Special Project (HISP) Participation Statement

You must include a statement expressing interest in participating in the HISP.

FORHP highly recommends that you include the following language: "*Your organization's name* is submitting an application for participation in the Outreach Program Health Improvement Special Project".

This statement should be towards the top of the page and should be the only statement on that page. This attachment **will count** towards the 80-page limit.

Attachment 15: Other Relevant Documents (Optional)

If you are requesting an exception regarding your geographic eligibility, you are required to present relevant data in this attachment. Exceptions for geographic eligibility will be considered if you are in a metropolitan area that would otherwise be considered non-metropolitan if the core, urbanized area population count did

not include federal and/or state prison populations and you are able to demonstrate that through the removal of federal and/or state prisoners from that count. 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. Please refer to the “Eligibility Information” section for further details.

In addition, you may include here any other documents that are relevant to your application, including letters of support. Letters of support must be dated and specifically indicate support to the project.

This attachment **will count** towards the 80-page limit.

3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number and System for Award Management

You must obtain a valid DUNS number, also known as the Unique Entity Identifier, for your organization/agency and provide that number in the application. You 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 you have an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the agency under 2 CFR § 25.110(d)).

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

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

For further details, see Section 3.1 of HRSA’s [*SF-424 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 NOFO is *December 6, 2017 at 11:59 p.m. Eastern Time.*

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

5. Intergovernmental Review

The Rural Health Care Services Outreach 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](#).

It is your responsibility to identify what is required within your state’s intergovernmental review process.

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

6. Funding Restrictions

You may request funding for a project period of up to 3 years at no more than \$200,000 per year (inclusive of direct **and** indirect costs). Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the grant-funded objectives, and a determination that continued funding would be in the best interest of the Federal Government.

Funds under this notice may not be used for the following purpose:

- To build or acquire real property or for construction or major renovation or alteration of any space (see 42 U.S.C. 254c(h)).

Minor renovations and alterations are allowable.

The General Provisions in Division H of the Consolidated Appropriations Act, 2017 (P.L. 115-31) 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 2018, as required by law.

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

All program income generated as a result of awarded funds must be used for approved project-related activities. The program income alternative(s) applied to the award(s) under the program will be addition. Post-award requirements for program income can be found at [45 CFR § 75.307](#).

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 you 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 and score the merit of your application. The entire proposal will be considered during objective review. Review criteria are used to review and rank applications. The Rural Health Care Services Outreach Program has six (6) review criteria:

CRITERION	NUMBER OF POINTS
1. Need	20
2. Response	25
3. Evaluative Measures	20
4. Impact	15
5. Resources/Capabilities	10
6. Support Requested	10
TOTAL POINTS	100

Please note that your application will be evaluated alongside other applications within your track. For instance, if you select the HISP track, your application will be evaluated against other HISP applications. Alternatively, if you select the regular Outreach track, your application will be reviewed with applications that also apply under the regular Outreach track. Your application will **not** be considered and evaluated for both the HISP track and the regular Outreach track.

Criterion 1: NEED (20 points) - Corresponds to Section IV's Introduction and Needs Assessment

- a. The clarity in which you describe the intended purpose of the proposed project.
- b. The extent to which you clearly outline the project goals and anticipated outcomes of the project.

