

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



Federal Office of Rural Health Policy
Community-Based Division

Rural Health Network Development Planning Program

Funding Opportunity Number: HRSA-19-025
Funding Opportunity Type: New
Catalog of Federal Domestic Assistance (CFDA) Number: 93.912

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2019

Application Due Date: November 30, 2018

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

Issuance Date: August 28, 2018

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Federal Office of Rural Health Policy (FORHP) is accepting applications for fiscal year (FY) 2019 Rural Health Network Development Planning Program. The purpose of this program is to promote the planning and development of health care networks in order to: (i) achieve efficiencies; (ii) expand access to, coordinate, and improve the quality of essential health care services; and (iii) strengthen the rural health care system as a whole.

Funding Opportunity Title:	Rural Health Network Development Planning Program
Funding Opportunity Number:	HRSA-19-025
Due Date for Applications:	November 30, 2018
Anticipated Total Annual Available FY 2019 Funding:	\$2,200,000
Estimated Number and Type of Awards:	Up to 22 grants
Estimated Award Amount:	Up to \$100,000
Cost Sharing/Match Required:	No
Period of Performance:	July 1, 2019 through June 30, 2020 (1 year)
Eligible Applicants:	To be eligible to receive a grant under this subsection, an entity - (A) shall be a rural public or rural nonprofit private entity; (B) shall represent a network composed of participants - (i) that include 3 or more health care providers; and (ii) that may be nonprofit or for-profit entities; and (C) shall not previously have received a grant under this subsection (other than a grant for planning activities) for the same or a similar project. See Section III-1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

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

Technical Assistance

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Tuesday, October 16, 2018

Time: 2 - 3 p.m. ET

Call-In Number: 888-378-4398

Participant Code: 267667

Weblink: https://hrsa.connectsolutions.com/rural_health_network_planning_ta/

Playback Number: 888-203-1112

Passcode: 7777382

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Rural Health Network Development Planning Program (“Network Planning”). The purpose of the Network Planning program is to assist in the development of an integrated health care network, specifically network participants who do not have a history of formal collaborative efforts in order to: (i) achieve efficiencies; (ii) expand access to, coordinate, and improve the quality of essential health care services; and (iii) strengthen the rural health care system as a whole.

A rural health network is defined as an organizational arrangement among at least three separately owned regional or local health care providers that come together to develop strategies for improving health services delivery systems in a community. Health care networks can be an effective strategy to help smaller rural health care providers and health care service organizations align resources and strategies, achieve economies of scale and efficiencies, and address challenges more effectively as a group than as single providers. For example, a critical access hospital, a community health center, and a public health department may collaborate to form a network around a shared purpose. Other examples of health care providers could be: 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, faith-based organizations, and civic organizations that are/will be providing health care.

The goals of the Network Planning program are centered around approaches that will aid providers in better serving their communities given the changes taking place in health care, as providers transition from focusing on the volume of services to focusing on the value of services. The intent is that rural health networks will expand access to care, increase the use of health information technology, explore alternative health care delivery models, and continue to achieve quality health care across the continuum of care from prevention and wellness to acute and long-term care.

The increasing focus on showing value in health care delivery creates incentives to develop regional systems of care that preserve local autonomy for rural communities while also ensuring access to the appropriate continuum of care for the local service population. It remains critical in the health care environment for rural providers to participate in efforts such as implementing population health strategies to demonstrate the quality and value they provide rural residents.

Applicants **must** describe planning activities that support **at least one** of the legislative aims described below:

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

The network will focus on identifying ways to achieve better system efficiencies and improve regional and/or local rural health care services.

2. **Aim #2: Expand access to, coordinate, and improve the quality of essential health care services**

The network will focus on ways to build capacity and a network infrastructure that enables entities to coordinate care and increase access to care for rural communities both locally and regionally.

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

Network members will focus on ways to enhance community and partner relationships to promote involvement and participation in network planning activities.

Additional information on examples of planning activities for the aims is located in Section **VIII. Other Information** under [Pre-Application Planning Advice](#).

Applicants should also clearly identify a focus area(s) that their network planning activities will address. Additional information on how to reach consensus on community needs for this project is located in Section **VIII. Other Information** under [Pre-Application Planning Advice](#). The intent of the Network Planning program is to allow applicants the flexibility to determine their unique community needs and focus area(s), based on historical health care context, expertise, and relevant data sources in the community. Past Network Planning projects have had an array of project focus areas including (but not limited to): Care Coordination among Network Partners; Patient Engagement; Data Analytics/Health Information Technology; Rural Hospital Closure/Conversion; Telehealth. Furthermore, the program creates an opportunity to address other clinical areas such as mental health, and substance use (particularly opioid use disorder).

2. Background

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

HRSA envisions that these networks will work towards becoming operational and sustainable beyond the project year and achieving long-term outcomes such as: network sharing services, enhanced service coordination and integration, and viable business models. The long-term impact of this program will help organizations achieve efficiencies, increase access to care and coordination, and strengthen the rural health care system as a whole. At the conclusion of this one-year award, recipients will be expected to report on various process and outcome measures, as well as fulfill other award reporting requirements.

Applicants are encouraged to develop an application and focus area(s) based on their unique community needs. The Network Planning Program supports and encourages creative projects that aim to confront important public health issues that will address the

needs of a wide range of population groups including, but not limited to, low-income populations, the elderly, pregnant women, infants, adolescents, rural minority populations, and rural populations with special health care needs.

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

II. Award Information

1. Type of Application and Award

Type of applications sought: New

Funding will be provided in the form of a grant.

