

U.S. Department of Health and Human Services



Federal Office of Rural Health Policy

Community-Based Division

**Rural Public Health Workforce Training Network Technical Assistance Program**

**Funding Opportunity Number: HRSA-22-157**

**Funding Opportunity Type: New**

**Assistance Listings (AL/CFDA) Number: 93.912**

**NOTICE OF FUNDING OPPORTUNITY**

Fiscal Year 2022

**Application Due Date: June 8, 2022**

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

**HRSA will not approve deadline extensions for lack of registration.**

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

**Issuance Date: May 3, 2022**

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See [Section VII](#) for a complete list of agency contacts.

Authority: Section 711(b)(5) of the Social Security Act (42 U.S.C. 912(b)(5)); Section 2501 of the American Rescue Plan Act of 2021 (P.L. 117-2)

## 508 COMPLIANCE DISCLAIMER

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

## EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2022 Rural Public Health Workforce Training Network Technical Assistance Program. The purpose of this program is to provide technical assistance (TA) to rural health care networks engaging in workforce training activities who are addressing the critical need for more trained health professionals, which has been amplified by the COVID-19 pandemic. This also includes supporting networks who are working to build relationships between academic institutions and rural health care service delivery systems to address rural workforce needs. The TA will strengthen rural health networks' ability to develop formal training/certification programs in order to expand public health workforce capacity by supporting health care job development, training and placement in rural communities in the following workforce training areas: community health support, health IT and/or telehealth technical support, community para-medicine and case management staff and/or respiratory therapists.

Funding Opportunity Title:	Rural Public Health Workforce Training Network Technical Assistance Program
Funding Opportunity Number:	HRSA-22-157
Due Date for Applications:	June 8, 2022
Total Available FY 2022 Funding:	\$500,000
Estimated Number and Type of Award:	One (1) cooperative agreement
Estimated Annual Award Amount:	Up to \$500,000 per year for 3 years
Cost Sharing/Match Required:	No
Period of Performance:	September 1, 2022 through August 31, 2025 (3 years)
Eligible Applicants:	Eligible applicants include domestic public or private, non-profit and for-profit, entities.

	See <a href="#">Section III.1</a> of this notice of funding opportunity (NOFO) for complete eligibility information.
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**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, except where instructed in this NOFO to do otherwise.

**Technical Assistance**

HRSA has scheduled the following technical assistance:

*Webinar*

Day and Date: May 5, 2022  
Time: 1 – 2 p.m. ET  
Call-In Number: 1-833-568-8864  
Meeting ID: 160 466 8071  
Participant Passcode: 46087989  
Weblink: <https://hrsa.gov.zoomgov.com/j/1604668071?pwd=M1BEOGkrUUtRdGgwTTFnZVCWUVVvUT09>

HRSA will record the webinar. Please contact [aaigbe@hrsa.gov](mailto:aaigbe@hrsa.gov) for playback information.

## **NOFO Applicant Page Limit Worksheet**

The purpose of this worksheet is to give you a tool to ensure the number of pages you attach to Standard Forms is within the specified [page limit](#) (do not submit this worksheet as part of your application). The Standard Forms do not count against the page limit; however, attachments to the Standard Forms do count toward the page limit. For example, the Budget Narrative Attachment Form does not count, however the entire length of your attachment to that form does count against the page limit.

<b>Standard Form Name</b> <i>(Forms themselves do not count against the page limit)</i>	<b>Attachment File Name</b> <i>(Unless otherwise noted, attachments count against the page limit)</i>	<b>Required OR Optional Attachment</b>	<b>Section of the NOFO or Application Package</b>	<b># of Pages</b> <i>Applicant Instruction – enter the number of pages of the attachment to the Standard Form</i>
Application for Federal Assistance (SF-424 - Box 14)	Areas Affected by Project (Cities, Counties, States, etc.)	Optional	Application Package	<i>My attachment = # pages</i>
Application for Federal Assistance (SF-424 - Box 16)	Additional Congressional District	Optional	Application Package	<i>My attachment = # pages</i>
Application for Federal Assistance (SF-424 - Box 20)	Is the Applicant Delinquent On Any Federal Debt?	Required, if “Yes”	Application Package	<i>My attachment = # pages</i>
Attachments Form	Attachment 1: Work Plan	Required	Section IV.2.v	<i>My attachment = # pages</i>

Standard Form Name (Forms themselves do not count against the page limit)	Attachment File Name (Unless otherwise noted, attachments count against the page limit)	Required OR Optional Attachment	Section of the NOFO or Application Package	# of Pages <i>Applicant Instruction – enter the number of pages of the attachment to the Standard Form</i>
Attachments Form	Attachment 2: Project Organizational Chart	Required	Section IV.2.v	<i>My attachment = # pages</i>
Attachments Form	Attachment 3: Staffing Plan and Job Descriptions for Key Personnel	Required	Section IV.2.v	<i>My attachment = # pages</i>
Attachments Form	Attachment 4: Biographical Sketches of Key Personnel	Required	Section IV.2.v	<i>Does <b>not</b> count against the page limit</i>
Attachments Form	Attachment 5: Attestation of Nationwide Scope	Required	Section IV.2.v	<i>My attachment = # pages</i>
Attachments Form	Attachment 6: Letters of Agreement, Memoranda of Understanding	Optional	Section IV.2 v	<i>My attachment = # pages</i>
Attachments Form	Attachments 7–15: Other Relevant Documents	Optional	Section IV.2 v	<i>My attachment = # pages</i>

<b>Standard Form Name (Forms themselves do not count against the page limit)</b>	<b>Attachment File Name (Unless otherwise noted, attachments count against the page limit)</b>	<b>Required OR Optional Attachment</b>	<b>Section of the NOFO or Application Package</b>	<b># of Pages</b> <i>Applicant Instruction – enter the number of pages of the attachment to the Standard Form</i>
Project/Performance Site Location Form	Additional Performance Site Location(s)	Optional	Application Package	<i>My attachment = # pages</i>
Project Narrative Attachment Form	Project Narrative	Required	Section IV.2ii	<i>My attachment = # pages</i>
Budget Narrative Attachment Form	Budget Narrative	Required	Section IV.2.iii	<i>My attachment = # pages</i>
<b># of Pages Attached to Standard Forms</b>				<i>Applicant Instruction</i> Total the number of pages in the boxes above.
<b>Page Limit for HRSA-22-157 is 80 pages</b>				<b>My total = ## pages</b>

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# I. Program Funding Opportunity Description

## 1. Purpose

This notice announces the opportunity to apply for funding under the Rural Public Health Workforce Training Network Technical Assistance Program (RPHWTN-TAP).

