# U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
## Health Resources and Services Administration

*Office of Rural Health Policy*

***Rural Training Track Technical Assistance Demonstration Program***

**Announcement Type:** New
**Announcement Number:** HRSA-13-247

**Catalog of Federal Domestic Assistance (CFDA) No. 93.155**

**FUNDING OPPORTUNITY ANNOUNCEMENT**

Fiscal Year 2013

## Application Due Date: March 18, 2013

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

**Release Date: January 17, 2013**
**Issuance Date: January 17, 2013**

**Modified on February 21, 2013** – Summary of Funding, page 5. Addition of last sentence.

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

## Table of Contents

# I. Funding Opportunity Description

## 1. Purpose

This announcement solicits applications for the Rural Training Track Technical Assistance (RTT-TA) Demonstration Program. RTTs are family medicine residency programs with a particular focus on training physicians who will practice in rural communities. The purpose of this new competitive announcement is to provide national support and policy analysis for this unique model of rural-focused allopathic and osteopathic physician family medicine residency training.

The RTT-TA demonstration program strongly encourages the formation of a consortium of entities to continue to delineate the policy challenges that RTT residency programs face in training family medicine physicians. This cooperative agreement is an ongoing activity that builds on the work of a previous RTT demonstration (HRSA-10-192). This project will work to identify and analyze the key policy issues, challenges and barriers that continue to affect these rural training sites, and will provide technical assistance where appropriate to increase the number of family medicine residents who train in RTTs. The lead organization is a critical component to ensure the success of this project and must demonstrate a proven track record, with extensive prior experience and results in working with RTT programs. For the purpose of this cooperative agreement, the Office of Rural Health Policy (ORHP) is defining a rural training track as a family medicine residency that operates as a "1-2 program." In these programs, the first year of training is completed at central, usually urban sites and the last two years are completed at rural community-based training locations. The expectation is that the RTT-TA cooperative agreement supports RTTs that train family medicine resident graduates of allopathic, osteopathic, or both types of medical school institutions.

This demonstration requires an ongoing partnership and a collaborative relationship with ORHP in the selection of projects and in the development and implementation of the activities submitted in the work plan. The overarching goals are:

1) Support new and existing RTT programs by providing direct technical assistance when requested, including as appropriate a thorough assessment and specific recommendations related to financial sustainability;

2) Increase medical student interest in RTT residency programs by marketing the RTTs to the right audiences, providing residency interview assistance for students and spouses/partners when needed, and increasing the RTT National Resident Matching Program (NRMP) results for these programs;

3) Expand the number of RTT programs by working with communities and academic institutions who desire to start new programs by sharing the expertise of RTT faculty veterans. This includes assisting new programs in successfully achieving academic accreditation and qualifying for Medicare graduate medical education funding. Particular attention should also be given for infrastructure enhancement, such as providing financial assistance for purchasing medical textbooks, journals, electronic resources, and/or educational equipment needed for the residency program.

4) Analyze the specific characteristics of new versus existing programs in terms of viability/sustainability and analyze which interventions of this cooperative agreement prove most effective in enhancing long-term program viability. This is discussed further on page 30 in the "Final Report" section.

The focus areas to achieve these goals include the following:

1) Identifying, analyzing and translating the key policy issues and challenges affecting the ability of RTT rural training sites to attract potential family medicine residents, including the implications that Medicare and Medicaid regulations have on the viability of RTTs;

2) Supporting policy meetings around rural health workforce, training, recruitment and retention issues for rural residency directors, rural health researchers, rural medical educators, rural medical students and policymakers;

3) Providing technical assistance to new and established RTT programs. Possible examples of technical assistance and activities could include mentoring of new and established RTT programs to increase their fill rate, curriculum development, peer mentorship between RTTs, working with any consortium members to develop strategies to recruit medical school graduates to RTT programs, maintaining an assessment of the match and fill rates for RTT Programs and building a network of all the RTT programs;

4) Identifying and promoting best practices for RTT programs to increase their viability by identifying successful models and administrative support strategies, as well as planning how technical assistance will be primarily focused on the community-based sites of the RTTs;

5) Conducting an inventory and developing a narrative of the different RTT programs nationwide, with a particular emphasis on comparing new versus existing programs related to characteristics such as financial underpinnings, revenue sources, number of residents, faculty and community champions, unique challenges related to the RTT model, sustainability strategies, etc. All new programs implemented from January 1, 2013 through July 31, 2016 should be included in this analysis. Special attention should also be given to analyzing the reasons for any program closures that occur during this time frame; and

6) Maintaining an accurate assessment of the success rates (NRMP and July fill rates) for RTT programs and the long-term rural practice retention rates of their graduates.

## 2. Background

This program is authorized by Section 711(b) of the Social Security Act as amended (42 U.S.C. 912(b)). The Health Resources and Services Administration's Office of Rural Health Policy (ORHP) is the focal point for rural health activities within the U.S. Department of Health and Human Services (HHS). The Office is statutorily required in Title VII (Section 711) of the Social Security Act to advise the Secretary on the effects of current policies and regulatory 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. The Social Security Act also requires ORHP to coordinate activities within HHS that relate to rural health care and provide relevant information to the Secretary and others in the Department. ORHP accomplishes this mission through two broad strategies that focus on policy and programs. The Office addresses the specific difficulties of providing health care in rural communities through its grant programs.

Rural America continues to face greater health professions workforce shortages than do urban locations. Approximately 20 percent of the U.S. population resides in rural areas, but only about 10 percent of U.S. physicians practice in these locations. Of the 2,050 rural counties in the U.S., 1,582 (77 percent) include primary care health professional shortage area (HPSA) designations. In 2005, 165 rural counties (8 percent) lacked a primary care physician. Family medicine physicians are critical providers of primary care services in rural locations, where they are the most common rural specialty. However, the number of U.S. medical school graduates selecting family medicine residency programs has declined by half in the last decade. [1] In 2012, for example, 8.5 percent of allopathic medical school graduates entered Accreditation Council for Graduate Medical Education (ACGME) – accredited family medicine residency programs. Currently, one in five ACGME – accredited family medicine residents graduated from an osteopathic medical school, including 325 osteopathic graduates in 2012.[2,3]

Medical residents who train in rural settings are more likely to practice in rural locations. This is especially true of RTT graduates. Earlier studies have shown RTT graduates practicing in rural locations at rates as high as 76 percent.[4] Recent 3-year data gathered from 14 of the 24 active RTT programs in fall 2011 revealed similar results; the rural yield from RTT residencies was up to 72.5 percent. These results are 2-3 times higher than those of family medicine residencies overall, where historically approximately 22 percent of graduates practice in non-metropolitan areas.[5]

Over the last several years, the Administration has supported the "Improving Rural Health Care Initiative." The emphasis is on re-organizing the way rural programs are administered to focus on building an evidence base for models to improve health care in rural communities. Recruitment and retention of an appropriately trained rural primary care workforce are critical components of this initiative. As part of this effort, ORHP funded a 3-year pilot demonstration (Federal fiscal years 2010-2012) to create a strong national network of RTT program support. This new competitive funding opportunity is an ongoing activity that builds on the work of that initial pilot. During the first 18 months of the initial pilot, among multiple activities, 10 on-site RTT technical assistance visits occurred, 18 program phone consultations occurred and 14 medical student clinical rotations were financially supported at RTT sites. Also, 2 national RTT conclaves occurred where several faculty members from established and developing programs met face-to-face for the first time to network and to discuss multiple educational and operational issues related to the RTT model. There are currently 10 programs in various formative stages of development in 9 States, and an additional 8 States are contemplating new program development. Although it is difficult to know the direct positive effect of the initial RTT demonstration activities, the 24 active programs filled 36 of 43 residency positions offered by the National Resident Matching Program (NRMP) in March 2012 for an initial fill rate of 84 percent, the best results in 10 years.

RTT programs continue to face significant challenges, including financial, human resource and organizational. This training model often lacks sustainable financing for residency education and faculty support. Many programs rely on rural hospital subsidies for financing, which is often

tenuous. As noted above, family medicine residency programs, including RTTs, face ongoing challenges in recruiting resident physicians. To secure institutional recognition and support, RTTs need both urban academic as well as rural community faculty champions. There are also specific accreditation challenges related to this unique model of residency education, such as defining the appropriate level of scholarly activity required for busy community faculty. As many of the faculty leaders who established the initial RTT programs in the 1990s retire, it is crucially important to recruit and provide faculty development for the next generation of educators.[1] This cooperative agreement will build on the work of the previous demonstration to address these and additional ongoing challenges.