2. Summary of Funding

HRSA expects approximately \$2,200,000 to be available annually to fund up to 22 recipients. You may apply for a ceiling amount of up to \$100,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. The actual amount available will not be determined until enactment of the final FY 2019 federal appropriation. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds awarded in a timely manner. The period of performance is July 1, 2019 through June 30, 2020 (1 year).

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: Geographic and Network Requirements

A) Geographic Requirements:

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

If the applicant organization's headquarters are located in a metropolitan or urban county, that also serves or has branches in a non-metropolitan or rural county, the applicant organization is not eligible solely because of the rural areas they serve, and must meet all other eligibility requirements.

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

If your organization is owned by or affiliated with an urban entity or health care system, the rural component may still apply as long as the rural entity has its own Employer Identification Number (EIN) and can directly receive and administer the award funds in the rural area. The rural entity must be responsible for the planning, program management, financial management, and decision making of the project and the urban parent organization must assure the HRSA in writing that, for the award, they will exert no control over or demand collaboration with the rural entity. This letter must be included in **Attachment 10**.

- ii. In addition to the several states, only organizations in the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau may apply. If you are located outside the 50 states, you still have to meet the rural eligibility requirements.
- iii. One of the following documents must be included in **Attachment 1** to prove nonprofit status:
 - A letter from the IRS stating the organization's tax-exempt status under Section 501(c)(3); or if the applicant is an affiliate of a parent organization, a copy of the parent organization's IRS 501(c)(3) Group Exemption letter; and if owned by an urban parent, a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate. A copy of a currently valid IRS Tax exemption certificate;
 - Statement from a state taxing body, state attorney general or other appropriate state official certifying that the applicant organization has a nonprofit tax status and that none of the net earnings accrue to any private shareholders or individuals;
 - A certified copy of the organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization; or,
 - If your organization is a public entity, proof of nonprofit status is not necessary. However, your organization must identify itself as a public entity and submit an official signed letter on city, county, state or tribal government letterhead in **Attachment 1**. (You may include supplemental information such as documentation of the law that created the organization or documentation showing that the state or a

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

- If you have previously received an award from HRSA and your name has changed, a copy of both the organization's current by-laws and the IRS letter with the new organization name must be submitted.
- iv. In determining eligibility for this funding, HRSA realizes there are some metropolitan areas that would otherwise be considered non-metropolitan if the core, urbanized area population count did not include federal and/or state prison populations. Consequently, HRSA has created an exception process whereby applicants from metropolitan counties in which the combined population of the core urbanized area is more than 50,000 can request an exception by demonstrating that through the removal of federal and/or state prisoners from that count, they would have a population total of less than 50,000. You must present documented evidence of total population for the core urbanized area and demonstrate through data from the Census Bureau and state or Federal Bureaus of Prisons or Corrections Departments that show the total core urbanized area population (which is not the county or town population), minus any the state and/or federal prisoners, results in a total population of less than 50,000. Any data submitted that does not take the total core urbanized area population into consideration will not be eligible. For further information, please visit: <https://www.census.gov/geo/reference/ua/urban-rural-2010.html> Prisoners held in local jails cannot be removed from the core urbanized area population.

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

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

B) Network Requirements

- i. The Rural Health Network Development Planning Program requires the establishment of a network. The networks must be composed of at least three separately owned health care providers that may be nonprofit or for-profit entities. The applicant organization along with each network member who will be receiving any of the award funds must have **separate and different** EIN. The applicant organization must have an active System for Award Management (SAM) registration.
 - a. A rural health network is defined as an organizational arrangement among, at minimum, three separately owned organizations that come together to develop strategies for improving health services delivery systems in a community. For examples of health care providers, please

see the [Purpose](#) section. Strong partnerships at the community level with organizations such as those mentioned in Section **VIII. Other Information** under [Pre-Application Planning Advice](#) are essential to the overall success of improving population health through alignment of goals and resources.

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

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

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

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

NOTE: Multiple applications from an organization are not allowable.

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

If the applicant organization has a history of receiving funds under the Rural Health Network Development Planning award, they must propose a project that is different from what was previously funded and have two new network members. Abstracts from previous Rural Health Network Development Planning awards must be submitted in **Attachment 11**.

Notifying your State Office of Rural Health

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

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

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

IV. Application and Submission Information

1. Address to Request Application Package

HRSA **requires** you to apply electronically through Grants.gov. HRSA encourages you to apply through [Grants.gov](https://www.grants.gov) using the SF-424 workspace application package associated with this NOFO following the directions provided at <http://www.grants.gov/applicants/apply-for-grants.html>.

If you are reading this notice of funding opportunity (NOFO) (also known as “Instructions” on Grants.gov) and reviewing or preparing the workspace application package, you will automatically be notified in the event HRSA changes and/or republishes the NOFO on Grants.gov before its closing date. Responding to an earlier version of a modified notice may result in a less competitive or ineligible application. *Please note you are ultimately responsible for reviewing the [For Applicants](#) page for all information relevant to desired opportunities.*

2. Content and Form of Application Submission

Section 4 of HRSA’s [SF-424 Application Guide](#) provides instructions for the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the Application Guide in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in HRSA’s [SF-424 Application Guide](#) except where instructed in the NOFO to do otherwise. Applications must be submitted in the English language and must be in the terms of U.S. dollars (45 CFR § 75.111(a)).

See Section 8.5 of HRSA’s [SF-424 Application Guide](#) for the Application Completeness Checklist.