The purpose of this cooperative agreement<sup>1</sup> is to support a single organization that will provide technical assistance (TA) to rural health care networks in order to strengthen their ability to expand public health capacity by supporting health care job development, training and placement in rural and tribal communities.

The goals of RPHWTN-TAP are to:

1. Provide technical assistance to [Rural Public Health Workforce Training Network](#) (RPHWTN) program award recipients and other rural stakeholders seeking guidance on how to expand clinical and operational workforce capacity in four specific workforce training tracks within their rural health care networks.
2. Identify and/or develop, promote, and maintain tools and resources that can be widely adopted to support rural health care networks' ability to expand public health capacity by supporting health care job development, training and placement in rural and tribal communities.
3. Facilitate relationships between rural health care networks and relevant stakeholders at the local, state, regional, and national level to promote the exchange of information and promising practices that increase training and certification programs in specified workforce training tracks.
4. Identify and strengthen rural health care networks capacity to anticipate, prepare for, and respond to emerging clinical and operational workforce challenges related to COVID-19 and long COVID.<sup>2</sup>
5. Provide technical assistance that supports rural health care networks in their efforts to connect academia with health care service delivery to address growing rural health workforce disparities.

[For more details, see Program Requirements and Expectations.](#)

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<sup>1</sup> 2 CFR 200.24 – a cooperative agreement is an agreement in which the Federal Government provides funding or a thing of value authorized by public statute and the government plays a substantial role. A cooperative agreement is a form of federal financial assistance.

<sup>2</sup> See [Appendix A: Glossary](#)



## 2. Background

The RPHWTN-TAP is authorized by Section 711(b)(5) of the Social Security Act (42 U.S.C. 912(b)(5)) and Section 2501 of the American Rescue Plan Act of 2021 (P.L. 117-2).

Section 711(b)(5) of the Social Security Act directs the Federal Office of Rural Health Policy (FORHP) to administer grants, cooperative agreements, and contracts to provide technical assistance (TA) and other activities as necessary to support activities related to improving health care in rural areas.

The technical assistance provided via this funding will support recipients of the Rural Public Health Workforce Training Network Program. More specifically, on March 11, 2021, the President signed into law the American Rescue Plan Act of 2021 (P.L. 117-2). The Act provides additional relief to address the continued impact of the Coronavirus Disease 2019 (COVID-19) pandemic on the economy; public health; state, tribal, local, and territorial (STLT) governments; individuals; and businesses. To support the COVID-19 response, the [Rural Public Health Workforce Training Network \(RPHWTN\) Program](#) was developed to train a range of health care workers to fill in-demand professions affected by the pandemic.<sup>3</sup> The RPHWTN program addresses the ongoing critical need in health care facilities for trained public health professionals serving rural communities.

This is done through the establishment of networks to develop formal training/certification programs in order to help professionals in the following workforce training tracks:

Track #1 - Community Health Support<sup>4</sup>

Track #2 - Health IT and/or Telehealth Technical Support

Track #3 - Community Para-Medicine

Track #4 - Case Management Staff and/or Respiratory Therapists

In order to address the growing rural health workforce disparity, the RPHWTN program allows for organizations to come together and utilize a network approach to bridge a workforce need. HRSA has funded networks as a strategy to bring rural health community partners together to address local challenges, and help rural partners achieve greater collective capacity to overcome challenges related to limited economies of scale for individual hospitals, clinics or other key rural health care stakeholders. For example, a local hospital and Rural Health Clinic might partner with a local community college to train respiratory therapists to treat patients with long COVID, or a local workforce development board might partner with a university to train students for health IT jobs in a local critical access hospital.

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<sup>3</sup> <https://www.whitehouse.gov/briefing-room/statements-releases/2021/08/13/fact-sheet-biden-administration-takes-steps-to-address-covid-19-in-rural-america-and-build-rural-health-back-better/>. Accessed 3 Feb. 2022.

<sup>4</sup> See [Appendix A - Glossary](#)

The RPHWTN-TAP cooperative agreement recipient will provide extensive TA to approximately 31 RPHWTN program award recipients and potentially other non-RPHWTN program award recipients (as determined by HRSA). The TA will provide recipients with the expertise and skills needed to successfully implement their programs and create sustainable outcomes within rural<sup>5</sup> communities.

The RPHWTN-TAP will provide strategic, short- and long-term TA to rural health care networks. This technical assistance will help rural health care networks, such as public workforce system entities at the state and community levels, by supporting their training and placement of public health professionals in critical administrative and health care roles and creates multiple pathways for students/trainees/professionals to eventually work at rural health care facilities in their new/expanded role(s).

## **II. Award Information**

### **1. Type of Application and Award**

Types of applications sought: New

HRSA will provide funding in the form of a cooperative agreement. A cooperative agreement is a financial assistance mechanism where HRSA anticipates substantial involvement with the recipient during performance of the contemplated project.

#### **HRSA program involvement will include:**

- Provide monitoring and ongoing support to RPHWTN-TAP award recipient to ensure it adheres to program requirements, that project goals and objectives are achieved, and that activities and efforts can be sustained after the period of federal funding ends;
- Provide support in the identification and selection of TA focus areas and effective methods for delivering TA;
- Provide support in the identification and selection of focus areas and methods for developing evidence-based resources, tools, program-specific deliverables, and trainings focused on expanding public health workforce capacity in rural communities;
- Review the TA approach and any modifications to the approach during the period of performance;
- Review TA materials and resources developed under the cooperative agreement for format, tone, and expected impact;

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<sup>5</sup> HRSA uses the [Rural Health Grants Eligibility Analyzer tool](#) to determine if a county/tract is considered rural.

- Participate, as appropriate, in the planning and implementation of any meetings, educational activities, site visits, trainings or peer learning groups conducted during the period of performance, including selecting dates, developing the agenda, inviting speakers, etc.;
- Identify opportunities and provide guidance on strategies for disseminating information about programs, activities, and resources, including key organizations through which to share information;
- Provide guidance and assistance in identifying emerging public health care needs and priorities that negatively impact health care job development, training and placement in rural communities;
- Provide guidance and assistance in identifying and development of special projects, products, resources, and/or technical assistance for rural health care networks responding to emerging public health workforce needs;
- Provide guidance and assistance in identifying organizations with whom to build relationships with in order to promote and facilitate collaboration across different sectors (including Federal entities); and
- Provide feedback on content for print and online resources developed through project activities, including topics for material production and final document production (e.g., fact sheets, outreach flyers, training materials).

