

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**



Federal Office of Rural Health Policy  
Policy Research Division

***Rural Health Clinic Policy and Clinical Assessment Program***

**Funding Opportunity Number:** HRSA-18-039  
**Funding Opportunity Types:** New, Competing Continuation  
**Catalog of Federal Domestic Assistance (CFDA) Number:** 93.155

**NOTICE OF FUNDING OPPORTUNITY**

Fiscal Year 2018

**Application Due Date: March 16, 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 1 month to complete.*

**Issuance Date: January 10, 2018**

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

## EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Federal Office of Rural Health Policy (FORHP) is accepting applications for fiscal year (FY) 2018 for the Rural Health Clinic Policy and Clinical Assessment Program. The purpose of this program is to identify key policy, regulatory and clinical challenges facing Rural Health Clinics (RHCs) and identify possible solutions, while also informing them and other rural stakeholders about key RHC issues, including regulatory and programmatic changes that affect care delivery in these locations. The FY 2018 President’s Budget does not request funding for this program. This notice 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. Applicants should note that this program may be cancelled prior to award recommendations.

Funding Opportunity Title:	Rural Health Clinic Policy and Clinical Assessment Program
Funding Opportunity Number:	HRSA-18-039
Due Date for Applications:	March 16, 2018
Anticipated Total Annual Available FY18 Funding:	\$100,000
Estimated Number and Type of Award:	1 cooperative agreement
Estimated Award Amount:	Up to \$100,000 per year
Cost Sharing/Match Required:	No
Project Period/Period of Performance:	July 1, 2018 through June 30, 2021 (3 years)
Eligible Applicants:	Eligible applicants include domestic public, private, for-profit and non-profit organizations. Faith-based and community-based organizations, tribes, and tribal organizations are eligible to apply.  See <a href="#">Section III-1</a> of this notice of funding opportunity (NOFO), formerly known as the funding opportunity announcement (FOA), for complete eligibility information.

### Application Guide

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

## **Technical Assistance**

The following technical assistance webinar has been scheduled:

### *Webinar*

Day and Date: Wednesday, January 31, 2018

Time: 2 – 3 p.m. ET

Call-In Number: 1- 877-918-6319

Participant Code: 7271641

Weblink: [https://hrsa.connectsolutions.com/rhc\\_ta/](https://hrsa.connectsolutions.com/rhc_ta/)

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# I. Program Funding Opportunity Description

## 1. Purpose

This notice solicits applications for the Rural Health Clinic Policy and Clinical Assessment Program. The purpose of this program is to identify key policy, regulatory and clinical challenges facing Rural Health Clinics (RHCs) and identify possible solutions, while also informing them and other rural stakeholders about key RHC issues, including regulatory and programmatic changes that affect care delivery in these locations. The awardee will:

- 1) Identify gaps in knowledge among RHCs about issues such as regulatory and program compliance, billing and reimbursement, quality improvement, best practices, disease management, and care coordination;
- 2) Identify gaps in knowledge about clinical priorities including opioid abuse, mental health and child obesity; and
- 3) Propose tools, resources, and strategies to address them.

RHCs are geographically dispersed, so the proposed tools and resources should be easily accessible, including, but not limited to, listservs, conference calls, and webinars.

RHCs are primary care clinics that are certified by the Centers for Medicare & Medicaid Services (CMS) to provide care in rural underserved areas. They receive reasonable cost-based Medicare and Medicaid reimbursement, subject to certain conditions. RHCs must be staffed by physician assistants and/or nurse practitioners. Currently, there are more than 4,100 RHCs located in 44 states. For more information about RHCs, please visit <https://www.cms.gov/center/provider-type/rural-health-clinics-center.html>.