1. Patterson DG, Longenecker R, Schmitz D, Skillman SM, Doescher MP. *Policy brief: training physicians for rural practice: capitalizing on local expertise to strengthen rural primary care.* Seattle, WA: WWAMI Rural Health Research Center, University of Washington; Jan 2011.
2. Bieck AD, Biggs WS, Crosley PW, Kozakowski SM. Results of the 2012 National Resident Matching Program: family medicine. Fam Med 2012;44(9):615-9.
3. Biggs W, Bieck AD, Crosley PW, Kozakowski SM. Entry of US medical school graduates into family medicine residencies: 2011–2012. Fam Med 2012;44(9):620-6.
4. Rosenthal TC. Outcomes of rural training tracks: a review. *J Rural Health.* Summer 2000;16(3):213-216.
5. Patterson DP, Longenecker R, Schmitz D, Xierali IM, Phillips Jr RL, Skillman SM, Doescher MP. *Policy brief: rural residency training for family medicine physicians: graduate early-career outcomes.* Seattle, WA: WWAMI Rural Health Research Center, University of Washington; Jan 2012.


## II. Award Information

### 1. Type of Award

Funding will be provided in the form of a cooperative agreement. A cooperative agreement, as opposed to a grant, is an award instrument of financial assistance where substantial involvement is anticipated between HRSA and the recipient during performance of the contemplated project.

In addition to the usual monitoring and technical assistance provided under the cooperative agreement, **HRSA Program responsibilities shall include**:

(a) Provide consultation and guidance in planning, development, coordination, operation and evaluation of activities, including the identification and selection of projects and policy issues, and the analysis of key information sources from which to draw upon for synthesis analysis;

(b) Provide guidance and assistance in identifying key organizations through which to share key information on emerging policy issues;

(c) Participate, as appropriate, in the planning and implementation of any meetings, training activities or workgroups conducted during the period of the cooperative agreement;

(d) Identify opportunities and provide consultation on the identification of targets of opportunity for disseminating information about programs that coordinate both health and human services; and

(e) Review, provide comments and recommendations for documents, curricula, program plans, budgets, work to be contracted out, key personnel (including consultants and contractors), work plan revisions, etc. prior to printing, dissemination or implementation.

**The cooperative agreement recipient's responsibilities shall include (but are not limited to):**

(a) Identify, analyze and translate the key policy issues and challenges affecting the RTTs and their ability to attract potential family medicine residents, including the implications that Medicare and Medicaid regulations have on the viability of RTTs;

(b) Support policy meetings around rural health workforce, training, recruitment and retention issues for rural residency directors, rural health researchers, rural medical educators, rural medical students and policymakers;

(c) Provide technical assistance to new and established RTT programs. Possible examples of technical assistance and activities could include mentoring of new and established RTT programs to increase their fill rates, curriculum development, peer mentorship between RTTs, working with any consortium members to develop strategies to recruit medical school graduates to RTT programs, maintaining an assessment of the match and fill rates for RTT programs and building a network of all the RTT programs;

(d) Identify and promote best practices for RTT programs to increase their viability by identifying successful models and administrative support strategies as well as a plan for how technical assistance will be primarily focused on the community-based sites of the RTTs;

(e) Conduct an inventory and develop a narrative of the different RTT programs nationwide; and

(f) Maintain an accurate assessment of the success rates (match and fill rates) for RTT programs and the long-term rural practice retention rates of their graduates.

### 2. Summary of Funding

This program will provide funding during Federal fiscal years 2013-2015. Approximately $300,000 is expected to be available annually to fund one (1) grantee. Applicants may apply for a ceiling amount of up to $300,000 per year. The project period is three (3) years. Funding beyond the first year is dependent on the availability of appropriated funds for the "RTT-TA Demonstration Program" in subsequent fiscal years, grantee satisfactory performance, and a decision that continued funding is in the best interest of the Federal Government.

This funding opportunity announcement is subject to availability of appropriated funds. If associated funding is not available for the Rural Training Track Technical Assistance Demonstration Program, this announcement will be withdrawn and grants will not be awarded.

## III. Eligibility Information

### 1. Eligible Applicants

Applications may be submitted by any domestic public or private nonprofit entities including: faith-based and community-based organizations; State governments and their agencies such as universities, colleges and research institutions; hospitals; local governments or their bona fide agents; and federally recognized Indian Tribal governments, Indian Tribes and Indian Tribal organizations.

The Rural Training Track Technical Assistance (RTT-TA) Demonstration Program strongly encourages the establishment of a consortium to encourage creative and lasting relationships among all or almost all RTT programs across the nation. Any consortium established must be composed of a lead entity that coordinates all cooperative agreement activities and serves as the applicant of record. Applicants are encouraged to have relationships with, and preferably develop a consortium of, all or almost all RTT programs across the nation, as well as with any additional partners necessary to successfully complete the proposed goals and objectives. The lead entity must be national in scope, have significant experience conducting similar projects and have an established working relationship with multiple constituencies, preferably via a strong consortium model. Partner examples include, but are not limited to: rural family medicine residency programs; rural training track community sites, including CEOs of sponsoring hospitals; Teaching Health Centers; Federally Qualified Health Centers and Look-Alikes; Rural Health Clinics; Critical Access Hospitals; State Offices of Rural Health; Area Health Education Centers; academic health centers affiliated with RTTs, including family medicine department chairs and medical school deans; other organizations involved in the training of rural family medicine physicians such as the Accreditation Council for Graduate Medical Education and the American Osteopathic Association; and national rural associations.

If a consortium is developed, the roles and responsibilities of each consortium member must be clearly defined and each member must contribute significantly to the goals of the project. The roles and responsibilities of each partner must be outlined in a Letter of Commitment (LOC) or Memorandum of Agreement (MOA) and submitted with the application in Attachment five (5). These must also indicate an understanding of the benefits that the consortium will bring to the members and include a statement indicating that the proposed consortium partner understands that the funds will be used for the development of a Rural Family Medicine Residency Program - Rural Training Track (RTT) Consortium and are not to be used for the exclusive benefit of any one consortium partner.

### 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 announcement.

Any application that fails to satisfy the deadline requirements referenced in *Section IV.3* will be considered non-responsive and will not be considered for funding under this announcement.

NOTE: Multiple applications from an organization are not allowable.

## IV. Application and Submission Information

### 1. Address to Request Application Package

**Application Materials and Required Electronic Submission Information**

HRSA ***requires*** applicants for this funding opportunity announcement to apply electronically through Grants.gov. The registration and application process protects applicants against fraud and ensures that only authorized representatives from an organization can submit an application. Applicants are responsible for maintaining these registrations, which should be completed well in advance of submitting an application. All applicants ***must*** submit in this manner unless they obtain a written exemption from this requirement in advance by the Director of HRSA's Division of Grants Policy. Applicants must request an exemption in writing from **DGPWaivers@hrsa.gov**, and provide details as to why they are technologically unable to submit electronically through the Grants.gov portal. If requesting a waiver, include the following in the e-mail request: the HRSA announcement number for which the organization is seeking relief, the organization's DUNS number, the name, address, and telephone number of the organization and the name and telephone number of the Project Director as well as the Grants.gov Tracking Number (GRANTXXXX) assigned to the submission along with a copy of the "Rejected with Errors" notification as received from Grants.gov. HRSA's Division of Grants Policy is the only office authorized to grant waivers. **HRSA and its Digital Services Operation (DSO) will only accept paper applications from applicants that received prior written approval.** However, the application must still be submitted by the deadline. Suggestion: submit application to Grants.gov at least two days before the deadline to allow for any unforeseen circumstances.

**IMPORTANT NOTICE: CCR moved to SAM**
**Effective July 30, 2012**

The Central Contractor Registration (CCR) transitioned to the System for Award Management (SAM) on July 30, 2012.
For any registrations in process during the transition period, data submitted to CCR will be migrated to SAM.

If a record was scheduled to expire between July 16, 2012 and October 15, 2012, CCR is extending the expiration date by 90 days. The registrant received an e-mail notification from CCR when the expiration date was extended. The registrant then will receive standard e-mail reminders to update their record based on the new expiration date. Those future e-mail notifications will come from SAM.