**The cooperative agreement recipient's responsibilities will include:**

- Coordinate with HRSA to plan and deliver a comprehensive approach to technical assistance, with the goal of assisting the RPHWTN program award recipients in expanding clinical and operational workforce capacity in four specific workforce training tracks (listed in the ["Background"](#) section) within their rural networks;
- Facilitate peer learning and information sharing, identify and secure subject matter expertise intended to increase the workforce system's efficacy and performance, and offer assistance on how to apply evidence-based practices to improve workforce training effectiveness;
- Collaborate with HRSA and awardees to identify tools and resources, assist in the set-up of data collection processes to help track, measure, and present awardees workforce impact;
- Collaborate with HRSA and other rural stakeholders as identified in the planning, execution and assessment of TA activities, including the identification of technical assistance and educational/developmental needs and the selection of mechanisms for implementation and delivery;

- Provide customized TA to RPHWTN program award recipients that includes, but is not limited to:
  - Consistent 1:1 TA calls with award recipients;
  - In-person and/or virtual site visits as needed;
  - Learning opportunities such as Peer-to-Peer Networking and workgroups;
  - In-person or virtual meetings (including awardee site visits/reverse site visits), webinars, workgroups, town halls and/or trainings;
  - Targeted TA, specific to regions and states;
  - Targeted TA, specific to workforce training tracks; and
  - Other innovative TA methods as recommended by HRSA, and/or award recipients.
- Respond in real-time to emergent technical assistance needs of state and local workforce development boards and state workforce agencies;
- Collaborate with HRSA to continuously adapt TA approaches and offerings to align with the needs of rural communities and evolving needs and feedback from RPHWTN program award recipients;
- Maintain constant communication with HRSA staff on the progress of technical assistance efforts (this will include frequent summary reports submitted to HRSA staff and monthly teleconference calls with HRSA staff);
- Highlight and share examples of promising and innovative rural workforce training and placement initiatives and practices through various platforms;
- Disseminate evidence-based resources, tools, information, and trainings through multiple mediums and in a culturally and linguistically appropriate manner;
- Ensure that the TA includes a focus on ensuring equitable services, quality job placement and positive outcomes for communities of color and other underserved populations, including individuals with disabilities;
- Collaborate with HRSA and other stakeholders as identified to provide or develop evidence-based resources, tools, best practice models and trainings on topics focused on expanding public health workforce capacity in rural communities including, but not limited to:
  - Sustainability;
  - Developing, strengthening, and sustaining rural consortia;
  - Innovative curriculum development, training and quality job placement models; and
  - Health equity.

- Provide recommendations and assistance in identifying key organizations and stakeholders who can share relevant resources and materials (ex: emerging workforce needs and trends) with the RPHTWN award recipients and other rural health networks;
- Collaborate with HRSA to ensure that TA provided and resources developed are responsive to shifts in HRSA priorities and the health care needs of rural communities;
- Collaborate with HRSA to ensure that TA provided and resources developed are responsive to the evolving service-delivery environment of the COVID-19 pandemic and related economic and workforce disruptions in rural communities;
- Identify and utilize consultants with expertise in the topical areas and resources needed to address the array of program focus areas conducted by RPHWTN program award recipients;
- Comply with HHS [reporting requirements](#); and
- Comply with evaluation requirements associated with this cooperative agreement.
- Measure impact of technical assistance activities in consultation with HRSA.

## 2. Summary of Funding

HRSA estimates approximately \$500,000 to be available annually to fund one recipient. You may apply for a ceiling amount of up to \$500,000 total cost (includes both direct and indirect, facilities and administrative costs) per year.

The period of performance is September 1, 2022 through August 31, 2025 (3 years). This is a one-time funding opportunity with no expectation of additional federal funds after the performance period ends.

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

## III. Eligibility Information

### 1. Eligible Applicants

Eligible applicants include domestic public or private, non-profit entities and for-profit entities. Domestic faith-based and community-based organizations, tribes, and tribal organizations are also eligible to apply.

In addition to organizations in the 50 U.S. 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 State of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau may apply. If you are located outside the 50 states, you must still meet the eligibility requirements.

## 2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

## 3. Other

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

- Exceeds the ceiling amount
- Exceeds the application page limitations referenced in [Section IV.2](#)
- Fails to satisfy the deadline requirements referenced in [Section IV.4](#)
- Because the cooperative agreement recipient will be expected to provide technical assistance to RPHWTN program award recipients across the 50 U.S. states as well as in the U.S. territories/freely associated states, **applications that are not nationwide in scope may be considered non-responsive, and may not be considered for funding. Applicants must submit an attestation in [Attachment 5](#) which affirms that the proposed project is nationwide in scope, inclusive of all 50 states, the District of Columbia, and the U.S. territories and freely associated states.**

Eligible applicants must be organizations that possess the internal capacity, external relationships, and expertise in workforce development that will enable them to deliver TA services on a national scale to award recipients working with rural communities

NOTE: Multiple applications from an organization are not allowable.

HRSA will only accept your last validated electronic submission, under the correct funding opportunity number, before the Grants.gov application due date as the final and only acceptable application.

## IV. Application and Submission Information

### 1. Address to Request Application Package

HRSA **requires** you to apply electronically. HRSA encourages you to apply through [Grants.gov](#) using the SF-424 workspace application package associated with this notice

of funding opportunity (NOFO) following the directions provided at [Grants.gov: HOW TO APPLY FOR GRANTS](#).

The NOFO is also known as “Instructions” on Grants.gov. You must select “Subscribe” and provide your email address for HRSA-22-157 in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the [For Applicants](#) page for all information relevant to this NOFO.*

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

### **Application Format Requirements**

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

See Section 8.5 of the HRSA *SF-424 Application Guide* for the Application Completeness Checklist.

### **Application Page Limitation**

The total size of all uploaded files included in the page limit shall be no more than the equivalent of **80 pages** when printed by HRSA. The page limit includes the project and budget narratives, and attachments required in the *Application Guide* and this NOFO.

Please note: Effective April 22, 2021, the abstract is no longer an attachment that counts in the page limit. The abstract is the standard form (SF) "Project Abstract Summary." Standard OMB-approved forms included in the workspace application package do not count in the page limit. If you use an OMB-approved form that is not included in the workspace application package for HRSA-22-157, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit. Additionally, Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit.