Application Page Limit

The total size of all uploaded files may not exceed the equivalent of **80 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this NOFO. Standard OMB-approved forms that are included in the application package do not count in the page limitation. Indirect Cost Rate Agreement and proof of nonprofit status (if applicable) will not be counted in the page limit. **We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.**

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

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- 1) The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).
- 3) Where the prospective recipient is unable to attest to the statements in this certification, an explanation shall be included in **Attachment 15: Other Relevant Documents**.

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

Program-Specific Instructions

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

i. Project Abstract

- You **must** clearly identify the focus area that your network planning activities support in the **Project Abstract**. HRSA highly suggests that you use the following language: "*Focus Area(s) – XXXXXX*". For additional guidance, see Section 4.1.ix of HRSA's [SF-424 Application Guide](#).
- You **must** clearly identify the legislative aim that your network planning activities support in the **Project Abstract**. HRSA highly suggests that you use the following language: "*Legislative Aim(s) – Aim # 1, #2, or #3*".
- If requesting a funding preference, please indicate which qualification is being met in the **Project Abstract**. See page 41 of the [HRSA SF-424 Application Guide](#). HRSA highly recommends that the applicant include this language: "**Your organization name** is requesting a funding preference based on **qualification X**. County Y is (*in a designated HPSA; or in a Medically Underserved Community/Population; or is focusing on primary care and wellness and prevention strategies*)." If a funding preference is requested, documentation of funding preference must be placed in **Attachment 12**.
- You must clearly state who the project director is (and other key personnel on the award). Include name, title, and position on award.
- You must clearly state if the applicant organization is a critical access hospital, a federally-qualified health center, and/or a rural health care clinic (only if applicable).

ii. Project Narrative

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

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

Focus Area(s):

Your application must clearly describe the health care concerns to be addressed by the proposed network. For instance, your network may concentrate your efforts towards addressing prescription opioid and heroin-related morbidity and mortality in rural communities or may also focus on a health topic being addressed through the

collaboration between a federally-qualified health center and a critical access hospital. Your application **must clearly identify** a focus area(s) based on the community needs.

Legislative Aim(s):

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

1. **Aim #1: Achieve efficiencies**
2. **Aim #2: Expand access to, coordinate, and improve the quality of essential health care services**
3. **Aim #3: Strengthen the rural health care system as a whole**

You must **clearly** identify the focus area(s) and legislative aim(s) (e.g., Legislative Aim #3: Strengthen the rural health care system as a whole) in the Project Abstract **and** in the Introduction section of the proposal.

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

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

Use the following section headers for the Narrative:

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

INTRODUCTION

This section should briefly describe the purpose of the proposed project. You should briefly describe the planning activities that your network will conduct to build the network's infrastructure. It must clearly identify the focus area(s) and legislative aim(s) in this section of the proposal.

NEED

This section outlines the needs of the community and how the network will address those unmet needs. It should summarize the project's goals, expected outcomes, focus area and the aim(s) the project will support. This section should describe the

rural community and how the network will serve the community. The following items must be addressed:

- A. The target population and its unmet health needs must be described and documented in this section as well as socio-cultural determinants of health and health disparities impacting the population or communities. Demographic data sources should be used and cited whenever possible to support the information provided and describe the need for creating a network to address the identified area(s) of focus. Please list the areas of impact in **Attachment 3**.
 - B. Clearly describe the health care service environment in which the network will be developed and include appropriate data sources (i.e. local, tribal, state, and/or federal) in the analysis of the environment in which the network is functioning.
 - C. Clearly identify a focus area(s) and legislative aim(s) that your network planning activities will address. Please refer to [Section I.1. Purpose](#) in this notice for more information about the legislative aims.
 - D. Describe the relevant services currently available in or near the service area of the network. The applicant should describe the potential impact of the network on providers, programs, organizations and other entities within the community. The applicant should identify gaps in the existing health care system and activities that the network will perform to fill those gaps (i.e. personnel, service delivery needs, shared resources, etc.). In this case, the application includes information on the population in relation to these health provider factors).
 - E. Explain how a network planning award would address unmet needs. The applicant is expected to demonstrate the need for federal funding to support network planning activities. The applicant should explain why federal funds are beneficial and appropriate at this time in the network development.
 - F. Provide a map that shows the location of network members, the geographic area that will be served by the network and any other information that will help reviewers visualize and understand the scope of the proposed planning activities should be included. Please include the map as **Attachment 4**. *Note: Maps should be legible and in black and white.*
- **RESPONSE -- Corresponds to Section V's Review Criterion 2: RESPONSE**
This section describes proposed methods that will be used to address and respond to the aforementioned needs in order to meet each of the program requirements and expectations in this notice of funding opportunity.

The following items must be addressed:

- A. Identify the proposed goals and objectives of the project and include a coherent strategy to carry out the activities to reach the proposed goals. Indicate which aim(s) your planning activities will support. Note: If a needs assessment has not been completed in your community within the past five (5) years, it is strongly encouraged that a community health needs assessment be included as one of the process goals for completion during the period of performance.
- B. Include a project work plan that clearly illustrates the network's goals, strategies, activities, and measurable outcomes. The work plan must outline the individual or organization responsible for carrying out each activity and include a timeline for the period of performance. Please include the work plan as **Attachment 5**. For the Response section, provide a clear outline of the work plan that is aligned with the network's goals and objectives.
- C. Include information on how the network members were identified for inclusion in the network, the expertise of each network member, and the desired working relationship among the members, i.e., reduction of ownership issues, improving communication strategies, reducing duplicate services, etc. Each network member should have an identified role in the project (as it relates to **Attachment 8**). Include a description of any previous collaboration among the network partners.
- D. Describe how the local community or region to be served will experience increased access to quality health care services across the continuum of care as a result of the planning activities carried out by the network, particularly how it relates to re-organizing health care delivery to make the transition to a health care environment that emphasizes value, quality and efficiency. The application should identify new services that could result as an outcome of planning for the integration and coordination of activities carried out by the network. When possible, provide and support your expected outcomes with quantifiable data.
- E. Describe the potential impact the innovative approaches outlined in the proposal may have on addressing new and emerging challenges likely to be encountered in activities described in the work plan.
- F. Describe how the network will impact its rural community and providers, and how the network will strengthen its relationship with the community and region it serves.
- G. Describe the potential level of impact of the network's services on the providers in the service area that are not network members. Provide expected quantifiable impact whenever possible.

- H. Describe how network activities will be communicated and integrated into individual network members' organizational activities to the extent this is appropriate. Also, describe the proposed network composition as it relates to the activities proposed during the period of performance.
 - I. Explain the expected outcomes this project will accomplish by the end of the period of performance. Provide expected quantifiable impact whenever possible.
 - J. Describe the potential financial impact on network members (i.e. cost sharing).
 - K. Describe the process for how the network will engage in strategic planning in order to develop the network plan.
 - L. If applicable, identify the models, evidence-based practices or promising practices used in relation to the proposed project.
- **IDENTIFICATION AND RESOLUTION OF CHALLENGES** -- *Corresponds to Section V's Review Criterion 3: IDENTIFICATION AND RESOLUTION OF CHALLENGES*

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

- Identify the potential barriers and challenges in forming the network and implementing the network activities along with possible solutions to address the barriers. Including any pertinent geographic, socio-economic, linguistic, cultural, ethnic, workforce, or other barrier(s) that prohibit access to health care in the target community. As well as any anticipated linguistic, social, or religious barriers to health care.
 - Identify how communication will flow between network members, and address how the network partners will resolve differences in executing the project and issues, should they arise.
- **EVALUATION** -- *Corresponds to Section V's Review Criterion 4: EVALUATION*

This section describes how progress toward meeting project goals will be tracked, measured, and evaluated. The applicant should describe how this assessment will be used to help inform the network's quality improvement strategy and sustainability beyond federal funding. Specifically, this assessment should include, but is not limited to, the following elements:

- **Process focus:** Ensures that the goals and objectives of the project are assessed. The applicant should explain a process for evaluating: 1) how the Network Planning resources are leveraged and utilized to enhance the community's health care delivery system; 2) how the Network Planning program enhanced the quality of collaboration among network partners; and 3) how a one-year planning period is beneficial to network development.

- **Data collection:** Illustrates the accuracy and consistency of data to be collected, and the ability to produce objective results. Ensures that data collection methods are feasible for the project, and data are collected in a timely manner.
- **Sustainability:** Identify factors and strategies that will lead to viability and sustainability after federal funding ends.

The applicant should discuss the network and community benefits of a successful network. Factors/benefits may include:

- Network Member contributions
- Shared purchasing
- Shared personnel
- Collaborative service delivery
- Potential for the project to be replicated in other rural areas, if applicable

- **RESOURCES AND CAPABILITIES -- Corresponds to Section V's Review Criterion 5: RESOURCES AND CAPABILITIES**

This section describes the abilities and contributions of the applicant organization and the network members. Provide a brief overview of the applicant organization that includes information such as:

- your mission,
- structure,
- current primary activities,
- your organization's ability to manage the award project and personnel,
- your organization's financial practices and systems that assure that your organization has financial resources to manage federal funds.

Documentation is required to identify that your organization is a rural nonprofit or rural public entity (**Attachment 1**).

The project director, as well as key personnel on the award, must be identified in the **Project Abstract** and **Attachment 6**. The project director will be responsible for project monitoring and ensuring the award activities are carried out. The proposed network may identify a permanent project director prior to receiving award funds. Include information on the individual who will serve as the project director (or interim), as well as if they serve as the project director on any other federal awards. If the applicant organization has an interim project director or has not yet hired a person to serve as the project director, discuss the process and timeline for hiring a permanent project director for this project.

Provide evidence that the project director will allot at least **25 percent** of their time to the project and has management experience involving multiple organizational arrangements. Your staffing plan should include supporting and key staff that total **at least one full-time FTE** at the time of application. In-kind contributions, the value of non-cash contributions (e.g., property or services) that

benefit a federally assisted project or program, should be included in the staffing plan. All staffing information should be included in **Attachment 6**.

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

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

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

Provide information on potential future partners not listed in the original application and what strategies will be used for choosing them as well as what these potential partners will bring to the project and why they were not included in the original network.

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

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

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

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

The budget should be reasonable in relation to the objectives, the complexity of the activities, the anticipated results, and if applicable, the proposed travel, equipment and legal services. The budget narrative should logically and clearly document how and why each line item request (such as personnel, travel, equipment, supplies, contractual service, etc.) supports the goals and activities of the proposed award-funded activities.

NARRATIVE GUIDANCE	
In order to ensure that the Review Criteria are fully addressed, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.	
<u>Narrative Section</u>	<u>Review Criteria</u>
Introduction and Need	1) Introduction and Need
Response	2) Response
Identification and Resolution of Challenges	3) Identification and Resolution of Challenges
Evaluation	4) Evaluation
Resources and Capabilities	5) Resources and Capabilities
Support Requested	6) Support Requested

iii. Budget

See Section 4.1.iv of HRSA's [SF-424 Application Guide](#). Please note: the directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov. Please follow the instructions included in the Application Guide and the additional budget instructions provided below. A budget that follows the Application Guide will ensure that, if the application is selected for funding, you will have a well-organized plan, and carefully following the approved plan can prevent audit issues during the implementation phase.