The health care delivery system is undergoing dramatic change, with an emphasis on finding new approaches to improve health outcomes, control costs, and improve population health. Financial incentives are moving from volume-based to value-based services, with a focus on quality of care in all settings and improving transitions of care as patients move between care settings. Within this environment, RHCs provide care to millions of rural residents, often serving as the sole health care provider in a community, and serving as the de facto safety net for rural residents. The RHCs require support to effectively participate in the changing health care environment and need to be prepared for related policy and regulatory changes.

## 2. Background

This program is authorized by Section 711(b) of the Social Security Act (42 U.S.C. 912(b)), as amended.

The Health Resources and Services Administration's (HRSA) Federal Office of Rural Health Policy (FORHP) is the focal point for rural health activities within HHS. FORHP is statutorily required to advise the Secretary on the effects of current policies and proposed statutory, regulatory, administrative, and budgetary changes in the programs established under titles XVIII (Medicare) and XIX (Medicaid) on the financial viability of small rural hospitals, the ability of rural areas to attract and retain physicians and other health professionals, and access to (and the quality of) health care in rural areas.

FORHP is also statutorily required to coordinate and collaborate activities within HHS that relate to rural health care and provide relevant information to the Secretary and other agencies. In addition, FORHP is authorized to provide technical assistance and other activities as necessary to support activities related to improving health care in rural areas. For more information about FORHP, please visit:

<https://www.hrsa.gov/ruralhealth/index.html>.

The Rural Health Clinic Policy and Clinical Assessment program presents an opportunity to tackle a new set of public health challenges identified as clinical priorities, including substance abuse (particularly the opioid abuse epidemic), mental health, and childhood obesity. Deaths from drug-related overdoses in the United States increased by 11.4 percent between 2014 and 2015, there has also been a higher rate of opioid-related deaths with an increase of 15.6 percent.<sup>1</sup> Rural residents face an even greater disparity as rural states are more likely to have higher rates of overdose deaths, specifically from prescription opiate overdoses.<sup>2</sup> In addition, approximately 1 in 5 adults, or 18.1 percent of the U.S. population over the age of 18, have a mental illness. Rural residents, specifically rural children aged 10-17 years, also face a disparity when considering childhood obesity, as the rates of obesity in rural areas are higher than urban areas.<sup>3</sup> The Rural Health Clinic Policy and Clinical Assessment program provides technical assistance including tools, resources, and strategies that could be used to inform rural health care providers and stakeholders such as the U.S. Department of Health and Human Services, Congress, states, and for-profit and non-profit entities that set policies impacting rural communities especially RHCs. This technical assistance may include topics related clinical priorities including opioid abuse, mental health, and childhood obesity.

## II. Award Information

### 1. Type of Application and Award

Types of applications sought: New, Competing Continuation.

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

#### **HRSA Program involvement will include:**

- Collaborating with the awardee to identify low-cost approaches to disseminate information about key issues;

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<sup>1</sup> Rudd RA, Seth P, David F, Scholl L. Increases in Drug and Opioid-Involved Overdose Deaths — United States, 2010–2015. *MMWR Morb Mortal Wkly Rep.* ePub: December 2016. DOI: <http://dx.doi.org/10.15585/mmwr.mm6550e1>. Accessed September 2017.

<sup>2</sup> National Advisory Committee on Rural Health and Human Services, Families in Crisis: The Human Service Implications of Rural Opioid Misuse. 2016. <https://www.hrsa.gov/advisorycommittees/rural/publications/opioidabuse.pdf>. Accessed September 2017.

<sup>3</sup> U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, The Health and Well-Being of Children in Rural Areas: A Portrait of the Nation, 2011-2012. Rockville, Maryland: U.S. Department of Health and Human Services, 2015.

- Utilizing HRSA communications resources to support the cooperative agreement; and
- Participating, as appropriate, in outreach and dissemination activities.

