U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

HRSA

Health Resources & Services Administration

Federal Office of Rural Health Policy
Policy Research Division

Rural Health Clinic Technical Assistance Program

Funding Opportunity Number: HRSA-21-028
Funding Opportunity Types: Competing Continuation, New
Assistance Listings (CFDA) Number: 93.155

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2021

Application Due Date: December 21, 2020

*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, including SAM.gov and Grants.gov,
may take up to 1 month to complete.*

Issuance Date: October 20, 2020

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Authority: 42 U.S.C. § 912(b)(5) (§ 711(b)(5) of the Social Security Act)

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2021 Rural Health Clinic Technical Assistance Program. The purpose of this program is to:

- Identify key policy, regulatory, programmatic and clinical issues facing Rural Health Clinics (RHCs);
- Identify possible solutions to challenges faced by RHCs; and
- Inform RHCs and other rural stakeholders about key RHC issues that affect or have the potential to affect care delivery.

The FY 2021 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, HRSA can process applications and award funds appropriately. You should note that this program may be cancelled prior to award.

Funding Opportunity Title:	Rural Health Clinic Technical Assistance Program
Funding Opportunity Number:	HRSA-21-028
Due Date for Applications:	December 21, 2020
Anticipated Total Annual Available FY 2021 Funding:	$100,000
Estimated Number and Type of Award:	Up to one cooperative agreement
Estimated Award Amount:	Up to $100,000 per year subject to the availability of appropriated funds
Cost Sharing/Match Required:	No
Period of Performance:	July 1, 2021 through June 30, 2026 (5 years)
Eligible Applicants:	Eligible applicants include domestic public and private, for-profit and non-profit organizations, including tribes and tribal organizations, faith-based and community-based organizations, institutions of higher education, state and local governments, and hospitals. See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in HRSA's *SF-424 R&R Application Guide,* available online at http://www.hrsa.gov/grants/apply/applicationguide/sf424rrguidev2.pdf, except where instructed in this NOFO to do otherwise.

Technical Assistance

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Tuesday, November 10, 2020
Time: 1 – 2 p.m. ET
Call-In Number: 1- 888-282-0377
Participant Code: 6936454
Weblink: https://hrsa.connectsolutions.com/rhcta-2021/
Playback Number: 1- 888-676-2674
Passcode: 111020

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Rural Health Clinic Technical Assistance Program. The purpose of this program is to:

- Identify key policy issues and knowledge gaps among RHCs about topics including regulatory and program compliance, billing and reimbursement, quality improvement, best practices around disease management and care coordination, and RHC policy priorities;
- Identify tools, resources and strategies to address policy issues, knowledge gaps and other challenges faced by RHCs; and
- Inform RHCs and other rural stakeholders about key RHC issues that affect, or have the potential to affect, care delivery.

The health care delivery system is evolving, 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.[1,2,3] Many RHCs are small organizations with limited resources. These RHCs require support to effectively participate in the changing health care environment and to prepare for related policy and regulatory changes.

The Rural Health Clinic Technical Assistance Program provides technical assistance (TA) including tools, resources, and strategies that are easily accessible to geographically dispersed RHCs and could be used to inform rural health care providers and other federal, state, and local stakeholders. The TA may also include topics related to public health priorities such as ending the opioid epidemic and responding to the COVID-19 pandemic.

2. Background

This program is authorized by 42 U.S.C. § 912(b)(5) (§ 711(b)(5) of the Social Security Act). The Health Resources and Services Administration's (HRSA) Federal Office of Rural Health Policy (FORHP) is the focal point for rural health activities within the Department of Health and Human Services (HHS). FORHP is statutorily required to advise the Secretary on the effects of current policies and proposed statutory, regulatory, administrative and budgetary changes in Medicare and Medicaid programs on the financial viability of small rural hospitals, the ability of rural areas to attract and

