

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

Federal Office of Rural Health Policy (FORHP)
Hospital State Division

***Information Services to Rural Hospital Flexibility Grantees Program
Cooperative Agreement (Technical Assistance Center)***

Announcement Type: New, Competing Continuation

Funding Opportunity Number: HRSA-17-004

Catalog of Federal Domestic Assistance (CFDA) No. 93.241

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2017

Application Due Date: January 5, 2017

*Ensure SAM.gov and Grants.gov registrations and passwords are current immediately!
Deadline extensions are not granted for lack of registration.
Registration in all systems, including SAM.gov and Grants.gov,
may take up to one month to complete.*

Issuance Date: October 27, 2016

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Federal Office of Rural Health Policy (FORHP) is accepting applications for fiscal year (FY) 2017 Information Services to Rural Hospital Flexibility Grantees Program Cooperative Agreement. The purpose of this program is to improve quality and financial viability in rural communities through technical assistance to beneficiaries of FORHP initiatives, such as award recipients, Critical Access Hospitals, small rural hospitals, and rural health networks. Assistance will be provided in the areas of: quality improvement, quality reporting, performance improvements and benchmarking, community engagement and population health, provision of rural emergency medical services, and building capacity to participate in alternative payment models.

Funding Opportunity Title:	Information Services to Rural Hospital Flexibility Grantees Program Cooperative Agreement
Funding Opportunity Number:	HRSA-17-004
Due Date for Applications:	January 5, 2017
Anticipated Total Annual Available Funding:	\$1,100,000
Estimated Number and Type of Award(s):	1 cooperative agreement
Estimated Award Amount:	Up to \$1,100,000 per year
Cost Sharing/Match Required:	No
Project Period:	September 1, 2017 through August 31, 2022 (5 years)
Eligible Applicants:	Eligible applicants include domestic public or private, non-profit or for-profit organizations. [See Section III-1 of this funding opportunity announcement (FOA) for complete eligibility information.]

Application Guide

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

The Federal Office of Rural Health Policy will hold a technical assistance call on **Monday, November 7th at 2:00 PM Eastern Standard Time** to assist applicants in

preparing their applications. The technical assistance webinar is open to the public and will be available for playback.

The purpose of the webinar is to review the funding opportunity announcement (FOA) and to provide clarification as needed. There will be a Q&A session immediately following the presentation. FORHP strongly recommends reading the FOA **prior** to the webinar and to have FOA readily available.

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

Meeting Name: Information Services to Rural Hospital Flexibility Grantees Cooperative Agreement Program

To join the meeting as a guest: <https://hrsa.connectsolutions.com/ta-isrhfgp/>

Prior to joining, please test your web connection:

https://hrsa.connectsolutions.com/common/help/en/support/meeting_test.htm.

Toll-free call in number (for audio): **800-857-2849** (participants must call in to verbally ask questions)

Participant Passcode for call in number: **4291753**

Instant replay information for the call:

Toll-free call-in number: 866-443-1209

Passcode: 6212

Available until: January 7, 2017.

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I. Program Funding Opportunity Description

1. Purpose

This announcement solicits applications for Information Services to Rural Hospital Flexibility Program Grantees Cooperative Agreement. The purpose of this program is improve quality and financial viability in rural communities through technical assistance to beneficiaries of FORHP initiatives, such as grant recipients, Critical Access Hospitals, small rural hospitals, and rural health networks. Assistance will be provided in the areas of: financial and operational performance improvements and benchmarking; community engagement and population health initiatives; provision of rural emergency medical services; quality improvement; and building capacity to participate in alternative payment models.

2. Background

The Information Services to Rural Hospital Flexibility Program Grantees Cooperative Agreement is authorized by Section 711 (b) of the Social Security Act (42 U.S.C. 912 (b)), as amended. The Health Resources and Services Administration's Federal Office of Rural Health Policy (FORHP) is the focal point for rural health activities within the U.S. Department of Health and Human Services. FORHP is statutorily required in Title VII (Section 711) of the Social Security Act to advise the Secretary on the effects of current policies and regulatory changes in the programs established under titles XVIII (Medicare) and XIX (Medicaid): on the financial viability of small rural hospitals, the ability of rural areas to attract and retain physicians and other health professionals, and access to (and the quality of) health care in rural areas. The Social Security Act also requires FORHP to coordinate activities within HHS that relate to rural health care and provide relevant information to the Secretary and others in the Department.