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

- Adhering to HRSA guidelines pertaining to acknowledgement and disclaimer on all products produced by HRSA award funds, per Section 2.2 of the R&R Application Guide (**Acknowledgement of Federal Funding**);
- Identifying gaps in knowledge among RHCs about issues such as regulatory and program compliance, billing and reimbursement, quality improvement, best practices, disease management, and care coordination, as well as clinical priorities, and proposing tools, resources, and strategies to address them;
- Collaborating with HRSA to identify low-cost approaches to disseminate information about key issues;
- Responding to RHC requests, comments, and questions on a timely basis; and
- Establishing relationships and collaborate with other HRSA-supported technical assistance providers, clearinghouses, etc. In particular, a working relationship shall be established with the National Organization for state Offices of Rural Health to support its RHC work, and with the Rural Health Information Hub, the rural health care clearinghouse established under Section 711 of the Social Security Act.
- Collaborate as needed with other HHS agencies and external organizations to support technical assistance strategies and address issues for RHCs.

## **2. Summary of Funding**

Approximately \$100,000 is expected to be available annually to fund one (1) recipient. 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 2018 federal appropriation. The FY 2018 President's Budget does not request funding for this program. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds awarded in a timely manner. The project period is July 1, 2018 through June 30, 2021 (3 years). Funding beyond the first year is dependent on the availability of appropriated funds for the Rural Health Clinic Policy and Clinical Assessment Program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

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

### III. Eligibility Information

#### 1. Eligible Applicants

Eligible applicants include domestic public, private, for-profit and non-profit organizations. Faith-based and community-based organizations, tribes, and tribal organizations are eligible to apply.

#### 2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

#### 3. Other

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

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

NOTE: Multiple applications from an organization are not allowable.

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 your **last** validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application.

### IV. Application and Submission Information

#### 1. Address to Request Application Package

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

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



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

## 2. Content and Form of Application Submission

Section 4 of HRSA’s [SF-424 R&R 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 *R&R 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 R&R Application Guide](#) except where instructed in the NOFO to do otherwise. Applications must be submitted in the English language and must be in the terms of U.S. dollars (45 CFR § 75.111(a)).

See Section 8.5 of the [SF-424 R&R 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 including biographical sketches (biosketches), and letters of commitment and support required in HRSA’s [SF-424 R&R 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 non-profit status (if applicable) will not be counted in the page limit. **We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.**

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

### Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- 1) The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376 and 31 U.S.C. 3321).
- 3) Where the prospective recipient is unable to attest to the statements in this certification, an explanation shall be included in **Attachment 7-15: Other Relevant Documents**.

See Section 4.1 viii of HRSA's [SF-424 R&R 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 R&R Application Guide](#) (including the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract), please include the following:

#### **i. Project Abstract**

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

#### **ii. Project Narrative**

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

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

- **INTRODUCTION -- Corresponds to Section V's Review Criterion #1 Need**  
This section should briefly describe the purpose of the proposed project.
- **NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion #1 Need**  
Outline the need for the proposed assistance. The narrative should clearly demonstrate a strong understanding of the distinct issues pertaining to RHCs, including organizational structure, certification, payment, staffing, participation in existing and emerging healthcare trends, etc., and the challenges they face in providing health care in the communities they serve. Where possible, include data to support the information provided. Describe the distinct or emerging health issues pertaining to RHCs. Provide any examples of the needs that RHCs have to address any issues related to the clinical priorities of opioid abuse, mental health, and childhood obesity.
- **METHODOLOGY -- Corresponds to Section V's Review Criterion #2 Response**  
Describe proposed methods that will be used to address the stated needs and meet each of the previously described program requirements. Propose a strategy that responds to distinct or emerging health issues pertaining to RHCs. Highlight any instances in which the information received from RHCs corresponds with the clinical priorities of opioid abuse, mental health, and childhood obesity.
- **WORK PLAN -- Corresponds to Section V's Review Criteria #2 Response and #4 Impact**  
Describe the activities or steps that will be used to achieve each of the activities proposed during the entire project period in the Methodology

section. Identify each activity and responsible staff. In particular, explain how the project will:

- 1) Provide support and assistance to RHCs, including communication of a range of operational, programmatic, and regulatory issues; and
- 2) Facilitate coordination with other applicable HRSA technical assistance providers to facilitate maximum dissemination of program information and resources, as well as to avoid duplication of services. Highlight any efforts of collaboration amongst HRSA technical assistance providers.