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[1] North Carolina Rural Health Research Center. Facility-Based Ambulatory Care Provided to Rural Medicare Beneficiaries in 2014. March 2019. Available at: https://www.ruralhealthresearch.org/publications/1242
[2] Rural and Minority Health Research Center. Identification of High-Need Rural Counties to Assist in Resource Location Planning. May 2019. Available at: https://www.ruralhealthresearch.org/publications/1258
[3] North Carolina Rural Health Research Center. Safety Net Clinics Serving the Elderly in Rural Areas: Rural Health Clinic Patients Compared to Federally Qualified Health Center Patients. May 2014. Available at: https://www.ruralhealthresearch.org/publications/924

retain physicians and other health professions and access to and the quality of health care in rural areas. For additional information about FORHP, please see http://www.hrsa.gov/ruralhealth/index.html.

Rural Health Clinics, created under the Rural Health Clinic Act of 1977, are primary care clinics that are certified by the Centers for Medicare & Medicaid Services (CMS) to provide care in rural underserved areas. Currently, there are more than 4,500 RHCs located in 45 states. For more information about RHCs, please visit https://www.cms.gov/center/provider-type/rural-health-clinics-center.html.

II. Award Information

1. Type of Application and Award

Types of applications sought: Competing Continuation, 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:
- Collaborating with the recipient to identify key policy issues, public health priorities, and other topics for TA;
- Collaborating with the recipient to identify low-cost approaches to disseminate information about key issues;
- Utilizing HRSA communications resources as needed to support the cooperative agreement;
- Reviewing the recipient's TA products including the policy implications, format, and tone prior to public dissemination; and
- Participating, as appropriate, in the planning and implementation of any meetings, webinars, training activities or workgroups conducted during the period of performance.

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;
- Adhering to Section 508 of the Rehabilitation Act of 1973, as amended;
- Identifying gaps in knowledge among RHCs about issues such as regulatory and program compliance, billing and reimbursement, quality improvement, best practices, disease management, care coordination, and other public health 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 collaborating with other HRSA-supported TA providers, clearinghouses, etc. In particular, a working relationship shall be

established with the National Organization for State Offices of Rural Health (NOSORH) to support its RHC work, with the Rural Health Information Hub (RHIhub), which is the rural health care clearinghouse established under Section 711 of the Social Security Act (42 U.S.C. 912(b)), and with the Rural Healthcare Provider Transition Project (RHPTP), which assists small rural hospitals and RHCs to strengthen their foundation in key elements of value-based care.

- Collaborating as needed with other HHS agencies and external organizations to support TA strategies and address issues for RHCs.

2. Summary of Funding

HRSA estimates approximately $100,000 to be available annually to fund one recipient. The actual amount available will not be determined until enactment of the final FY 2021 federal appropriation. 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 FY 2021 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, HRSA can process applications and award funds appropriately. The period of performance is July 1, 2021 through June 30, 2026 (5 years). Funding beyond the first year is subject to the availability of appropriated funds for the Rural Health Clinic Technical Assistance Program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government. HRSA may reduce funding levels beyond the first year if you are unable to fully succeed in achieving the goals listed in application.

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 and private, for-profit and non-profit organizations, including tribes and tribal organizations, faith-based and community-based organizations, institutions of higher education, state and local governments, and hospitals.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

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

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

NOTE: Multiple applications from an organization are not allowable.

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. HRSA encourages you to apply through Grants.gov using the SF-424 Research and Related (R&R) workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at http://www.grants.gov/applicants/apply-for-grants.html.

The NOFO is also known as "Instructions" on Grants.gov. You must select "Subscribe" and provide your email address for each NOFO you are reviewing or preparing in the workspace application package 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

Section 4 of HRSA's *SF-424 R&R Application Guide* provides instructions for the budget, budget justification, 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. 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 *SF-424 R&R Application Guide* for the Application Completeness Checklist.