The current health care landscape and its expected evolution, created a shift from paying for the volume of services to paying for outcomes associated with the quality of service provided. This shift corresponded with an increased potential for rural hospital closures and the subsequent impact on communities. It is becoming increasingly important for hospitals and health systems to efficiently provide quality services to meet the needs of the populations within their communities. Technical assistance for these rural health care providers and other stakeholders are somewhat limited, and many resources aren't targeted to entities with fewer personnel and in areas with fewer resources.

FORHP accomplishes its mission and supports rural health through a range of programs and policy activities. There are several programs that support rural hospitals and networks, such as the Medicare Rural Hospital Flexibility Grant (Flex), the Small Rural Hospital Improvement Grant (SHIP), the Small Rural Hospital Transitions program and the Rural Health Network Development Planning Grant Program.

The Flex program provides funds to 45 states to assist the over 1,300 Critical Access Hospitals (CAH) designated nationally. Given the fast pace and significance of the

changes in the health care environment that impact how hospitals operate financially, manage quality programs and participate in the larger health care systems within their communities, there is a need for technical assistance to assist these CAHs in driving change efforts. The SHIP program provides small awards to the over 1,600 small rural hospitals to specifically adapt to alternative payment models, the Small Rural Hospital Transitions Project is designed to provide in depth technical assistance to small rural hospitals and their communities in facing the many challenges adapting to the changes of the new health care environment. The Rural Health Network Development Planning Grant Program assists in the development of an integrated healthcare network to achieve efficiencies; expand access, coordinate, and improve the quality of essential health care services; and strengthening the rural health system.

Resources developed through this cooperative agreement assist FORHP grantees and rural health stakeholders in better understanding best practices around quality improvement, financial and operational improvement, and strategies for adapting to the changing needs of their community, and the health care payment environment. The cooperative agreement supports the development of new educational materials and trainings as well as adapting materials developed through other FORHP or federal partners to the rural hospital audience. This cooperative agreement will support the necessary health care needs of rural stakeholders over the course of a five-year project period.

Below are listed potential resources that offer relevant materials around education, evaluation and analysis. These include:

- the Flex Monitoring Team (FMT) that analyzes hospital level data and evaluates the impact of Flex funded resources;
- the Rural Quality Improvement Technical Assistance Cooperative Agreement (RQITA), which targets assistance for CAHs around quality data specifications, reporting and related improvement initiatives (specifically related to the Medicare Beneficiary Quality Improvement Project (MBQIP)); and
- the Rural Health Value program which analyzes alternative payment models to assess their impact on rural communities.

For more information on the partners and programs listed, please visit the following websites:

- FORHP Rural Hospital Programs:<http://www.hrsa.gov/ruralhealth/ruralhospitals/index.html>
- FORHP's Medicare Beneficiary Quality Improvement Project <https://www.ruralcenter.org/tasc/mbqip>
- Flex Monitoring Team <http://www.flexmonitoring.org>
- Rural Health Value: <http://cph.uiowa.edu/ruralhealthvalue/>
- Rural Health Network Development Planning Grant Program: <http://www.hrsa.gov/ruralhealth/programopportunities/fundingopportunities/?id=3bcf6a6e-aa56-4d34-8d79-90894f31ea24>

II. Award Information

1. Type of Application and Award

Types of applications sought: New or Competing Continuation.

Funding will be provided in the form of a cooperative agreement. A cooperative agreement, as opposed to a grant, is an award instrument of financial assistance where substantial involvement is anticipated between HRSA and the recipient during performance of the contemplated project.

As a cooperative agreement, **HRSA Program involvement will include:**

- Providing support of FORHP personnel in coordination and execution of the Technical Assistance
- Participation in the recipients' advisory council.
- Participation in the planning and execution of technical assistance workshops.
- Participation and planning of site visits with the technical assistance recipient.
- Participation in the planning and execution of Medicare Rural Hospital Flexibility Grant Program site visit/National Meeting.
- Participation and planning for associated with the strategic direction of the services provided by the technical assistance recipient.
- Facilitation of relationships with other federal stakeholders to fulfill the functions of the technical assistance center.
- Review and approval of project information prior to dissemination.

