U.S. Department of Health and Human Services

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2023

Federal Office of Rural Health Policy

Community Based Division

Delta States Rural Development Network Program

Funding Opportunity Number: HRSA-23-031

Funding Opportunity Type: New

Assistance Listings Number: 93.912

Application Due Date: March 22, 2023

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

HRSA will not approve deadline extensions for lack of registration.

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

Issuance Date: Monday, December 19, 2022

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See Section VII for a complete list of agency contacts.

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

508 COMPLIANCE DISCLAIMER

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2023 Delta States Rural Development Network program. The purpose of this program is to support the planning, development, and implementation of integrated health care networks that collaborate to achieve efficiencies; expand access to, coordinate, and improve the quality of basic health care services and associated health outcomes; and strengthen the rural health care system as a whole.

This notice is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately. You should note that this program may be cancelled before award.

Funding Opportunity Title:	Delta States Rural Development Network Program
Funding Opportunity Number:	HRSA-23-031
Due Date for Applications:	March 22, 2023
Anticipated FY 2023 Total Available Funding:	$12,000,000
Estimated Number and Type of Award(s):	Up to 12 grants
Estimated Annual Award Amount:	Applicants may apply for a ceiling amount of $56,604 per **required** eligible county/parish, per year subject to the availability of appropriated funds.
Cost Sharing/Match Required:	No
Period of Performance:	August 1, 2023 through July 31, 2026 (3 years)
Eligible Applicants:	To be eligible to receive a grant under this notice of funding opportunity, an entity – (A) Shall be a domestic public or private, non-profit or for-profit entity with demonstrated experience serving, or the

	capacity to serve, rural underserved populations; **and** (B) Shall represent a network composed of participants – (i) that include three or more health care provider organizations, and (ii) that may be rural, urban, non-profit or for-profit entities, with at least 66 percent (two-thirds) or network partners located in a HRSA-designated rural area; **and** (C) Shall not previously have received a grant under 42 U.S.C. § 254c(f) (other than a grant for planning activities) for the same or similar project unless the entity is proposing to expand the scope of the project or the area that will be served through the project. See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in this NOFO and in HRSA's *SF-424 Application Guide*. Visit HRSA's How to Prepare Your Application page for more information.

Technical Assistance

HRSA has scheduled the following webinar:

Wednesday, January 11, 2023
2 – 3:30 p.m. ET
Weblink: https://hrsa-gov.zoomgov.com/j/1617265582?pwd=bEYyOUdBV1N4ZllwMmxQa2hyL216Zz09

Attendees without computer access or computer audio can use the dial-in information below.

Call-In Number: 833-568-8864
Participant Code: 14527157

NOTE: HRSA will record the webinar. Playback information can be requested at DeltaStatesGrantPrgm@hrsa.gov

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Delta States Rural Development Network Program (Delta Program).

The Delta Program provides grant funding to support the planning, development, and implementation of integrated health care networks that collaborate in order to (i) achieve efficiencies; (ii) expand access to, coordinate, and improve the quality of basic health care services and associated health outcomes in rural areas within the eight rural Mississippi Delta Region states (Alabama, Arkansas, Illinois, Kentucky, Louisiana, Mississippi, Missouri, and Tennessee); and (iii) strengthen the rural health care system as a whole.

The goals of the Delta Program are to:

- Expand access to care resources in the designated Mississippi Delta counties/parishes;
- Utilize evidence-based, promising practice, or value-based care models known to improve health outcomes, and enhance the delivery of health care services;
- Collaborate with network partners in the planning, delivery, and evaluation of health care services to increase access to care and reduce chronic disease; and
- Implement sustainable health care programs that improve population health, health outcomes, and demonstrate value to the local rural communities.

The Delta Program supports and encourages innovative strategies to address delivery of preventative or clinical health services for individuals with, or at risk of developing chronic diseases that disproportionally affect the rural Mississippi Delta communities. This includes populations who have historically experienced poorer health outcomes, health disparities, and other inequities such as racial and ethnic minorities, people experiencing homelessness, pregnant women, disabled individuals, youth, and adolescents, etc.

Due to the high disparities in the Mississippi Delta region[1], applicants are required to propose a project based on no more than two of the following focus areas: 1) diabetes, 2) cardiovascular disease, 3) obesity, 4) acute ischemic stroke, 5) chronic lower respiratory disease, 6) cancer, or 7) unintentional injury/substance use.

[1] Gennuso KP, Jovaag A, Catlin BB, Rodock M, Park H. Assessment of Factors Contributing to Health Outcomes in the Eight States of the Mississippi Delta Region. Prev Chronic Dis 2016;13:150440. DOI:http://dx.doi.org/10.5888/pcd13.150440

The Federal Office of Rural Health Policy (FORHP) selected these focus areas in an effort to address the underlying factors that are driving growing rural health disparities related to the five leading causes of avoidable death (heart disease, cancer, unintentional injury/substance use, chronic lower respiratory disease, and stroke).[2]

Projects are required to identify and implement an evidence-based or promising practice model and tailor the model to effectively address the needs of their community with respect to the organization's capacity. You may find evidence-based toolkits (e.g., obesity prevention, care coordination, mental health and substance use disorder, etc.) and program models at https://www.ruralhealthinfo.org/community-health.

Applicants should consider how their proposed activities can facilitate value-based care models and reimbursement strategies for their rural network partners to improve overall health outcomes and reduce costs. [3]

2. Background

The Delta Program is authorized by 42 U.S.C. § 254c(f) (§ 330A(f) of the Public Health Service Act). FORHP intends for the Delta Program to foster the development of collaborative efforts for program implementation, and to encourage creative and lasting relationships among service providers and health system partners in rural areas. Each organization participating in the proposed multi-county/multi-parish network must contribute to the project and must have clearly defined roles and responsibilities. Furthermore, the multi-county/multi-parish networks should be specifically identified, including all partners, and their services areas for all three years of requested funding.

Chronic disease is a contributing factor to the five leading rural causes of death (heart disease, cancer, unintentional injury, chronic lower respiratory disease, and stroke) nationally. The Centers for Disease Control and Prevention (CDC) 2019 report findings stated four of the five leading causes of death were chronic diseases, two of which (heart disease and cancer) accounted for approximately 44 percent of all deaths in 2017.[4] The rates of heart disease and cancer deaths are disproportionately higher in the Delta region as compared to non-metropolitan counties in the United States. The Delta region had approximately 18,000 excess deaths in 2004, deaths that would not have

[2]Death in Metropolitan and Nonmetropolitan Counties — United States, 2010–2017. MMWR Surveill Summ 2019;68(No. SS-10):1–11. DOI: http://dx.doi.org/10.15585/mmwr.ss6810a1external icon.
[3] For Medicare resources please refer to https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/ChronicCareManagement.pdf.
[4] Garcia MC, Rossen LM, Bastian B, et al. Potentially Excess Deaths from the Five Leading Causes of Death in Metropolitan and Nonmetropolitan Counties — United States, 2010–2017. MMWR Surveill Summ 2019;68(No. SS-10):1–11. DOI: http://dx.doi.org/10.15585/mmwr.ss6810a1

occurred had the region achieved the average rate of mortality experienced by the remainder of the nation.[5]

The program currently focuses on developing strong networks with health care programs to support the reduction of prevalent chronic disease conditions in the region, and the five leading causes of death in rural areas. Through the collaborative partnerships formed among the network, projects are encouraged to apply innovative solutions implementing preventative or direct care services that could be replicated to address health care challenges adversely impacting the designated rural Mississippi Delta communities.

Population health is an overarching focus of the Delta program due to the geographical distribution of rural counties and parishes in the Delta service region, in that there is limited access to healthcare specialists, limited job opportunities, and a need for an interdisciplinary approach in these regions.[6] The Delta program supports population health projects that address delivery of preventative or clinical health services for individuals with or at risk of developing chronic disease, and the factors contributing to the five rural leading causes of death.

Underlying chronic disease and their drivers are linked to five leading causes of death. Public and private payers are turning to value-based care approaches (VBC) in an attempt to improve outcomes and reduce costs. This includes new payment codes to manage chronic disease and to focus on prevention.

In 2020, FORHP funded a summit of rural participants in VBC models and programs to identify elements of VBC payment models important to rural participants. Six key themes emerged from this summit that could help facilitate rural health organization's participation and success in VBC models.[7] The Delta Program is an opportunity for rural communities to align project implementation across rural stakeholders to enhance value-based care models.

To view the abstracts of previous Delta Program award recipients, visit HRSA's Data Warehouse: https://data.hrsa.gov/ and/or https://www.ruralhealthinfo.org/search?q=delta+states+directories.

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[5] Cosby AG, Bowser DM. The Health of the Delta Region: A Story of Increasing Disparities. *Journal of Health and Human Services Administration* 2008;31(1):58-71. Available at: https://pubmed.ncbi.nlm.nih.gov/18575148/

[6] Rural Health Disparities. RHIHub. https://www.ruralhealthinfo.org/topics/rural-health-disparities.

[7] Mueller, K., MacKinney, C., Lundblad, J., et al. How to Design Value-Based Care Models for Rural Participants Success: A Summit Findings Report, 2020. https://ruralhealthvalue.public-health.uiowa.edu/files/Rural%20VBC%20Summit%20Report.pdf

II. Award Information

1. Type of Application and Award

Type of applications sought: New

HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA estimates approximately $12,000,000 to be available annually to fund 12 recipients. The actual amount available will not be determined until enactment of the final FY 2023 federal appropriation. You may apply for a ceiling amount of up to $56,604 per **required** eligible county/parish annually (reflecting direct and indirect costs) per year. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately.

The period of performance is August 1, 2023 through July 31, 2026 (3 years). Funding beyond the first year is subject to the availability of appropriated funds for Delta States Rural Development Network program in subsequent fiscal years, satisfactory progress, and a decision that continued funding is in the best interest of the Federal Government.

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

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include domestic public or private, non-profit or for profit entities including domestic faith-based and community-based organizations, tribes and tribal organizations. The applicant organization may be located in a rural or urban area, but must have demonstrated experience serving, or capacity to serve, rural underserved populations included in the **Project Abstract** section of the application.

The applicant organization may not previously have received an award under 42 U.S.C. § 254c(f) (other than a grant for planning activities) for the same or a similar project. However, existing recipients that (1) seek to expand services or expand their service areas, (2) include new or additional network member organizations, or (3) target a new

population or new focus area are eligible to apply. Please see below for additional guidance on HRSA Funding History.