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

project director and any in-kind personnel for the award).

In addition, the Rural Health Network Development Planning program adheres to the following budget considerations (where applicable):

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

Equipment: Based on historical data gathered from prior award cycles, equipment costs for this program have averaged 5 percent of the total award amount. Accordingly, equipment costs that exceed 5 percent of the total award amount may be considered unreasonable and unallowable.

Legal Costs: Based on historical data gathered from prior award cycles, legal costs for this program have averaged 20 percent of the total award amount. Accordingly, legal costs that exceed 20 percent of the total award amount may be considered unreasonable and unallowable. Legal costs include services and activities such as consultations, 501(c)(3) application preparation, articles of incorporation and by-laws development.

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

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

The Consolidated Appropriations Act, 2018 (P.L.115-141) Division H, § 202 states, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." Please see Section 4.1.iv Budget – Salary Limitation of HRSA's [SF-424 Application Guide](#) for additional information. Note that these or other salary limitations may apply in the following FY, as required by law.

iv. Budget Narrative

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

In addition, the Rural Health Network Development Planning program requires the following:

Please provide a budget narrative justification that explains the amounts requested for each line item in the budget. The budget narrative should specifically describe how each item will support the achievement of proposed objectives. The budget

period is for one (1) year. Line item information must be provided to explain the costs entered in the SF-424A. Thoroughly describe how each item in the “other” category is justified. The budget narrative **MUST** be concise. Do **NOT** use the budget narrative to expand the project narrative.

v. Attachments

Please provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit.** Indirect cost rate agreements and proof of nonprofit status (if applicable) will not count toward the page limit. **Each attachment must be clearly labeled.**

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

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

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

Attachment 2: Required documentation from State Office of Rural Health

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

Attachment 3: Areas of Impact

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

Attachment 4: Map of Service Area

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

Attachment 5: Work Plan

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

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

Provide a staffing plan that discusses the staffing requirements necessary to run the network, and specifically to accomplish the proposed network planning project. Include the qualification levels for the project staff and rationale for the amount of time that is requested for each staff position. Staffing needs should be explained and should have a direct link to activities proposed in the [Project Narrative](#) and [Budget](#) sections of the application. Staffing plan should include in-kind personnel to the project. Your staffing plan should demonstrate supporting and key staff that total **at least one full-time FTE** at the time of application.

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

Attachment 7: Biographical Sketches of Key Personnel

Provide biographical sketches for persons occupying the key positions described in **Attachment 6** (each sketch should not exceed two pages in length). In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch. If the project director (PD) serves as a PD for other federal awards, please list the federal awards as well as the percent FTE for each respective federal award.

Attachment 8: Network Organizational Chart and Network Member Information

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

Attachment 9: Letters of Commitment

Provide a scanned, signed copy of a letter of commitment from each of the network members. Letters of commitment must be submitted with the application and must identify the organizations' roles and responsibilities in the project, the activities they will be included in, and how that organization's expertise is pertinent to the network planning project. The letter must indicate understanding of the benefits that the network will bring to the members and to the community encompassed by the network (service area). The letter must also include a statement indicating that the proposed partner understands that the award funds will be used for the development of a health care network and are not to be used for the exclusive benefit of any one (1) network partner or to provide clinical services.

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

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

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

Attachment 11: Previous Grants (If Applicable)

If the applicant organization has received any HRSA funds within the last 5 years, the grant number and the abstract from the previous award should be included here.

Attachment 12: Request for a Funding Preference and/or Funding Priority (If Applicable)

If requesting a funding preference, the application must provide documentation that supports the funding preference qualification. Please indicate which qualification is being met also in [Section IV.2.i Project Abstract](#). For further information on funding preferences and the required documentation, please refer to [Section V.2](#).

Attachments 13: Letters of Support

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

Attachment 14: Exception Request (If Applicable)

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

Attachment 15: Other Related Documents (Optional)

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

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

You must obtain a valid DUNS number, also known as the Unique Entity Identifier, for your organization/agency and provide that number in the application. You must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the agency under 2 CFR § 25.110(d)).

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

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

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

- Dun and Bradstreet (<http://www.dnb.com/duns-number.html>)
- System for Award Management (SAM) (<https://www.sam.gov>)
- Grants.gov (<http://www.grants.gov/>)

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

UPDATED [SAM.GOV](#) ALERT: For your SAM.gov registration, you must submit a [notarized letter](#) appointing the authorized Entity Administrator. The review process changed for the Federal Assistance community on June 11, 2018. Read the [updated FAQs](#) to learn more.

[SAM.gov](#) is experiencing high volume and delays. If you have tried to create or update your SAM.gov registration but have not been able to complete the process, you may not be able to apply for a HRSA funding opportunity via Grants.gov in a timely manner prior to the application deadline. If so, please email DGPwaivers@hrsa.gov, per the instructions in Section 3.6 of HRSA's [SF-424 Application Guide](#).

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

4. Submission Dates and Times

Application Due Date

The due date for applications under this NOFO is *November 30, 2018 at 11:59 p.m. Eastern Time.*

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

5. Intergovernmental Review

The Rural Health Network Development Planning program is a program 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

When responding to this notice you may request funding for a period of performance of up to one (1) year, at no more than \$100,000 per year (inclusive of direct and indirect costs).