Application Page Limit

The total size of all uploaded files included in the page limit may not exceed the equivalent of **60 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 workspace application package do not count in the page limit. Biographical sketches **do** count in the page limitation. Please note: If you use an OMB-approved form that is not included in the workspace application package for HRSA-21-028, 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. 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.**

Applications must be complete, within the specified page limit, and validated by Grants.gov under the correct funding opportunity number prior to 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. § 3321).
3) Where you are unable to attest to the statements in this certification, an explanation shall be included in *Attachment 4: 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 justification, staffing plan and personnel requirements, assurances, certifications, and abstract), 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, consistent with forms and attachments, 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)*

  Briefly describe the purpose of the proposed project.

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

  Describe the following:
    - Issues/challenges faced by RHCs including organizational structure, certification, payment, staffing, interaction with existing and emerging healthcare trends, and the challenges RHCs face in providing healthcare in rural underserved communities.
    - Need for RHCs to receive TA specifically targeted to their provider type.

  Where possible, include data to support the information provided.

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

  Describe your proposed methods to address the issues/challenges/needs described in the *Needs Assessment*. Describe your overall approach and philosophy for meeting the needs of RHCs including:
    - Identifying key policy issues and knowledge gaps among RHCs about topics including regulatory and program compliance, billing and reimbursement, quality improvement, best practices around disease management and care coordination, and other public health priorities;
    - Identifying tools, resources, and strategies to address policy issues, knowledge gaps, and other challenges faced by RHCs; and
    - Informing RHCs and other rural stakeholders about key RHC issues that affect or have the potential to affect care delivery.

- *WORK PLAN -- Corresponds to Section V's Review Criterion #4 (Impact)*

  Describe the activities or steps you will use to achieve each of the activities proposed in the *Methodology* section. Identifying the person responsible for each activity/step and the timeline for completion. At minimum discuss your plan to:
    - Establish or maintain relationships with other HRSA-supported TA providers and clearinghouses (e.g., NOSORH, RHIhub, and RHPTP);
    - Coordinate with other relevant HHS/HRSA TA providers to facilitate maximum dissemination of program information and resources, as well as to avoid duplication of effort;
    - Ensure all products/documents produced under this cooperative agreement adhere to HRSA guidelines regarding funding acknowledgements and disclaimers as well as adhering to Section 508 of the Rehabilitation Act of 1973 (as amended);
    - Make communications accessible to any and all RHCs operating in the U.S. and ensure that they are aware of the resources and information available under this cooperative agreement;
    - Identify knowledge gaps among RHCs that could be addressed through TA under this cooperative agreement;

- o Identify low-cost approaches to disseminate information about key issues; and
- o Respond to requests, comments and questions from RHCs and other relevant rural stakeholders in a timely manner.

- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion #4 ([Impact](#))*

Discuss challenges you are likely to encounter in designing and implementing the activities described in the *Methodology* and *Work Plan* and explain the approaches you will use to resolve those challenges. At minimum, include a discussion of:
- o Promoting RHC participation and engagement with the TA tools and resources developed under this cooperative agreement; and
- o Designing and implementing activities that are cost-effective and accessible to geographically dispersed RHCs.

- *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 towards those outcomes. Include descriptions of measurable, meaningful project outcomes and the metrics that you will use to measure the effectiveness of the TA provided by this cooperative agreement.

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

Describe how the following will contribute to your ability to implement and carry out the work proposed in your application to meet the purpose of the program:
- o Organization's current mission and structure (include an organizational chart in **Attachment 3**);
- o Training and/or experience of project personnel; and
- o Organization and project personnel's experience working with RHCs and comprehensive understanding of key issues pertaining to RHCs.

Describe the Project Director's experience including:
- o As a senior-level executive with at least ten (10) years of experience working specifically and exclusively with RHCs;
- o Managing projects providing TA and other resource services (including teleconferences, webinars, and/or listservs) to RHCs; and
- o Maintaining existing relationships with RHCs to ensure maximum understanding of the experiences and needs of RHCs around the country.

Describe your organization's previous experience conducting similar work at a national level (from any funder).

iii. *Budget*

The directions offered in the *SF-424 R&R Application Guide* may differ from those offered by Grants.gov. Follow the instructions in Section 4.1.iv of HRSA's *SF-424 R&R Application Guide* and the additional budget instructions provided below. A budget that follows the *R&R Application Guide* will ensure that, if HRSA selects the 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.