For more details, see Program Requirements and Expectations.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

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

- Exceeds the funding ceiling amount
- Fails to satisfy the deadline requirements referenced in Section IV.4

NOTE: Multiple applications from an organization with the same Unique Entity Identifier (UEI) are allowed if the applications propose separate and distinct projects. See Multiple EIN Exception below for additional details.

Exceptions Request

Multiple EIN Exception

In general, multiple applications associated with the same UEI (previously DUNS) number and/or EIN are not allowable. However, HRSA recognizes a growing trend towards greater consolidation within the rural health care industry and the possibility that multiple health care organizations may share the same EIN as its parent organization. As a result, at HRSA's discretion, multiple health care organizations that share the same EIN as its parent organization, or organizations within the same network who are proposing different projects are eligible to apply by requesting an exception. Please refer to **Attachment 11** for information on how to request an exception to this policy.

Tribal Exception

HRSA is aware that tribes and tribal governments may have an established infrastructure without separation of services recognized by filing for EINs. In case of tribes and tribal governments, only a single EIN located in a HRSA-designated rural area is necessary to meet the network requirements. Tribes and tribal entities under the same tribal governance must still meet the network criteria of three or more entities committed to the proposed approach, as evidenced by a signed letter of commitment that delineates the expertise, roles and responsibilities in the project, and commitments

of each network member organization. Please refer to **Attachment 11** for additional information on this exception.

Consulting your State Office of Rural Health

To be eligible to receive a grant under this NOFO, applicants are required to consult with the State Office of Rural Health (SORH) or another appropriate state entity. A list of the SORHs is accessible at: https://nosorh.org/nosorh-members/nosorh-members-browse-by-state/. Applicants must include in **Attachment 1** a copy of the letter or email sent to the SORH describing their project and any response to the letter received.

Each state has a SORH, and HRSA 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 information on model programs, data resources, technical assistance for network, evaluation, introductions to member organizations, or support of information dissemination activities. Applicants should make every effort to seek consultation from the SORH no later than three weeks in advance, as feasible, of the due date, and provide the SORH a simple summary of the proposed project. If no response is received, please include the original letter of intent requesting the consultation in **Attachment 1**.

SORHs responding to this notice as the applicant organization must provide an attestation in **Attachment 1** that there are no conflicts of interest and other applicants were not prejudiced. This attestation must clearly show that the SORH application was independently developed, written and that efforts or project ideas of non-SORH applicants within the same state were not knowingly duplicated.

It is also highly recommended that applicants notify the Delta Regional Authority of their intent to apply. Contact info: https://dra.gov/about-dra/staff-directory/ - Christina Wade, Health Programs Manager.

FORHP Funding History

The applicant organization may not previously have received an award under 42 U.S.C. § 254c(f) (other than a grant for planning activities) for the same or a similar project. However, existing recipients are eligible to apply if the proposed project (1) seeks to expand services or expand service areas, (2) includes new or additional network member organizations, or (3) targets a new population or new focus area. You are encouraged to develop innovative approaches to help rural communities improve the health of the local population while including the community served in the development and ongoing operations of the program. The project must not supplant an existing program. Please provide a 1-page synopsis for all previously funded FORHP projects and a brief description justifying how each previously funded project differs from the proposed project in **Attachment 3**.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA ***requires*** you to apply electronically. HRSA encourages you to apply through Grants.gov using the SF-424 workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at Grants.gov: HOW TO APPLY FOR GRANTS. If you use an alternative electronic submission, see Grants.gov: APPLICANT SYSTEM-TO-SYSTEM.

The NOFO is also known as "Instructions" on Grants.gov. You must select "Subscribe" and provide your email address for HRSA-23-031 in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the For Applicants page for all information relevant to this NOFO.*

2. Content and Form of Application Submission

Application Format Requirements

Section 4 of HRSA's *SF-424 Application Guide* provides general instructions for the budget, budget narrative, staffing plan and personnel requirements, assurances, and certifications. You must submit the information outlined in HRSA *SF-424 Application Guide* in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in this NOFO and HRSA's *SF-424 Application Guide*. You must submit the application in the English language and in the terms of U.S. dollars (45 CFR § 75.111(a)).

See Section 8.5 of the HRSA *SF-424 Application Guide* for the Application Completeness Checklist to assist you in completing your application.

Application Page Limit

The total of uploaded attachment pages that count against the page limit shall be no more than the equivalent of **80 pages** when printed by HRSA.

Forms that DO NOT count in the Page Limit

- Standard OMB-approved forms included in the workspace application package **do not** count in the page limit. The abstract is the standard form (SF) "Project_Abstract Summary." It **does not** count in the page limit.
- The Indirect Cost Rate Agreement **does not** count in the page limit.

- The proof of non-profit status (if applicable) **does not** count in the page limit.

If there are other attachments that do not count against the page limit, this will be clearly denoted in Section IV.2.vi Attachments.

If you use an OMB-approved form that is not included in the workspace application package for HRSA-23-031, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit.

- HRSA will flag any application that exceeds the page limit and redact any pages considered over the page limit. The redacted copy of the application will move forward to the objective review committee.

It is important to take appropriate measures to ensure your application does not exceed the specified page limit.

Applications must be complete and validated by Grants.gov under HRSA-23-031 before the deadline.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3354).

3) If you are unable to attest to the statements in this certification, you must include an explanation in ***Attachment 12-15:*** *Other Relevant Documents*.

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

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

Section 319(e) of the Public Health Service (PHS) Act provides the Secretary of the Department of Health and Human Services (HHS) with discretion upon request by a state or tribal organization to authorize the temporary reassignment of state, tribal, and local personnel during a declared federal public health emergency. 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 § 319(e), which sunsets / terminates on September 30, 2023. Please reference detailed information available on the HHS Office of the Assistant Secretary for Preparedness and Response (ASPR) website.

Program Requirements and Expectations

A. Geographic Service Area Requirements

1) Eligible applicant organizations for the Delta Program must meet geographic service area requirements. All of the Delta states have service regions. Eligible applicant organizations for the Delta Program must propose projects to be implemented in a Delta state's service region. These service areas are based upon natural geographic, as well as State Public Health System Regional formations. Applicants must identify which Delta Service Region they will serve in the **Project Abstract**. The applicant organization must include a legible map that clearly shows the location of network partners, the geographic area(s) that will be served by the network, and any other information that will help reviewers visualize and understand the scope of the proposed project activities in **Attachment 5**.

Alabama, Illinois, Kentucky, and Tennessee have single-service regions that encompass all of their rural Delta counties. Due to the higher number of counties/parishes located in the states of **Arkansas, Louisiana, Mississippi and Missouri** in relation to their Delta states counterparts, HRSA has designated two service regions.

The regional service areas allow the Delta Program to sustain greater and efficient impact across a larger geographical distance, wherein multiple recipients will be awarded to address prevalent health care issues and disparities.

For states with multiple service regions, the applicant organization submitting a proposal for Service Region A for instance, may not be the applicant organization **or** be a member of the consortia for Service Region B, and vice versa. Applicants in **Arkansas, Louisiana, Mississippi and Missouri** must choose to apply for either Region A or Region B only. **Applicants in these states may not apply for both regions.**

The remaining states - **Alabama, Kentucky, Illinois, and Tennessee** - have only one defined service region for the Delta program, which encompasses all of the eligible rural Delta counties within that state. Applicants from these states **must** apply for the entire **required** service region and can choose to serve the newly eligible optional counties as defined below. Applicants who submit a proposal who do not apply for the entire **required** service region, **or** outside of the specified service region, **or** more than one proposal will be deemed non-responsive and will not be considered for this funding opportunity.

Alabama, Arkansas, Louisiana, Mississippi, Missouri, and Tennessee experienced an increase in the number of newly eligible counties for the Delta States Rural Development Network Grant Program due to an adjustment of urbanized counties based on the 2010 census. These newly eligible counties are optional counties that can be served within the funding amount provided for the required service area.

All activities supported by a Delta Program grant must exclusively target populations in rural areas (rural areas are defined as HRSA-designated rural counties/parishes or rural census tracts in these counties). Please use HRSA's Rural Health Grants Eligibility Analyzer to determine whether the proposed rural census tract is rural, if applicable.

The HRSA-designated rural service areas for single/multi service Delta region states are defined as follows:

Alabama:

***Service Region A* (19 designated counties)**
Required: Barbour, Bullock, Butler, Choctaw, Clarke, Conecuh, Dallas, Escambia, Greene, Macon, Marengo, Monroe, Perry, *Pickens*[*], Sumter, Washington, Wilcox
Optional: Hale*[+], Lowndes*[+],*[+],

Arkansas:

Service Region A (19 designated counties)
Required: Arkansas, Ashley, Bradley, Calhoun, Chicot, Dallas, Desha, Drew, *Grant**, *Jefferson*,* Lee, *Lincoln*, Lonoke*,* Monroe, Ouachita, Phillips, St. Francis, Union
Optional: Cleveland [+],

Service Region B (21 designated counties)
Required: Baxter, Clay, Cross, Fulton, Greene, Independence, Izard, Jackson, Lawrence, Marion, Mississippi, *Poinsett*,* Prairie, Randolph, Searcy, Sharp, Stone, Van Buren, White, Woodruff
Optional: Craighead*[+],

Illinois:

***Service Region A* (15 designated counties)**
Required: Alexander*, Franklin, Gallatin, Hamilton, Hardin, Jackson*, Johnson, Massac, Perry, Pope, Pulaski, Randolph, Saline, Union, White

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[*] Only certain census tracts in these counties are rural. Please use HRSA's Rural Health Grants Eligibility Analyzer to determine whether an address is rural.
[+] These newly eligible counties are optional counties that can be served within the funding amount provided for the required service area.