- c. The extent to which you comprehensively describe the evidence-based or promising practice model incorporated in your project and your rationale for selecting your model.
- d. The extent to which you thoroughly describe and demonstrate the health-related challenge faced by the community along with the associated contributing factors.
- e. You clearly identify and establish the unmet health care needs of the target population as evidenced by:
 - i. The data provided regarding the incidence (ex: cardiovascular disease, diabetes, etc.) in the target population through demographic information and other specific health status indicators (ex: social determinants of health, health disparities etc.) relevant to the project.
 - ii. The thoroughness in which you illustrate the demographics of the service area (outside of the target population). You provide detailed supporting local (ex: county-level), state, and national data for the community and the target population. You compare local data versus state and national data to demonstrate disparity and need.
 - iii. Detail the level of involvement the target community has held in identifying the needs of the population and in planning the project activities.
 - iv. The strength and quality of the methodology used to identify the unique needs of the target population (ex: frequency of needs assessments, modes of data collection).
- f. The extent to which you clearly describe the relevant barriers that you hope to overcome including:
 - i. Any pertinent geographic, socio-economic, linguistic, cultural, ethnic, workforce, and/or other barrier(s) that prohibit access to health care in the target community. For *HISP applicants*, detailed information regarding barriers associated with risk for cardiovascular disease.
 - ii. Any anticipated linguistic, social, or religious barriers to health care of the target population.
- g. The extent to which the target service area is clearly defined and described.
- h. The extent to which you demonstrate a thorough understanding of the relevant health services currently available in the targeted service area including:
 - i. The potential impact of the project on current providers (especially those that are not included in the proposed project).
 - ii. Any other potential adverse effect (if any), as well as estimates of how the project might augment and enhance any existing capabilities in the service area, including ongoing activities around cardiovascular disease risk (ex: Million Hearts Project).
 - iii. How your project will effectively address a health gap in the community

- that would not otherwise have been addressed if it were not for this grant funding.
- iv. How other grant programs and/or resources would not have been able to successfully address this unmet health need and how this grant program is the best and most appropriate opportunity to address this need.

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

- a. The extent to which:
 - i. The proposed project thoroughly responds to the “Purpose” included in the funding opportunity description and, if relevant, the intended purpose of the Health Improvement Special Project in relation to “Needs Assessment” section of the program narrative.
 - ii. The proposed activities are an effective approach for addressing the health-related challenge and for attaining the project objectives.
 - iii. The proposed goals and objectives have a clear and relevant correlation towards addressing the identified need and associated barriers while remaining measurable, realistic, and achievable in a specific timeframe.
 - iv. Proposed activities ensure that possible cultural, linguistic, social, and religious differences of target populations are identified and addressed.
- b. The degree to which you propose a health service project based on an appropriate and relevant evidence-based or promising practice model. The degree to which the model has been shown to be effective in addressing gaps and needs in a community setting and improve the health status of participants, including:
 - i. The strength of the evidence-based or promising practice model that the project is based on as evidenced by appropriate and valid citations for the chosen model/s.
 - ii. The extent to which the evidence-based practice or promising practice model selected for the project and evidence that this framework is appropriate and relevant to your community’s need and target population.
 - iii. The extent to which the model is tailored and/or modified to your proposed project and how the tailored/modified evidence-based or promising practice model can be effective in fulfilling your community’s unmet needs and improving the health status.
- c. The strength and feasibility of the following:
 - i. The plan for project sustainability after the period of federal funding ends.
 - ii. The sustainable impact of the program funded by grant.
 - iii. The proposed strategies to achieve the desired sustainable impact.
 - iv. Potential sources of support for achieving sustainability after the 3-year project period has ended.
- d. The strength and feasibility of the proposed work plan that is logical and easy to follow. The clarity in which the work plan addresses the project activities, responsible parties, the timeline of the proposed activities, anticipated outputs, and the necessary processes associated with achieving project goals.

- e. The extent to which the work plan addresses and resolves identified challenges and anticipated barriers.
- f. The clarity in which you describe how your project goals are consistent with the Healthy People 2020 initiative.

Criterion 3: EVALUATIVE MEASURES (20 points) – Corresponds to Section IV’s Evaluation and Technical Support Capacity