The Further Consolidated Appropriations Act, 2020 (P.L. 116-94), Division A, § 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." 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 the following fiscal years, as required by law.

iv. *Budget Justification Narrative*

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

NARRATIVE GUIDANCE

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. Any attachments referenced in a narrative section may be considered during the objective review.

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

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v. *Attachments*

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

Attachment 1: 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 2: 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. Make sure any letters of agreement are signed and dated.

Attachment 3: Project Organizational Chart

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

Attachments 4–15: 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 Transition to the Unique Entity Identifier (UEI) and System for Award Management (SAM)**

You must obtain a valid DUNS number, also known as the Unique Entity Identifier (UEI), and provide that number in the application. At a future, to-be-determined date, the *DUNS number will be replaced by the UEI, a "new, non-proprietary identifier" requested in, and assigned by, the System for Award Management (SAM.gov). For more details, visit the following pages: [Planned UEI Updates in Grant Application Forms](#) and [General Service Administration's UEI Update](#).

You must also 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 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)).

If you are chosen as a recipient, HRSA would not make an award until you have complied with all applicable DUNS (or UEI) and SAM requirements and, 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 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.

*Currently, 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*.

SAM.GOV ALERT: For your SAM.gov registration, you must submit a notarized letter appointing the authorized Entity Administrator. The review process changed for the Federal Assistance community on June 11, 2018.

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 federal-wide. Effective January 1, 2020, the forms themselves are no longer part of HRSA's application packages and 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 located at 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 *December 21, 2020 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 R&R Application Guide* for additional information.

5. Intergovernmental Review

The Rural Health Clinic Technical Assistance Program is subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

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

6. Funding Restrictions

You may request funding for a period of performance of up to five years, at no more than $100,000 per year (inclusive of direct **and** indirect costs). The FY 2021 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, HRSA can process applications and award funds appropriately. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division A of the Further Consolidated Appropriations Act, 2020 (P.L. 116-94) and Continuing Appropriations Act, 2021 and Other Extensions Act (P.L. 116-159) are in effect at the time this NOFO is posted. Please see Section 4.1 of HRSA's *SF-424 R&R Application Guide* for additional information. Awards will be made subsequent to enactment of the FY 2021 appropriation. The NOA will reference the FY 2021 appropriation act and any restrictions that may apply. Note that these or other restrictions will apply as required by law in subsequent appropriations acts for FY 2021.

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 applied to the award(s) under the program will be the addition/additive alternative. You can find post-award requirements for program income at 45 CFR § 75.307.

V. Application Review Information

1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review 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.

Review criteria are used to review and rank applications. The Rural Health Clinic Technical Assistance Program has six review criteria. See the review criteria outlined below with specific detail and scoring points.

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

The extent to which the application:
- Clearly describes the purpose of the proposed project.
- Accurately identifies and explains the key issues and/or challenges faced by RHCs including:
    - Organizational structure
    - Certification
    - Payment
    - Staffing
    - Interaction with existing and emerging healthcare trends, and
    - Challenges RHCs face in providing healthcare in rural underserved communities.
- Clearly explains why RHCs need TA specifically targeted to their provider type.
- Includes data to support their arguments.

Criterion 2: RESPONSE (20 points) – Corresponds to Section IV's Methodology

The extent to which the application:
- Clearly describes the proposed methods to address the RHC issues, challenges and needs described by the applicant in the *Needs Assessment* including:
    - Identifying key policy issues and knowledge gaps among RHCs about topics including regulatory and program compliance, billing and reimbursement, quality improvement, best practices around disease management, care coordination, and other public health priorities;
    - Identifying tools, resources and strategies to address policy issues, knowledge gaps and other challenges faced by RHCs; and
    - Informing RHCs and other rural stakeholders about key RHC issues that affect or have the potential to affect care delivery.

