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

Federal Office of Rural Health Policy

Telehealth Focused Rural Health Research Center Cooperative Agreement

Announcement Type: Initial: New, Competing Continuation
Funding Opportunity Number: HRSA-15-149

Catalog of Federal Domestic Assistance (CFDA) No. 93.155

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2015

Application Due Date: June 29, 2015

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

Release Date: April 29, 2015
Issuance Date*: April 29, 2015

Sarah Bryce
Research Coordinator
Federal Office of Rural Health Policy
E-mail: sbryce@hrsa.gov
Telephone: (301) 443-5982
Fax: (301) 443-2803

Authority: Social Security Act, Title VII, §711 (42 U.S.C. 912), as amended.

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Federal Office of Rural Health Policy (FORHP), is accepting applications for fiscal year (FY) 2015 Telehealth Focused Rural Health Research Center Cooperative Agreement. The purpose of this cooperative agreement is to increase the amount of publically available, high quality, impartial, clinically-informed and policy-relevant telehealth related research.

Funding Opportunity Title:	Telehealth Focused Rural Health Research Center Cooperative Agreement
Funding Opportunity Number:	HRSA-15-149
Due Date for Applications:	June 29, 2015
Anticipated Total Annual Available Funding:	$750,000
Estimated Number and Type of Award(s):	Up to 1 cooperative agreement
Estimated Award Amount:	Up to $750,000 per year
Cost Sharing/Match Required:	No
Project Period:	September 1, 2015 through August 31, 2019 (4 years)
Eligible Applicants:	All domestic public and private entities, nonprofit and for-profit, are eligible to apply. Eligible entities include, but are not limited to, public and private institutions for higher education, public and private health research organizations, foundations, Tribes and tribal organizations, and faith based entities. [See Section III-1 of this funding opportunity announcement (FOA) for complete eligibility information.]

All applicants are responsible for reading and complying with the instructions included in HRSA's *SF-424 R&R Application Guide,* available online at http://www.hrsa.gov/grants/apply/applicationguide/sf424rrguide.pdf, except where instructed in this funding opportunity announcement to do otherwise. A short video for applicants explaining the new *Application Guide* is available at http://www.hrsa.gov/grants/apply/applicationguide/.

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I. Funding Opportunity Description

1. Purpose

This announcement solicits applications for the Telehealth Focused Rural Health Research Center (RHRC) Cooperative Agreement. The purpose of this cooperative agreement is to increase the amount of publically available, high quality, impartial, clinically-informed and policy-relevant research related to telehealth. This research will assist rural health providers and decision-makers at the Federal, state and local levels by contributing to the policy-relevant evidence base of telehealth services. The awardee will provide information that includes, but is not limited to, the impact of telehealth services in rural and underserved communities on access to health care, population health, health care spending (both for payers and for the patients receiving the services), quality of care, home health, and clinical delivery of care. This would also include studies assessing the comparative effectiveness of specific telehealth services relative to in-person services in the same clinical area.

The award provided through the Telehealth Focused Rural Health Research Center Cooperative Agreement is designed to provide support for a four-year research center with a specific concentration on telehealth. It is intended to provide infrastructure to support telehealth services researchers as they explore the complexities of telehealth issues. The cooperative agreement excludes biomedical research.

2. Background

The RHRC program is authorized by Title VII, Section 711 of the Social Security Act (42 U.S.C. 912), as amended. FORHP is statutorily required to advise the Secretary on the effects of current policies and proposed statutory, regulatory, administrative, and budgetary changes in the programs established under titles XVIII (Medicare) and XIX (Medicaid) on the financial viability of small rural hospitals, the ability of rural areas (and rural hospitals in particular) to attract and retain physicians and other health professionals, and access to (and the quality of) health care in rural areas. Over time, use of telehealth services has become a potentially important tool in improving access for rural and underserved areas and in dealing with workforce shortages (e.g., by improving access to specialist services that are not readily available in rural facilities).