Kentucky:

***Service Region A* (20 designated counties)**
Required: Ballard, Caldwell, Calloway, Carlisle, *Christian*[*], Crittenden, Fulton, Graves, Hickman, Hopkins, Livingston, Lyon, Marshall, McCracken, *McLean**,* Muhlenberg, Todd, Trigg, Union, Webster

Louisiana:

Service Region A (23 designated parishes)
Required: Bienville, Caldwell, Claiborne, East Carroll, Franklin, Jackson, La Salle, Lincoln, Madison, Morehouse, Natchitoches, *Rapides**,* Red River, Richland, Tangipahoa*, Tensas, *Union**,* Washington, West Carroll, West Feliciana, Winn
Optional: De Soto[+], Webster[+],

Service Region B (22 designated parishes)
Required: *Acadia**,* Allen, *Ascension**, Assumption, Avoyelles, Beauregard, Catahoula, Concordia, Evangeline, Jefferson Davis, *Lafourche*, Plaquemines*, Pointe Coupee*, St. James*,* St. Landry, *St. Martin**,* St. Mary,
Optional: Cameron[+], East Feliciana[+], *Livingston**[+], St. Helena[+],* Vermilion*[+]

Mississippi:

Service Region A (21 designated counties)
Required: Attala, Bolivar, Carroll, Coahoma, Grenada, Holmes, Lafayette, Leflore, Montgomery, Panola, Quitman, Sunflower, Tallahatchie, Tippah, Tunica, Union, Washington, Yalobusha
Optional: Benton[+], Marshall[+], Tate[+]

Service Region B (22 designated counties)
Required: Adams, Amite, Claiborne, *Copiah**, Covington, Franklin, Humphreys, Issaquena, Jasper, Jefferson, Jefferson Davis, Lawrence, Lincoln, Marion, Pike, Sharkey, Smith, Walthall, Warren, Wilkinson, Yazoo
Optional: Simpson[+]

Missouri:

Service Region A (16 designated counties)
Required: Butler, Carter, Crawford (except in Sullivan City), Dent, Douglas, Howell, Iron, Oregon, Ozark, Phelps, Reynolds, Ripley, Shannon, Texas, Wayne, Wright

Service Region B (12 designated counties)
Dunklin, Madison, Mississippi, New Madrid, Pemiscot, Perry, St. Francois, St. Genevieve, Scott, Stoddard, Washington,
Optional: Bollinger [+]

Tennessee:

***Service Region A* (19 designated counties)**
Required: Benton, Carroll, *Chester*[*], Decatur, Dyer, Gibson, Hardeman, Hardin, Haywood, Henderson, Henry, Lake, Lauderdale, *Madison**, McNairy, Obion, *Tipton**, Weakley
Optional: *Crockett* [+]

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[*] Only certain census tracts in these counties are rural. Please use HRSA's Rural Health Grants Eligibility Analyzer to determine whether an address is rural.
[+] These newly eligible counties are optional counties that can be served within the funding amount provided for the required service area.

C. Network Composition Requirements

Applicants must meet the following network requirements:

1) Network member organizations may be located in rural or urban areas and can include all domestic public or private, non-profit or for-profit entities including faith-based, community-based organizations, tribes, and tribal organizations.

   We recognize that rural-urban networks can sometimes lead to the underrepresentation of rural needs. Therefore, HRSA requires at least sixty-six percent, or two-thirds of network member organizations (organizations with signed Memorandum of Understanding/Agreement (MOU/A), Memorandum of Understanding/Agreement (MOU/A) or other formal collaborative agreements, including signed and dated by-laws) of the proposed project be located in a HRSA designated rural area, as defined by the Rural Health Grants Eligibility Analyzer. This means that if a network is composed of three member organizations, at least two organizations must be located in a HRSA designated rural area. The applicant organization must verify and indicate the rural or urban eligibility of each network member organization in **Attachment 4**.

2) Applicants are required to ensure that the rural underserved populations in the local community or region to be served will benefit from and be involved in the development and ongoing operations of the network. Activities and services of the network **must** be provided in the designated proposed Delta Service Region.

3) Network member organizations must prioritize addressing gaps in care and expand capacity to create long-term systems-based changes, resulting in practice transformation.

4) The applicant organization is required to have the staffing and infrastructure necessary to oversee program activities, including permanent Project Director or have established an interim Project Director capable of overseeing the network's administrative, fiscal, and business operations at the time an award is made. HRSA recommends the Project Director be the equivalent of a full-time employee (1.0 FTE/ 100 percent FTE) of the applicant organization and devote adequate time (recommended to be *at least 1.0 FTE*) to the project to ensure commitment is reasonable.

5) Programs are required to utilize evidence-based or promising practices/models to promote successful program implementation. See the Project Narrative section for additional information.

D. Focus Area and Evidence-Based/Promising Practice Requirements

1) Focus Area: Due to the high disparities in the region[1], applicants are required to propose a project based on no more than two of the following focus areas: 1) diabetes, 2) cardiovascular disease, 3) obesity, 4) acute ischemic stroke, 5) chronic lower respiratory disease, 6) cancer, or 7) unintentional injury/substance use.

2) Evidence-Based/Promising Practice: HRSA recognizes the importance of identifying and implementing an evidence-based or promising practice model (see **Appendix A** for definitions). Therefore, all recipients are required to adopt an evidence-based or promising practice approach that proves demonstrated outcomes and may be replicable in other communities. An example of a promising practice would be a small-scale pilot program that has generated positive outcome evaluation results that justify program expansion to new access points and/or to new service populations (see **Appendix C** for additional resources).

3) Value Based Care Approach: All applicants are *encouraged* to incorporate value-based care (VBC) models or reimbursement strategies where appropriate. If an applicant selects a value-based care approach, the applicant must provide the proposed value-based care model and describe how the model will benefit the project and target rural population.

E. Data Reporting Requirements

1) In an effort to improve the quality of basic health care services and associated health outcomes relating to chronic disease or five-leading causes of death, applicants are strongly encouraged to propose projects that follow a manageable and similar population base throughout the project period so that meaningful longitudinal data can be collected. Longitudinal data involves repeated observation of the same variable(s) (e.g., wellness screening measures) over an extended period. In addition to wellness screening measures, other health indicators such as changes in knowledge, behavior, attitudes, and quality improvement utilization data, such as hospital emergency room utilization and 30-day readmissions, are encouraged to be included in the project.

2) All award recipients will be required to collect and submit data after the end of each budget period in the Performance Improvement Measurement System (PIMS) (see **Appendix B** for draft measures). Additionally, award recipients will be required to report cost-savings data using a FORHP-specific cost savings calculator tool.

F. Technical Assistance

1) All award recipients will receive technical assistance (TA) throughout the three-year period of performance. Targeted TA will assist award recipients with achieving desired project outcomes, sustainability, and strategic planning, and will ensure alignment of the awarded project with the Delta Program goals. TA is provided to award recipients at no additional cost and is an investment made by FORHP to ensure the success of the awarded projects. FORHP has found that most award recipients benefit greatly from the support provided through these collaborations. If funded, award recipients will learn more about the targeted technical assistance and evaluation support.

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), include the following:

i. *Project Abstract*

Use the Standard OMB-approved Project Abstract Summary Form that is included in the workspace application package. Do not upload the abstract as an attachment or it may count toward the page limit. For information required in the Project Abstract Summary Form, see Section 4.1.ix of HRSA's *SF-424 Application Guide.*

ABSTRACT HEADING CONTENT
Applicant Organization Information Organization Name, Address (street, city, state, ZIP code), Facility/Entity Type (e.g., SORH, CAH, FQHC, RHC, public health department, etc.) and Website Address (if applicable)
Designated Project Director and Other Key Personnel Information Project Director Name & Title, Contact Phone Number(s), and E-Mail Address
Delta States Rural Development Network Program Project Title and Goal
Proposed Service Region • (e.g., Missouri Service Region A)
ABSTRACT BODY CONTENT
Target Population • Brief description of the target population group(s) to be served and target service areas
Primary Focus Area(s) – no more than two • (e.g., project will focus on heart disease and chronic lower respiratory disease)
Network Partnerships • Provide the organization name and a brief description of the purpose of the collaboration with the network partner. • Total number and facility/entity type of partner(s) comprising the network who have signed a Memorandum of Understanding/Agreement.
Capacity to Serve Rural Underserved Populations • Applicants must demonstrate their experience serving, or capacity to serve, rural underserved populations. HRSA highly encourages applicants to demonstrate their experience serving or the capacity to serve, rural underserved populations in the Delta Region service area, if applicable. Examples to show this capacity may include, but is not limited to, a history or ability to: ○ Identify formal partnerships/formal MOUs with rural health care organizations (if applicable) ○ Identify the target rural population and service area, including counties and rural census tract(s) the project will serve ○ Identify activities that build, strengthen, and maintain the necessary competencies and resources needed to sustain or improve health services delivery in rural populations ○ Discuss organizational expertise and capacity as it relates to the scope of work proposed. Include a brief overview of the organization's assets, skills and qualifications to carry on the project. ○ Describe current experience, including partnerships, activities, program implementation and previous work of a similar nature. ○ Discuss the effectiveness of methods and/or activities employed to improve health care services in rural communities.

• HRSA requires applicants to describe how the rural underserved populations in the local community or region to be served will benefit from and be involved in the development and ongoing operations of the network. HRSA also strongly recommends that applicants describe their geographic relationship to the proposed rural service population as well as the plans to ensure that rural populations are served.
Evidence-Based or Promising Practice Model The title/name of the evidence-based or promising practice model(s) that you will adopt and/or adapt. If the model is tailored for the purpose of this project, please briefly describe how it was modified.
Project Activities Brief description of the proposed activities and/or services
Expected Outcomes Brief description of the proposed projects expected outcomes.
Funding Preference Applicants must explicitly document a qualifying funding preference and cite the qualification that is being met (see 42 U.S.C. 254c(h)(3)); additional information can be found in Section V.2. HRSA highly recommends you include concise language making it clear to HRSA which funding preference you qualify for. If you do not believe you meet the criteria for a funding preference, please specify in Attachment 10. If applicable, you need to provide supporting documentation in **Attachment 10**. Refer to Section V.2 for further information.

NARRATIVE GUIDANCE

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

Narrative Section	Review Criteria
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response
Work Plan	(2) Response and (4) Impact
Resolution of Challenges	(2) Response

Narrative Section	Review Criteria
Evaluation and Technical Support Capacity	(3) Evaluative Measures and (5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities
Budget Narrative	(6) Support Requested

ii. *Project Narrative*

This section provides a comprehensive description of all aspects of the proposed project. Applications must explain how proposals incorporate elements of population health, chronic disease management with a focus on improving health care service delivery. This includes, but is not limited to, supporting the current health care landscape to improve outcomes, reduce costs, ensure access and efficient transitions of care, and promote innovative approaches. It should be succinct, self-explanatory, consistent with forms and attachments, and organized in alignment with the sections and format below so that reviewers can understand the proposed project.