The cooperative agreement recipient's responsibilities will include:

- Adherence to HRSA guidelines pertaining to acknowledgement and disclaimer on all products produced by HRSA award funds.
- Implement a strategy to improve the development and application of technical assistance to state Flex Programs.
- Implement a strategy to provide technical assistance to small rural hospitals in rural (non-metro) persistent poverty counties or a rural census tract of a metro persistent poverty county as defined by FORHP and have 49 staffed beds or less.
- Implement a strategy to provide technical assistance to small rural hospitals (PPS and CAH) eligible to participate in the Small Rural Hospital Improvement Grant Program.
- Provide educational support on timely topics relating to health care and its rural application.
- Provide a continuing education workshop on the Flex Program twice a year for state-level Flex program Coordinators.
- Provide a centralized, national reverse site visit/meeting to education state Flex Coordinator and relevant rural stakeholders on timely health care topics and its rural application.

- Close collaboration with the FORHP-funded Flex Monitoring Team (FMT) and use of FMT reports/ Critical Access Hospital Measurement and Assessment System (CAHMPAS) reports.
- Close collaboration with the FORHP-funded Rural Quality Improvement Technical Assistance Cooperative Agreement, to include triaging of Medicare Beneficiary Quality Improvement Project technical assistance requests and coordination as needed with supported site visits.

2. Summary of Funding

Approximately \$1,100,000 is expected to be available annually to fund one (1) recipient. You may apply for a ceiling amount of up to \$1,100,000 per year. The actual amount available will not be determined until enactment of the final FY 2017 federal budget. This program announcement 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 can be awarded in a timely manner. The project period is September 1, 2017 through August 31, 2022 (Five (5) years). Funding beyond the first year is dependent on the availability of appropriated funds for the Information Services to Rural Hospital Flexibility Grantees Cooperative Agreement in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

Effective December 26, 2014, all administrative and audit requirements and the cost principles that govern federal monies associated with this award are subject to the Uniform Guidance [2 CFR part 200](#) as codified by HHS at [45 CFR part 75](#), which supersede the previous administrative and audit requirements and cost principles that govern federal funds.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include domestic public or private, non-profit or for-profit organizations. Eligible organizations may include State, local, and Indian tribal governments; institutions of higher education; other non-profit organizations (including faith-based, community-based, and tribal organizations); and hospitals.

Applicants must have significant experience with providing technical assistance virtually and onsite to a wide range of stakeholders, including state and hospital staff. Expert knowledge and demonstrable national recognition in the realm of CAH Finance, Performance Improvement, Quality Improvement, Health Systems Development, Emergency Medical Services, Community Engagement, Population Health, and Network Development are required. Applicants must have established methodologies for the creation and dissemination of TA related to the aforementioned focus areas. Applicants must have demonstrate national-level experience providing rural health-related TA, and be able to provide, upon request, proof of completed TA products associated with the focus areas.

Foreign entities are not eligible for this award.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

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

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

NOTE: Multiple applications from an organization are not allowed.

If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates), you submit more than one application prior to the due date, HRSA will only accept your **last** validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application.

IV. Application and Submission Information

1. Address to Request Application Package

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

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 FOA to do otherwise.

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

Application Page Limit

The total size of all uploaded files may not exceed the equivalent of **80 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this FOA. Standard OMB-approved forms that are included in the application

package are NOT included in the page limit. Indirect Cost Rate Agreement and proof of non-profit 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 the announcement.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

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

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

Program-Specific Instructions

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

i. Project Abstract

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

ii. Project Narrative

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

Use the following section headers for the Narrative:

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

The applicant should provide a brief overview of how the purpose of the cooperative agreement has been integrated into their proposed implementation strategy, outlining the strategic vision of the technical assistance provider, while identifying key anticipated milestones to measure success over the course of the five (5) year project period.

This section should provide an explanation of unmet need that will be addressed for state Flex programs, SHIP grantees, and those that qualify for the SRHT program. Needs assessment data specific to these entities should be used and

cited whenever possible to support the information provided; use indicators such as financial and quality improvement metrics or community engagement/market share/population health metrics found publicly or through the Critical Access Hospital Measurement and Assessment System (CAHMPAS). This area should revolve around technical assistance in the following Flex, SHIP, and SRHT program areas: 1) Quality Improvement (to include full understanding of the Medicare Beneficiary Quality Improvement Project (MBQIP)); 2) Rural Hospital Finance and Operations; 3) Community engagement; 4) Population Health; 5) Health care system transformation; 6) Performance Improvement; 7) Rural Emergency Medical Services; 8) Small Rural Hospital Closures; and 9) Network Development Methodologies. The needs assessment should help reviewers understand the needs to be fulfilled by the proposed project and provide the context and rationale for the proposed work plan and budget.