*Note: This work plan is required as **Attachment #1**.*

▪ *RESOLUTION OF CHALLENGES--Corresponds to Section V's Review Criterion #2 Response*

Discuss emerging national health policy trends affecting RHCs and challenges that are likely to be encountered in designing and implementing the activities described in the work plan, as well as promoting participation by RHCs in those activities, and approaches that will be used to resolve such challenges.

▪ *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criterion #3 Evaluative Measures*

Describe the expected outcomes of the program, as well as the strategy to monitor and analyze progress toward those outcomes. Include descriptions of measureable, meaningful project outcomes. These include an overview of what metrics will be used to measure technical assistance effectiveness. Explain any potential obstacles for completing the evaluation and how they will be addressed.

▪ *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion #5 Resources/Capabilities*

Provide information on the applicant organization's current mission and structure, scope of current activities, and an organizational chart (see **Attachment #4**), and describe whether and how these contribute to the ability of the organization to perform the program requirements and meet expectations. Specifically, the applicant must explain how project personnel are qualified by training and/or experience to implement and carry out this project, including significant experience working with RHCs. Describe your comprehensive understanding of the distinct issues pertaining to RHCs, including organizational structure, certification, payment, staffing, participation in emerging healthcare trends, etc., and the challenges your organization faces in providing health care in the communities you serve. Experience in rural health policy development and analysis, particularly in identifying emerging policy issues and their impact on RHCs, is highly desirable.

Describe the project director's experience: 1) as a senior-level executive with at least seven (7) years of experience working specifically and extensively with RHCs; 2) managing projects providing technical assistance and other resource services, including via teleconferences, webinars, and/or listservs; and 3)

maintaining existing relationships with RHCs to ensure maximum understanding of the experiences and needs of RHCs around the country (see **Attachment #3**).

The staffing plan and job descriptions for key faculty/staff must be included in **Attachment #2** (Staffing Plan and Job Descriptions). However, the biographical sketches must be uploaded in the SF-424 RESEARCH & RELATED Senior Key Person Profile form that can be accessed in the Application Package under “Mandatory.” Include biographical sketches for persons occupying the key positions, and 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.

<b>NARRATIVE GUIDANCE</b>	
To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.	
<b><u>Narrative Section</u></b>	<b><u>Review Criteria</u></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
Organizational Information	(5) Resources/Capabilities
Budget and Budget Narrative	(6) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

**iii. Budget**

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

**Reminder:** The Total Project or Program Costs are the total allowable costs (inclusive of direct **and** indirect costs) incurred by the recipient to carry out a -HRSA-supported project or activity. Total project or program costs include costs charged to

the award and costs borne by the recipient to satisfy a matching or cost-sharing requirement, as applicable.

The Consolidated Appropriations Act, 2017 (P.L. 115-31), Division H, § 202, states “None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.” Please see Section 4.1.iv Budget – Salary Limitation of HRSA’s [SF-424 R&R Application Guide](#) for additional information. Note that these or other salary limitations may apply in FY 2018, as required by law.

**iv. Budget Narrative**

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

**v. Attachments**

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

*Attachment 1: Work Plan*

Attach the work plan for the project that includes all information detailed in Section IV.2.ii. Project Narrative. If funds will be sub-awarded or expended on contracts, describe how your organization will ensure the funds are properly documented.

*Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1.vi. of HRSA’s [SF-424 R&R 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, please include a description of your organization’s time keeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

*Attachment 3: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific)*

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

*Attachment 4: Project Organizational Chart*

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

*Attachment 5: Tables, Charts, etc.*

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

*Attachment 6: Progress Report*

**(FOR COMPETING CONTINUATIONS ONLY)**

A well-documented progress report is a required and important source of material for HRSA in preparing annual reports, planning programs, and communicating program-specific accomplishments. The accomplishments of competing continuation applicants are carefully considered; therefore, you are advised to include previously stated goals and objectives in your application and emphasize the progress made in attaining these goals and objectives. HRSA program staff reviews the progress report after the competing continuation applications are reviewed by the objective review committee.

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

- (1) The period covered (dates).
- (2) Specific Objectives - Briefly summarize the specific objectives of the project.
- (3) Results - Describe the program activities conducted for each objective. Include both positive and negative results or technical problems that may be important.

*Attachments 7-15: Other Relevant Documents*

Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.).

**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 it 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 R&R 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 *March 16, 2018 at 11:59 p.m. Eastern Time*.

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

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

The Rural Health Clinic Policy and Clinical Assessment Program is a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100. See Executive Order 12372 in the [HHS Grants Policy Statement](#).

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

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

You may request funding for a project period of up to 3 years, at no more than \$100,000 per year (inclusive of direct **and** indirect costs). The FY 2018 President's Budget does not request funding for this program. 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. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division H of the Consolidated Appropriations Act, 2017 (P.L. 115-31) apply to this program. Please see Section 4.1 of HRSA's [SF-424 R&R](#)



[Application Guide](#) for additional information. Note that these or other restrictions will apply in FY 2018, as required by law.

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

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

## **V. Application Review Information**

### **1. Review Criteria**

Procedures for assessing the technical merit of applications have been instituted to provide for an objective review of applications and to assist you in understanding the standards against which your application will be judged. Critical indicators have been developed for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. Review criteria are outlined below with specific detail and scoring points.

These criteria are the basis upon which the reviewers will evaluate 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 Clinic Policy and Clinical Assessment Program has six (6) review criteria:

*Criterion 1: NEED (15 points) – Corresponds to Section IV's INTRODUCTION (5 points) and NEEDS ASSESSMENT (10 points)*

The extent to which the proposal:

- Briefly describes the purpose of the proposed project;
- Discusses the need for the proposed assistance; and
- Clearly demonstrates a thorough understanding of the distinct issues pertaining to RHCs, including organizational structure, certification, payment, staffing, participation in existing and emerging healthcare trends, etc., and the challenges they face in providing health care in the communities they serve.
- Provides examples of the needs that RHCs have to address any issues related to the clinical priorities of opioid abuse, mental health, and childhood obesity.



*Criterion 2: RESPONSE (25 points) – Corresponds to Section IV’s METHODOLOGY (5 points), WORK PLAN (10 points), and RESOLUTION OF CHALLENGES (10 points)*

- The quality of and extent to which the overall proposal appropriately responds to the “Purpose” included in the program description.
- The quality of and extent to which the proposal demonstrates the strength and feasibility of the proposed methodology.
- The quality of and extent to which the applicant proposes a strategy which responds to distinct or emerging health issues pertaining to RHCs, highlighting instances in which the information received from RHCs corresponds with the clinical priorities of opioid abuse, mental health, and childhood obesity.
- The quality and extent to which the proposal does the following for the work plan:
  - Describe the activities or steps that will be used to achieve each of the activities proposed during the entire project period in the Methodology section;
  - Describes planned assistance to RHCs regarding a range of operational and regulatory issues; and
  - Facilitates coordination with other applicable HRSA technical assistance providers to facilitate maximum dissemination of program information and resources, as well as to avoid duplication of services.
- The quality and extent to which the proposal does the following for the resolution of challenges:
  - Exhibits a clear understanding of how emerging national health policy trends affect RHCs; and
  - Identifies likely challenges to designing and implementing the activities described in the work plan, and realistic approaches to be used to resolve them.