- a. The effectiveness of the method proposed to monitor and assess the project results. Measures must be able to assess:
 - 1) to what extent the program objectives have been met, and
 - 2) to what extent these can be attributed to the project.
- b. The strength of the logic model as evidenced by the inputs, activities, outputs, short-term and long-term outcomes, and the impact as it relates to the project and the target population that it serves as described in the logic model in **Attachment 8**.
- c. Thorough evidence that demonstrates that progress toward meeting grant-funded goals will be tracked, measured, and assessed.
 - i. The extent to which the baseline (process and outcome) measures will be comprehensively monitored and tracked throughout the grant period in order to demonstrate the effectiveness of the intervention and to determine the replicability of the project to other rural communities. These measures must align with the goals and objectives of the proposed project and the potential health impact.
- d. The strength of proposed on-going quality assurance/quality improvement strategies that will assist in the early identification and modification of ineffective efforts.
- e. The strength of the process by which data/information for these measures will be collected and assessed, including an approach for assessing the project’s progress in relation to its proposed outputs and outcomes.
- f. For *HISP Applicants* only, the clarity in which the proposed data collection plan accurately addresses anticipated processes for collecting the risk calculator information.
- g. The strength of the proposed assessment questions, indicators, data sources, assessment methods (e.g. review of documents, interviews with project staff and participants, surveys of participants etc.), and how the assessment findings will be shared throughout the project as evidenced in the assessment plan.
- h. The extent to which the assessment strategy engages project staff and key

stakeholders in the design and implementation of the assessment as evidenced in the assessment plan.

Criterion 4: IMPACT (15 Points) – Corresponds to Section IV's Work Plan

- a. The extent to which the proposed project will positively impact the target population and the extent to which the project may be replicable in other communities with similar needs.
- b. The extent to which you describe the potential impacts of the selected evidence-based or promising practice model/s that was used in the design and development of the proposed project.
- c. The feasibility and effectiveness of the proposed approach for widely disseminating information regarding results of the project.

Criterion 5: RESOURCES/CAPABILITIES (10 Points) – Corresponds to Section IV's Evaluation and Technical Support Capacity and Organizational Information.

- a. The quality and appropriateness of the resources and the abilities of your organization and the consortium members in fulfilling program requirements and meeting program expectations.
- b. Your capability to implement and fulfill the requirements of the proposed project based on the resources available and the qualifications of the project staff.
- c. The strength of the consortium as evidenced by:
 - i. Effective strategies employed for creating and defining the consortium.
 - ii. The nature and extent of each consortium member's responsibilities and contributions to the project.
 - iii. The extent to which the consortium partners are appropriate collaborators and the expertise they bring to the project.
 - iv. Clearly defined roles and responsibilities for each of the organizations in the consortium and how authority will flow from your organization receiving the federal grant funds to the consortium members.
 - v. The ability of each organization participating in the consortium to deliver the services, contribute to the consortium, and otherwise meet the needs of the project.
- d. The strength of the proposed strategies for communication and coordination of the consortium members as evidenced by:
 - i. How and when the consortium will meet and the proposed process for soliciting and incorporating input from the consortium for decision-making, problem solving, and urgent or emergency situations.
 - ii. The plan for communication and coordination between the project director and consortium members, including how often communication is expected.

- iii. The proposed frequency of project updates that will be given to the consortium members and the extent to which the project director will be accountable to the consortium.
- iv. The strength and feasibility of the proposed process for periodic feedback and program modification as necessary.
- e. The strength of the proposed indicators to assess the effectiveness of the communication and coordination of the consortium and its timely implementation.
- f. The degree to which you discuss potential challenges with the consortium (consortium disagreements, personnel actions, expenditure activities, etc.) and identify approaches that can be used to resolve the challenges.

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

The SF-424A budget forms, along with the budget justification components of the itemized budget and budget narrative, are to be used in the review of this section. Together, they will provide reviewers with the information to determine the reasonableness of the support requested.

- a. The budget justification logically documents how and why each line item request (such as personnel, travel, equipment, supplies, information technology, and contractual services) supports the goals and activities of the proposed grant-funded activities over the length of the 3-year project period.
- b. The degree to which the estimated cost to the government for proposed grant-funded activities is reasonable.

2. Review and Selection Process

The independent review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. In addition to the ranking based on merit criteria, HRSA approving officials may also apply other factors in award selection, (e.g., geographical distribution), if specified below in this NOFO. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below.

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

For this program, HRSA will use funding preferences.

Funding Preference

This program provides a funding preference for some applicants, as authorized by Section 330A (h)(3) of the Public Health Service (PHS) Act (42 U.S.C. 254c(h)(3)). Applicants receiving the preference 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 the preference and meets the criteria for the preference as follows:

Qualification 1: Health Professional Shortage Area (HPSA)

You can request this funding preference if your service area 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)

You can request this funding preference if you are located in a medically underserved community (MUC) or if you serve 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.