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

- *INTRODUCTION -- Corresponds to Section V's Review Criterion 1: NEED*
  Briefly describe the purpose of the proposed project and how it aligns with Delta program goals listed in the "Purpose" section. Summarize your project's focus area(s), service area(s), goals and expected outcomes.

- *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion 1: NEED*
  This section outlines the community's needs for the proposed project, and how the rural community or region to be served will be involved in the project. When addressing need, the applicant should keep in mind the selected focus area(s).

  In order to design effective interventions that specifically address the underlying causes of poor health and disparities in a sustainable way, it is important to take into account how needs, in health status, as well as the system of care and broader environment, have evolved over time. Descriptions of need in this section should reflect trends in key data points over multiple years.

  Please use the following four sub-headings for this section:
  - Target Population Details
  - Program Development/Target Population Involvement
  - Health Care in Service Area

Target Population Details

The target population and its unmet health needs must be described and documented. The population description may include information about the prevalence of specific conditions such as chronic diseases, mortality data or about the age or socioeconomic status of the target population. The target population should be high utilizers of healthcare resources. You should consider including how the social determinants of health and health disparities impact the population or communities served relevant to your project objective and focus area. Describe the population of the service area and its demographics in relation to the population to be served. Demographic data should be used and cited whenever possible to support the information provided. Local data, which is particularly important if available, should be used to document high utilization of healthcare resources or unmet health needs in the target population. This data should be compared to state and national data. Use factors that are relevant to the project, such as specific health status indicators, age, etc. Insurance information, poverty, transportation, statistics regarding crime, stigma associated with chronic diseases, Substance Use Disorder/Opioid Use Disorder (SUD/OUD) and other behavioral and mental health care services may be relevant and should be included.

Program Development/Target Population Involvement

The Delta States Rural Development Network Grant Program requires the **target population being served to be involved in the development and ongoing activities** of the project to ensure that the project is responding to their needs. Describe the manner and the degree to which target population was involved in planning for the activities of the project. Provide details (frequency, number of participants, etc.) about the tools and methods (e.g., needs assessments, focus groups, questionnaires/surveys, etc.) that were used to identify special needs of the target population. 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 and state non-government organizations.

It is strongly recommended that you collaborate with the state and/or local health department in the project's service area to identify critical areas of unmet need. A description of the role that the health department played in either identifying the focus area of the proposed project or in the actual planning of the project should be described.

Health Care in Service Area

Identify the health care services available in or near your service area. Describe the number and type of relevant health and social service providers that are located in and near the service area of the project and how they relate to the project. Describe the potential impact of the project on existing providers (e.g., changes in referral patterns, practice patterns, provider reimbursement impact, etc.) who are not part of the project. Any potential adverse effect is important, as well as estimates of how the project might augment and enhance any existing

capabilities in the service area. 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 project. Justify how other programs and/or resources have not been able to fill this gap and why the Delta States Rural Development Network Grant Program is the best and appropriate opportunity/avenue to address this gap.

- *METHODOLOGY -- Corresponds to Section V's Review Criterion 2: RESPONSE*
  In a narrative format, propose methods that will be used to meet each of the previously described program requirements and expectations in this NOFO.

  Please use the following three sub-headings in responding to this section:
  - Goals and Objectives
  - Evidence-Based/Promising Practice Model
    - Value-Based Care Model (If applicable)
  - Sustainability Approach

  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.

  Evidence-Based/Promising Practice Model
  Applicants are required to propose a health service project based on an evidence-based approach or promising practice on no more than two of the key focus areas of the Delta States Rural Development Network Grant Program: 1) diabetes, 2) cardiovascular disease, 3) obesity, 4) acute ischemic stroke, 5) chronic lower respiratory disease, 6) cancer or 7) unintentional injury/substance use.

  Explain and demonstrate how your choice of evidence-based approach or promising practice will be effective in meeting your community's need and improving the health status of your participants, and how it will in turn create long-lasting health impacts. You may present a past Delta States Rural Development Network Grant Program as a promising practice if their evaluation data demonstrates the program is meeting community needs, and the program is having an impact on targeted indicators.

  HRSA recognizes that there are few evidence-based or promising practice models targeted to rural communities. Given that rural communities differ across the country, applicants can use a non-rural specific evidence-based or promising practice model framework and tailor it to their proposed project. Applicants should provide appropriate and valid citations for their approach. Include rationale that describes how this framework is appropriate and relevant to your community's need and target population. Explain the extent to which the approach will be

tailored and/or modified for your proposed project. Describe how the tailored/modified evidence-based approach or promising practice will effectively meet your community's unmet needs and improve the overall health status.

Consider the following questions when selecting an evidence-based approach or a promising practice:

- What is the scope and nature of the rural health problem?
- Are there effective interventions to address the problem?
- What information is available locally to help decide if an intervention is appropriate?
- Is there an intervention that has been used successfully to address the health problem given the local context?
- Which intervention(s) provide the greatest leverage to generate and sustain the desired changes?
- What is the target population?

All applicants who incorporate value-based care (VBC) models or reimbursement strategies must provide the proposed value-based care model and describe how the model will benefit the project and target rural populations.

Sustainability Approach

The Delta Program provides funding to award recipients and their network to establish or expand programs that positively impact rural communities in the Delta region. While HRSA understands that ongoing support for these initiatives may be challenging, award recipients should consider how programs can be sustained beyond the three-year grant period.

Describe strategies and approaches you will implement to achieve sustainable impact and identify potential sources of support. Sources of support could be financial, in-kind, or the absorption of activities by network partners, etc. The strategies and approaches should be realistic and feasible. These might be modified over time as recipients are required to submit a final Sustainability Plan during the third year of their period of performance.

Additional information and resources related to evidence-based models and toolkits as well as value-based models can be found in **Appendix C: Other Resources.**

- *WORK PLAN -- Corresponds to Section V's Review Criterion 2 and 4: RESPONSE and IMPACT)*

  Please use the following sub-headings in responding to this section:

  - Work Plan
  - Impact

Work Plan

You must submit a work plan that aligns with the project's goals and objectives and describes the activities or steps that will be used to achieve each of the activities proposed during the entire project as **Attachment 8.** Applicants must also include a discussion section describing how they will assess impacts and outcomes at various intervals throughout the project as part of the Work Plan attachment. Applicants located in multi-service region states should clearly identify its service region – i.e., Missouri, Service Region A or Mississippi, Service Region B, etc. HRSA is aware that the work plan may change as the project is implemented.

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 the extent to which these contributors reflect the cultural, racial, linguistic, and geographic diversity of the populations and communities served.

You are strongly encouraged to present a matrix that illustrates the project's goals, strategies, activities and measurable process and outcome measures.

For the purposes of the Delta program, the work plan components should align with the following guidance:

- ***Goal***: Provide a goal statement that explains what the project wishes to accomplish. Goals are typically broad general statements[8] for example: Improve control of high blood pressure in (state).
- ***Strategies/Objectives***[9]: Describe objectives that break the goal down into smaller parts and provide specific, measurable actions by which the goal can be accomplished. Objectives define the results the applicant expects to achieve in the project.
- ***Activities and Process Measures***[10]: Describe all the steps and activities taken in implementing the project and the outputs generated, such as the

[8] CDC Division for Heart Disease and Stroke Prevention State Heart Disease and Stroke Prevention Program Evaluation Guide: Writing SMART Objectives, http://www.cdc.gov/dhdsp/programs/spha/evaluation_guides/docs/smart_objectives.pdf

[9] CDC Division for Heart Disease and Stroke Prevention State Heart Disease and Stroke Prevention Program Evaluation Guide: Writing SMART Objectives, http://www.cdc.gov/dhdsp/programs/spha/evaluation_guides/docs/smart_objectives.pdf

[10] CDC Workplace Health Promotion Evaluation http://www.cdc.gov/workplacehealthpromotion/evaluation/index.html#4

number and type of educational materials for a stress management class that are developed and given to employees, or the number of hours of coaching or support provided to a patient for medication adherence. The activities and process measures should describe how they will determine if project implementation met the quality and other standards to which the applicant aspired. Applicants located in multi-service region states should clearly identify its service region – i.e., Missouri, Service Region A or Mississippi, Service Region B, etc. This stipulation does not restrict cross regional collaboration. Describe the process you will implement if it is determined that the project is not achieving its intended outcomes. Describe how process measures will assess issues such as the cost of operating the project, the numbers of employees reached, the most successful project locations, or comparisons of the project's design and activities to others.

- ***Outcome Measures:***[11] Describe the outcomes – events or conditions – that will indicate project effectiveness. To the extent possible, the proposed outcome measures in the workplan should align with the Performance Improvement Measurement System (PIMS) data reporting requirement (see Appendix B) and align with any other additional measures that the applicant develops to assess their project implementation. Describe the process you will implement if it is determined that the project is not achieving its intended outcomes.

- **Timeline**: a timeline for each activity and include a timeline for all three years of the award.

- **Responsible individual/organization for completing the activity:** identify responsible staff for completing each activity.

  As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including development of the application and the extent to which these contributors reflect the cultural, racial, linguistic, and geographic diversity of the populations and communities served.

Impact

Applicants must describe the expected impact of the program on the target population, as well as the potential for replication in communities with similar needs. Describe the potential impact of the selected the evidence-based approach or promising practice that was used in the design and development of the proposed project. Applicants must describe the extent to which relevant

[11] CDC Workplace Health Promotion Evaluation http://www.cdc.gov/workplacehealthpromotion/evaluation/index.html#4

services currently available in or near the network service area are discussed, as well as the potential impact of the network's activities on providers, programs, organizations, and other entities in the community. Provide clear examples and strategies describing how the network will benefit the area health providers' ability to increase access to quality health care and serve the community, including rural underserved populations.

HRSA recognizes that it is a challenge to directly correlate the effects of an activity or program to the long-term impact of a project because of the other external influences on the target audience or community that occur over time. Applicants should describe the expected or potential long-term changes and/or improvements in health status anticipated as a result of the project. Examples of potential long-term impact include changes in morbidity and mortality, reductions in hospital admissions or readmissions for target population, long-term maintenance of desired behavior etc.

In an effort to evaluate chronic disease or five-leading causes of death programs and maintain a positive relationship with individuals living this reality, applicants are strongly encouraged to propose projects that follow a manageable and similar population base throughout the project period so that meaningful longitudinal data can be collected. Longitudinal data involves repeated observation of the same variable(s) (e.g., wellness screening measures) over an extended period. In addition to wellness screening measures, other health indicators such as changes in knowledge, behavior, attitudes, and quality improvement utilization data, such as hospital emergency room utilization and 30-day readmissions, are encouraged to be included in the project.

- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion 2: RESPONSE*

  Describe any relevant barriers that the project hopes to overcome. In some instances, there is a general problem of access to particular health services in the community. In other cases, services may be available in the community, but not be accessible to all who need them. In many rural communities, health care personnel shortages create access barriers. Any pertinent geographic, socioeconomic, linguistic, cultural, ethnic, workforce, or other barrier(s) and a plan to overcome those barriers should be discussed in this section. All projects that will primarily serve multiple ethnic or racial groups and/or sexual and gender diverse populations must describe specific plans for ensuring the services provided address the cultural, linguistic, religious, gender and social differences of the target populations.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criterion 3: EVALUATIVE MEASURES and 5: RESOURCES and 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 groups (e.g., race, ethnicity, sexual orientation, gender identity, language) and explain how the data will be used to inform program development and service delivery.

  Please use the following two sub-headings in responding to this section:

  • Project Monitoring

  • Evaluation

  Project Monitoring

  Describe measures to be implemented for assuring effective performance of the proposed award funded activities. Include outcome and process measures (including baseline measures) that will be tracked throughout the period of performance. These measures must align with the goals and objectives of the proposed project and with the potential health impact. It is expected that recipients will be able to articulate the outcomes of their project justified by these measures at the end of the three-year period of performance.

  Propose baseline evaluative health data that they can monitor and track throughout the grant period in order to demonstrate the effectiveness of the intervention and to determine the replication of the project to other rural communities. Baseline measures are a subset of the process or outcomes measures, which need to be collected from the very start of the intervention. The need for baseline measures is one key reason for designing the self-assessment plan[12] before implementation begins because they establish a starting place and frame of reference for the program. Baseline measures determine where the community or target population currently is on a given health problem or issue and inform the benchmarks/targets against which program managers and decision makers will assess program performance. Baseline measures can also be used to describe the current level of program activities and allow measurement of the program's progress (e.g., process measures) over time such as the number of

[12] HRSA will support an independent objective evaluation of this program. Award recipients are not expected to conduct and/or expend funds on a formal evaluation. For the purposes of the required evaluation plan, for applicants, the focus should be on an individual self assessment of the project of its activities to allow for adjustments during the course of the project period to ensure alignment with the proposed goals of the project and the ability of the grantee to succeed.

new physical activity classes offered to employees or the establishment of a new health benefit.

You are required to include selected Performance Improvement Measures System (PIMS) that are appropriate and relevant to the proposed project as baseline measures. You must also include additional baseline measures that are not included among the PIMS measures, but which are relevant to their proposed project. All applicants are required to submit indicators around diabetes, cardiovascular disease, or obesity. In addition to the PIMS measures, you are required to report on cost-savings due to the implementation of this initiative.

List all proposed baseline measures as **Attachment 9**. It is recommended that applicants organize the proposed baseline measures in a tabular format differentiating between baseline measures taken from PIMS (if any) and additional baseline measures (not PIMS measures) when listing them in **Attachment 9**. In addition, describe on-going quality assurance/quality improvement strategies that will assist in the early identification and modification of ineffective efforts.

Self-Assessment

Describe an overview of the project self-assessment approach that includes a list of key measures that will be used to evaluate project progress, and a brief description of how they will be collected. The project self-assessment approach should also discuss data sources; evaluation methods (e.g., review of documents, interviews with project staff and participants, surveys of participants etc.); and how the findings will be shared throughout the project. The description of the self-assessment approach is not meant to be a fully developed evaluation plan, but rather is meant to set forth the logic behind your evaluation approach and demonstrate how the evaluation will clearly demonstrate outcomes and impacts.

You should identify a staff person who will be responsible for data collection during the project planning process and at the time of application. A biographical sketch or resume must be included in addition to a position description detailing the role and responsibilities of the data collection staff person in **Attachment 7**.

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion 5: RESOURCES and CAPABILITIES*

This section describes the abilities and contributions of your organization and the network member organizations. Please use the following three sub-headings when responding to this section:

- Applicant Organization
- Network Composition

• Network Involvement

Applicant Organization

Provide a brief overview of your (applicant) organization and include information regarding mission, structure, and current primary activities. Describe your organization's ability to manage the project and personnel. Applicants must demonstrate their experience serving, or capacity to serve, rural underserved populations. HRSA highly encourages applicants to demonstrate their experience serving or the capacity to serve, rural underserved populations in the Delta Region service area, if applicable. Include information regarding support and any oversight to be provided by executive-level staff (e.g., CEO, CFO, etc.) at your organization. Identify and describe financial practices and systems that assure your organization has the capacity to manage federal funds.

Provide an organizational chart of your organization in **Attachment 4.** 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 award. You should also describe the system and processes in place to address staff turnover.
The network must have a permanent Project Director or establish an interim project director at the time of the application. The Project Director will be responsible for monitoring the project and ensuring the execution of award activities, including the network administrative, fiscal, and business operations during the period of performance. HRSA recommends the Project Director be the equivalent of a full-time employee (1.0 FTE/ 100 percent FTE) of the applicant organization and devote adequate time (recommended to be *at least 1.0 FTE*) to the project to ensure commitment is reasonable.

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

The applicant organization must:

- Exercise administrative and programmatic direction over award-funded activities;
- Be responsible for hiring and managing the award-funded staff;
- Demonstrate the administrative and accounting capabilities to manage the award funds; and
- Have at least one permanent staff at the time an award is made**.**

Provide a description of the roles of key personnel, and how their roles relate to the network and the proposed project in **Attachment 6**.

Network Composition

Your organization is encouraged to carefully consider the selection of participants for the network to ensure each participant positively contributes to the success of common project goals. The purpose of the network is to: 1) encourage innovative 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 award-funded project addresses the health needs of the identified community.

HRSA requires at least sixty-six percent, or two-thirds of network member organizations (organizations with signed Memorandum of Agreement (MOU), Memorandum of Understanding (MOU) or other formal collaborative agreements, including signed and dated by-laws) of the proposed project be located in a HRSA designated rural area, as defined by the Rural Health Grants Eligibility Analyzer. This means that if a network is composed of three member organizations, at least two organizations must be located in a HRSA designated rural area. The applicant organization must verify and indicate the rural or urban eligibility of each network member organization in **Attachment 4**.

Discuss the strategies employed for creating and defining the network. Explain why each of the network partners are appropriate collaborators, and what expertise they bring to the project. You should identify when each of the network partners became involved in the project and detail the nature and extent of each network member's responsibilities and contributions to the project. Describe the history of collaborative activities carried out by the participants in the network and the degree to which the participants are ready to integrate their functions.

Include information on the network partner's experience serving or the capacity to serve rural underserved populations in the Delta Region service area. Elaborate on how their abilities and/or experience can successfully accomplish project activities. If appropriate, provide specific examples on the network partner's experiences working in rural communities (e.g., describe a specific project, outcomes of project initiative, barriers, and solutions to overcome barriers).

Describe the relationship of the network with the community/region it serves. If appropriate, describe the extent to which the network and/or its partners engage the community in its planning and functions. Applicants need to demonstrate how the rural underserved populations in the local community or region to be served will benefit from and be involved in the development, ongoing operations, and evaluation of the network.

Provide a list of the network partners. A table may be used to present the following information on each network member: the organization name, address, primary contact person, current role in the community/region, and the Employer

Identification Number (EIN) must be provided for each network member. This should be included in **Attachment 4**.

The network organizational chart should depict the structure of the network for the project and should describe how decisions will be made and how effective communication will be managed between the network partners and the applicant organization. This should be included in **Attachment 4**.

Network Involvement

All network partners 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 network member. The roles and responsibilities for each of the organizations in the network must be clearly defined in the application.

Provide evidence of the ability for each organization participating in the network to deliver the services, contribute to the network, and otherwise meet the needs of the project. Please note that each participating network 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 network partners as **Attachment 2**. A MOU/A is a written document that must be signed by all network partners to signify their formal commitment as a network. An acceptable MOU/A should at least describe the network's purpose and activities; clearly specify each organization's role in the network, responsibilities, and any resources (cash or in-kind) to be contributed by the member to the network. For the purposes of this 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 network.

Provide details regarding how and when the network will regularly meet. Explain the proposed process for soliciting and incorporating input from the network for decision-making, problem solving, and urgent or emergency situations. Provide a plan for communication and discuss how coordination will work with the network partners. Indicators should be included to assess the effectiveness of the communication and coordination of the network and its timely implementation. Discuss potential challenges with the network (e.g., network disagreements, personnel actions, expenditure activities, etc.) and identify approaches that can be used to resolve the challenges.

Address how communication and coordination will occur between the Project Director and network partners and how often communication is expected. Discuss how frequently project updates will be provided to the network partners and the

extent to which the Project Director will be accountable to the network. You should identify a process for periodic feedback and program modification as necessary.

iii. *Budget*

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

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

In addition, the Delta States Rural Development Network Program requires the following:

Travel: Please allocate travel funds for up to two (2) program staff to attend an annual two and a half day technical assistance workshop in Washington, DC and include the cost in this budget line item. To determine estimated travel costs to Washington, D.C., rates should refer to the U.S. General Services Administration (GSA) per diem rates for FY 2023. Per diem rates can be found on the GSA's website: https://www.gsa.gov/travel-resources. **Please note**: Due to the changing nature of the public health emergency, this technical assistance workshop may be transitioned to a virtual meeting. If awarded, additional information will be provided on re-allocating travel funds. Please still include travel costs in the budget.

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

As required by the Consolidated Appropriations Act, 2022 (P.L. 117-103), Division H, § 202, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." See Section 4.1.iv Budget – Salary Limitation of HRSA's *SF-424 Application Guide* for additional information. Note that these or other salary limitations may apply in the following fiscal years, as required by law.

iv. *Budget Narrative*

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

The Delta States Rural Network Development program requires the following:

Budget for Multi-Year Award
This notice invites applicants to submit their proposals for the Delta States Program for a three-year performance period. HRSA will make awards on a competitive basis for one-year budget periods. Submission and HRSA approval of Progress Report(s) and any other required documents or reports is the basis for the budget period renewal and release of subsequent years' funds.