The assessment should answer the following questions:

- What is the environment for the Flex, SHIP and SRHT programs – current status and trends?
- What are the challenges that impact a technical assistance provider supporting rural programmatic services and stakeholders?
- What other stakeholders are currently engaged in supporting FORHP programs through technical assistance?
- What are the perceived gaps in the current technical assistance environment?

Clearly identify data sources and associated dates to show that the needs assessment is based on the most recent information available. It is understood that available data may be several years old in some cases, but can be utilized to establish trends or baseline targets. Applicants may also use data from other sources, to include networks, data from hospitals, health department data, and focus groups or surveys with hospital CEOs/CFOs/quality staff.

▪ *RESPONSE -- Corresponds to Section V's Review Criterion(a) #2 Response*

Propose methods to be used to meet program requirements and expectations to best provide support for rural health care stakeholders to include: Flex, SHIP, SRHT, and network focused grantees. The applicant should propose methods to be used to meet the previously described program requirements and expectations described in this funding opportunity announcement. As appropriate the applicant should include the development of resources and tools to support technical assistance, training, outreach, collaborations, communication strategies and educational opportunities for sharing/disseminating with the targeted rural stakeholders. The support should be provided through a combination of human and virtual resources necessary to address rural health care issues.

The applicant should discuss the proposed methodology for meeting the following requirements of this program, helping rural stakeholders address the needs of their communities through:

- Assisting and educating national, state, and local beneficiaries of FORHP health care initiatives by providing technical assistance to those in need of additional support and guidance on rural hospital issues.
 - Support can be provided through a multifactorial approach to include evidence-based initiatives like peer-to-peer, virtual, and subject matter expert methodologies.
 - Education should include a dynamic strategy to address the changing health care environment.
 - In person training to orient new rural stakeholders on health systems issues and strategies for improvements.
 - Tracking the technical assistance provided, as well as the outcomes of that assistance.
 - Aiding in identification and dissemination of best practices for improving health care outcomes in rural communities.
 - Best practice dissemination can be through webinars, Vlogs, Blogs, manuals, video, briefs, and summarization documentation. In disseminating these materials/findings, efforts should be made to identify the best means of presenting the information to a wide audience.
 - Identifying natural connections to other FORHP grants/technical assistance/resources will allow for broader applicability and consumption.
 - Collaborating closely with FORHP and other partners such as RQITA, FMT, Rural Health Value, and the Georgia Health Policy Center.
 - Collaborating with FORHP to identify and respond to timely rural health issues. (Hospital closure and community sustainability, performance improvement innovations, evolving health care environment)
 - Collaboration with FORHP in convening a yearly technical assistance meeting supporting the education in the application of best practices associated with small rural hospitals, CAHs, rural health networks, rural health providers, and other rural relevant stakeholders.
 - Convening a rural health care technical assistance advisory panel.
 - Collaboration with rural health organization and FORHP funded entities
- *WORK PLAN -- Corresponds to Section V's Review Criterion(Response) #2 (Impact) #3*

Describe the activities or steps that will be used to achieve each of the activities proposed during the entire project period in the Methodology section. Use a time line that includes each activity and identifies responsible staff. This section provides a format for applicants to demonstrate the clarity, feasibility, and scope of the proposed goals and their measurable objectives. The goals and objectives should reflect clear evaluative measures to show the progression of implementation through final outcomes. These outcomes should include as appropriate short, intermediate, and long term outcome measures reflective of the intent of the goals and objectives. The work plan's goals and objectives should be aligned with, and appropriate for, the need, proposed budget, and the applicant's organizational capacity. There are two components to this section: a) Work Plan

Matrix, which depicts the relationship between program goals, objectives, responsible person(s)*, timelines, budget, and measures of success; and b) Work Plan Narrative, which expands on the work plan matrix to provide details of program implementation. Both sections should be succinctly organized by goals and objectives.

***Note: Some technical assistance may require specific SMEs for execution, if an internal candidate is not capable and a SME is necessary, please identify the type (finance, quality, etc.) as FORHP is aware identification of the actual SME may be determined at a later date. Additionally, once the SME is identified, that information should be conveyed officially in the quarterly report.**

1) *Work Plan Matrix*

The work plan matrix should represent year one of the project period and should provide goals, objectives, activities as they correlate with budget, personnel responsible, timelines (when available), and metrics (process and outcome measures). The matrix should be in a table format.