**It is therefore important to take appropriate measures to ensure your application does not exceed the specified page limit. Any application exceeding the page limit of 80 will not be read, evaluated, or considered for funding.**

Applications must be complete, within the maximum specified page limit, and validated by Grants.gov under HRSA-22-157 before the deadline. **Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification**

- 1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Failure to make required disclosures can result in any of the remedies described in [45 CFR § 75.371](#), including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3354).
- 3) If you are unable to attest to the statements in this certification, you must include an explanation in [Attachment 7: Other Relevant Documents](#).

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

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

Section 319(e) of the Public Health Service (PHS) Act provides the Secretary of the Department of Health and Human Services (HHS) with discretion upon request by a state or tribal organization to authorize the temporary reassignment of state, tribal, and local personnel during a declared federal public health emergency. The temporary reassignment provision is applicable to state, tribal, and local public health department or agency personnel whose positions are funded, in full or part, under PHS programs and allows such personnel to immediately respond to the public health emergency in the affected jurisdiction. Funds provided under the award may be used to support personnel who are temporarily reassigned in accordance with § 319(e). Please reference detailed information available on the [HHS Office of the Assistant Secretary for Preparedness and Response \(ASPR\)](#) website.

### **Program Requirements and Expectations**

- All technical assistance activities supported by this program must exclusively benefit organizations who are serving communities in HRSA designated rural counties or rural census tracts in urban counties. HRSA uses the [Rural Health Grants Eligibility Analyzer tool](#) to determine if a county/tract is considered rural.
- All technical assistance activities should be directly linked to support four workforce training tracks: Track #1) Community Health Support<sup>6</sup>; Track #2) Health IT and/or Telehealth Technical Support; Track #3 - Community Para-Medicine and Track #4 - Case Management Staff and/or Respiratory Therapists.

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<sup>6</sup> See [Appendix A: Glossary](#)



- Successful applicant must demonstrate the capacity and have established partnerships to operate a project providing a broad range of TA and subject matter expertise in key topics that HRSA identify as priorities, both within this NOFO and based on assessed needs of the RPHWTN program award recipients.
- Successful applicant must develop and conduct technical assistance to provide RPHWTN program award recipients with the expertise and skills needed to successfully implement their programs and create sustainable outcomes.
- Applicants must develop comprehensive strategies that will provide technical assistance across the all four specific workforce training tracks (i.e. capacity to service and reach multiple geographic locations).
- HRSA anticipates that most eligible applicants for this funding will not possess the internal capacity to operate the project and will need to engage external partners. As such, the applicant's implementation plan must include a description of any external partners that will be engaged to supplement applicant's activities to fully address and execute all of the required activities and deliverables. Those applicants proposing partnerships must describe the roles and expected contributions of the partners and must include documentation of a signed Memoranda of Understanding (MOU) or Letters of Commitment in [Attachment 6](#)
- Applicants must provide technical assistance on a national scale. Audiences for any technical assistance materials and products produced under this cooperative agreement include RPHTWN program award recipients as well as any rural health care networks, who can adapt such tools and materials for their rural workforce needs. Successful applicant must ensure that any materials/tools/products produced under this program must be accessible and 508-compliant.

## Program-Specific Instructions

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

### i. **Project Abstract**

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

## NARRATIVE GUIDANCE

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

<b>Narrative Section</b>	<b>Review Criteria</b>
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response
Work Plan	(2) Response and (4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures and (5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities
Budget Narrative	(6) Support Requested

## ii. **Project Narrative**

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

Use the following section headers for the narrative:

- **INTRODUCTION** -- Corresponds to Section V's Review Criterion 1: [Need](#)

The introduction should address the following items:

1. Briefly describe the purpose of the proposed project.
2. Briefly describe how the proposed project will advance the stated goals of RPHWTN-TAP and how your experience and expertise will help strengthen rural health care networks' ability to expand public health workforce capacity by supporting health care job development, training and placement in rural communities.

- **NEEDS ASSESSMENT** -- Corresponds to Section V's Review Criterion 1: [Need](#)

The needs assessment should help reviewers understand the critical rural public health workforce needs to be fulfilled by this TA cooperative agreement and provide the context and rationale for the proposed work plan and budget. This section should address the following items:

1. Using quantitative and qualitative data and information from relevant and appropriate sources, describe and document workforce challenges and disparities within rural communities.
2. Describe how COVID-19 has impacted the health care delivery system and needs of providers and communities in rural America.

3. Discuss the gaps that exist within the current infrastructure for support of rural health care services related to four workforce tracks: community health support<sup>7</sup>, health IT and/or telehealth technical support, community paramedicine, and case management staff and/or respiratory therapists.

▪ **METHODOLOGY** -- Corresponds to Section V's Review Criterion 2: [Response](#)

The Methodology section of the application focuses on the overarching strategy for fulfilling the project goals (the Work Plan section of the application will identify discrete inputs, activities, timelines, and responsible individuals/organizations). All technical assistance activities supported by this program must exclusively benefit organizations and rural health care networks who are serving communities in HRSA designated rural counties or rural census tracts in urban counties.

Using data and information provided in the "Needs Assessment" section of the application, provide detailed information regarding the proposed approaches that you will use to address the sub-sections below:

**A) Alignment**

1. Outline your proposed approach to fulfilling each of the project goals and corresponding cooperative agreement responsibilities outlined in the [Award Information section](#).
2. Detail how the cooperative agreement will be complementary, versus duplicative, of other HHS and HRSA-funded activities.
3. Describe any innovative methods that you will use to address the stated needs and goals of the RPHWTN-TAP.

**B) Technical Assistance**

1. Describe your approach for assessing the technical assistance needs of rural health care networks. This includes an explanation of the reliable tools and methods you will use to conduct comprehensive assessments of the technical assistance needs of the RPHWTN program award recipients, including the needs within their specific workforce training tracks. Describe how you will ensure timely progress toward the creation of such tools and resources.
2. Demonstrate the level of understanding of the unique TA needs of each of the four workforce training tracks and clearly explain how you will approach the specific TA needs of each workforce training track.
3. Describe your approach for prioritizing TA needs as they are identified, explaining how you will address factors such as risk, estimated return on investment, level of effort, and budget constraints.