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

- To build or acquire real property
- For construction

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

The General Provisions in Division H of the Consolidated Appropriations Act, 2018 (P.L. 115-141) apply to this program. Please see Section 4.1 of HRSA's [SF-424 Application Guide](#) for additional information. Note that these or other restrictions will apply in the following FY as required by law.

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

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

V. Application Review Information

1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review of applications and to assist you in understanding the standards against which your application will be judged. HRSA has developed critical indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. See the review criteria outlined below with specific detail and scoring points.

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

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

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

Criterion 1: INTRODUCTION AND NEED (20 points)

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

1. The extent to which the application clearly describes the purpose of the proposed project, the local/regional health care environment, expected outcomes, focus area(s) and the aim(s) the Network Planning project would support.
2. The extent to which the applicant clearly describes how the network will strengthen their network infrastructure and capacity.
3. The extent to which the application clearly describes the health care service environment in which the network will be developed and includes appropriate data sources (i.e. local, tribal, state, and/or federal) in the analysis of the environment in which the network is functioning.
 - a. The degree to which the application supports the need for the proposed project by identifying the population of the service area using demographic data whenever appropriate. The extent to which the application documents the unmet health needs/problems in the service area that the network proposes to address and how the network planning program would help to meet the identified needs.
 - b. If applicable, the extent to which the application identifies the gaps of the existing health care service providers and the activities the network will perform to fill those gaps (i.e. personnel, service delivery needs, shared resources, etc.). In this case, the application includes information on the population in relation to these health provider factors).
4. The extent to which relevant services currently available in or near the network service area are discussed as well as the potential impact of the network's activities on providers, programs, organizations, and other network entities in the community. The extent to which the network provides clear examples and strategies describing how the project will benefit the area health providers' ability to improve access to health care and serve the community.
5. The extent to which the applicant describes why federal funds are appropriate to support a network in this service area at this time.

6. The extent to which the application depicts the location of network members, the geographic area that will be served by the network and any other information that will help visualize and understand the scope of the proposed planning activities (see **Attachment 4**).

Criterion 2: RESPONSE (25 points)

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

1. The clarity and appropriateness of the proposed goals and objectives and the aim(s) the activities are supporting, and the extent to which project activities would result in achieving the proposed goals outlined in the project work plan.
2. The extent to which the application includes a clear work plan that is aligned with the network's goals and objectives. The appropriateness of the work plan in identifying responsible individuals and organizations and a timeline for each activity throughout the one-year period of performance.
3. The degree to which the applicant network is describing an innovative approach to addressing new and emerging challenges likely to be encountered in designing and implementing the activities described in the work plan, particularly in how it relates to reorganizing health care delivery to help the local community or region transition to a health care environment that emphasizes value, quality and efficiency, and increase access to quality health care services across the continuum of care as a result of the planning activities carried out by the network.
4. The extent to which the application identifies the expertise, composition, and capacity of each proposed member and how the expertise relates to the network's goals as evidenced by the proposed roles and responsibilities of each network member and the key person who will oversee the network activities for each member (see **Attachment 8**).
5. The extent to which the application demonstrates any prior collaboration among the network partners and the potential impact on program implementation.
6. The potential level of impact of the network's services on the providers that are not members of the network in the service area.
7. The potential financial impact on the network members, i.e., cost sharing, joint purchasing, personnel sharing, etc.
8. The extent to which the network will impact their rural community and providers.
9. The extent to which the network will strengthen its relationship with the community/region it serves.
10. The clarity of the process for how the network will engage in strategic planning in order to develop the network plan, and if applicable, the identification of the models, evidence-based practices or promising practices used in relation to the proposed project.
11. The extent to which the expected outcomes this project will accomplish by the end of the period of performance.

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

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

1. The feasibility of activities and objectives identified in the work plan including measurable outcomes.
2. The extent to which the applicant clearly identifies and discusses anticipated challenges that might be encountered in designing and implementing the activities described in the work plan.
3. The extent to which the applicant describes unique approaches to resolve each anticipated and/or existing challenge.
4. The extent to which the applicant documents the relevant barriers that it hopes to overcome, including:
 - a. Any pertinent geographic, socio-economic, linguistic, cultural, ethnic, workforce, or other barrier(s) that prohibit access to health care in the target community.
 - b. Any anticipated linguistic, social, or religious barriers to health care of the target population.
 - c. Recent emerging health trends that impacts access to health care services within the community (if applicable).
5. The described strength of the proposed flow of network communications.

Criterion 4: EVALUATION (10 points)

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

1. The extent to which the process measures are able to be tracked, to assess whether the program objectives will be met and the extent to which these can be attributed to the project.
2. The clarity and appropriateness of the data collected to inform network activities.
3. The extent to which the applicant clearly identifies factors and strategies that will lead to viability and sustainability of the network beyond federal funding, and after the project ends.
4. The strength of proposed process for evaluating how the Network Planning resources are leveraged and utilized to enhance the community's health care delivery system; how the Network Planning program enhanced the quality of collaboration among network partners and how a one-year planning period is beneficial to network development .

Criterion 5: RESOURCES AND CAPABILITIES (20 points)

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

1. The qualifications, appropriateness of the resources, and capability of the applicant organization to meet project and financial requirements.
2. Clarity of the roles and responsibilities, within the network, of each network member. The extent to which the network members demonstrate the strength of their mutual commitment in carrying out the planning activities.
3. Clarity of the proposed network composition and any proposed network members that may be non-conventional partners.