SAM will reduce the burden on those seeking to do business with the government. Vendors will be able to log into one system to manage their entity information in one record, with one expiration date, through one streamlined business process. Federal agencies will be able to look in one place for entity pre-award information. Everyone will have fewer passwords to remember and see the benefits of data reuse as information is entered into SAM once and reused throughout the system.

**Active SAM registration is a pre-requisite to the successful submission of grant applications!**

Items to consider are:

- When does the account expire?
- Does the origination need to complete the annual renewal of registration?
- Who is the eBiz POC? Is this person still with the organization?
- Does anything need to be updated?

To learn more about SAM, please visit https://www.sam.gov.

Note: SAM information must be updated at least every 12 months to remain active (for both grantees and sub-recipients). Grants.gov will reject submissions from applicants with expired registrations. Do not wait until the last minute to register in SAM. According to SAM Quick Guide for Grantees (https://www.sam.gov/sam/transcript/SAM_Quick_Guide_Grants_Registrations-v1.6.pdf), an entity registration will become active after 3-5 days. Therefore, ***check for active registration well before the application deadline.***

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

All applicants are responsible for reading the instructions included in HRSA's *Electronic Submission User Guide,* available online at http://www.hrsa.gov/grants/apply/userguide.pdf. This Guide includes detailed application and submission instructions for both Grants.gov and HRSA's Electronic Handbooks. Pay particular attention to Sections 2 and 5 that provide detailed information on the competitive application and submission process.

Applicants are also responsible for reading the Grants.gov Applicant User Guide, available online at http://www.grants.gov/assets/ApplicantUserGuide.pdf. This Guide includes detailed information about using the Grants.gov system and contains helpful hints for successful submission.

Applicants must submit proposals according to the instructions in the Guide and in this funding opportunity announcement in conjunction with Application Form SF-424. The forms contain additional general information and instructions for applications, proposal narratives, and budgets. The forms and instructions may be obtained by:

1) Downloading from http://www.grants.gov, or
2) Contacting the HRSA Digital Services Operation (DSO) at: HRSADSO@hrsa.gov

Each funding opportunity contains a unique set of forms and only the specific forms package posted with an opportunity will be accepted. Specific instructions for preparing portions of the application that must accompany Application Form SF-424 appear in the "Application Format Requirements" section below.

## 2. Content and Form of Application Submission

### Application Format Requirements

The total size of all uploaded files may not exceed the equivalent of 80 pages when printed by HRSA. The total file size may not exceed 10 MB. The 80-page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support. Standard forms are NOT included in the page limit. **HRSA strongly urges applicants to print their application to ensure it does not exceed the 80-page limit. Do not reduce the size of the fonts or margins to save space. See the formatting instructions in Section 5 of the *Electronic Submission User Guide* referenced above.**

**Applications must be complete, within the 80-page limit, within the 10 MB limit, and submitted prior to the deadline to be considered under this announcement.**

**Application Format**
Applications for funding must consist of the following documents in the following order:

# SF-424 Non-Construction – Table of Contents

- It is mandatory to follow the instructions provided in this section to ensure that the application can be printed efficiently and consistently for review.
- Failure to follow the instructions may make the application non-responsive. Non-responsive applications will not be considered under this funding opportunity announcement.
- For electronic submissions, applicants only have to number the electronic attachment pages sequentially, resetting the numbering for each attachment, i.e., start at page 1 for each attachment. Do not attempt to number standard OMB approved form pages.
- For electronic submissions, no Table of Contents is required for the entire application. HRSA will construct an electronic table of contents in the order specified.

| Application Section | Form Type | Instruction | HRSA/Program Guidelines |
|---|---|---|---|
| Application for Federal Assistance (SF-424) | Form | Pages 1, 2 & 3 of the SF-424 face page. | Not counted in the page limit |
| Project Summary/Abstract | Attachment | Can be uploaded on page 2 of SF-424 - Box 15 | Required attachment. Counted in the page limit. Refer to the funding opportunity announcement for detailed instructions. |
| Additional Congressional District | Attachment | Can be uploaded on page 3 of SF-424 - Box 16 | As applicable to HRSA; Counted in the page limit. |
| Project Narrative Attachment Form | Form | Supports the upload of Project Narrative document | Not counted in the page limit. |
| Project Narrative | Attachment | Can be uploaded in Project Narrative Attachment form. | Required attachment. Counted in the page limit. Refer to the funding opportunity announcement for detailed instructions. Provide table of contents specific to this document only as the first page. |
| SF-424A Budget Information - Non-Construction Programs | Form | Pages 1–2 to support structured budget for the request of Non-construction related funds. | Not counted in the page limit. |
| Budget Narrative Attachment Form | Form | Supports the upload of Project Narrative document. | Not counted in the page limit. |
| Budget Narrative | Attachment | Can be uploaded in Budget Narrative Attachment form. | Required attachment. Counted in the page limit. Refer to the funding opportunity announcement for detailed instructions. |
| SF-424B Assurances - Non-Construction Programs | Form | Supports assurances for non-construction programs. | Not counted in the page limit. |
| Project/Performance Site Location(s) | Form | Supports primary and 29 additional sites in structured form. | Not counted in the page limit. |
| Additional Performance Site Location(s) | Attachment | Can be uploaded in the SF-424 Performance Site Location(s) form. Single document with | Counted in the page limit. |

| Application Section | Form Type | Instruction | HRSA/Program Guidelines |
|---|---|---|---|
| | | all additional site location(s) | |
| Grants.gov Lobbying Form | Form | Supports structured data for lobbying activities. | Optional, as applicable. Not counted in the page limit. |
| Disclosure of Lobbying Activities (SF-LLL) | Form | Supports structured data for lobbying activities. | Not counted in the page limit. |
| Attachments Form | Form | Supports up to 15 numbered attachments. This form only contains the attachment list. | Not counted in the page limit. |
| Attachment 1-15 | Attachment | Can be uploaded in Other Attachments form 1-15. | Refer to the attachment table provided below for **specific** sequence. Counted in the page limit. |

- To ensure that attachments are organized and printed in a consistent manner, follow the order provided below. Note that these instructions may vary across programs.
- Evidence of Non-Profit status and invention related documents, if applicable, must be provided in the other attachment form.
- Additional supporting documents, if applicable, can be provided using the available rows. Do not use the rows assigned to a specific purpose in the program funding opportunity announcement.
- Merge similar documents into a single document. Where several documents are expected in the attachment, ensure that a table of contents cover page is included specific to the attachment. The Table of Contents page will not be counted in the page limit.
- Please use only the following characters when naming your attachments: A-Z, a-z, 0-9, underscore (_), hyphen (-), space, period, and limit the file name to 50 or fewer characters. Attachments that do not follow this rule may cause the entire application to be rejected or cause issues during processing..

| Attachment Number | Attachment Description (Program Guidelines) |
|---|---|
| Attachment 1 | **Budget Justification:** The budget narrative should clearly describe and provide justification for each budget item and how it will support the achievement of proposed objectives during each one-year budget period. |
| Attachment 2 | **Position Descriptions for key personnel:** Include the roles, responsibilities and qualifications of proposed project staff. Keep to one (1) page in length. |
| Attachment 3 | **Biographical Sketches for key personnel:** Include education, expertise and prior work on rural issues. |
| Attachment 4 | **Organizational Charts and Member List:** Submit a one (1) page organizational chart of the applicant's agency, department or organization and a one (1) page collaborative partners or consortium organizational chart. The charts should depict the organizational structure of the project, including subcontractors and other significant collaborators. Also, include a list of the member organizations including: organization name, complete address, contact person, phone and fax numbers, and e-mail address. Provide a table of contents for this attachment. (The table of contents will not count in the page limit). |
| Attachment 5 | **Letters of Commitment (LOC)/Memoranda of Agreement (MOA):** If a consortium is developed, include a LOC/MOA from each consortium member which explicitly states the consortium member organization's commitment to the project activities to include the specific roles, responsibilities and resources (cash and in-kind) to be contributed by that organization. Whenever possible, please obtain an electronic signature and date for the LOC/MOA submissions. The |

| Attachment Number | Attachment Description (Program Guidelines) |
|---|---|
| | LOCs/MOAs are counted in the page limit. Provide a table of contents for this attachment. (The table of contents will not count in the page limit). |
| Attachment 6 | **Proof of Nonprofit Status:** The applicant must include a letter from the IRS or eligible State entity that provides documentation of nonprofit status. In place of the letter documenting nonprofit status, public entities may indicate their type of public entity (State or local government) and include it here. Not counted in the page limit. |
| Attachment 7 | **Letters of Support List and Optional Attachments (Optional):** If applicable and not included in Attachment 4, a list of any non-consortium organizations providing substantial support and/or relevant resources to the project should be attached and clearly labeled. Provide the organization name, contact person(s), full address, phone number(s), fax number, e-mail address, and a brief account of one to two sentence(s) of the relevant support/resource(s) being provided. Include all other supplemental materials here, in Attachment 7. Be sure each attachment is clearly labeled and included in a table of contents for this attachment. If applicant would like to submit actual letters of support, please include them here. (The table of contents will not count in the page limit). |
| Attachments 8-15 | Other documents, as necessary |

**Application Format**

**i.** ***Application Face Page***

Complete Application Form SF-424 provided with the application package. Prepare according to instructions provided in the form itself. Important note: enter the name of the **Project Director** in 8. f. "Name and contact information of person to be contacted on matters involving this application." If, for any reason, the Project Director will be out of the office, please ensure the email Out of Office Assistant is set so HRSA will be aware if any issues arise with the application and a timely response is required. For information pertaining to the Catalog of Federal Domestic Assistance, the CFDA Number is 93.155.