2) *Work Plan Narrative*

The work plan narrative should cover a 5 year project period explaining activities to begin September 1, 2017 and going no longer than August 31, 2022. This narrative should expand upon the work plan matrix. In the work plan narrative, provide the following information:

- a. The work plan must provide a justification for the funds being requested and should clearly demonstrate activities intended to be completed in the Project Period.
- b. Describe how the project will be implemented;
- c. Provide evidence and direct linkage to how the work plan addresses the needs identified in the Needs Assessments section above;
- d. Describe how each activity will strengthen and support rural communities;
- e. Describe how the activities in total will advance rural health care in the evolving health care environment.
- f. Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan, and approaches that will be used to resolve such challenges.
 - i. If the applicant is the incumbent, describe how the challenges of the previous project period will be addressed for the upcoming project period. Elaborate on the lessons learned and how they will impact the execution of the new project period.

▪ *Impact -- Corresponds to Section V's Review Criterion #3 (Impact)*

This section should describe how the work plan described under Work Plan Narrative will lead to the goals of the cooperative agreement to provide technical assistance to Flex, SHIP and SRHT participants. Clearly indicate how the proposed activities identified in the work plan will meet the needs of

rural stakeholders and advance rural health care. Finally, demonstrate a clear understanding of the challenges involved in working and providing technical assistance to rural stakeholders.

- *EVALUATIVE MEASURES -- Corresponds to Section V's Review Criterion(a) #4*

Evaluative Measures You must describe the plan for the program performance evaluation that will contribute to continuous quality improvement. The program performance evaluation should describe an appropriate plan for evaluation of the activities carried out under the cooperative agreement that ensures monitoring and measurement of progress towards the corresponding goals and objectives and uses the evaluation of findings to improve program performance. Identify performance indicators (e.g., qualitative/quantitative indicators) or benchmarks to be achieved/accomplished through the proposed project. Include descriptions of the inputs (e.g., organizational profile, collaborative partners, key staff, budget, and other resources), key processes, and expected outcomes of the funded activities.

You must describe the systems and processes that will support your organization's performance management requirements through effective tracking of performance outcomes, including a description of how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes. Describe current experience, skills, and knowledge, 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 and impact/outcomes, with rural stakeholders and explain how the data will be used to inform program development and service delivery. You must describe any potential obstacles for implementing the program performance evaluation and how those obstacles will be addressed.

- *RESOURCES AND CAPABILITIES -- Corresponds to Section V's Review Criterion(a) #5 Resources and Capabilities*

Provide information on your organization's current mission and structure, scope of current activities, and an organizational chart, and describe how these all contribute to the ability of the organization to conduct the program requirements and meet program expectations. Provide information on the program's resources and capabilities to support provision of culturally and linguistically competent and health literate services. Describe how the unique needs of the target populations of the communities served are routinely assessed and improved.

NARRATIVE GUIDANCE	
In order to ensure that the Review Criteria are fully addressed, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.	
<u>Narrative Section</u>	<u>Review Criteria</u>
Needs	(1) Need
Response	(2) Response
Work Plan	(2) Response (3) Impact
Evaluative Measures	(4) Evaluative Measures
Resources and Capabilities	(5) Resources and Capabilities
Support Requested	(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, *if applicable*, the additional budget instructions provided below.

Reminder: The Total Project or Program Costs are the total allowable costs (inclusive of direct **and** indirect costs) incurred by the recipient to carry out a 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, 2016, Division H, § 202, (P.L. 114-113) 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 2017, as required by law.

iv. Budget Narrative

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

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

Attachment 1: Work Plan

Attach the work plan (matrix and narrative) for the project that includes all information detailed in Section IV. ii. Project Narrative.

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

Provide a staffing plan and provide a justification for the plan that includes education and experience qualifications and rationale for the amount of time being requested for each staff position. Position descriptions should include the project-specific roles, responsibilities, and qualifications of proposed project staff. These descriptions should be limited to one page in length.

Attachment 3: Biographical Sketches of Key Personnel

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

Attachment 4: Letters of Agreement and/or Description(s) of Proposed/Existing Contracts (project-specific)

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

Attachment 5: Project Organizational Chart

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

Attachment 6: Tables, Charts, etc.

To give further details about the proposal (e.g., Gantt or PERT charts, flow charts, etc.).

Attachment 7: Letters of Support

Include only letters of support which specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.). Letters of support must be dated. List all other support letters on one page.