Funding beyond the one-year budget period is subject to the availability of funds, satisfactory progress of the award recipient, 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 with a ceiling amount of $56,604 per **required** eligible county/parish that should be reflected in the per year budget and the total budget request.

v. *Attachments*

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

REQUIRED - Attachment 1: State Office of Rural Health Letter or other Appropriate State Government Entity Letter

All applicants are required to consult the State Office of Rural Health (SORH) or other appropriate State government entity. HRSA recommends contacting the SORH early in the application process to advise them of your intent to apply and to involve them in the program planning process. The SORH can often provide technical assistance to applicants. You should request an email or letter confirming the contact that describes the level of collaboration between the applicant and the 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. In the case that you do not receive a response from the SORH, submit a copy of your request for consultation to the SORH.

SORHs responding to this notice as the applicant organization must provide an attestation in **Attachment 1** that there are no conflicts of interest and other applicants were not prejudiced. This attestation must clearly show that the SORH application was independently developed, written and that efforts or project ideas of non-SORH applicants within the same state were not knowingly duplicated.

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

REQUIRED - Attachment 2: Memorandum of Agreement/ Understanding (MOA/U)

Provide a MOA/U (signed and dated by all network partners) that explicitly states each network member organization's commitment to the project activities and includes the specific roles, responsibilities, and resources (cash or in-kind) to be contributed by each organization providing substantial commitment and support to the project. This **will count** towards the 80–page limit.

REQUIRED - Attachment 3: Federal Office of Rural Health Policy Funding History Information

Current and former award recipients of any FORHP award 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 network partners in the previous award. This attachment **will count** towards the 80-page limit.

REQUIRED - Attachment 4: Applicant Organization's Organizational Chart and Network Partners' organizational chart and information

Provide an organizational chart of the applicant organization. The network organizational chart should depict the structure of the network for the project and should describe how authority will flow from the applicant organization receiving the federal funds to the network partners.

The network member list must contain the following information for each network member; it is recommended that this information is provided in a table format:

1) Network member organization name;
2) Network member organization street address and county;
3) Network member primary point of contact at organization (name, title, email);
4) Network member organization EIN and DUNS. The network must consist of at least three separately owned (i.e., different EINs) entities, including the applicant organization. Tribal entities may be exempt from this requirement;
5) Network member organization sector (e.g., health care, public health, education, law enforcement, tribal entity, etc.). Network partnership should be diverse and encompass more than one sector;
6) Specify the network member organizations' roles, responsibilities, and contributions to the project;

7) Specify (yes/no) whether network member is a National Health Service Corps (NHSC) site or NHSC–eligible site (see https://nhsc.hrsa.gov/sites/eligibility-requirements.html for more details);

8) Specify (yes/no) whether the network member is located in a HRSA-designated rural county or rural census tract of an urban county, as defined by the Rural Health Grants Eligibility Analyzer. As a reminder, at least 66 percent of network partners must be located in a HRSA-designated rural areas.

The list and charts **will count** towards the 80-page limit.

REQUIRED - Attachment 5: Map of Service Area

Include a legible map that clearly shows the location of network partners, the geographic area that will be served by the network, and any other information that will help reviewers visualize and understand the scope of the proposed project activities. This attachment **will count** towards the 80-page limit. **Note**: Maps should be legible and in black and white.

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

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. HRSA recommends the Project Director be the equivalent of a full-time employee (1.0 FTE/ 100 percent FTE) of the applicant organization and devote adequate time (recommended to be *at least 1.0 FTE*) to the project to ensure commitment is reasonable. 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 NOFO, Key Personnel is defined as persons funded by this award or persons conducting activities central to this program. This information **will count** towards the 80-page limit.

REQUIRED - Attachment 7: Biographical Sketches of Key Personnel

Include biographical sketches for persons occupying the key positions described in *Attachment 6*, not to exceed two pages in length per person. In the event that a biographical sketch is included for an identified individual not yet hired, include a letter of commitment from that person with the biographical sketch. The biographical information of the program evaluator and the individual responsible for data collection should be included. These documents **will count** towards the 80-page limit.

REQUIRED - Attachment 8: Work Plan

Applicants are required submit a work plan that includes all information detailed in Corresponds to Section IV.2.ii of the Project Narrative. The work plan must reflect a three-year period of performance. This **will count** towards the 80- page limit.

REQUIRED - Attachment 9: Baseline Measures

List all proposed baseline measures. Organize your proposed baseline measures to differentiate between baseline measures taken from PIMS (if any) and additional baseline measures (not PIMS measures). This **will count** towards the 80-page limit.

OPTIONAL - Attachment 10: Funding Preference Documentation (if applicable)

To receive a funding preference, the application must provide documentation that supports the funding preference qualification. Please indicate which qualification is being met in the Project Abstract.

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/.

If you do not believe you meet the criteria for a funding preference, please specify as such in this attachment.

For further information on Funding Preferences, please refer to **Section V.2.** This attachment **will count** towards the 80-page limit.

OPTIONAL - Attachment 11: Exceptions Request (if applicable)

For Tribal Exceptions and Multiple EIN Exception requests, the following **must** be included:

- Names, titles, email addresses, and phone numbers for points of contact at each of the applicant organizations and the parent organization;
- Proposed project focus and service area for each applicant organization with the same EIN (these should not overlap);
- Justification for why each applicant organization must apply to this funding opportunity separately as the applicant organization, as opposed to serving as network member organizations on other applications;

- Assurance that the applicant organizations will each be responsible for the planning, program management, financial management, and decision making of their respective projects, independent of each other and/or the parent organization; and
- Signatures from the points of contact at each application organization and the parent organization.

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

OPTIONAL - Attachments 12-15: Other Relevant Documents (if applicable)

Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.). List all other support letters on one page. These **will count** towards the 80-page limit.

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

Effective April 4, 2022:

- The UEI assigned by SAM has replaced the Data Universal Numbering System (DUNS) number.
- Register at SAM.gov and you will be assigned a UEI.

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

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

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

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

- System for Award Management (SAM) (https://sam.gov/content/home | SAM Knowledge Base)
- Grants.gov (https://www.grants.gov/)

For more 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 application due date under this NOFO is ***March 22, 2023 at 11:59 p.m. ET***. HRSA suggests you submit your application to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov in HRSA's *SF-424 Application Guide* for additional information.

5. Intergovernmental Review

The Delta States Rural Development Network Program is subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

See Section 4.1 ii of HRSA's *SF-424 Application Guide* for additional information.

6. Funding Restrictions

You may request funding for a three-year period of performance, at no more than $56,604 per eligible county/parish per year (inclusive of direct **and** indirect costs). This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division H of the Consolidated Appropriations Act, 2022 (P.L. 117-103) apply to this program. See Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Note that these and other restrictions will apply in following fiscal years, as required by law.

You cannot use funds under this notice for the following purposes:

- To build or acquire real property, or
- For construction.

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 specific uses of funding. It is imperative that you review and adhere to the list of statutory restrictions on the use of funds detailed in Section 4.1 of HRSA's *SF-424 Application Guide*. Like all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

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

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

V. Application Review Information

1. Review Criteria

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

Reviewers will evaluate and score the merit of your application based upon these criteria.

Six review criteria are used to review and rank the Delta Program applications. Below are descriptions of the review criteria and their scoring points.

Criterion 1: NEED (15 points) – Corresponds to Section IV's INTRODUCTION and NEEDS ASSESSMENT

1. The extent to which the application demonstrates and clearly identifies the purpose, evidence-based or promising practice model, goals and focus area(s)

of the community need. The primary focus area(s) selected must focus on no more than two the following: 1) diabetes, 2) cardiovascular disease, 3) obesity, 4) acute ischemic stroke, 5) chronic lower respiratory disease, 6) cancer or 7) unintentional injury/substance use.

2. The extent to which the application clearly identifies and establishes the unmet health care needs of the target population as evidenced by:

    a) The quality of data provided regarding the prevalence in the target population through demographic information, other specific health status indicators (social determinants of health, health disparities, health equity, and leading health indicators) relevant to the project.

    b) The extent to which the applicant illustrates the entire population of the service area and its demographics in relation to the target population to be served. The applicant provides supporting local, state, and national data for the community and the target population and compares local data versus state and national data.

    c) The level and quality of involvement of the target community in identifying the needs of the population and in planning the project activities.

    d) The strength and appropriateness of the details (frequency, number of participants, etc.) about the tools and methods (e.g., needs assessments, focus groups, questionnaires/surveys etc.) that were used to identify involvement of the target population.

    e) The strength of the level of involvement of representatives of local, regional, tribal and/or state government in the planning process, as well as the involvement of local non-government organizations.

3. The extent to which the applicant demonstrates a thorough understanding of the relevant health services currently available in the targeted service area including:

    a) The potential impact of the project on current providers (especially those that are not included in the proposed project).

    b) Any other potential adverse effect (if any), the feasibility of estimates regarding how the project might augment and enhance any existing capabilities in the service area.

    c) The extent to which the applicant describes how this project will address a health gap in the community that otherwise is not addressed without this award.

d) The degree to which the applicant describes how other award programs and/or resources would not be able to fulfill this unmet health need and why this program is the best and appropriate opportunity/avenue to address this need.

Criterion 2: RESPONSE (25 points) – Corresponds to Section IV's METHODOLOGY, WORK PLAN, AND RESOLUTION OF CHALLENGES

1. *METHODOLOGY* (5 points)*:* The extent to which:

   a) The proposed goals and objectives have a clear correlation to addressing the identified need, as well as barriers. The proposed objectives are measurable, realistic, and achievable in a specific timeframe.

   b) The proposed activities are capable of addressing the problem and attaining the project objectives.

2. *WORK PLAN* (12 points)*:* The degree to which the applicant proposes a health service project based on an evidence-based approach, promising practice, or on past Delta States Rural Development Network Grant Program data that indicates a promising practice that has been shown to be effective in addressing gaps and needs in a community setting, and which has shown to improve the health status of participants, including:

   a) The strength of the evidence-based or value-based care approach or promising practice that the project is based on is evidenced by appropriate and valid citations for their chosen model/approach.
   b) The appropriateness of the evidence-based practice approach or promising practice selected for the project and evidence that this framework is appropriate and relevant to their community's need and target population.
   c) The extent to which the model/approach is tailored and/or modified to the proposed project and how the tailored/modified evidence-based model/approach or promising practice can be effective in fulfilling their community's unmet needs and improving the health status.
   d) The strength and feasibility of the following:
      i. The overall draft plan for project sustainability after the receipt of federal funds;
      ii. The proposed strategies to achieve the desired sustainable impact; and
      iii. The potential sources of support for achieving sustainability.