**DUNS Number**

All applicant organizations (and subrecipients of HRSA award funds) are required to have a Data Universal Numbering System (DUNS) number in order to apply for a grant or cooperative agreement from the Federal Government. The DUNS number is a unique nine-character identification number provided by the commercial company, Dun and Bradstreet. There is no charge to obtain a DUNS number. Information about obtaining a DUNS number can be found at http://fedgov.dnb.com/webform or call 1-866-705-5711. Please include the DUNS number (item 8c) on the application face page. Applications ***will not*** be reviewed without a DUNS number. Note: A missing or incorrect DUNS number is the number one reason for applications being "Rejected for Errors" by Grants.gov. HRSA will not extend the deadline for applications with a missing or incorrect DUNS number. Applicants should take care in entering the DUNS number in the application.

Additionally, the applicant organization (and any subrecipient of HRSA award funds) is required to register annually with the System for Award Management (SAM) in order to conduct electronic business with the Federal Government. SAM registration must be maintained with current, accurate information at all times during which an entity has an active award or an application or plan under consideration by HRSA. It is extremely important to verify that the applicant organization SAM registration is active and the Marketing Partner ID Number (MPIN) is current. Information about registering with SAM can be found athttps://www.sam.gov. Please see Section IV of this funding opportunity announcement for SAM registration requirements.

**ii.** ***Table of Contents***

The application should be presented in the order of the Table of Contents provided earlier. Again, for electronic applications no table of contents is necessary as it will be generated by the system. (Note: the Table of Contents will not be counted in the page limit.)

**iii.** ***Budget***

Please complete Sections A, B, E, and F of the SF-424A Budget Information – Non-Construction Programs form included with the application kit and then provide a line item budget for each year of the project period. In Section A use rows 1 - 3 to provide the budget amounts for the three (3) years of the project. Please enter the amounts in the "New or Revised Budget" column- not the "Estimated Unobligated Funds" column. In Section B "Object Class Categories" of the SF-424A, provide the object class category breakdown for the annual amounts specified in Section A. In Section B, use column (1) to provide category amounts for Year 1 and use columns (2) and (3) for the subsequent budget years.

**Salary Limitation:**
The Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011, limits the salary amount that may be awarded and charged to HRSA grants and cooperative agreements. Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II. The Executive Level II salary of the Federal Executive Pay scale is $179,700. This amount reflects an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to subawards/subcontracts under a HRSA grant or cooperative agreement.

As an example of the application of this limitation: If an individual's base salary is $350,000 per year plus fringe benefits of 25% ($87,500) and that individual is devoting 50% of their time to this award, their base salary should be adjusted to $179,700 plus fringe of 25% ($44,925) and a total of $112,312.50 may be included in the project budget and charged to the award in salary/fringe benefits for that individual. See the breakdown below:

| | |
|---|---|
| Individual's *actual* base full time salary: $350,000<br>50% of time will be devoted to project | |
| Direct salary | $175,000 |
| Fringe (25% of salary) | $43,750 |
| Total | $218,750 |
| **Amount that may be claimed on the application budget due to the legislative salary limitation:**<br>Individual's base full time salary *adjusted* to Executive Level II: $179,700<br>50% of time will be devoted to the project | |
| Direct salary | **$89,850** |
| Fringe (25% of salary) | **$22,462.50** |
| Total amount | **$112,312.50** |

**iv.** ***Budget Justification***
Provide a narrative that explains the amounts requested for each line in the budget. The budget justification should specifically describe how each item will support the achievement of proposed objectives. The budget period is for ONE year. However, the applicant **must** submit one-year budgets for each of the subsequent budget periods within the requested project period at the time of application. Line item information must be provided to explain the costs entered in the SF-424A. Be very careful about showing how each item in the "other" category is justified. For subsequent budget years, the justification narrative should highlight the changes from year one or clearly indicate that there are no substantive budget changes during the project period. The budget justification MUST be concise. Do NOT use the justification to expand the project narrative.

**Budget for Multi-Year Award**
This announcement is inviting applications for project periods up to three (3) years. Awards, on a competitive basis, will be for a one-year budget period; although the project period may be up to three (3) years. Submission and HRSA approval of the Progress Report(s) and any other required submission or reports is the basis for the budget period renewal and release of subsequent year funds. Funding beyond the one-year budget period but within the three-year

project period is subject to availability of funds, satisfactory progress of the awardee, and a determination that continued funding would be in the best interest of the Federal Government.

Include the following in the Budget Justification narrative:

*Personnel Costs:* Personnel costs should be explained by listing each staff member who will be supported from funds, name (if possible), position title, percentage of full-time equivalency, and annual salary. Reminder: Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II or $179,700. An individual's base salary, per se, is NOT constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to HRSA grants and cooperative agreements. Please provide an individual's actual base salary if it exceeds the cap. See the sample below.

Sample:

| Name | Position Title | % of FTE | Annual Salary | Amount Requested |
|---|---|---|---|---|
| J. Smith | Chief Executive Officer | 50 | $179,700* | $89,850 |
| R. Doe | Nurse Practitioner | 100 | $75,950 | $75,950 |
| D. Jones | Data/AP Specialist | 25 | $33,000 | $8,250 |

*Actual annual salary = $350,000

*Fringe Benefits:* List the components that comprise the fringe benefit rate, for example health insurance, taxes, unemployment insurance, life insurance, retirement plans, and tuition reimbursement. The fringe benefits should be directly proportional to that portion of personnel costs that are allocated for the project. (If an individual's base salary exceeds the legislative salary cap, please adjust fringe accordingly.)

*Travel:* List travel costs according to local and long distance travel. For local travel, the mileage rate, number of miles, reason for travel and staff member/consumers completing the travel should be outlined. The budget should also reflect the travel expenses associated with participating in meetings and other proposed trainings or workshops.

*Equipment:* List equipment costs and provide justification for the need of the equipment to carry out the program's goals. Extensive justification and a detailed status of current equipment must be provided when requesting funds for the purchase of computers and furniture items that meet the definition of equipment (a unit cost of $5,000 or more and a useful life of one or more years).

*Supplies:* List the items that the project will use. In this category, separate office supplies from medical and educational purchases. Office supplies could include paper, pencils, and the like; medical supplies are syringes, blood tubes, plastic gloves, etc., and educational supplies may be pamphlets and educational videotapes. Remember, they must be listed separately.

*Contractual:* Applicants are responsible for ensuring that their organization or institution has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts. Applicants must provide a clear explanation as to the purpose of each contract, how the costs were estimated, and

the specific contract deliverables. Reminder: recipients must notify potential subrecipients that entities receiving subawards must be registered in SAM and provide the recipient with their DUNS number.

*Other:* Put all costs that do not fit into any other category into this category and provide an explanation of each cost in this category. In some cases, rent, utilities and insurance fall under this category if they are not included in an approved indirect cost rate.

Applicants may include the cost of access accommodations as part of their project's budget, including sign interpreters, plain language and health literate print materials in alternate formats (including Braille, large print, etc.); and cultural/linguistic competence modifications such as use of cultural brokers, translation or interpretation services at meetings, clinical encounters, and conferences, etc.