Attachment 8: For Multi-Year Budgets--Fifth Year Budget (NOT counted in page limit)

After using columns (1) through (4) of the SF-424A Section B for a five-year project period, you will need to submit the budget for the fifth year as an attachment. Use the SF-424A Section B. See Section 4.1.iv of HRSA's [SF-424 Application Guide](#).

Attachment 9: Request for Funding Priority

To receive a funding priority, include a statement that you are eligible for a funding priority and describe how you meet the funding priority. Include documentation of this qualification. See [Section V.2](#).

Attachment 10: Summary Progress Report

ACCOMPLISHMENT SUMMARY (FOR COMPETING CONTINUATIONS ONLY)

A well-planned accomplishment summary can be of great value by providing a record of accomplishments. It is an important source of material for HRSA in preparing annual reports, planning programs, and communicating program-specific accomplishments. The accomplishments of competing continuation applicants are carefully considered during the review process; therefore, you are advised to include previously stated goals and objectives in your application and emphasize the progress made in attaining these goals and objectives. Because the Accomplishment Summary is considered when applications are reviewed and scored, **competing continuation applicants who do not include an Accomplishment Summary may not receive as high a score as applicants who do.** The Accomplishment Summary will be evaluated as part of Review Criterion 4: IMPACT.

The accomplishment summary should be a brief presentation of the accomplishments, in relation to the objectives of the program during the current project period. The report should include:

- (1) The period covered (dates).
- (2) Specific Objectives - Briefly summarize the specific objectives of the project as actually funded.
- (3) (3) Results - Describe the program activities conducted for each objective. Include both positive and negative results or technical problems that may be important.
- (4) (4) Ongoing - Describe program activities that will be ongoing and completed at the end of the project period, as well as contingency plans for completing these activities if not finished.

Attachments 11: Other Relevant Documents

Include here any other documents that are relevant to the application, including the indirect cost rate agreement.

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

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

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

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

4. Submission Dates and Times

Application Due Date

The due date for applications under this FOA is *January 5, 2017 at 11:59 P.M. Eastern Time*.

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

5. Intergovernmental Review

The Information Services to Rural Hospital Flexibility Cooperative Agreement is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

6. Funding Restrictions

You may request funding for a project period of up to number (5) years, at no more than \$1,100,000 per year. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

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

- 1) Purchasing or improving real property
- 2) Foreign Travel

The General Provisions in Division H of the Consolidated Appropriations Act, 2016 (P.L. 114-113) apply to this program. Please see Section 4.1 of HRSA's [SF-424 Application Guide](#) for additional information. Note that these or other restrictions will apply in FY 2017, as required by law.

You are required to have the necessary policies, procedures and financial controls in place to ensure that your organization complies with the all federal funding requirements and prohibitions such as lobbying, gun control, abortion, etc. 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.

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 you in understanding the standards against which your 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 the application. The entire proposal will be considered during objective review.

Review criteria are used to review and rank applications. The Information Services to Rural Hospital Flexibility Cooperative Agreement has six (6) review criteria:

Criterion 1: NEED (15 points) – Corresponds to Section IV's Needs

The extent to which the application demonstrates:

- A. Applicant should be well versed in the technical assistance needs associated with working in rural health care to include:
 - i. Demonstrates a comprehensive understanding of the technical assistance needs of state Flex programs.
 - ii. Demonstrates a comprehensive understanding of the technical assistance needs of state SHIP programs.
 - iii. Demonstrates a comprehensive understanding of the technical assistance needs of the Small Rural Hospital Transitions program.
- B. Uses local, state, and national data to support the technical assistance needs.
- C. Exhibits a strong understanding of the issues facing rural communities and health care providers, while demonstrating how:
 - i. Technical assistance expertise shows understanding of how the Flex Core Areas fit within rural health care delivery.
 - ii. Technical Assistance expertise shows understanding of how SHIP goals fit within rural health care delivery.
 - iii. Technical Assistance expertise shows understanding of how SRHT work with hospitals in persistent poverty counties fit within rural health care delivery.