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<sup>7</sup> See [Appendix A: Glossary](#)

4. Describe in detail the strategies you will pursue under this cooperative agreement to develop and provide technical assistance on implementing evidence-based practices, where available, and promising practices where there is less evidence, in the following topical areas, specified in the [Award Information section](#):

- COVID-19 response, including long-COVID;
- Community Health Support;
- Health IT and/or Telehealth Technical Support;
- Community Para-Medicine;
- Case Management Staff and/or Respiratory Therapy;
- Network partnerships and employer engagement strategies that support job quality;

Note: Topical areas may evolve as TA needs and priorities are identified and emerge throughout the period of performance.

5. Describe the delivery approaches that you may deploy for the prioritized technical assistance projects selected for implementation. In providing this description, you must include at a minimum the following approaches:

- Aligning subject matter experts with areas of needed technical assistance within the four unique workforce training tracks
- Identifying evidence-based and/or successful practices to highlight and conveying how best to apply them
- Facilitating peer-to-peer learning exchanges
- Conducting virtual technical assistance webinars
- Researching and developing TA materials

You should also consider including the following additional approaches:

- Providing customized one-on-one assistance or coaching
- Conducting in-person and virtual training, meetings or gathering, and/or site visits/reverse site visits (i.e., agenda and content development; engaging and securing subject matter experts and speakers; designing, delivering, and facilitating workshops; logistics and onsite support services).

6. Describe how you will track, organize and summarize technical assistance requests.

7. Describe your process/approach for supporting sustainability planning for the RPHWTN program award recipients during the program project period.

8. Describe how you will routinely assess and improve the unique needs of the RPHWTN program award recipients and their needs within each workforce training track.
9. If you are collaborating with other external partners for this application (including making sub awards), describe how your rationale with their inclusion in the development, identification and implementation of technical assistance activities being proposed in your application.

### **C) Communication/Dissemination**

1. Describe how you will ensure that any TA products, tools, and promising practices developed to assist individual grantees will be shared across RPHWTN program award recipients.
2. Describe your strategies or approaches for dissemination of technical assistance tools and services to audiences that include both RPHWTN program award recipients as well as other rural stakeholders rural health care networks.
3. Describe the methods by which you will collaborate and communicate with HRSA and other relevant partners to implement and meet project goals.

- **WORK PLAN** -- Corresponds to Section V's Review Criteria 2: [Response](#) and 4: [Impact](#)

Please use the following sub-headings for this section: A) Work Plan and B) Impact.

#### **A) Work Plan**

This section describes the processes that you will use to achieve the strategies in the "Methodology" section. It is strongly recommended that you provide your work plan in a table format and clearly link activities to the project goals and cooperative agreement recipient responsibilities. The work plan should reflect a three-year period of performance. The work plan must be included in [Attachment 1](#). Your work plan should include the following:

1. List the activities or steps that you will use to achieve each of the objectives proposed in the Methodology section during the entire period of performance. Use a time line that includes each activity and identifies responsible staff.
2. Clearly label activities/tasks associated with each of the cooperative recipient responsibilities enumerated in the [Award Information section](#) of the NOFO.
3. List activities/tasks to ensure that strategies implemented during the period of performance will continue to have an impact after federal funding ends and enable RPHWTN program award recipients to continue/sustain program activities.

4. Identify timeline for completing each activity/task (note that timelines should be clear and specific; “ongoing” is not an acceptable timeline). Provide numbers for targeted outcomes, where applicable, not just percentages.
5. If multiple organizations will be subrecipients for this funding, identify the organization responsible and/or key personnel for each activity/task.

## **B) Impact**

1. Describe how your project will address workforce disparities in rural communities.
  2. Describe how your project will address workforce challenges that have been impacted by COVID-19 and long COVID.
- **RESOLUTION OF CHALLENGES** -- Corresponds to Section V's Review Criterion 2: [Response](#)
    1. Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan, and approaches that you will use to resolve such challenges.
    2. Describe anticipated challenges associated with working with a variety of RPHWTN program award recipients, HRSA, other relevant partners, and rural communities (including populations who have disproportionately higher rates of illness within those communities). Also describe anticipated challenges related to state and regional-specific issues, including, but not limited to, policy barriers.
    3. In discussing solutions, identify any infrastructure that is in place to help resolve the issue(s) and/or resources that will assist in overcoming potential barriers.
  - **EVALUATION AND TECHNICAL SUPPORT CAPACITY** -- Corresponds to Section V's Review Criteria 3: [Evaluative Measures](#) and 5: [Resources/Capabilities](#)
    1. Describe the plan for assessing program performance and a process for continuous quality improvement. The program performance assessment should monitor ongoing processes and the progress towards the goals and objectives of the project. Include descriptions of the inputs (e.g., organizational assets, collaborative partners, key personnel, budget, and other resources), key processes, and expected outcomes of the funded activities.
    2. Additionally, clearly describe how assessment results and lessons learned will be communicated to HRSA, RPHWTN program award recipients and other relevant stakeholders. Please include examples of mediums/platforms for disseminating this information and experience using these such platforms.

- **ORGANIZATIONAL INFORMATION** -- Corresponds to Section V's Review Criterion: 5 [Resources/Capabilities](#)

Please use the following three sub-headings in responding to this section: A) Applicant Organization; B) Project Staffing and C) Partner composition and involvement (if applicable).

### **A) Applicant Organization**

1. Succinctly describe your organization's current mission, structure, and scope of current activities, and how these elements all contribute to the organization's ability to implement the program requirements and meet program expectations (e.g. experience working with workforce grantees).
2. In **Attachment 2**, you must include an organizational chart that clearly shows the internal hierarchy among project staff at your organization as well as your organization's relationship to any partner organizations that will be involved in the project.
3. Discuss relevant experience or demonstrated performance indicating the organizational capacity to manage grant projects similar in size and scope, including the relevant programmatic (e.g. experience working with public health workforce training programs) fiscal, and administrative aspects of such projects.
4. Describe your organization's experience and expertise in working with diverse stakeholders within rural communities to develop and implement public health workforce trainings. Also describe the level and number of years of experience in supporting national technical assistance projects, developing and disseminating tools/resources and providing technical assistance to rural organizations on a national level.
5. Discuss relevant experience or capacity to deliver TA to public health workforce development or training programs.

### **B) Project Staffing**

1. HRSA requires a project director to allot 1.0 FTE to this project. Clearly designate a Project Director who is employed by your organization and who will devote a minimum of 1.0 FTE on this cooperative agreement. The Project Director is the point person on the award and makes staffing, financial, and other decisions to align project activities with project outcomes. You should detail how the Project Director will facilitate collaborative input and engagement with HRSA, other partner organizations, and rural communities to complete the proposed work plan during the period of performance.