*Indirect Costs:* Indirect costs are those costs incurred for common or joint objectives which cannot be readily identified but are necessary to the operations of the organization, e.g., the cost of operating and maintaining facilities, depreciation, and administrative salaries. For institutions subject to OMB Circular A-21, the term "facilities and administration" is used to denote indirect costs. If an organization applying for an assistance award does not have an indirect cost rate, the applicant may wish to obtain one through HHS's Division of Cost Allocation (DCA). Visit DCA's website at: http://rates.psc.gov/ to learn more about rate agreements, the process for applying for them, and the regional offices which negotiate them. The indirect cost rate agreement will not count toward the page limit.

**v.** ***Staffing Plan and Personnel Requirements***

Applicants must present a staffing plan and provide a justification for the plan that includes education and experience qualifications and rationale for the amount of time being requested for each staff position. Position descriptions that include the roles, responsibilities, and qualifications of proposed project staff must be included in Attachment 2. Biographical sketches for any key employed personnel that will be assigned to work on the proposed project must be included in Attachment 3. When applicable, biographical sketches should include training, language fluency and experience working with the cultural and linguistically diverse populations that are served by their programs.

**vi.** ***Assurances***

Complete Application Form SF-424B Assurances – Non-Construction Programs provided with the application package.

**vii.** ***Certifications***

Use the Certifications and Disclosure of Lobbying Activities Application Form provided with the application package.

**viii.** ***Project Abstract***

Provide a summary of the application. Because the abstract is often distributed to provide information to the public and Congress, please prepare this so that it is clear, accurate, concise, and without reference to other parts of the application. It must include a brief description of the proposed project including the needs to be addressed, the proposed services, and the population group(s) to be served.

Please place the following at the top of the abstract:

- Project Title
- Applicant Organization Name
- Address
- Project Director Name
- Contact Phone Numbers (Voice, Fax)
- E-Mail Address
- Web Site Address, if applicable

The project abstract must be single-spaced and limited to one page in length.

**ix. *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.

Use the following section headers for the Narrative:

- *INTRODUCTION*
  This section should briefly describe the purpose of the proposed project.

- *NEEDS ASSESSMENT*
  This section should outline the needs and issues that affect RTTs and their ability to train physicians inclined to practice in rural communities. The target population and its unmet needs must be described and documented in this section. For the purpose of this cooperative agreement, ORHP is defining a rural training track as a family medicine residency that operates as a "1-2 program." In these programs, the first year of training is completed at central, usually urban, sites and the last two years are completed at rural community-based training locations.

  Please discuss challenges and barriers impacting RTTs and the communities they serve, as well as the larger contextual challenges facing family medicine residencies and rural communities' ability to train, recruit and retain physicians. This section should help reviewers understand the rural communities and/or entities that will be served by the proposed project. The Needs Assessment should also discuss the impact of the project on interested entities including, but not limited to, rural health care providers, rural family medicine residency programs, rural family medicine residency training sites, rural medical educators, and allopathic and osteopathic medical student groups.

- *METHODOLOGY*
  Propose methods that will be used to address the stated needs and meet each of the previously-described program requirements and expectations in this funding opportunity announcement. These include:

  1) Identifying, analyzing and translating the key policy issues and challenges affecting the ability of RTT rural training sites to attract potential family medicine residents, including the implications that Medicare and Medicaid regulations have on the viability of RTTs;

2) Supporting policy meetings around rural health workforce, training, recruitment and retention issues for rural residency directors, rural health researchers, rural medical educators, rural medical students and policymakers;

3) Providing technical assistance to new and established RTT programs. Possible examples of technical assistance and activities could include mentoring of new and established RTT programs to increase their fill rate, curriculum development, peer mentorship between RTTs, working with any consortium members to develop strategies to recruit medical school graduates to RTT programs, maintaining an assessment of the match and fill rates for RTT Programs and building a network of all the RTT programs;

4) Identifying and promoting best practices for RTT programs to increase their viability by identifying successful models and administrative support strategies, as well as planning how technical assistance will be primarily focused on the community-based sites of the RTTs;

5) Conducting an inventory and developing a narrative of the different RTT programs nationwide, with a particular emphasis on comparing new versus existing programs related to characteristics such as financial underpinnings, revenue sources, number of residents, faculty and community champions, unique challenges related to the RTT model, sustainability strategies, etc. All new programs implemented from January 1, 2013 through July 31, 2016 should be included in this analysis. Special attention should also be given to analyzing the reasons for any program closures that occur during this time frame; and

6) Maintaining an accurate assessment of the success rates (NRMP and July fill rates) for RTT programs and the long-term rural practice retention rates of their graduates.

- *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. Use a time line that includes each activity and identifies responsible staff. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities, including development of the application and, further, the extent to which these contributors reflect the cultural, racial, linguistic and geographic diversity of the populations and communities served.

- *RESOLUTION OF CHALLENGES*
  Discuss challenges that are likely to be encountered in designing and implementing the activities described in the Work Plan, and approaches that will be used to resolve such challenges.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY*
  Describe current and past experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. Describe the strategy to collect, analyze and track data to measure process and impact/outcomes, including, as appropriate, with different cultural groups (e.g., race, ethnicity, language) and explain how

the data will be used to inform program development and service delivery. Describe how the impact of the Federal investment will be quantified in terms of improving the number of residents who are trained in RTTs, the number of RTT programs maintained or expanded and the number of RTT program graduates who ultimately practice in rural locations.

- *ORGANIZATIONAL INFORMATION*
  Provide information on the applicant organization's current mission and structure, scope of current activities, an organizational chart, and describe how these contribute to the ability of the organization to conduct the program requirements and meet program expectations. Provide information on the program's resources and capabilities to support provision of culturally and linguistically competent and health literate services. Describe how the unique needs of target populations of the communities served are routinely assessed and improved.

**x. *Attachments***

Please provide the following items to complete the content of the application. Please note that these are supplementary in nature, and are not intended to be a continuation of the project narrative. Unless otherwise noted, attachments count toward the application page limit. **Each attachment must be clearly labeled**.

*Attachment 1: Budget Justification*
The budget narrative should clearly describe and provide justification for each budget item and how it will support the achievement of proposed objectives during each one-year budget period.

*Attachment 2: Position Descriptions for key personnel*
Include the roles, responsibilities and qualifications of proposed project staff. Keep to one (1) page in length. For the purpose of this cooperative agreement, Key Personnel are defined as persons funded by this agreement, or persons conducting activities central to the agreement.

*Attachment 3: Biographical Sketches for key personnel*
Provide sketches or resumes for persons occupying the key positions described in the application. These should be brief, one or two pages preferred, and should include education, expertise and prior work on rural issues. If a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that individual.

*Attachment 4: Organizational Charts and Member List*
Submit a one (1) page organizational chart of the applicant's agency, department or organization and a one (1) page collaborative partners or consortium organizational chart. The charts should depict the organizational structure of the project, including subcontractors and other significant collaborators. Also, include a list of the member organizations including: organization name, complete address, contact person, phone and fax numbers, and e-mail address. Provide a table of contents for this attachment. (The table of contents will not count in the page limit).

*Attachment 5: Letters of Commitment (LOC)/Memoranda of Agreement (MOA)*

If a consortium is developed, include a LOC/MOA from each consortium member, which explicitly states the consortium member organization's commitment to the project activities to include the specific roles, responsibilities and resources (cash and in-kind) to be contributed by that organization. Whenever possible, please obtain an electronic signature and date for the LOC/MOA submissions. Provide a table of contents for this attachment. (This will count against the 80 page limit, but the table of contents will not count toward the page limit).

*Attachment 6: Proof of Nonprofit Status*
The applicant must include a letter from the IRS or eligible State entity that provides documentation of nonprofit status. In place of the letter documenting nonprofit status, public entities may indicate their type of public entity (State or local government) and include it here. Not counted in the page limit.

*Attachment 7: Letters of Support List and Optional Attachments (Optional)*
If applicable and not included in Attachment 4, a list of any non-consortium organizations providing substantial support and/or relevant resources to the project should be attached and clearly labeled. Provide the organization name, contact person(s), full address, phone number(s), fax number, e-mail address, and a brief account of one to two sentence(s) of the relevant support/resource(s) being provided. Include all other supplemental materials here, in Attachment 7. Be sure each attachment is clearly labeled and included in a table of contents for this attachment. If applicant would like to submit actual letters of support, please include them here. (The table of contents will not count in the page limit).