   The strength and feasibility of the proposed work plan that is logical and easy to follow, clearly addressing the project activities, responsible parties, the

timeline of the proposed activities, anticipated outputs, and the steps that must be taken to achieve each of the project goals, strategies/objectives, activities and process measures, and outcome measures.

3. *RESOLUTION OF CHALLENGES* (8 points)*:* The extent to which the work plan addresses and resolves identified challenges and anticipated barriers, and the quality of approaches to resolve such challenges including:

    a) Any pertinent geographic, socio-economic, linguistic, cultural, ethnic, religious, work force, or other barrier to access to health care in the target population and community.

Criterion 3: EVALUATIVE MEASURES (20 points) – Corresponds to Section IV's EVALUATION AND TECHNICAL SUPPORT CAPACITY

The effectiveness of the method proposed to monitor and evaluate the project results. Evaluative 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.

1. Strength of the evidence that progress toward meeting award-funded goals will be tracked, measured, and evaluated.
    a) The appropriateness of baseline (process and outcome) measures that will be monitored and tracked throughout the period of performance to demonstrate the effectiveness of the intervention, and to determine the replication of the project to other rural communities. This includes approach to collecting longitudinal data for program participants.

    b) These measures must align with the goals and objectives of the proposed project and the potential health impact.

2. The strength of proposed on-going quality assurance/quality improvement strategies that will assist in the early identification and modification of ineffective efforts.

3. The strength of the process by which data/information for these measures will be collected and analyzed, including an approach for evaluating the project's progress in relation to its proposed outputs and outcomes.

4. The strength of the proposed evaluation questions; data sources; evaluation methods (e.g., review of documents, interviews with project staff and participants, surveys of participants etc.); and how the evaluation findings will be shared throughout the project as evidenced in the evaluation approach.

5. The extent to which the evaluation strategy engages project staff and key stakeholders in the design and implementation of evaluation as evidenced in the evaluation plan.

Criterion 4: IMPACT (20 points) – Corresponds to Section IV's WORK PLAN

1. The extent to which the proposed project will impact the target population and the extent to which the project may be replicated in other communities with similar needs.
2. The extent to which the applicant describes the potential long-term impact of the selected the evidence-based/value-based approach or promising practice that was used in the design and development of the proposed project.

Criterion 5: RESOURCES/CAPABILITIES (15 points) – Corresponds to Section IV's ORGANIZATIONAL INFORMATION

1. The quality and appropriateness of the resources, and the abilities of the applicant organization and the network partners in fulfilling program requirements and meeting program expectations.
2. The capability of the applicant to implement and fulfill the requirements of the proposed project based on the resources available and the qualifications of the project staff including:
    a) The number and types of staff;
    b) The current experience, skills, knowledge, and experience with previous work of a similar nature of key staff; and
    c) The requirements established to fill other key positions if the award is received, including the identification of a Project Director (HRSA recommends the Project Director to be the equivalent of 1.0 FTE) within the applicant organization, an evaluator and of a staff person for data collection.
3. The strength of the network as evidenced by:
    a) Effective strategies employed for creating and defining the network, including meeting the 66 percent rural composition network requirement.
    b) The nature and extent of each network member's responsibilities and contributions to the project.
    c) The extent to which the network partners are appropriate collaborators and the expertise they bring to the project.
    d) The extent to which the applicant clearly defines the roles and responsibilities for each of the organizations in the network and how authority will flow from the applicant organization receiving the federal award funds to the network partners.

e) The ability of each organization participating in the network to deliver the services, contribute to the network, help ensure sustainability of the project, and otherwise meet the needs of the project.

f) If applicable, HRSA highly encourages applicants to demonstrate their experience serving, or the capacity to serve, rural underserved populations in the Delta Region service area.

4. The strength of the proposed strategies for communication and coordination of the network partners as evidenced by:

    a) How and when the network will meet, and the proposed process for soliciting and incorporating input from the network for decision-making, problem solving, and urgent or emergency situations.

    b) The plan for communication and coordination between the Project Director and network partners, including how often communication is expected.

    c) The proposed frequency of project updates given to the network partners and the extent to which the project director will be accountable to the network.

    d) The strength and feasibility of the proposed process for periodic feedback and program modification as necessary.

5. The strength of the proposed indicators to assess the effectiveness of the communication and coordination of the network and its timely implementation. The degree to which the applicant discusses potential challenges with the network (network disagreements, personnel actions, expenditure activities etc.) and identifies approaches that used to resolve the challenges.

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

The reasonableness of the proposed budget for each year of the period of performance in relation to the objectives, the complexity of the research (if applicable) activities, and the anticipated results.

1. The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.

2. The extent to which key personnel have adequate time devoted to the project to achieve project objectives.

2. Review and Selection Process

The objective review process provides an objective evaluation of applications to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. See Section 5.3 of HRSA's *SF-424 Application Guide* for more details. In addition to the ranking based on merit criteria, HRSA approving officials will apply other factors (e.g., geographical distribution) described below in selecting applications for award.

For this program, HRSA will use funding preferences.

Funding Preferences

This program provides a funding preference for some applicants, as authorized by 42 U.S.C. § 254c(h)(3) (§ 330A(h)(3)) of the Public Health Service Act). 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 receive full and equitable consideration during the review process. HRSA staff will determine the funding factor and will grant it to any qualified applicant that demonstrates they meet the criteria for the preference(s) as follows:

Qualifications to meet the funding preferences:

Qualification 1: Health Professional Shortage Area (HPSA)

You can receive this funding preference if: the applicant or the service area of the applicant is in an officially designated health professional shortage area (HPSA). Applicants must include a screenshot or printout from the HRSA Shortage Designation website, which indicates if a particular address is located in a HPSA: https://data.hrsa.gov/tools/shortage-area/by-address

Qualification 2: Medically Underserved Community/Populations (MUCs/MUPs)

You can receive this funding preference if: the applicant or the service area of the applicant is in a medically underserved community (MUC) and/or if the applicant serves medically underserved populations (MUPs). Applicants must include a screenshot or printout from the HRSA Shortage Designation website that indicates if a particular address is located in a MUC or serves an MUP: https://data.hrsa.gov/tools/shortage-area/by-address

Qualification 3: Focus on Primary Care, and Wellness and Prevention Strategies

You can receive this funding preference if: Your project focuses on primary care and wellness and prevention strategies. You must include a brief justification (no more than

three sentences) describing how your project focuses on primary care and wellness and prevention strategies.

If you qualify for a funding preference, please indicate which qualification is being met in the **Project Abstract** and **Attachment 10.** Please label documentation as Proof of Funding Preference Designation/Eligibility. If you do not provide appropriate documentation in **Attachment 10**, as described, you will not receive the funding preference.

HRSA highly recommends you include concise language making it clear to HRSA which funding preference you qualify for. You only have to meet one of the qualifications stated above to receive the preference. Meeting more than one qualification does not increase an applicant's competitive position.

If you do not believe you meet the criteria for a funding preference, please state as such in **Attachment 10**.

3. Assessment of Risk

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

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

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

HRSA is required to review and consider any information about your organization that is in the Federal Awardee Performance and Integrity Information System (FAPIIS). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider your comments, in addition to other information in FAPIIS in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the

review of risk as described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

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

VI. Award Administration Information

1. Award Notices

HRSA will release the Notice of Award (NOA) on or around the start date of August 1, 2023. See Section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's *SF-424 Application Guide*.

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

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

Accessibility Provisions and Non-Discrimination Requirements

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS will be required to complete an HHS Assurance of Compliance form (HHS 690) in which you agree, as a condition of receiving the grant, to administer your programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, age, sex and disability, and agreeing to comply with federal conscience laws, where applicable. This includes ensuring that entities take meaningful steps to provide meaningful access to persons with limited English proficiency; and ensuring effective communication with persons with disabilities. Where applicable, Title XI and Section 1557 prohibit discrimination on the basis of sexual orientation, and gender identity. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See https://www.hhs.gov/civil-

rights/for-providers/provider-obligations/index.html and https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html.

- For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html and https://www.lep.gov.
- For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and to provide effective communication, see http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html.
- HHS funded health and education programs must be administered in an environment free of sexual harassment, see https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html.
- For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see https://www.hhs.gov/conscience/conscience-protections/index.html and https://www.hhs.gov/conscience/religious-freedom/index.html.

Please contact the HHS Office for Civil Rights for more information about obligations and prohibitions under federal civil rights laws or call 1-800-368-1019 or TDD 1-800-537-7697.

The HRSA Office of Civil Rights, Diversity, and Inclusion (OCRDI) offers technical assistance, individual consultations, trainings, and plain language materials to supplement OCR guidance and assist HRSA recipients in meeting their civil rights obligations. Visit OCRDI's website to learn more about how federal civil rights laws and accessibility requirements apply to your programs, or contact OCRDI directly at HRSACivilRights@hrsa.gov.

Executive Order on Worker Organizing and Empowerment

Pursuant to the Executive Order on Worker Organizing and Empowerment (E.O. 14025), HRSA strongly encourages applicants to support worker organizing and collective bargaining and to promote equality of bargaining power between employers and employees. This may include the development of policies and practices that could be used to promote worker power. Applicants can describe their plans and specific activities to promote this activity in the application narrative.

Requirements of Subawards

The terms and conditions in the NOA apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the

recipient, including public policy requirements, also apply to subrecipients under awards, and it is the recipient's responsibility to monitor the compliance of all funded subrecipients. See 45 CFR § 75.101 Applicability for more details.

Data Rights

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

3. Reporting

Award recipients must comply with Section 6 of HRSA's *SF-424 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 through the submission of the noncompeting continuation report. More information will be available in the NOA.

2) **Three-Year Strategic Plan.** A three-year strategic plan will be required during the first year of the period of performance. The strategic plan should provide guidance for program development throughout the award period and beyond. FORHP will provide additional guidance upon award.

3) **Submit a Cost-Savings Estimation Plan**. Award recipients are required to submit a Cost Savings Estimation Plan that will detail how their project will utilize data to estimate savings associated with program participation. Further information will be provided upon receipt of the award.

4) **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, recipients will be notified of specific performance measures required for reporting.