2. If applicable, describe your organizational process to manage subrecipient awards that you will issue under this cooperative agreement. Describe your subrecipient award process from initiation to approval, the submission of invoices and reimbursement for services in a timely manner, and your timeline for issuing subawards.
3. In **Attachment 3**, you must include a staffing plan and job descriptions for key personnel. NOTE: If a staff member has yet to be hired (TBH), please put "TBH" in lieu of a name and detail the process and timeline for hiring and onboarding the new staff, as well as the qualifications and expertise required by the position.
4. The staffing plan should at a minimum contain the following information and clearly link to the activities in the work plan:
  - Name
  - Title
  - Organizational affiliation
  - Relevant certifications and degrees
  - Full-time Equivalent (FTE) dedicated to this project
  - Roles/responsibilities on the project
  - Timeline and process for hiring or onboarding, if applicable
5. In **Attachment 4**, you must include biographical sketches for persons occupying the key positions described in **Attachment 3**. The biosketches should demonstrate that staff have the necessary expertise and qualifications for executing their designated roles and responsibilities on the project.

### **C) Partner Composition and Involvement (if applicable)**

1. If you will include partner organizations in this project, you must include MOUs or letters of commitment from each partner in **Attachment 6**. Signed and dated MOUs or letter(s) of commitment from any partner organizations formally collaborating (e.g., through a /subaward agreement) on this project must be included in **Attachment 6**. The MOUs or letter(s) should include the following at a minimum:
  - Commitment to working with your organization on the project; and
  - Anticipated time commitment and duration of involvement on the project; and
  - Anticipated roles/responsibilities on the project; and
  - Relevant experience, qualifications, and/or expertise that align with their roles and responsibilities on the project.



Submitting MOUs or letter(s) of commitment that only describes the working relationship between the organizations will not be sufficient.

### iii. **Budget**

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

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

[HRSA's Standard Terms](#) apply to this program. 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. Effective January 2022, the Executive Level II salary increased from \$199,300 to **\$203,700**. See Section 4.1.iv Budget – Salary Limitation of HRSA's [SF-424 Application Guide](#) for additional information. Note that these or other salary limitations may apply in the following fiscal years, as required by law.

### iv. **Budget Narrative**

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

The budget justification narrative must describe all line-item federal funds (including subawards) proposed for this project. Please note that the budget justification narrative counts towards the page limit.

In addition to guidance provided in the above 'Budget' section, RPHWTN-TAP requires the Budget Justification Narrative to:

1. Explain how the proposed expenditures will support the project activities.
2. Be detailed and inclusive of program costs for all three years of the period of performance.

If your program proposal includes using consultant services, list the total costs for all consultant services for each year. In the budget narrative, identify each consultant, the services they will perform, the total number of hours, travel costs (meal costs are unallowable unless in conjunction with allowable travel), and the total estimated costs.

## **v. Attachments**

Provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limitation.** Your indirect cost rate agreement and proof of non-profit status (if applicable) will not count toward the page limitation. **Clearly label each attachment.**

You must upload attachments into the application. HRSA will not open/review any *hyperlinked* attachments.

### **REQUIRED - Attachment 1: Work Plan**

Attach the work plan for the project that includes all information detailed in [Section IV.2.ii. Project Narrative](#). If you will make subawards or expend funds on contracts, describe how your organization will ensure proper documentation of funds.

### **REQUIRED - Attachment 2: Project Organizational Chart**

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

### **REQUIRED - Attachment 3: Staffing Plan and Job Descriptions for Key Personnel** (see Section 4.1. of HRSA's [SF-424 Application Guide](#))

Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff. Also include a description of your organization's timekeeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

### **REQUIRED - Attachment 4: Biographical Sketches of Key Personnel**

Include biographical sketches for persons occupying the key positions described in *Attachment 3*, not to exceed two pages in length per person. In the event that a biographical sketch is included for an identified individual not yet hired, include a letter of commitment from that person with the biographical sketch.

### **REQUIRED – Attachment 5: Attestation of Nationwide Scope**

Submit an attestation in which affirms that the proposed project is nationwide in scope, inclusive of all 50 states, the District of Columbia, and the U.S. territories and freely associated states.

### **OPTIONAL - Attachment 6: Letters of Agreement, Memoranda of Understanding (if applicable)**

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

### **OPTIONAL – Attachment 7-15: Other Relevant Documents (if applicable)**

Include here any other documents that are relevant to the application.

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

The UEI, a “new, non-proprietary identifier” assigned by the System for Award Management ([SAM.gov](https://sam.gov)), will replace the \*Data Universal Numbering System (DUNS) number.

Effective April 4, 2022:

- Register in SAM.gov and you will be assigned your UEI (SAM) within SAM.gov.
- You will no longer use UEI (DUNS) and that number will not be maintained in any Integrated Award Environment (IAE) systems (SAM.gov, CPARS, FAPIIS, eSRS, FSRS, FPDS-NG). For more details, visit the following webpages: [Planned UEI Updates in Grant Application Forms](#) and [General Service Administration’s UEI Update](#).

You must register with 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 you are an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or you have an exception approved by the agency under 2 CFR § 25.110(d)). For your SAM.gov registration, you must submit a notarized letter appointing the authorized Entity Administrator.

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

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

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

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

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

In accordance with the Federal Government’s efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized. Effective January 1, 2020, the forms themselves are no longer part of HRSA’s application packages instead, the updated common certification and representation requirements will be stored and maintained within SAM. Organizations or individuals applying for federal financial assistance as of

January 1, 2020, must validate the federally required common certifications and representations annually through [SAM.gov](https://sam.gov).

**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 **June 8, 2022 at 11:59 p.m. ET**. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's [SF-424 Application Guide](#) for additional information.

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

RPHWTN-TAP is subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

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

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

You may request funding for a period of performance of up to 3 years, at no more than \$500,000 per year (inclusive of direct **and** indirect costs). Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

[HRSA's Standard Terms](#) apply to this program. See Section 4.1 of HRSA's [SF-424 Application Guide](#) for additional information. Note that these or other restrictions will apply in following fiscal years, as required by law.

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

1. To acquire real property;
2. For construction; and
3. To pay for any equipment costs not directly related to the purposes for which the grant is awarded.

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 all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

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

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

## V. Application Review Information

### 1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review and to assist you in understanding the standards against which your application will be reviewed. HRSA has 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.

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.

Six review criteria are used to review and rank RPHWTN-TAP applications. Below are descriptions of the review criteria and their scoring points.