Criterion 2: RESPONSE (20 points) – Corresponds to Section IV's Response and Work Plan section

The extent to which the applicant:

- A. Proposes a work plan narrative that is aligned with the intent and goals of the Information Services for Rural Hospital Flexibility Grantee Program and the proposed project clearly responds to the "Purpose" included in the program description.
- B. Describes a reasonable approach for implementing its proposed work plan, i.e., for the development, management, and operations of the information center.
- C. Describes realistic and achievable projected activities for initial budget period and provides a description of anticipated activities for the remainder of the five-year project period.
- D. Each phase of multi-year activities is discussed with reference to how progress will be tracked during each budget period.
- E. Describes how each activity will strengthen and support rural communities.
- F. Demonstrates capability in the planning of the technical assistance workshops, training activities, materials development or workgroups conducted during the period of the cooperative agreement.
- G. Describes a sound approach for ensuring flexibility and responsiveness to the needs of its customers to be served by the project and discusses any anticipated problems/challenges and approaches to addressing them.
- H. Provides a work plan matrix that clearly demonstrates the goals, objectives, and activities as they relate to the personnel, timeline, budget, and outcomes (measures).

- I. Includes the development of resources and tools to support technical assistance, training, outreach, collaborations, communication strategies and educational opportunities for sharing/disseminating with the targeted rural stakeholders.

Criterion 3: IMPACT (10 points) Corresponds to Section IV's Work Plan and Impact section.

The extent to which the application:

- (1) Discusses how the work plan will lead to the goals of the Information Services to Rural Hospital Flexibility Grantees cooperative agreement.
- (2) Demonstrates a clear understanding of the intent and requirements of the services being sought, including a thorough understanding of key players and issues in the rural health care and technical assistance environment.
- (3) Demonstrates an understanding of the need for flexibility and responsiveness to the needs of its customers to be served by the cooperative agreement and discusses any problems/challenges and how those will be addressed.

Criterion 4: EVALUATIVE MEASURES (20 points) – Corresponds to Section IV's Evaluation Measures

The extent to which the applicant:

- A. Proposes a feasible and effective method to monitor and evaluate project activities both quantitatively and qualitatively.
- B. Provides a clear plan for use of monitoring and performance evaluation findings to improve program activities and results.
- C. Demonstrates that the proposed project will have a measureable impact on state Flex programs, state SHIP programs, and SRHT participants/eligible organizations.
- D. Presents a plan for disseminating all program materials developed for technical assistance, training, etc., through multiple platforms that could be used by rural stakeholders at the local, state, and federal.
- E. For competing continuations applications only, strength of prior performance as evidenced by the Accomplishment Summary submitted as Attachment 10
- F. For new applicants only, strength of prior performance working with rural health stakeholders at the local, state, and national levels.

Criterion 5: RESOURCES and CAPABILITIES (30 points) – Corresponds to Section IV's Resources and Capabilities

- A. The Organizational Information section clearly describes the ability of the organization to meet grant requirements including financial documentation.
- B. The Evaluation and Technical Support section demonstrates the ability of the organization to track performance outcomes through data collection and reporting.
- C. Demonstrates the capacity and planning for effective program management based on previous work.
- D. Illustrates its knowledge of rural health and the Flex, SHIP and SRHT Programs. Demonstrates its expertise and ability to effectively execute the provision of technical assistance to rural grant recipients.
- E. Demonstrates a history of collaboration with recognized rural health organizations.
- F. The application's Staffing Plan (attachment 2) and Position Descriptions (attachment 2) provide sufficient detail about the role and responsibilities of each grant-supported staff position.
- G. Proposes project personnel that are qualified by training and/or experience to implement and carry out their roles described in the Staffing Plan as evidenced by biographical sketches/resumes (attachment 3) that document the education, experience, and skills relevant and necessary for successfully carrying out the proposed project.
- H. Demonstrates available non-staff resources required to support successful implementation of the project.

Criterion 6: SUPPORT REQUESTED (5 points) – Corresponds to Section IV's Support Requested

To the extent which the applicant:

- A. Provides a five-year budget that supports the objectives and activities of the proposed project.
- B. Includes costs that are reasonable given the scope of work.
- C. Provides logical and adequate detail in justification of expenses for each line item request.
- D. Provides a detailed explanation as to the purpose of each contract or subcontract, how the costs were determined or estimated, and the specific contract deliverables.

2. Review and Selection Process

The objective review provides advice to the individuals responsible for making award decisions. The highest ranked applications receive priority consideration for award within available funding. In addition to the ranking based on merit criteria, HRSA approving officials also may apply other factors in award selection, (e.g., geographical distribution), if specified below in this FOA. 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 priorities.

Funding Priorities

A funding priority is defined as the favorable adjustment of combined review scores of individually approved applications when applications meet specified criteria.