You can request this funding preference if your 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 qualifier is being met in the **Project Abstract**. FORHP highly recommends that you include the following language: ***“Your organization name is requesting a funding preference based on qualification X. County Y is in a designated HPSA.”***

If a funding preference is requested, documentation of funding preference must be included in **Attachment 6**. Please label documentation as “Proof of Funding Preference Designation/Eligibility.” If you do not provide appropriate documentation in **Attachment 6**, you will not receive the funding preference.

You only have to meet one of the three qualifiers stated above to receive the preference. Meeting more than one qualifier does not increase your competitive position.

3. Assessment of Risk and Other Pre-Award Activities

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

Applications receiving a favorable objective review are reviewed for other considerations that include past performance, as applicable, cost analysis of the project/program budget, assessment of your management systems, ensuring continued applicant eligibility, and compliance with any public policy requirements, including those requiring just-in-time submissions. You may be asked to submit additional

programmatic or administrative information (such as an updated budget or “other support” information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that an award will be made. Following review of all applicable information, HRSA’s 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 your organization that is in the [Federal Awardee Performance and Integrity Information System \(FAPIS\)](#). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider any of your comments, in addition to other information in [FAPIS](#) in making a judgment about your organization’s integrity, business ethics, and record of performance under federal awards when completing the review of risk posed 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 FAPIS ([45 CFR § 75.212](#)).

4. Anticipated Announcement and Award Dates

HRSA anticipates issuing/announcing awards prior to the start date of May 1, 2018.

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award prior to the start date of May 1, 2018. See Section 5.4 of HRSA’s [SF-424 Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

See Section 2.2 of HRSA’s [SF-424 Application Guide](#).

Temporary Reassignment of State and Local Personnel during a Public Health Emergency

Section 201 of the Pandemic and All-Hazards Preparedness Reauthorization Act of 2013 (PAHPRA), Public Law 113-5 amends section 319 of the Public Health Service (PHS) Act to provide the Secretary of the Department of Health and Human Services (HHS) with discretion to authorize the temporary reassignment of state, tribal, and local personnel during a declared federal public health emergency upon request by a state or

tribal organization. The temporary reassignment provision is applicable to state, tribal, and local public health department or agency personnel whose positions are funded, in full or part, under PHS programs and allows such personnel to immediately respond to the public health emergency in the affected jurisdiction. Funds provided under the award may be used to support personnel who are temporarily reassigned in accordance with section 319(e). This authority terminates September 30, 2018. Please reference detailed information available on the ASPR website via <http://www.phe.gov/Preparedness/legal/pahpa/section201/Pages/default.aspx> .

3. Reporting

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

- 1) Submit a **Federal Financial Status Report (FFR)**. A Federal Financial Report (FFR) is required at the end of each budget period. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically through the EHBs. More specific information will be included in the Notice of Award.
- 2) Submit a **Strategic Plan**. Awardees will be required to submit a 3-year strategic plan during the first year of their grant period. This strategic plan will provide guidance for program development throughout the grant period and beyond. Further information will be provided upon receipt of the award.
- 3) Submit an **Assessment Plan**. Awardees will be required to submit an Assessment Plan during the first year of the grant period. This assessment plan will provide guidance for program assessment throughout the grant period and beyond. An assessment plan should address both process and outcome measures. It should include the following elements: assessment questions, indicators, data sources, assessment methods (e.g., review of documents, interviews with project staff and participants, surveys of participants, etc.), and how the assessment findings will be shared throughout the project. FORHP recognizes that this plan may change throughout project implementation. However, the likelihood of a project's success is increased if an assessment strategy is identified in the beginning phases of the project, project staff are engaged throughout the assessment process (in the design and implementation stages), and if feedback is provided to project staff and key stakeholders throughout the project to allow for any mid-course adjustments.
- 4) Submit a final **Sustainability Plan**. As part of receiving the grant, awardees are required to submit a final Sustainability Plan during the third year of their grant period. Further information will be provided upon receipt of the award.
- 5) Submit a **Progress Report**. Awardees must submit a progress report to HRSA on an annual basis. *Submission and HRSA approval of your Progress Report(s) triggers the budget period renewal and release of*

subsequent year funds. This report demonstrates awardee progress on program-specific goals. Further information will be provided in the award notice.