*Criterion 3: EVALUATIVE MEASURES (15 points) – Corresponds to Section IV’s EVALUATION AND TECHNICAL SUPPORT CAPACITY*

The extent to which the applicant:

- Describes meaningful, measurable outcomes of the program, as well as a strategy to monitor and analyze progress toward those outcomes; and
- Explains potential obstacles for completing the evaluation and how the obstacles will be addressed.

*Criterion 4: IMPACT (15 points) – Corresponds to Section IV’s WORK PLAN*

The extent to which the applicant:

- Proposes a well-designed, achievable and coherent work and dissemination plan that takes into account the particular challenges for RHCs, describes the activities or steps that will be used to achieve the activities proposed, and identifies key staff; and
- Establishes a reasonable plan to collaborate with other applicable FORHP technical assistance providers to facilitate maximum dissemination of program information and resources.

*Criterion 5: RESOURCES/CAPABILITIES (20 points) – Corresponds to Section IV’s ORGANIZATIONAL INFORMATION*

The extent to which the applicant demonstrates:

- Organizational capabilities and availability to fulfill the needs and requirements of the proposed project;
- How project personnel are qualified by training and/or experience to implement and carry out the project;
- Significant experience working with RHCs, as well as substantial understanding of rural health care delivery issues;
- That the project director possesses the requisite experience specified in the Organizational Information section of the project narrative; and
- Existing relationships with RHCs to ensure maximum understanding of the experiences and needs of RHCs around the country.

*Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV’s BUDGET and BUDGET NARRATIVE*

- The reasonableness of the proposed budget for each year of the project period in relation to the objectives, the complexity of the research activities, and the anticipated results.
- 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 key personnel have adequate time devoted to the project to achieve project objectives.
- The extent of the budget narrative in logically documenting how each line item request (such as personnel, travel, equipment, supplies, information technology, and contractual services) supports the objectives and activities of the proposal.

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

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

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

## **3. Assessment of Risk and Other Pre-Award Activities**

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

Applications receiving a favorable objective review are reviewed for other considerations that include past performance, as applicable, cost analysis of the project/program budget, assessment of your management systems, ensuring continued

applicant eligibility, and compliance with any public policy requirements, including those requiring just-in-time submissions. You may be asked to submit additional programmatic or administrative information (such as an updated budget or “other support” information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that an award will be made. Following review of all applicable information, HRSA’s approving and business management officials will determine whether an award can be made, if special conditions are required, and what level of funding is appropriate.

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

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

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

#### **4. Anticipated Announcement and Award Dates**

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

## **VI. Award Administration Information**

### **1. Award Notices**

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

### **2. Administrative and National Policy Requirements**

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

### 3. Reporting

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

- 1) **Progress Report(s)**. The recipient must submit a progress report to HRSA on an **annual** basis. Further information will be provided in the award notice.

## VII. Agency Contacts

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

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) 443-4352  
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:

Wakina Scott  
Policy Coordinator, Policy Research Division within FORHP  
Attn: Rural Health Clinic Policy and Clinical Assessment Program  
Federal Office of Rural Health Policy  
Health Resources and Services Administration  
5600 Fishers Lane, Room 17W-54  
Rockville, MD 20857  
Telephone: (301) 945-4136  
Fax: (301) 443-2803  
Email: [WScott@hrsa.gov](mailto:WScott@hrsa.gov)

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

Grants.gov Contact Center  
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)  
Email: [support@grants.gov](mailto: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**

### **Technical Assistance**

The following technical assistance webinar has been scheduled:

#### *Webinar*

Day and Date: Wednesday, January 31, 2018

Time: 2 – 3 p.m. ET

Call-In Number: 1- 877-918-6319

Participant Code: 7271641

Weblink: [https://hrsa.connectsolutions.com/rhc\\_ta/](https://hrsa.connectsolutions.com/rhc_ta/)

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

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