*Attachments 8-15: Other documents, as necessary*

## 3. Submission Dates and Times

**Application Due Date**
The due date for applications under this funding opportunity announcement is *March 18, 2013 at 11:59 P.M. Eastern Time*. Applications completed online are considered formally submitted when the application has been successfully transmitted electronically to the correct funding opportunity number, by the organization's Authorized Organization Representative (AOR) through Grants.gov and validated by Grants.gov on or before the deadline date and time.

**Receipt acknowledgement:** Upon receipt of an application, Grants.gov will send a series of email messages to document the progress of an application through the system.

1. The first will confirm receipt in the system;
2. The second will indicate whether the application has been successfully validated or has been rejected due to errors;
3. The third will be sent when the application has been successfully downloaded at HRSA; and
4. The fourth will notify the applicant of the Agency Tracking Number assigned to the application.

The Chief Grants Management Officer (CGMO) or designee may authorize an extension of published deadlines when justified by circumstances such as natural disasters (e.g., floods or hurricanes) or other disruptions of services, such as a prolonged blackout. The CGMO or designee will determine the affected geographical area(s).

**Late applications:**
Applications which do not meet the criteria above are considered late applications and will not be considered in the current competition.

## 4. Intergovernmental Review

The Rural Training Track Technical Assistance (RTT-TA) Demonstration Program is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

## 5. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to three (3) years, at no more than $300,000 per year. 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.

Funds under this announcement may not be used for the following purposes: to pay for the purchase, construction, renovation or improvement of facilities or real property.

**Salary Limitation:** The Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011, limits the salary amount that may be awarded and charged to HRSA grants and cooperative agreements. Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II. The Executive Level II salary of the Federal Executive Pay scale is $179,700. This amount reflects an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to subawards/subcontracts under a HRSA grant or cooperative agreement.

Per Division F, Title V, Section 503 of the Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011 (a) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself. (b) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government. (c) The prohibitions in subsections (a) and (b) shall include any

activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

Per Division F, Title V, Section 523 of the Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011, no funds appropriated in this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.

### 6. Other Submission Requirements

As stated in Section IV.1, except in very rare cases HRSA will no longer accept applications in paper form. Applicants submitting for this funding opportunity are ***required*** to submit ***electronically*** through Grants.gov. To submit an application electronically, please use the APPLY FOR GRANTS section at http://www.grants.gov. When using Grants.gov applicants will be able to download a copy of the application package, complete it off-line, and then upload and submit the application via the Grants.gov site.

It is essential that organizations ***immediately register*** in Grants.gov and become familiar with the Grants.gov site application process. Applicants that do not complete the registration process will be unable to submit an application. The registration process can take up to one month.

To be able to successfully register in Grants.gov, it is necessary to complete all of the following required actions:

- Obtain an organizational Data Universal Numbering System (DUNS) number
- Register the organization with the System for Award Management (SAM)
- Identify the organization's E-Business Point of Contact (E-Biz POC)
- Confirm the organization's SAM "Marketing Partner ID Number (M-PIN)" password
- Register and approve an Authorized Organization Representative (AOR)
- Obtain a username and password from the Grants.gov Credential Provider

Instructions on how to register, tutorials and FAQs are available on the Grants.gov web site at http://www.grants.gov. Assistance is also available 24 hours a day, 7 days a week (excluding Federal holidays) from the Grants.gov help desk at support@grants.gov or by phone at 1-800-518-4726. Applicants should ensure that all passwords and registration are current well in advance of the deadline.

**It is incumbent on applicants to ensure that the AOR is available to submit the application to HRSA by the published due date. HRSA will not accept submission or re-submission of incomplete, rejected, or otherwise delayed applications after the deadline.** Therefore, an organization is urged to submit an application in advance of the deadline. If an application is rejected by Grants.gov due to errors, it must be corrected and resubmitted to Grants.gov before the deadline date and time. Deadline extensions will not be provided to applicants who do not correct errors and resubmit before the posted deadline.

**If, for any reason, an application is submitted more than once prior to the application due date, HRSA will only accept the applicant's last validated electronic submission prior to the Grants.gov application due date as the final and only acceptable application.**

**Tracking an application:** It is incumbent on the applicant to track their application by using the Grants.gov tracking number (GRANTXXXXXXXX) provided in the confirmation email from Grants.gov. More information about tracking an application can be found at https://apply07.grants.gov/apply/checkApplStatus.faces. Be sure the application is validated by Grants.gov prior to the application deadline.

## 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 the applicant in understanding the standards against which each application will be judged. Critical indicators have been developed for each review criterion to assist the applicant 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.

Review criteria are used to review and rank applications. The Rural Training Track Technical Assistance (RTT-TA) Demonstration Program has six (*6) review* criteria:

*Criterion 1: NEED (10 points)*
*Items under this criterion address the Introduction and Needs Assessment sections of the Program Narrative.*
The extent to which the application clearly describes the problems and associated contributing factors that impact RTTs and the communities they serve, and the larger contextual challenges facing family medicine residencies and rural communities' ability to attract and retain physicians.

*Criterion 2: RESPONSE (30 points)*
*Items under this criterion address the Methodology, Work Plan and Resolution of Challenges sections of the Program Narrative. These items include the extent to which the proposed project responds to the "Purpose" section of the Funding Opportunity Description, specifically the overarching goals and focus areas to achieve these goals.*

*Sub-criteria: Response to Technical Assistance to Rural Health Organizations and Rural Family Medicine Residency Programs (15 of 30 points).*

1) The strength of the proposed goals and objectives and their relationship to the identified project. The extent to which the activities described in the application are capable of addressing the problem and attaining the project objectives.
2) The extent to which the applicant organization demonstrates extensive experience in providing technical assistance to RTTs. The extent to which the applicant organization demonstrates extensive experience in working to promote the RTT model to medical students and rural communities.

3) The extent to which the applicant organization demonstrates significant experience in assisting in the establishment of new, and the strengthening of existing, RTT programs.

*Sub-criteria: Response to Working Nationally on Rural Recruitment and Retention Issues (5 of 30 points).*

1) The extent to which the applicant organization demonstrates extensive experience and results in increasing the awareness among rural health care providers, rural health researchers, medical educators and policy makers of rural health workforce issues on the local, State and national level.
2) The extent to which the applicant organization can demonstrate the ability to work with communities and residency programs to identify the link between rural health care delivery and training of rural family medicine providers.
3) The extent to which the applicant organization has the ability to work with a national network of State-based rural recruitment and retention specialists to meet the workforce needs of rural communities.
4) The extent to which the applicant organization has the ability to work with rural medical educators and medical students/potential residents.

*Sub-criteria: Response to Experience with Rural Health Policy and Workforce (10 of 30 points).*

1) The extent to which the applicant organization demonstrates experience in supporting the solicitation, review, selection, compilation and dissemination of best practices to medical educators for rural health models of care.
2) The extent to which the applicant organization demonstrates experience in identifying, analyzing and translating the key workforce and public policy issues and challenges affecting RTTs.
3) The extent to which the applicant organization demonstrates experience in supporting policy meetings around rural health workforce, training, recruitment and retention issues for rural residency directors, rural health researchers, rural medical educators, rural medical students and policymakers.
4) The extent to which the applicant organization has in place an existing infrastructure and extensive past experience/track record of working with RTT programs.
5) The extent to which the applicant organization has extensive past experience/track record of working with medical students interested in rural practice.

*Criterion 3: EVALUATIVE MEASURES (5 points)*
*Items under this criterion address the Evaluation and Technical Support Capacity section of the Program Narrative.*
The strength and effectiveness of the method proposed to monitor and evaluate the project results. Evidence that the evaluative measures will be able to assess: 1) to what extent the program objectives have been met; 2) to what extent these can be attributed to the project; and 3) the degree to which the proposed evaluation plan is logical, technically sound and practical, and able to yield meaningful findings about key areas of project progress and outcome.

*Criterion 4: IMPACT (20 points)*
*Items under this criterion address the Work Plan section of the Program Narrative and include the feasibility and effectiveness of plans for the dissemination of project results.*

*Sub-Criteria: Dissemination of Project Results (5 of 20 points).*

1) The extent to which the applicant organization presents a plan for, and can cite specific experience in, developing materials that could be used by rural family medicine residency programs, rural health care providers, rural health researchers, medical educators and policy makers.
2) The extent to which the applicant organization includes as many of the existing RTTs as possible in the network and has in place an existing relationship with RTT programs nationally.
3) The degree to which the project activities are replicable.