- 6) Submit a **Performance Measures Report**. A performance measures report is required after the end of each budget period in the Performance Improvement Measurement System (PIMS). Upon award, awardees will be notified of specific performance measures required for reporting.
- 7) Submit a **Final Program Assessment Report**. Awardees are required to submit a final Program Assessment Report at the end of their grant period that would show, explain and discuss their results and outcomes. Further information will be provided in the award notice.
- 8) Submit **Final Closeout Report**. A final report is due within 90 days after the project period ends. The final report collects program-specific goals and progress on strategies; core performance measurement data; impact of the overall project; the degree to which the awardee achieved the mission, goal and strategies outlined in the program; awardee objectives and accomplishments; barriers encountered; and responses to summary questions regarding the awardee's overall experiences over the entire project period. Further information will be provided in the award notice.

VII. Agency Contacts

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

Benoit Mirindi
Senior Public Health Analyst, Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-6606
Fax: (301) 443.6606
Email: BMirindi@hrsa.gov

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

Meriam Mikre, MPH
Public Health Analyst, Community-Based Division
Attn: Rural Health Care Services Outreach 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

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

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

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

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

VIII. Other Information

Logic Models

Additional information on developing logic models can be found at the following website: <http://www.acf.hhs.gov/sites/default/files/fysb/prep-logic-model-ts.pdf>.

Although there are similarities, a logic model is not a work plan. A work plan is an "action" guide with a time line used during program implementation; the work plan provides the "how to" steps. Information on how to distinguish between a logic model and work plan can be found at the following website: <http://www.cdc.gov/healthyouth/evaluation/pdf/brief5.pdf>.

Technical Assistance

The following technical assistance webinar has been scheduled:

Webinar

Day and Date: Tuesday, November 14, 2017
Time: 2 – 3 p.m. ET
Call-In Number: 1-800-369-2036

Participant Code: 1622646

Weblink: https://hrsaseminar.adobeconnect.com/rhc_services_outreach_program/

Playback Number: 1-866-373-9239

IX. TIPS for Writing a Strong Application

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

Appendix A

Rural Health Care Services Outreach Program Program Specific Measures: Performance Improvement Measures System (PIMS)

The measures below are required for all Outreach awardees (including those participating in the Health Improvement Special Project).

ACCESS TO CARE (applicable to all awardees)

- Number of counties served in project
- Number of people in the target population (denotes the number of people in your target population but not the number of people who availed your direct services)
- Number of unique individuals who received direct services that were funded with this grant (Direct services are defined as a documented interaction between a patient/client and a clinical or non-clinical health professional that has been funded with this grant. Examples of direct services include but are not limited to patient visits, counseling and education)
- Number of individuals your organization reaches through indirect services (Indirect services are defined as outreach conducted through mass communication methods. Examples of mass communication include billboards, flyers, health fairs, mailings/newsletters).
- Type of new and/or expanded services provided through this grant

POPULATION DEMOGRAPHICS (applicable to all awardees)

- Number of people served by ethnicity:
 - Hispanic or Latino
 - Not Hispanic or Latino
- Number of people served by race:
 - American Indian or Alaska Native
 - Asian
 - Black or African American
 - Native Hawaiian or Other Pacific Islander
 - White
 - More than one race
- Number of people served by age group:
 - Children (0-12)
 - Adolescents (13-17)
 - Adults (18-64)
 - Elderly (65 and over)
 - Unknown
- Among the unique individuals who received direct services, what is the number of:
 - Uninsured people receiving preventative and/or primary care (Uninsured is defined as those without health insurance and those who have coverage under the Indian Health Service only)
 - People enrolled in public assistance (i.e. Medicare, Medicaid, SCHIP or any state-sponsored insurance)