Applicants do not need to request funding priorities. All applicants, new and continuing will be considered for the funding priorities as long as the criteria are met. An adjustment is made by a set, pre-determined number of points. The funding factor will be determined by the HRSA Staff and will adjust the total application score to potentially exceed 100 points. The Information Services to Rural Hospital Flexibility Cooperative Agreement has two funding priorities:

Priority 1: *The proposed technical assistance provider has an established working relationship with the Flex Monitoring Team, the Rural Quality Improvement Technical Assistance Cooperative Agreement, and the Rural Health Value Cooperative Agreement.* (5 Points)

An applicant will be granted a funding priority if evidence of a working relationship is provided. In order to be considered for this priority you will need to include examples: such as letters of support from organizations listed in priority #1, or provide completed products that clearly reflect collaboration on projects.

Priority 2: *The proposed technical assistance provider has submitted attachment 10, the Accomplishment Summary, and the information establishes previous effective experience in providing technical assistance to the stakeholders supported under this cooperative agreement.* (5 points)

An applicant will be granted a funding priority if the criteria listed below reflects effective performance in executing the duties of the active cooperative agreement.

- A. Clearly describes the specific goals and objectives of the previous five-year project period. Clearly summarizes previous project period objectives and associated activities (both ongoing and completed) as well as explains contingency plans for incomplete activities. (attachment 10)
- B. Identifies which goals were or were not met, if those met were within the original proposed time period and the reasons why if not met. (attachment 10)
- C. Identifies lessons learned and uses those lessons to inform planning and activities for the new project period. (attachment 10) **Note: Evidence of lessons learned being incorporated into this new/competing continuation should be referenced in Program Narrative.**

3. Assessment of Risk and Other Pre-Award Activities

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

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

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

Effective January 1, 2016, HRSA is required to review and consider any information about the applicant that is in the [Federal Awardee Performance and Integrity Information System \(FAPIIS\)](#). An applicant may review and comment on any information about itself that a federal awarding agency previously entered. HRSA will consider any comments by the applicant, in addition to other information in [FAPIIS](#) in making a judgment about the applicant's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed by applicants as described in [45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants](#).

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

4. Anticipated Announcement and Award Dates

HRSA anticipates issuing/announcing awards prior to the start date of September 1, 2017.

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award prior to the start date of September 1, 2017. See Section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

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

3. Reporting

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

- 1) **Progress Report(s).** The recipient must submit a progress report to HRSA on an **annual** basis. The awardee must submit a progress report through the electronic handbook (EHB) on an annual basis. For multi-year awards: Submission and HRSA approval of your Progress Report(s) triggers the budget period renewal and release of subsequent year funds. This report has two parts. The first part demonstrates awardee progress on program-specific goals. The second part collects core performance measurement data including performance measurement data to measure the progress and impact of the project. Further information will be provided in the award notice.
- 2) **Quarterly Reports.** The awardee must submit a quarterly progress report through EHB. The quarterly report will be used for two purposes: 1) demonstrates grant recipient's progress on program-specific goals within the quarter, and 2) as a method to ensure response to timely programmatic issues.
- 3) **Federal Financial Report.** The Federal Financial Report (SF-425) is required no later than January 30th for each budget period. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically through EHB. More specific information will be included in the Notice of Award.
- 4) **Integrity and Performance Reporting.** The Notice of Award will contain a provision for integrity and performance reporting in FAPIIS, as required in 2 CFR 200 Appendix XII.

VII. Agency Contacts

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

Kimberly Dews
Grants Management Specialist
OFAM\DGMO\HRHB
5600 Fishers Lane
Rockville, MD 20857
Room10-108B
Phone: 301-443-0655
Fax: 301-594-6096
Email: kdews@hrsa.gov

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

Michael McNeely
Deputy Director, Hospital State Division
Attn: Information Services to Rural Hospital Cooperative Agreement
Federal Office of Rural Health Policy
Health Resources and Services Administration
5600 Fishers Lane, Room 17W56
Rockville, MD 20857
Telephone: (301) 443-5812
Fax: (301) 443-1330
E-mail: mmcneely@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, seven days a week, excluding federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)
E-mail: support@grants.gov
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, 8:00 a.m. to 8:00 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

Applicants are encouraged to incorporate FMT data, which can be found here: <http://www.flexmonitoring.org/data/>.

IX. Tips for Writing a Strong Application

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