*Sub-Criteria: Project Results are National in Scope (5 of 20 points).*

1) The extent to which the applicant organization meets the broad purpose of this cooperative agreement as described in this document, by being an entity which is national in scope (much broader than a single State, multi-State, regional or local focus).
2) The extent to which the applicant organization describes previous rural health activities that have promoted rural family medicine residency best practices that are national in scope.

*Sub-Criterion: Sustainability (10 of 20 points).*

The extent to which the applicant organization describes sustainability strategies to maintain the program and any consortium of RTTs beyond the Federal funding period.

*Criterion 5: RESOURCES/CAPABILITIES (25 points)*
*Items under this criterion address the Evaluation and Technical Support Capacity and Organizational Information sections of the Program Narrative.*
This includes the capabilities of the applicant organization, and quality and availability of facilities and personnel, to fulfill the needs and requirements of the proposed project.

*Sub-criteria: History of Collaborative Activities with Key Rural Groups (15 of 25 points).*

1) The degree to which the applicant organization has the commitment and ability to form collaborative long-term relationships with key rural constituencies including: rural family medicine residency programs; rural training track community sites, including CEOs of sponsoring hospitals; Teaching Health Centers; Federally Qualified Health Centers and Look-Alikes; Rural Health Clinics; Critical Access Hospitals; State Offices of Rural Health; Area Health Education Centers; academic health centers affiliated with RTTs, including family medicine department chairs and medical school deans; other organizations involved in the training of rural family medicine physicians such as the Accreditation Council for Graduate Medical Education and the American Osteopathic Association; and national rural associations.
2) The extent to which the applicant organization documents the history of their working relationship with each of the above identified key constituency groups.
3) The extent to which the applicant organization demonstrates evidence of success with similar projects, particularly collaborative endeavors.
4) The extent to which the applicant organization demonstrates how detailed previous relationships with these groups have been, the length of time that the organization has worked with established rural family medicine residency programs and the number of years the applicant organization has consistently worked with these entities?

*Sub-criteria: Resources for Collaborative Involvement and Support (10 of 25 points).*

1) The degree to which the applicant organization: a) describes an appropriate and adequate organizational structure for governance and oversight, b) implements and conducts project activities, c) develops and sustains relationships between the project and other key constituencies whose assistance is necessary to plan, and d) implements and achieves project goals and outcome objectives.
2) The extent to which the applicant organization includes Letters of Commitment (LOC)/Memoranda of Agreement (MOA) from any consortium members and letters of support from identified key constituency groups to demonstrate that they value this partnership and are willing to work with the applicant organization on proposed project and in future collaborations. If applicable, letters should be submitted on the official letterhead of these organizations.
3) The extent to which project personnel from the lead applicant organization are qualified by training and/or experience to implement and carry out the project. If the lead applicant organization plans on contracting outside experts to carry out any portion of the project, the applicant organization must provide evidence of the contractor's experience and qualifications and/or any evidence of an existing relationship or collaboration.

*Criterion 6: SUPPORT REQUESTED (10 points)*
*Items under this criterion address the Organizational Information section of the Program 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.

1) The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
2) The extent to which key personnel have adequate time devoted to the project to achieve project objectives.

**2. Review and Selection Process**

The Division of Independent Review is responsible for managing objective reviews within HRSA. Applications competing for Federal funds receive an objective and independent review performed by a committee of experts qualified by training and experience in particular fields or disciplines related to the program being reviewed. In selecting review committee members, other factors in addition to training and experience may be considered to improve the balance of the committee, e.g., geographic distribution. Each reviewer is screened to avoid conflicts of interest and is responsible for providing an objective, unbiased evaluation based on the review criteria noted above. The committee provides expert advice on the merits of each application to program officials responsible for final selections for award.

Applications that pass the initial HRSA eligibility screening will be reviewed and rated by a panel based on the program elements and review criteria presented in Section V. 1. Review Criteria of this funding opportunity announcement. The review criteria are designed to enable the review panel to assess the quality of a proposed project and determine the likelihood of its success. The criteria are closely related to each other and are considered as a whole in judging the overall quality of an application.

### 3. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of September 1, 2013.

## VI. Award Administration Information

### 1. Award Notices

Each applicant will receive written notification of the outcome of the objective review process, including a summary of the expert committee's assessment of the application's strengths and weaknesses, and whether the application was selected for funding. Applicants who are selected for funding may be required to respond in a satisfactory manner to Conditions placed on their application before funding can proceed. Letters of notification do not provide authorization to begin performance.

The NoA sets forth the amount of funds granted, the terms and conditions of the award, the effective date of the award, the budget period for which initial support will be given, the non-Federal share to be provided (if applicable), and the total project period for which support is contemplated. Signed by the Grants Management Officer, it is sent to the applicant's Authorized Organization Representative, and reflects the only authorizing document. It will be sent prior to the start date of September 1, 2013.

### 2. Administrative and National Policy Requirements

Successful applicants must comply with the administrative requirements outlined in 45 CFR Part 74 Uniform Administrative Requirements for Awards and Subawards to Institutions of Higher Education, Hospitals, Other Nonprofit Organizations, and Commercial Organizations or 45 CFR Part 92 Uniform Administrative Requirements For Grants And Cooperative Agreements to State, Local, and Tribal Governments, as appropriate.

HRSA grant and cooperative agreement awards are subject to the requirements of the HHS Grants Policy Statement (HHS GPS) that are applicable based on recipient type and purpose of award. This includes any requirements in Parts I and II of the HHS GPS that apply to the award. The HHS GPS is available at http://www.hrsa.gov/grants/hhsgrantspolicy.pdf. The general terms and conditions in the HHS GPS will apply as indicated unless there are statutory, regulatory, or award-specific requirements to the contrary (as specified in the NoA).

**Non-Discrimination Requirements**
To serve persons most in need and to comply with Federal law, services must be widely accessible. Services must not discriminate on the basis of age, disability, sex, race, color, national origin or religion. The HHS Office for Civil Rights provides guidance to grant and cooperative agreement recipients on complying with civil rights laws that prohibit discrimination on these bases. Please see http://www.hhs.gov/ocr/civilrights/understanding/index.html. HHS also provides specific guidance for recipients on meeting their legal obligation under Title VI of the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color or national origin in programs and activities that receive Federal financial assistance (P.L. 88-352, as amended and 45 CFR Part 80). In some instances a recipient's failure to provide language assistance services may have the effect of discriminating against persons on the basis of their

national origin. Please see http://www.hhs.gov/ocr/civilrights/resources/laws/revisedlep.html to learn more about the Title VI requirement for grant and cooperative agreement recipients to take reasonable steps to provide meaningful access to their programs and activities by persons with limited English proficiency.

**Trafficking in Persons**
Awards issued under this funding opportunity announcement are subject to the requirements of Section 106(g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to http://www.hrsa.gov/grants/trafficking.html.

**Smoke-Free Workplace**
The Public Health Service strongly encourages all award recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. Further, Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care or early childhood development services are provided to children.

**Cultural and Linguistic Competence**
HRSA programs serve culturally and linguistically diverse communities and multiple cultures. Although race and ethnicity are often thought to be dominant elements of culture, HRSA-funded programs embrace a broader definition to incorporate diversity within specific cultural groups including but not limited to cultural uniqueness within Native American populations, Native Hawaiian, Pacific Islanders, and other ethnic groups, language, gender, socio-economic status, sexual orientation and gender identity, physical and mental capacity, age, religion, housing status, and regional differences. Organizational behaviors, practices, attitudes, and policies across all HRSA-supported entities respect and respond to the cultural diversity of communities, clients and students served. HRSA is committed to ensuring access to quality health care for all. Quality care means access to services, information, materials delivered by competent providers in a manner that factors in the language needs, cultural richness, and diversity of populations served. Quality also means that, where appropriate, data collection instruments used should adhere to culturally competent and linguistically appropriate norms. For additional information and guidance, refer to the National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS) published by HHS and available online at http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15. Additional cultural competency and health literacy tools, resources and definitions are available online at http://www.hrsa.gov/culturalcompetence and http://www.hrsa.gov/healthliteracy.

**Healthy People 2020**
Healthy People 2020 is a national initiative led by HHS that sets priorities for all HRSA programs. The initiative has four overarching goals: (1) attain high-quality, longer lives free of preventable disease, disability, injury, and premature death; (2) achieve health equity, eliminate disparities, and improve the health of all groups; (3) create social and physical environments that promote good health for all; and (4) promote quality of life, healthy development, and healthy behaviors across all life stages. The program consists of over 40 topic areas, containing measurable objectives. HRSA has actively participated in the work groups of all the topic areas and is committed to the achievement of the Healthy People 2020 goals. More information about Healthy People 2020 may be found online at http://www.healthypeople.gov/.