- People who use third-party payments to pay for all or part of the services received (i.e. employer sponsored or private non-group insurance)
- People who pay out-of-pocket for the services rendered (Denotes the number of people who are uninsured, not enrolled in any public assistance, not enrolled in private third party insurance and do not receive health services free of charge)
- People who receive health services free of charge (i.e. no public or private third party payers)

NETWORK/CONSORTIUM (applicable to all awardees)

- Identify types and number of nonprofit organizations in the consortium
- Identify types and number of for-profit organizations in the consortium

SUSTAINABILITY (applicable to all awardees)

- List the annual program award
- List any annual program revenue made through the services offered by this grant
- List any additional funding secured to assist in sustaining the project
- Identify types of funding source(s) for sustainability
- Identify types of sustainability activities
- List the ratio for economic impact vs. HRSA program funding (use the HRSA's Economic Impact Analysis tool at <https://www.ruralhealthinfo.org/econtool> to calculate ratio)
- Will the network/consortium sustain, if applicable?
- Will any of the program's activities be sustained after the grant period?

CHILDHOOD OBESITY (only applicable to projects that focus on childhood obesity)

This risk calculator collects BMI and BMI Percentile information for childhood obesity programs using the Centers for Disease Control [BMI Percentile Calculator for Child and Teen](#). Please note, the calculator is meant to be used for children and teens, ages 2 through 19 years old.

- Calculate mean (average) of body mass index utilizing the CDC BMI Percentile Calculator for Child and Teen calculator:
<https://nccd.cdc.gov/dnpabmi/Calculator.aspx>.

HEALTH IMPROVEMENT SPECIAL PROJECT MEASURE (only applicable to projects participating in the Health Improvement Special Project)

This risk calculator collects information for programs participating in the HISP using the Centers for Disease Control [Heart Age Predictor Using BMI](#) calculator Please note, the Heart Age calculator is meant to be used for individuals 30 to 74 years old who have no history of cardiovascular disease (e.g., heart attack, stroke, peripheral artery disease, or heart failure).

- Calculate mean (average) of 10-year risk utilizing the CDC Heart Age Predictor Using BMI calculator:
<https://www.cdc.gov/vitalsigns/cardiovascular-disease/heartage.html>.

WORKFORCE/ RECRUITMENT & RETENTION (only applicable to projects that focused on student/resident workforce recruitment and retention)

- Number of new students/residents recruited to work on the project
- Of the total number recruited, how many completed the training/rotation?
- Of the total number that completed the training/rotation, how many plan to practice in a rural area
- Identify the type(s) of trainee primary care focus area(s)
- Identify the type(s) of trainee's discipline
- Number of new trainings/rotations
- Identify the types and number of training sites

HEALTH INFORMATION TECHNOLOGY (only applicable to projects that utilized health information technology)

- Identify the type(s) and number of health information technology implemented, expanded or strengthened through this project:
 - Computerized laboratory functions
 - Computerized pharmacy functions
 - Electronic clinical applications
 - Electronic medical records
 - Health information exchange
 - Patient/disease registry
 - Telehealth/telemedicine

QUALITY IMPROVEMENT (only applicable to projects that had quality improvement activities)

- Number of quality improvement clinical guidelines/benchmarks adopted by consortium
- Number of consortium members using shared standardized quality improvement benchmarks

PHARMACY (only applicable to projects that had pharmacy related activities)

- Number of people receiving prescription drug assistance annually
- Average amount of dollars saved per patient through prescription drug assistance annually

HEALTH PROMOTION AND DISEASE MANAGEMENT (only applicable to projects that had health promotion/disease management activities)

- Number of people who participated in the health promotion/disease management activities offered to the public through this grant
- Number of people referred to health care providers

MENTAL/BEHAVIORAL HEALTH (only applicable to projects that had mental/behavioral health activities)

- Number of unique people receiving mental and/or behavioral health direct services
- Number of network/consortium members integrating primary and mental health services

ORAL HEALTH (only applicable to projects that had oral health activities)