Criterion 1: NEED (10 points) – Corresponds to Section IV's [Introduction](#) and [Needs Assessment](#)

- The clarity with which the applicant briefly describes how the proposed project will advance the stated goals of RPHWTN-TAP.
- The extent to which the applicant demonstrates experience and expertise working with rural communities to expand public health workforce capacity by supporting health care job development, training and placement in rural communities.
- The extent to which the applicant cites relevant, appropriate, and timely data throughout the needs assessment section.

- The extent to which the applicant describes the COVID-19 impact on the distinct health care delivery system and needs of providers and communities in rural America.
- The extent to which the applicant addresses the gaps that exist within the current infrastructure for support of health care services related to community health support<sup>8</sup>, health IT and/or telehealth technical support, community paramedicine, and case management staff and/or respiratory therapy.

Criterion 2: RESPONSE (45 points) – Corresponds to Section IV's [Methodology](#), [Work Plan](#) and [Resolution of Challenges](#)

**Sub-criterion 1: Methodology (25 points)**

- The reasonableness and specificity of the proposed methods for ensuring how the cooperative agreement will be complementary, and not duplicative, of other HHS and HRSA-funded activities.
- The quality of the proposed methods for collaborating and communicating with HRSA and other relevant partners to implement and meet project goals.
- The extent to which the proposed project responds to the “[Purpose](#)” included in the program description. The strength of the proposed goals and objectives and their relationship to the identified project. The extent to which the activities (scientific or other) described in the application are capable of addressing the problem and attaining the project objectives.
- The extent to which the proposed project demonstrates the level of understanding of the unique TA needs of each of the four workforce training tracks and clearly explains how the applicant will approach the specific TA needs of each workforce training track.
- The quality and clarity of the applicant’s proposed approaches to:
  - Provide technical assistance to RPHWTN award recipients, including addressing the unique needs within each workforce training track.
  - Develop a communications strategy that ensures resources, program updates, and other information can be easily shared between HRSA, the award recipients, and other relevant stakeholders;
  - Provide or develop evidence-based resources, tools, and trainings on topics including, but not limited to:
    - COVID-19 response, including long-COVID;
    - Community Health Support;

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<sup>8</sup> See [Appendix A: Glossary](#)

- Health IT and/or Telehealth Technical Support;
- Community Para-Medicine;
- Case Management Staff and/or Respiratory Therapy; and
- Network partnerships and employer engagement strategies that support job quality.

**Sub-criterion #2: Work Plan (15 points)**

- The strength and clarity of the work plan and its goals for the three-year period of performance (Work plan must be included as **Attachment 1**)
- The extent to which the work plan relates to the ‘Methodology’ section of the narrative and addresses the program requirements in this NOFO.

**Sub-criterion #3: Resolution of Challenges (5 points)**

- The specificity and thoroughness with which the applicant describes:
  - Anticipated challenges related to the development and implementation of the activities described in the work plan;
  - Anticipated challenges related to staffing and/or internal operational challenges;
  - Anticipated challenges associated with working with HRSA, other relevant partners, and rural communities; and
  - Anticipated challenges related to state and regional-specific issues, such as policies, etc.
- The reasonableness of proposed approaches to address stated challenges.
- The extent to which the applicant identifies infrastructure in place and/or resources that will assist in overcoming potential barriers.

**Criterion 3: EVALUATIVE MEASURES (10 points) – Corresponds to Section IV’s [Evaluation and Technical Support Capacity](#)**

- The strength and effectiveness of the method proposed to monitor and assess the project results. Evidence that the assessment measures will be able to assess: 1) to what extent the program objectives have been met, and 2) to what extent these can be attributed to the project.

Criterion 4: IMPACT (10 points) – Corresponds to Section IV's [Workplan](#)

- The extent to which the proposed project has an impact on rural workforce needs.

Criterion 5: RESOURCES/CAPABILITIES (20 points) – Corresponds to Section IV's [Evaluation and Technical Support Capacity](#) and [Organizational Information](#)

- The extent to which the applicant demonstrates the knowledge, capacity and experience to conduct technical assistance on a national level.
- The extent to which project personnel are qualified by training and/or experience to implement and carry out the project. The capabilities of the applicant organization and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project.
- The extent to which the applicant demonstrates subject matter expertise in developing and delivering real-time, on-demand technical assistance to RPHWTN awardees and other rural health care networks.;
- The extent to which the applicant demonstrates subject matter expertise in **each** of the four RPHWTN program workforce training tracks, and long COVID as specified in one of the tracks.
- The extent to which the applicant has experience working with rural communities to develop and implement public health workforce trainings.
- If applicable, the extent to which the applicant demonstrates experience soliciting and managing subawards, and clarity of the plan to oversee and monitor the subrecipients' performance and delivery of project activities.

Criterion 6: SUPPORT REQUESTED (5 points) – Corresponds to Section IV's [Budget](#) and [Budget Narrative](#)

- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- The extent to which the applicant provides a budget and budget narrative for each year of the three-year period of performance.
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.
- The extent to which the budget narrative clearly and comprehensively explains the amount requested for each line of the budget (such as personnel, travel, equipment, supplies, and contractual services).



- The extent to which the budget narrative clearly aligns with the goals and activities of the proposed work plan and project and maximizes the applicant's capacity to implement the proposed project and improve the health care delivery in rural communities (for example, by limiting indirect costs).

## **2. Review and Selection Process**

The objective review process provides an objective evaluation of applications to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. See Section 5.3 of HRSA's [SF-424 Application Guide for more details](#).

## **3. Assessment of Risk**

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

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

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

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

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

## VI. Award Administration Information

### 1. Award Notices

HRSA will release the Notice of Award (NOA) on or around the start date of September 1, 2022. See Section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

### 2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's [SF-424 Application Guide](#).

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

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

### Accessibility Provisions and Non-Discrimination Requirements

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy). This includes ensuring programs are accessible to persons with limited English proficiency and persons with disabilities. The HHS Office for Civil Rights (OCR) provides guidance on complying with civil rights laws enforced by HHS. See [Providers of Health Care and Social Services](#) and [HHS Nondiscrimination Notice](#).

- Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see [Fact Sheet on the Revised HHS LEP Guidance](#) and [Limited English Proficiency](#).
- For information on your specific legal obligations for serving qualified individuals with disabilities, including reasonable modifications and making services accessible to them, see [Discrimination on the Basis of Disability](#).
- HHS-funded health and education programs must be administered in an environment free of sexual harassment. See [Discrimination on the Basis of Sex](#).