HRSA's Federal Office of Rural Health Policy (FORHP) is the focal point for rural health activities within the U.S. Department of Health and Human Services. The Social Security Act also requires FORHP to coordinate activities within HHS that relate to rural health care and provide relevant information to the Secretary and others in the Department. For additional information about FORHP, please see http://www.hrsa.gov/ruralhealth/index.html. FORHP also houses the Office for the Advancement of Telehealth, which administers a number of programs to support the deployment and expansion of telehealth technology through pilot grants and technical assistance.

FORHP accomplishes this mission through a broad range of policy and program activities. The RHRC program focuses on informing FORHP's policy role. Policy-relevant research is useful because it enhances knowledge about rural health and rural health services, including telehealth

services. In addition, rural health services research addresses critical concerns facing rural and underserved communities in their effort to secure adequate, affordable, and high quality health services. Research findings inform a wide audience of national, state, and local decision-makers about the health issues in rural and underserved communities. Research findings have been instrumental in bridging gaps between policy and program needs.

FORHP is interested in telehealth focused health services research studies and research studies that assess the comparative clinical effectiveness of specific telehealth applications. Health services research is defined as a "multidisciplinary field of scientific investigation that studies how social factors, financing systems, organizational structures and processes, health technologies, and personal behaviors affect access to health care, the quality and cost of health care, and ultimately, our health and well-being".[1] Rural-urban comparison studies are included in this definition as well as studies researching the effects of changes in the health care marketplace on rural health care systems and economies. FORHP defines clinical comparative effectiveness as assessing whether or not a particular telehealth service is comparable to the same service offered in a face-to-face clinical encounter.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New, Competing Continuation.

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**:

- Participating in the planning and development of the RHRC's annual telehealth research portfolio and the final selection of research projects to inform diverse audiences,
- Reviewing/commenting on the RHRC's research design and methodology in the research proposals,
- Reviewing/commenting on the RHRC's products including the methodology, analysis, results, policy implications, format and tone prior to public dissemination,
- Participating, as appropriate, in the planning and implementation of any meetings, training activities or workgroups conducted during the project period, and;

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[1] Lohr K, Steinwachs D. Health services research: An evolving definition of the field. Health Services Research, 2002; 37(1):15-17.

- Consulting with the RHRC to design dissemination strategies of the research results to multiple audiences interested in telehealth and associated health issues for the rural and underserved in the form of policy briefs, journal manuscripts, presentations to policy makers, responses to health policy programs and experts, and presentations at national, state, and regional conferences.

The cooperative agreement recipient's responsibilities shall include:

- Participating in the planning and development of the RHRC's annual telehealth research portfolio and the final selection of research projects to inform diverse audiences,
- Conducting policy-relevant health services research on telehealth issues and synthesizing the results into reports easily understood by a non-technical policy audience,
- Maintaining and keeping up-to-date an extensive library of data sets related to telehealth that are geo-coded so that analysis of the data for a variety of definitions of rural is possible,
- Timely submission of research products (policy briefs, monographs, etc.) for FORHP review,
- Submission of all research products to the Rural Health Research Gateway,
- Design and implementation of dissemination strategies of the RHRC's research results to multiple audiences interested in telehealth issues in the form of policy briefs, journal manuscripts, presentations to policy makers, responses to health policy programs and experts, and presentations at national, state, and regional conferences,
- Attending and presenting research at annual RHRC meetings and other relevant meetings, and
- Coordinating and providing regular updates on research progress and/or preliminary findings.

2. Summary of Funding

This program will provide funding during Federal fiscal years 2015 – 2019. Approximately $750,000 is expected to be available annually to fund one (1) awardee. Applicants may apply for a ceiling amount of up to $750,000 per year. The project period is four (4) years. Funding beyond the first year is dependent on the availability of appropriated funds for the Rural Health Research Center Cooperative Agreement in subsequent fiscal years, satisfactory awardee performance, and a decision that continued funding is in the best interest of the Federal Government.