Criterion 3: EVALUATIVE MEASURES (10 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity

The extent to which the application:
- Clearly describes the expected outcomes of the program and a strategy to monitor and analyze progress towards those outcomes.
- Identifies project outcomes that are meaningful and measurable, as demonstrated by quantifiable metrics (e.g., number of RHCs engaged, user evaluation of resources).

- Describes a plan to measure the effectiveness of the TA provided by this cooperative agreement.

Criterion 4: IMPACT (25 points) – Corresponds to Section IV's Work Plan and Resolution of Challenges

Work Plan (15 points)
The extent to which the application:
- Clearly identifies and describes the activities or steps necessary to meet the goals of the program. At minimum this should include:
    - Establishing and/or maintaining relationships with other HRSA-supposed TA providers and clearinghouses (e.g., NOSORH, RHlhub, and RHPTP)
    - Coordinating with other relevant HHS/HRSA TA providers to facilitate maximum dissemination of program information and resources, as well as to avoid duplication of effort;
    - Ensuring all products/documents produced under this cooperative agreement adhere to HRSA guidelines regarding funding acknowledgements and disclaimers as well as adhering to Section 508 of the Rehabilitation Act of 1973 (as amended);
    - Communicating with the universe (over 4,500) of RHCs operating in the U.S. and ensure that they are aware of the resources and information available under this cooperative agreement;
    - Identifying knowledge gaps among RHCs that could be addressed through TA under this cooperative agreement;
    - Identifying low-cost approaches to disseminate information about key issues; and
    - Responding to requests, comments and questions from RHCs and other relevant rural stakeholders in a timely manner.
- Identifies the person responsible for each activity/step as well as the timeline for completion.

Resolution of Challenges (10 points)
The extent to which the application:
- Identifies potential challenges likely to be encountered in designing and implementing the activities described in the Methodology and Work Plan and describes effective approaches to resolve those challenges, including:
    - Promoting RHC participation and engagement with the TA tools and resources developed under this cooperative agreement; and
    - Designing and implementing activities that are cost-effective and accessible to geographically dispersed RHCs.

Criterion 5: RESOURCES/CAPABILITIES (25 points) – Corresponds to Section IV's *Organizational Information*

Resources: Organizational Structure (10 points)
The extent to which the application:
- Thoroughly indicates how the following will contribute to the organization's ability to implement and carry out the work proposed in the application and achieve program goals:
    - Organization's current mission and structure
    - Training and/or experience of project personnel
    - Organization and project personnel's experience working with RHCs and comprehensive understanding of key issues pertaining to RHCs

Capabilities: Experience (15 points)
The extent to which the application:
- Includes a clear and detailed description of specific examples of past experience conducting similar work at a national level (from any funder).
- Thoroughly describes the Project Director's experience including:
    - As a senior-level executive with adequate experience working specifically and exclusively with RHCs;
    - Managing projects providing TA and other resource services (including teleconferences, webinars, and/or listservs) to RHCs; and
    - Maintaining 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 Justification Narrative*

The reasonableness of the proposed budget for each year of the period of performance in relation to the objectives, the complexity of the research 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.

2. Review and Selection Process

The objective review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. See Section 5.3 of HRSA's *SF-424 R&R 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 posed 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 issue the Notice of Award (NOA) prior to the start date of July 1, 2021. See Section 5.4 of HRSA's *SF-424 R&R Application Guide* for additional information.

2. Administrative and National Policy Requirements

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

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 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 as part of the non-competing continuation (NCC) renewal process. Further information will be available in the NOA.

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

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

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

Lindsey Nienstedt
Public Health Analyst
Attn: Rural Health Clinic Technical Assistance Program
Federal Office of Rural Health Policy
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-2843
Email: LNienstedt@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
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 the 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

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Tuesday, November 10, 2020
Time: 1 – 2 p.m. ET
Call-In Number: 1- 888-282-0377
Participant Code: 6936454
Weblink: https://hrsa.connectsolutions.com/rhcta-2021/
Playback Number: 1- 888-676-2674
Passcode: 111020

Tips for Writing a Strong Application

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