4. Describe the developmental stage of the network (See *Definitions* at end of this NOFO).
5. The clarity of prior collaboration, if any, among the network members and strategies for further development and maturation of the network. The extent to which the application explains why the proposed network members are appropriate, what expertise they bring to the network, and why other key groups were not included.
6. Strength of the relationship between the network and the community/region it serves. Degree to which the network is capable of collaborating with appropriate organizations in the community to fulfill the goals of the network and Rural Health Network Development Planning program.
7. The extent to which the application provides sufficient information on potential future partners and what strategies have been developed for choosing them as well as what these potential partners will bring to the project.
8. Extent to which applicant demonstrates community support for committed involvement in network planning activities via letters entities such as, but not limited to, local clinics and providers, regional health systems, county officials, and area businesses.
9. The strength and appropriateness of the plans for development of a network governing board.
10. Strength and qualifications of the project director (or the individual who will serve as the interim director) who will allot at least 25 percent of their time to the project and be responsible for monitoring the project and ensuring award activities are carried out. If the network/project has an interim director, the timeliness and feasibility of the process for hiring a director. The effectiveness of the application in clearly demonstrating how the project director's role contributes to the success of the network and how it will contribute to the planning activities.
11. Describe the degree to which the network participants are ready to integrate their functions and share clinical and/or administrative resources.

Criterion 6: SUPPORT REQUESTED (10 points)

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

1. The extent to which the proposed budget is reasonable in relation to the objectives, the complexity of the activities, and the anticipated results.
2. The extent to which the proposed budget is reasonable in relation to travel.
3. The extent to which the proposed budget is reasonable in relation to equipment, and legal services, if applicable.
4. The extent to which the budget narrative logically and clearly documents how and why each line item request (such as personnel, travel, equipment, supplies, information technology, and contractual services) supports the goals and activities of the proposed award-funded activities.

2. Review and Selection Process

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

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

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

Funding Preferences

This program provides a funding preference for some applicants, as authorized by (Section 330A(h) of the Public Health Service Act (42 U.S.C. 254c(f)). Applicants receiving the funding 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. The Objective Review Committee will determine the funding factor and will grant it to any qualified applicant that specifically requests and demonstrates that they meet the criteria for the preference as follows:

Qualification 1: Health Professional Shortage Area (HPSA)

An applicant can request this funding preference if the service area of the applicant is located in an officially designated health professional shortage area (HPSA). You must include a screenshot or printout from the HRSA Shortage Designation website that indicates if a particular address is located in a HPSA: <http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx>.

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

An applicant can request this funding preference if the applicant is located in a medically underserved community (MUC) or serves medically underserved populations (MUPs). You must include a screenshot or printout from the HRSA Shortage Designation website that indicates if a particular address is located in a MUC or serves an MUP: <http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx>.

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

An applicant can request this funding preference if their project focuses on primary care and wellness and prevention strategies. You must include a brief justification (no more than 3 sentences) describing how your project focuses on primary care and wellness and prevention strategies in **Attachment 12**.

If requesting a funding preference, please indicate which qualification is being met in the **Project Abstract** and **Attachment 12**. See page 41 of the [HRSA SF-424 Application Guide](#). HRSA highly recommends that the applicant include this language: “***Applicant organization name*** is requesting a funding preference based on ***qualification X***. *County Y is (in a designated HPSA; or in a MUC/MUP; or is focusing on primary care and wellness and prevention strategies).*”

If a funding preference is requested, documentation of funding preference must be placed in **Attachment 12**. (Please label documentation as “Proof of Funding Preference Designation/Eligibility.”)

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.

3. Assessment of Risk and Other Pre-Award Activities

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

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.

4. Anticipated Announcement and Award Dates

HRSA anticipates issuing/announcing awards prior to the start date of July 1, 2019.

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award prior to the start date of July 1, 2019. 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](#).

Requirements of Subawards

The terms and conditions in the Notice of Award (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. See [45 CFR § 75.101 Applicability](#) for more details.

Human Subjects Protection:

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

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

Section 201 of the Pandemic and All-Hazards Preparedness Reauthorization Act of 2013 (PAHPRA), Public Law 113-5 amends section 319 of the Public Health Service (PHS) Act to provide the Secretary of the Department of Health and Human Services (HHS) with discretion to authorize the temporary reassignment of state, tribal, and local personnel during a declared federal public health emergency upon request by a state or tribal organization. The temporary reassignment provision is applicable to state, tribal, and local public health department or agency personnel whose positions are funded, in full or part, under PHS programs and allows such personnel to immediately respond to the public health emergency in the affected jurisdiction. Funds provided under the award may be used to support personnel who are temporarily reassigned in accordance with section 319(e). This authority terminates September 30, 2018. Please reference detailed information available on the Assistant Secretary for Preparedness and Response (ASPR) website via <http://www.phe.gov/Preparedness/legal/pahpa/section201/Pages/default.aspx>.

3. Reporting

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

1. **Performance Measures Report.** A performance measures report is required during the budget period in the Performance Improvement Measurement System (PIMS). FORHP/HRSA developed a set of standard measures, PIMS, to assess the overall impact that FORHP programs have on rural communities

and to enhance ongoing quality improvement. Recipients are required to collect, report and analyze data on PIMS through HRSA's Electronic Handbook (EHB) after each budget period. Data collected from PIMS will be aggregated by HRSA to demonstrate the overall impact of the program. Upon award, recipients will be notified of specific performance measures required for reporting.