**National HIV/AIDS Strategy (NHAS)**
The National HIV/AIDS Strategy (NHAS) has three primary goals: (1) reducing the number of people who become infected with HIV; (2) increasing access to care and optimizing health outcomes for people living with HIV; and (3) reducing HIV-related health disparities. The NHAS states that more must be done to ensure that new prevention methods are identified and that prevention resources are more strategically deployed. Further, the NHAS recognizes the importance of early entrance into care for people living with HIV to protect their health and reduce their potential of transmitting the virus to others. HIV disproportionately affects people who have less access to prevention, care and treatment services and, as a result, often have poorer health outcomes. Therefore, the NHAS advocates adopting community-level approaches to identify people who are HIV-positive but do not know their serostatus and reduce stigma and discrimination against people living with HIV.

To the extent possible, program activities should strive to support the three primary goals of the NHAS. As encouraged by the NHAS, programs should seek opportunities to increase collaboration, efficiency, and innovation in the development of program activities to ensure success of the NHAS. Programs providing direct services should comply with federally-approved guidelines for HIV Prevention and Treatment (see http://www.aidsinfo.nih.gov/Guidelines/Default.aspx as a reliable source for current guidelines). More information can also be found at http://www.whitehouse.gov/administration/eop/onap/nhas.

**Health IT**
Health information technology (Health IT) provides the basis for improving the overall quality, safety and efficiency of the health delivery system. HRSA endorses the widespread and consistent use of health IT, which is the most promising tool for making health care services more accessible, efficient and cost effective for all Americans.

**Related Health IT Resources:**
- Health Information Technology (HHS)
- What is Health Care Quality and Who Decides? (AHRQ)

## 3. Reporting

The successful applicant under this funding opportunity announcement must comply with the following reporting and review activities:

a. **Audit Requirements**
Comply with audit requirements of Office of Management and Budget (OMB) Circular A-133. Information on the scope, frequency, and other aspects of the audits can be found on the Internet at http://www.whitehouse.gov/omb/circulars_default.

b. **Payment Management Requirements**
Submit a quarterly electronic Federal Financial Report (FFR) Cash Transaction Report via the Payment Management System. The report identifies cash expenditures against the authorized funds for the grant or cooperative agreement. The FFR Cash Transaction Reports must be filed within 30 days of the end of each calendar quarter. Failure to submit the report may result in the inability to access award funds. Go to http://www.dpm.psc.gov for additional information.

c. **Status Reports**

1) **Federal Financial Report**. The Federal Financial Report (SF-425) is required according to the following schedule: http://www.hrsa.gov/grants/manage/technicalassistance/federalfinancialreport/ffrschedule.pdf. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically through EHB. More specific information will be included in the NoA.

2) **Progress Report(s).** The awardee must submit a progress report to HRSA on a quarterly basis. Submission and HRSA approval of grantee Progress Report(s) triggers the budget period renewal and release of subsequent year funds. This report has two parts. The first part demonstrates grantee progress on program-specific goals. The second part collects core performance measurement data including performance measurement data to measure the progress and impact of the project. Further information will be provided in the NoA.

3) **Final Report.** A final report submission is required within 90 days after the end of the project period. The Final Report must be submitted on-line in the Electronic Handbooks system at https://grants.hrsa.gov/webexternal/home.asp.

The Final Report is designed to provide ORHP with information required to close out this cooperative agreement after completion of project activities. The Final Report should include the following sections:

a) Project Objectives and Accomplishments - Description of major accomplishments regarding project objectives and summary of evaluation data/workforce metrics
b) Project Barriers and Resolutions - Description of challenges that impeded project's ability to implement the approved plan and how these were addressed
c) Summary Information
    i. Project overview
    ii. Project impact - Which interventions had the greatest impact in achieving the overarching goals outlined on pages 1-2 of this FOA. Particular emphasis should be placed on outlining sustainability; what specific program characteristics including composition, financial underpinnings, revenues, faculty support, community support, graduate medical education funding, accreditation, etc. will most likely enhance long-term program viability. How do new versus existing programs differ in these characteristics?
    iii. Prospects for continuing the project and/or replicating this project elsewhere
    iv. Publications produced through this cooperative agreement
    v. Changes to the objectives from the initially approved project.

4) **Tangible Personal Property Report.** If applicable, the awardee must submit the Tangible Personal Property Report (SF-428) and any related forms. The report must be submitted within 90 days after the project period ends. Awardees are required to report all federally-owned property and acquired equipment with an acquisition cost of $5,000 or more per unit. Tangible personal property means property of any kind, except real

property, that has physical existence. It includes equipment and supplies. Property may be provided by HRSA or acquired by the recipient with award funds. Federally-owned property consists of items that were furnished by the Federal Government. Tangible personal property reports must be submitted electronically through EHB. More specific information will be included in the NoA.

**d. Transparency Act Reporting Requirements**

New awards ("Type 1") issued under this funding opportunity announcement are subject to the reporting requirements of the Federal Funding Accountability and Transparency Act (FFATA) of 2006 (Pub. L. 109–282), as amended by section 6202 of Public Law 110–252, and implemented by 2 CFR Part 170. Grant and cooperative agreement recipients must report information for each first-tier subaward of $25,000 or more in Federal funds and executive total compensation for the recipient's and subrecipient's five most highly compensated executives as outlined in Appendix A to 2 CFR Part 170 (FFATA details are available online at http://www.hrsa.gov/grants/ffata.html). Competing continuation awardees, etc. may be subject to this requirement and will be so notified in the NoA.

## VII. Agency Contacts

Applicants may obtain additional information regarding business, administrative, or fiscal issues related to this funding opportunity announcement by contacting:

Benoit Mirindi
Senior Public Health Analyst
Attn: HAB/HIV and Rural Health Branch
HRSA Division of Grants Management Operations, OFAM
Parklawn Building, Room 11A-02
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-6606
Fax: (301) 443-6343
Email: bmirindi@hrsa.gov

Additional information related to the overall program issues and/or technical assistance regarding this funding announcement may be obtained by contacting:

Daniel G. Mareck, MD
Chief Medical Officer
Attn: Funding Program
Office of Rural Health Policy, HRSA
Parklawn Building, Room 5A-05
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 594-4198
Fax: (301) 443-2803
Email: dmareck@hrsa.gov

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

Grants.gov Contact Center
Telephone: 1-800-518-4726
E-mail: support@grants.gov
iPortal: http://grants.gov/iportal

Successful applicants/awardees 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 Call Center, Monday-Friday, 9:00 a.m. to 5:30 p.m. ET:

HRSA Contact Center
Telephone: (877) 464-4772
TTY: (877) 897-9910
E-mail: CallCenter@HRSA.GOV

## VIII. Other Information

A Technical Assistance Conference Call has been scheduled for **January 29, 2013** at **2:00 PM Eastern Time**. The toll-free number to call is **1-800-857-9890**. The Passcode is **RTTTA**. The Leader name is **Michelle Goodman** and the Speaker is **Daniel Mareck**.

The Technical Assistance call is open to the general public. The purpose of the call is to go over the cooperative agreement funding opportunity announcement (FOA) and to provide any additional or clarifying information that may be necessary regarding the application process. There will be a Q&A session at the end of the call to answer any questions. While the call is not required, it is highly recommended that anyone interested in applying for the Rural Training Track Technical Assistance Demonstration Program listen to the call. It is most useful to the applicants when the FOA is easily accessible during the call and if questions are written down ahead of time for easy reference.

The Technical Assistance call will be recorded and available for playback within one hour of the end of the call and will be available until March 1, 2013. The phone number to hear the recorded call is 1-866-484-6431.

## IX. Tips for Writing a Strong Application

HRSA has designed a technical assistance webpage to assist applicants in preparing applications. Resources include help with system registration, finding and applying for funding opportunities, writing strong applications, understanding the review process, and many other topics which applicants will find relevant. The website can be accessed online at: http://www.hrsa.gov/grants/apply/index.html.

In addition, a concise resource offering tips for writing proposals for HHS grants and cooperative agreements can be accessed online at: http://dhhs.gov/asfr/ogapa/grantinformation/apptips.html.