Effective December 26, 2014, all administrative and audit requirements and the cost principles that govern Federal monies associated with this award are superseded by the Uniform Guidance 2 CFR 200 as codified by HHS at 45 CFR 75.

III. Eligibility Information

1. Eligible Applicants

All domestic public and private entities, nonprofit and for-profit, are eligible to apply. Eligible entities may include, but are not limited to, public and private institutions for higher education, public or private health research organizations, and foundations.   Faith-based and community-based organizations are eligible to apply for these funds. Tribes and tribal organizations are eligible to apply for these funds.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Dun and Bradstreet Universal Numbering System Number and System for Award Management (formerly, Central Contractor Registration)

Applicant organizations must obtain a valid DUNS number and provide that number in their application. Applicant must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which it has an active Federal award or an application or plan under consideration by an agency (unless the applicant is an individual or Federal agency that is exempted from those requirements under 2 CFR 25.110(b) or (c), or has an exception approved by the agency under 2 CFR 25.110(d))**.**

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

If an applicant/awardee organization has already completed Grants.gov registration for HRSA or another Federal agency, confirm that it is still active and that the Authorized Organization Representative (AOR) has been approved.

The Grants.gov registration process requires information in three separate systems:
- Dun and Bradstreet (http://fedgov.dnb.com/webform/pages/CCRSearch.jsp)
- System for Award Management (SAM) (https://www.sam.gov)
- Grants.gov (http://www.grants.gov/)

For further details, see Section 3.1 of HRSA's *SF-424 R&R Application Guide.*

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.

4. 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

HRSA *requires* applicants for this funding opportunity announcement to apply electronically through Grants.gov. Applicants must download the SF-424 Research and Related (R&R) application package associated with this funding opportunity following the directions provided at Grants.gov.

2. Content and Form of Application Submission

Section 4 of HRSA's *SF-424 R&R Application Guide* provides instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the Application Guide in addition to the program specific information below. All applicants are responsible for reading and complying with the instructions included in HRSA's *SF-424 R&R Application Guide* except where instructed in the funding opportunity announcement to do otherwise.

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

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

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

Program-Specific Instructions

In addition to addressing application requirements and instructions in Section 4 of HRSA's *SF-424 R&R Application Guide* (including the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract),please include the following:

i.   *Project Abstract*
See Section 4.1.ix of HRSA's *SF-424 R&R Application Guide.*

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

Use the following section headers for the Narrative:

▪ *INTRODUCTION -- Corresponds to Section V's Review Criterion #1*
   This section should briefly describe how telehealth research that contributes to the evidence base of telehealth services and related policies align with FORHP's charge as specified in Section 711 of the Social Security Act as well as with other emerging health policy issues as well as Section 330I of the Public Health Service Act. This should include a discussion on how emerging national health policy trends can affect the provision of telehealth services and rural and underserved communities in general.

▪ *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion #1*
   This section should describe issues and challenges facing rural and underserved communities and health care providers with specific emphasis on telehealth and related health care services. Applicants should demonstrate a thorough understanding of the unique dynamics affecting rural and underserved populations compared to urban populations from a health care service, payment and provider point of view. Demographic data should be used and cited whenever possible to support the information provided. Applicants should demonstrate how their proposed research projects will fill information gaps that can inform rural health policy and contribute to the telehealth evidence base.

▪ *METHODOLOGY -- Corresponds to Section V's Review Criteria #1, #2 & #4*
   This section should include specific information about the applicant's proposed research projects for budget year 1 and the applicant's plan for disseminating completed research projects.

   1) Present five research proposals using the format outlined below. Limit each research proposal to a maximum of six pages. Proposals must be national in scope.