- For guidance on administering your program in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see [Conscience Protections for Health Care Providers](#) and [Religious Freedom](#).

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

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

### **Executive Order on Worker Organizing and Empowerment**

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

### **Requirements of Subawards**

The terms and conditions in the NOA apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients under awards, and it is the recipient's responsibility to monitor the compliance of all funded subrecipients. See [45 CFR § 75.101 Applicability](#) for more details.

### **Data Rights**

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

and copyright-protected works developed by a subrecipient also are subject to the Federal Government's copyright license and data rights.

### 3. Reporting

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

- 1) **Federal Financial Status Report (FFR).** A Federal Financial Report (FFR) is required at the end of each budget period. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically. More information will be available in the NOA.
- 2) **Quarterly Progress Reports.** The recipient must submit a quarterly progress report to HRSA. The quarterly report is for two purposes: 1) demonstrates award recipient's progress on program-specific goals within the quarter, and 2) as a method to ensure response to timely programmatic issues. More information will be available in the NOA.
- 3) **Performance Measures Report.** A performance measures report is required after the end of each budget period. Upon award, award recipients will be notified of specific performance measures required for reporting.
- 4) **Annual Progress Report(s).** The recipient must submit a progress report to HRSA on an annual basis. HRSA approval of your annual Progress Report(s) is a prerequisite for release of funds for the next budget period. This report demonstrates award recipient progress on program-specific goals. Further information will be provided in the award notice.
- 5) **Grantee Directory.** Within three months of award, the recipient must submit a grantee directory that identifies RPHWTN program award recipients and provides a brief overview of their funded projects. More information will be available in the NOA.
- 6) **Sourcebook.** Within 90 days after the period of performance ends. The recipient must submit a sourcebook that describes project impact and outcomes of the RPHWTN program award recipients. More information will be available in the NOA.
- 7) **Final Closeout Report.** A final closeout report is due within 90 days after the period of performance ends. The final report collects program-specific goals and progress on strategies; impact of the overall project; the degree to which the award recipient achieved the mission, goal and strategies outlined in the program; award recipient objectives and accomplishments; barriers encountered; and responses to summary questions regarding the award recipient's overall experiences over the entire period of performance. More information will be available in the NOA.

- 8) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in [FAPIS](#), as required in [45 CFR part 75 Appendix XII](#).

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

## VII. Agency Contacts

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

Nancy Gaines  
Grants Management Specialist  
Division of Grants Management Operations, OFAM  
Health Resources and Services Administration  
5600 Fishers Lane, Mailstop 10SWH03  
Rockville, MD 20857  
Telephone: (301) 443-5382  
Email: [ngaines@hrsa.gov](mailto:ngaines@hrsa.gov)

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

Aitebureme Aigbe, DrPH  
Public Health Analyst, Community-Based Division  
Attn: Rural Public Health Workforce Training Network TA Program  
Federal Office of Rural Health Policy  
Health Resources and Services Administration  
5600 Fishers Lane  
Rockville, MD 20857  
Telephone: (301) 945-3076  
Email: [aaigbe@hrsa.gov](mailto:aaigbe@hrsa.gov)

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

Grants.gov Contact Center  
Telephone: 1-800-518-4726 (International callers dial 606-545-5035)  
Email: [support@grants.gov](mailto:support@grants.gov)  
[Self-Service Knowledge Base](#)

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

HRSA Contact Center

Telephone: (877) 464-4772 / (877) Go4-HRSA

TTY: (877) 897-9910

Web: <http://www.hrsa.gov/about/contact/ehbhelp.aspx>

## **VIII. Other Information**

### **Technical Assistance**

HRSA has scheduled following technical assistance:

#### *Webinar*

Day and Date: May 5, 2022

Time: 1 – 2 p.m. ET

Call-In Number: 1-833-568-8864

Meeting ID: 160 466 8071

Participant Passcode: 46087989

Weblink: <https://hrsa->

[gov.zoomgov.com/j/1604668071?pwd=M1BEOGkrUUtRdGgwTTFnZVCWUVVvUT09](https://hrsa.gov.zoomgov.com/j/1604668071?pwd=M1BEOGkrUUtRdGgwTTFnZVCWUVVvUT09)

HRSA will record the webinar. Please contact [aaigbe@hrsa.gov](mailto:aaigbe@hrsa.gov) for playback information.

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

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

## Appendix: GLOSSARY

**Community Health Support:** As defined in [HRSA-22-117](#), Track #1 – Community Health Support is limited to Community Health Workers, which includes: 1) individuals who are lay members of the community who work with the local health care system and share similarities and experiences with the community members they serve – they have been identified by many titles such as promotores(as) and community health advisors; or 2) individuals from the following disciplines: doula, peer recovery specialists, behavioral health technicians, medical assistants and/or dental assistants/hygienists.

**Long COVID:** Post-COVID conditions that are a wide range of new, returning, or ongoing health problems people can experience four or more weeks after first being infected with the virus that causes COVID-19.<sup>9</sup>

**Network:** A formal organizational arrangement among at least three separately owned health care providers or other entities that provide or support the delivery of health care services. The purpose of a network is to foster collaboration and integration of functions among network entities to strengthen the rural health care system.<sup>10,11</sup>

**Rural Area:** Project area determined rural as defined by HRSA Rural Health Grants Eligibility Advisor: <https://data.hrsa.gov/tools/rural-health?tab=Address>.

**Telehealth:** For the purposes of the RPHWTN-TAP, telehealth is defined as the use of electronic information and telecommunication technologies to support remote clinical services and remote non-clinical services.<sup>12</sup>

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<sup>9</sup> The Centers for Disease Control and Prevention [www.cdc.gov/coronavirus/2019-ncov/long-term-effects.html](http://www.cdc.gov/coronavirus/2019-ncov/long-term-effects.html) (accessed November 29, 2021)

<sup>10</sup> <https://www.ruralhealthinfo.org/toolkits/networks/1/definition> (Accessed 2/23/22)

<sup>11</sup> Tuttle M, Rydberg K, and Henning-Smith C. Success among Rural Health Network Development Planning Grant Awardees: Barriers and Facilitators. UMN Rural Health Research Center Policy Brief. May 2021. <https://rhrc.umn.edu/publication/success-among-rural-health-network-development-planning-grant-awardees-barriers-and-facilitators/>

<sup>12</sup> Adapted from <https://www.hrsa.gov/rural-health/telehealth/what-is-telehealth>