2. **Strategic Plan.** A strategic plan is required during the period of performance in the EHB. The strategic plan should be used as a tool to help the network establish its goals and objectives, identify priority areas, and solutions. It may also include an external environmental scan. Further information will be provided upon receipt of the award.
3. **Network Organizational Assessment.** A Network Organizational Assessment is required during the period of performance in the EHB. Further information will be provided upon receipt of the award.
4. **Grantee Directory and Source Book.** A Grantee Directory and Source Book is required during the period of performance in the EHB. Further information will be provided upon receipt of the award.
5. **Final Programmatic Report.** A Final Programmatic Report is required after the end of the period of performance in the EHB. The strategic plan should be used as a tool to help the network establish its goals and objectives, identify priority areas, and solutions. Further information will be provided upon receipt of the award.

VII. Agency Contacts

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

Ardena N. Githara, MNM
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-4903
Fax: (301) 443-6343
Email: AGithara@hrsa.gov

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

Sara Afayee, MSW
Public Health Analyst
Attn: Rural Health Network Development Planning Program
Federal Office of Rural Health Policy
Health Resources and Services Administration
5600 Fishers Lane, 17W09D
Rockville, MD 20857
Telephone: (301) 945-4169
Fax: (301) 443-2803
Email: SAfayee@hrsa.gov

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

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

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

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

VIII. Other Information

1. Technical Assistance

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Tuesday, October 16, 2018
Time: 2 - 3 p.m. ET
Call-In Number: 888-378-4398
Participant Code: 267667
Weblink: https://hrsa.connectsolutions.com/rural_health_network_planning_ta/
Playback Number: 888-203-1112
Passcode: 7777382

2. Tips for Writing a Strong Application

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

3. Pre-Application Planning Advice

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

Community involvement can be accomplished with town meetings, focus groups, surveys, and other appropriate techniques.

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

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

- e. Prepare a complete budget for the full duration of your period of performance. Your budget narrative should explain how the funds will be spent. The budget narrative must link back to the activities of the proposed project.
- f. Examples of planning activities within the legislative aim(s) #1, #2, and #3 are:

Aim #1: Achieve efficiencies: Planning activities may include, but are not limited to:

- Conducting a community health and/or provider needs assessments at the regional and/or local level:
 - Develop and implement a needs assessment in the community;
 - Identify the most critical need of network partners to ensure their viability;
 - Identify additional collaborating network partners in the community/region;
 - Identify and develop a plan to address workforce issues; or
 - Identify financial resources or gaps available to support services.
- Updating a health information technology plan, which helps to improve outcomes for rural patients, based on the current standards of care, reporting enhancements and/or capacity.
- Identifying a plan for developing regional systems of care to better meet rural patient concerns.
- Identifying opportunities for the network to better address regional and/or local population health needs.

Aim #2: Expand access to, coordinate, and improve the quality of essential health care services: Planning activities may include, but are not limited to:

- Developing a network business and/or operations plan, which may include:
 - A formal memorandum of agreement or understanding (MOA/MOU);
 - A shared mission statement;
 - A network/governance board or decision making structure;
 - A set of network bylaws;
 - The roles and responsibilities of the network partners; or
 - A business model.
- Identifying the degree to which the network members are ready to integrate their functions and share clinical and/or administrative resources.
- Assessing appropriateness/readiness for Patient Centered Medical Home accreditation.
- Identifying strategies to communicate with the community about changes in the health care landscape and how to maintain access to viable health care services.
- Developing a plan to expand the role of emergency medical services within the community, including loss of services as a result of a hospital closure/conversion.

Aim #3: Strengthen the rural health care system as a whole: Planning activities may include, but are not limited to:

- Identifying ways to encourage cross-organizational collaboration and leadership commitment.
- Assessing the network's sustainability and viability.
- Identifying and establishing ways to obtain regional and/or local community support/buy-in around the development of the network.
- Identify a strategy to leverage broadband connectivity to support health information technology applications in rural communities.

4. Common Definitions

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Rural – All counties that are not designated as parts of Metropolitan Areas (MAs) by the Office of Management and Budget (OMB) are considered rural. In addition, HRSA uses the Rural Urban Commuting Area Codes (RUCAs), developed by the WWAMI Rural Research Center at the University of Washington and the Department of Agriculture's Economic Research Service, to designate "Rural" areas within MAs.
<https://datawarehouse.hrsa.gov/tools/analyzers/geo/Rural.aspx>

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

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

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

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

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

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

5. Useful Resources

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

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

Reference material available at the website, which includes:

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

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

Community Health Systems Development team of the Georgia Health Policy Center

Offers a library of resources on topics such as collaboration, network infrastructure and strategic planning.

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

Health Resources and Services Administration

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

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

Kaiser Family Foundation

Resource for data and information.

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

Maternal and Child Health Data System

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

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

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

Provides a guide that demonstrates how building partnerships among local health departments, community health centers, health care organizations, offices of rural health, hospitals, nonprofit organizations, and the private sector is essential to meet the needs of rural communities.

Website:

http://www.naccho.org/topics/infrastructure/mapp/framework/clearinghouse/upload/MobilizingCommunityPartnerships_7-29.pdf

National Center for Health Statistics

Provides statistics for the different populations.

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

Rural Health Research Gateway

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

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

Technical Assistance and Services Center

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

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

The Rural Health Information Hub (RHI Hub)

The RHI Hub is a national resource for rural health and human services information.

Website: <https://www.ruralhealthinfo.org>

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

Resource for data and information on rural hospital closures.

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