- Number of unique people receiving dental/oral health direct services
- Number of network/consortium members integrating primary and dental/oral health services
- Identify the types and number dental/oral health services provided:
 - Screenings/exams
 - Sealants
 - Varnish
 - Oral Prophylaxis
 - Restorative
 - Extractions

CLINICAL MEASURES

(only applicable to projects in which direct outpatient care was provided)

- **Measure 1** – *Diabetes Short Term Complications Admissions Rate* (NQF #0272): The rate of admissions for a principal diagnosis of diabetes with short-term complications (ketoacidosis, hyperosmolarity, or coma) per 100,000 population, ages 18 years and older.
- **Measure 2** – *Tooth loss* (Healthy People 2020 Objective): Percentage of adults with permanent tooth loss due to dental caries or periodontal disease.
- **Measure 3** - *Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan* (NQF #0418): Percentage of patients aged 12 years and older screened for clinical depression using an age appropriate standardized tool AND a documented follow-up plan.
- **Measure 4** - *Controlling High Blood Pressure* (NQF #0018): Percentage of adult patients, 18-85 years of age, who had a diagnosis of hypertension whose blood pressure, was adequately controlled during the budget period.
- **Measure 5** – *Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0 percent)* (NQF #0059): Percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent HbA1c level during the measurement year was greater than 9.0 percent (poor control) or was missing a result, or if an HbA1c test was not done during the measurement year.
- **Measure 6** - *Preventive Care & Screening: Tobacco Use: Screening and Cessation Intervention* (NQF #0028): Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation-counseling intervention if identified as a tobacco user.

- **Measure 7** - *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents* (NQF #0024): Percentage of patients 3-17 years of age who had an outpatient visit with a primary care physician (PCP) or an OB/GYN and who had evidence of the following during the budget period:
 - Body mass index (BMI) percentile documentation
 - Counseling for nutrition
 - Counseling for physical activity

- **Measure 8** - *Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up* (NQF #0421): Percentage of patients aged 18 years and older with a documented BMI during the current encounter or during the previous 6 months AND when the BMI is outside of normal parameters, a follow-up plan is documented during the encounter or during the previous 6 months of the encounter.

Appendix B

Rural Health Care Services Outreach Program Definitions

Evidence-Based Programs – Evidence-based public health is defined as the development, implementation, and evaluation of effective programs and policies in public health through application of principles of scientific reasoning, including systematic uses of data and information systems, and appropriate use of behavioral science theory and program planning models.⁷

Health Care Provider – Health care providers are defined as entities such as black lung clinics, hospitals, public health agencies, home health providers, mental health centers and providers, 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 health centers/federally qualified health centers, tribal health programs, churches and civic organizations that are providing health related services.

Memorandum of Understanding/Agreement – The Memorandum of Understanding/Agreement (MOU/A) 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 MOU/A must describe the network purpose and activities in general; member responsibilities in terms of financial contribution, participation, and voting; and membership benefits.

Consortium - An association or agreement of at least three separately owned and governed entities (e.g. health care providers, nonprofit organizations, and educational institutions) formed to undertake an enterprise beyond the resources of any one member.

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 a network is to foster collaboration and integration of functions among network entities to strengthen the rural health care system.

Promising Practice Model – A model with at least preliminary evidence of effectiveness in small-scale interventions or for which there is potential for generating data that will be useful for making decisions about taking the intervention to scale and generalizing the results to diverse populations and settings”.⁸ An example of a promising practice is a small-scale pilot program that generates positive outcome

⁷ Brownson, Ross C., Elizabeth A. Baker, Terry L. Leet, and Kathleen N. Gillespie, Editors. Evidence-Based Public Health. New York: Oxford University Press, 2003. <https://phpartners.org/tutorial/04-ebph/2-keyConcepts/4.2.2.html>. Accessed April, 2017.

⁸ Department of Health and Human Services Administration for Children and Families Program Announcement. Federal Register, Vol. 68, No. 131, (July 2003), p. 40974.

results and justifies program expansion to new access points and/or service populations.