5) **Submit an Impact Assessment Plan.** Award recipients will be required to submit a report that assesses and describes their impact both quantitatively and qualitatively during the third year of the project period. FORHP will provide additional guidance upon award.

6) **Submit a Final Sustainability Plan.** As part of receiving the award, recipients are required to submit a final Sustainability Plan during the third year of their period of performance. Further information will be provided upon receipt of the award.

7) **Submit a Final Program Assessment Report:** Recipients are required to submit a final Program Assessment Report at the end of their period of performance 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 period of performance 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 recipient achieved the mission, goal and strategies outlined in the program; recipient objectives and accomplishments; barriers encountered; and responses to summary questions regarding the award recipient's overall experiences over the entire period of performance. Further information will be provided in the award notice.

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

10) **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

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

VII. Agency Contacts

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

Benoit Mirindi, Ph.D., MPH
Senior Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
Phone: (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:

Diana Alatorre, MDP
Public Health Analyst, Federal Office of Rural Health Policy
Attn: Delta States Rural Development Network Grant Program
Federal Office of Rural Health Policy
Health Resources and Services Administration
Phone: (301) 287-2618
Email: DeltaStatesGrantPrgm@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
Phone: 1-800-518-4726 (International callers dial 606-545-5035)
Email: support@grants.gov

Self-Service Knowledge Base

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

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

VIII. Other Information

Technical Assistance

See TA details in Executive Summary.

Tips for Writing a Strong Application

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

Appendix A: Definitions for the Delta Program

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

Equipment – Tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or $5,000. See 45 CFR 75.2.

Equity – The consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, Indigenous and Native American persons, Asian Americans, Pacific Islanders, and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, queer, intersex, and asexual (LGBTQIA+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.[13]

Addressing issues of equity should include an understanding of intersectionality and how multiple forms of discrimination impact individuals' lived experiences. Individuals and communities often belong to more than one group that has been historically underserved, marginalized, or adversely affected by persistent poverty and inequality. Individuals at the nexus of multiple identities often experience unique forms of discrimination or systemic disadvantages, including in their access to needed services.[14]

Evidence-Based Programs – The development, implementation, and evaluation of effective programs and policies in public health through application of principles of scientific reasoning, including system uses of data and information systems, and appropriate use of behavioral science theory and program planning models.[15]

Published in systemic reviews, syntheses, or meta-analyses whose authors have conducted a structured review of published high-quality, peer-reviewed studies, and evaluation reports. Evidence-based strategies produce significant, positive health or behavioral outcomes and/or immediate policy, environmental, or economic impacts.[16]

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[13] Executive Order 13985 on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government, 86 FR 7009, at § 2(a) (Jan. 20, 2021), https://www.govinfo.gov/content/pkg/FR-2021-01-25/pdf/2021-01753.pdf.
[14] *See* Executive Order 13988 on Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation, 86 FR 2023, at § 1 (Jan. 20, 2021), https://www.govinfo.gov/content/pkg/FR-2021-01-25/pdf/2021-01761.pdf.
[15] 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://academic.oup.com/aje/article/175/2/154/82826. (Aug, 29, 2022).
[16] https://www.ruralhealthinfo.org/toolkits/rural-toolkit/2/evidence-base.

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

Local Control – The ability to include and/or engage rural entities to participate in shared decision making that will improve the health and well-being of the citizens in the local rural community.

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 member organizations. An acceptable MOA must describe the network purpose and activities in general; member responsibilities in terms of: financial contributions, participation, voting and benefits, officers and terms, committees, staff and resources, frequency of meetings; and endorsements of partners. For the purposes of this program, a letter of commitment is not the same as a MOA/U; a letter of commitment may represent one organization's commitment to the project but does not necessarily outline the roles and responsibilities that are mutually agreed upon among the network partners.

Network - A formal organization 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.

Nonprofit Organization – Any corporation, trust, association, cooperative, or other organization, not including institutions of higher education, that:

(1) Is operated primarily for scientific, educational, service, charitable, or similar purposes in the public interest;
(2) Is not organized primarily for profit; and
(3) Uses net proceeds to maintain, improve, or expand the operations of the organization.

Notice of Award – The legally binding document that serves as a notification to the recipient and others that federal funds have been awarded, contains, or references all terms of the award and documents the obligation of federal funds in the HHS accounting system.

Period of Performance – The time during which the non-federal entity may incur new obligations to carry out the work authorized under the Federal award. The federal awarding agency or pass-through entity must include start and end dates of the period of performance in the federal award (see §§ 75.210(a)(5) and 75.352(a)(1)(v)).

Population Health – An interdisciplinary, customized approach that allows health departments to connect practice to policy for change to happen locally. This approach utilizes non-traditional partnerships among different sectors of the community – public health, industry, academia, health care, local government entities, etc. – to achieve positive health outcomes.

Project – All proposed activities specified in an award application as approved for funding.

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".[17] An example of a promising practice is a small-scale pilot program that generates positive outcome results and justifies program expansion to new access points and/or service populations.

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

Rural – As defined by HRSA Rural Health Grants Eligibility Analyzer: https://data.hrsa.gov/tools/rural-health.

Tribal Government – Includes all federally-recognized tribes and state-recognized tribes.

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

Underserved Communities – The populations sharing a particular characteristic, as well as geographic communities, that have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life, as exemplified by the list in the preceding definition of equity.

Value-Based Care Model – Per the United States Department of Health and Human Services (HHS), value-based care focuses on outcomes and health through four areas:

1) Maximizing the promise of health information technology (IT), including through promoting interoperability.
2) Boosting transparency around price and quality.
3) Pioneering bold new models in Medicare and Medicaid.

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

4) Removing government burdens and barriers, especially those impeding care coordination.

For examples of value-based models see below Appendix C.

Appendix B: DRAFT Delta State Rural Development Network Grant Program, Program Specific Measures for Performance Improvement Measures System (PIMS)

PROPOSED MEASURES

Please Note: The following measures are proposed, have not been finalized, and are subject to change. They have been included to make applicants aware of the types of data reporting that may be required. HRSA will provide additional information if awarded.
ACCESS TO CARE (applicable to all award recipients): Number of unique individuals from target patient population who received direct services, types of services provided through the Delta grant funding, types of new and/or expanded services provided through the grant.
POPULATION DEMOGRAPHICS (applicable to all award recipients): Number of people served by ethnicity, race, age group (Children (0-12), Adolescents (13-17), Adults (18-64), Elderly (65 and over)) and insurance status/coverage.
SUSTAINABILITY (applicable to all award recipients): Sources of sustainability, additional program revenue and ratio for economic impact (use the HRSA's Economic Impact Analysis tool at https://www.ruralhealthinfo.org/econtool to calculate ratio).
HEALTH PROMOTION/DISEASE MANAGEMENT (optional for award recipients): Number of people who were referred to health care providers
MENTAL/BEHAVIORAL HEALTH (optional for award recipients): Number of people receiving mental and/or behavioral health services in the target area
ORAL HEALTH (optional for award recipients): Number of people receiving dental/oral health services in the target area, number of people that received the following type(s) of dental/oral health services provided: Screenings/Exams, Sealants, Varnish, Oral Prophylaxis, Restorative, Extractions, Other)
CHILDHOOD OBESITY (optional for award recipients): Calculate mean (average) of body mass index utilizing the CDC BMI Percentile Calculator for Child and Teen calculator: https://www.cdc.gov/healthyweight/bmi/calculator.html
CLINICAL MEASURES (applicable to all award recipients): (CMS347v2 is the 2019 version) Statin Therapy for the Prevention and Treatment of Cardiovascular Disease, NQF 0059 (CMS 122v7 is the 2019 version) Comprehensive Diabetes Care, NQF 0421 (CMS69v9 is the 2019 version) Body Mass Index (BMI) Screening and Follow-Up, NQF 0018 (CMS165v7 is the 2019 version) Controlling High Blood Pressure, NQF 0028 (CMS138v7 is the 2019 version) Tobacco Use: Screening & Cessation Intervention, NQF 0418 (CMS2v8 is the 2019 version) Screening for Clinical Depression and Follow-Up Plan
COST-SAVINGS DATA (applicable to all award recipients): If available during the project period, award recipients will be required to use the FORHP-specific cost savings calculator tool to report cost-savings data.

Appendix C: Other Resources

Other resources and tools that applicants may use in identifying an appropriate and effective evidence-based or promising practice framework for their communities by various topic areas are listed below. Inclusion of a non-federal resource does not constitute endorsement by HRSA or the U.S. Department of Health and Human Services and is not a guarantee that the information in the resource reflects the views of HRSA or the U.S. Department of Health and Human Services.

AIDS Education and Training Centers (AETC) Program of the Ryan White HIV/AIDS Program Provider Training Network:

- **AETC National Coordinating Resource Center:** https://aidsetc.org/
- **AETC National Clinician Consultation Center:** http://nccc.ucsf.edu/

Association of State and Territorial Health Officials: http://www.astho.org/Programs/Prevention/

CDC's Guide to Community Preventive Services: www.thecommunityguide.org

Center for Effective Collaboration and Care's Systems of Care: Promising Practices in Children's Mental Health: http://cecp.air.org/promisingpractices/

Cochrane Collaboration: http://www.cochrane.org/about-us/evidence-based-health-care

Evidence-Based Toolkits for Rural Community Health: https://www.ruralhealthinfo.org/toolkits

Medicare Chronic Care Management Services: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/ChronicCareManagement.pdf

NACCHO Promising Practice Model Database: http://www.naccho.org/topics/modelpractices/database/index.cfm

Partnership for Prevention: http://www.prevent.org/

Promising Practices Network: http://www.promisingpractices.net/

Rural Community Health Gateway - Rural Assistance Center:

https://www.raconline.org/communityhealth

Rural Health Information Hub - Planning for Sustainability:

https://www.ruralhealthinfo.org/sustainability

SAMHSA's A Guide to Evidence-Based Practices (EBP) on the Web: http://www.samhsa.gov/ebpWebguide/

SORHs: https://nosorh.org/nosorh-members/nosorh-members-browse-by-state/

SAMHSA's National Registry of Evidence-Based Programs and Practices (NREPP):

http://nrepp.samhsa.gov/

Value Based Care Models: https://ruralhealthvalue.public-health.uiowa.edu/InD/Briefs/

Find HRSA's Ryan White HIV/AIDS Program Providers: https://findhivcare.hrsa.gov/

Find a Clinical Health Center: https://findahealthcenter.hrsa.gov/