      Summary Overview
      a. Project Title
      b. Principal Investigator Information (name, degree, telephone number, email address)
      c. Stand-alone two sentence project description

Detailed Summary (one to two paragraphs)
a. Statement of Problem/Hypothesis
b. Project Goals
c. Methods
d. Anticipated Publications/Research Products

Research Description
a. *Title:* Provide a prospective title.

b. *Research Description and Policy Relevance*: Clearly state the purpose of the research. Identify the gaps in existing knowledge that the research is intended to fill. State the relevance of the research and its implications for rural health policy from the perspectives of national, state and local stakeholders, and the potential impact for advancing the existing clinical telehealth evidence base. Emphasize its potential value for stakeholders and members of rural and underserved communities. Clearly show the linkage between the proposed telehealth research question(s) and current and emerging national health policy issues.

c. *Geographic Coverage:* Describe the geographic coverage for the research and assess the expected generalizability of the results to inform policy-making. Assess the ability of the research to address levels of rurality. If possible, research should include rural versus urban analyses and analyses by level of rurality so that results are described for the rural continuum.

d. *Hypotheses, Design, and Analysis:* State the hypotheses and what project design and procedures will be used to accomplish the specific aims of the proposed research study. Describe the approach for data analysis (e.g. qualitative, quantitative, mixed methods, etc.) and justify why this approach was selected. Where applicable, discuss how control populations will be identified for comparative studies. Describe anticipated limitations of the analysis.

Research methodology should be appropriate for the projects hypothesis(es) and may be qualitative, quantitative, or a combination of both. FORHP is primarily focused on supporting quantitative studies, but will consider some qualitative studies when that research design is more appropriate because of data limitations.

FORHP acknowledges that some research topics in telehealth may face challenges in terms of assessing comparative clinical effectiveness (e.g. identifying relevant comparison populations). This may limit the scope of some studies to particular states where the data exist to conduct these types of studies (i.e. states where Medicaid covers telehealth services) or specific populations (i.e. Medicare population).

e. *Data Sources:* Identify proposed data sources. Include information on data availability, acquisition cost, and a time schedule for obtaining and preparing data for analysis. If primary data will be used discuss the data collection plan including sampling methods, estimated sample size, expected response rate, etc.

f. *Human Subjects Research:* Provide answers to the questions below.
   i.   Are human subjects involved?   If activities involving human subjects are planned at any time during the proposed research project indicate YES even if the proposed project is exempt from Regulations for the Protection of Human Subjects. Indicate NO if no activities involving human subjects are planned and skip to the Staff Qualifications and Staff-Loading Chart section.

   ii. If the answer was YES, indicate if the Institutional Review Board (IRB) review is pending. If IRB has been approved enter the approval date.

   iii. If exempt from IRB approval enter the exemption numbers and a short description corresponding to one of more of the exemption categories. See http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html#46.101(b) for a list of the six categories of research that qualify for exemption from coverage by the regulations as defined in the Common Rule for the Protection of Human Subjects.

   iv. For the Human Subject Assurance Number provide the IRB approval number or the approved Federal Wide Assurance (FWA), multiple project assurance (MPA), Single Project Assurance(SPA), Number or Cooperative Project Assurance Number that the applicant has on file with the Office of Human Research Protections, if available.

   v.   If you have not yet been reviewed by IRB and you believe your research is exempt, provide a justification for the exemption(s) with sufficient information about involvement of human subjects to allow a tentative conclusion by HRSA staff that the claimed exemption(s) seems appropriate.

   vi. Note that non-exempt research involving human subjects cannot be conducted under a HHS-sponsored award unless your organization provides verification of the justification of the exemption per HHS regulations. Documentation of IRB review when it is completed and its exemption or approval must be sent to the Project Officer. This IRB certification must include the grant number, the title of the project, name of the appropriate IRB which has reviewed and exempted or approved the proposed activity, name of the principal investigator/program director, date of IRB exemption or approval, and appropriate signatures.

g. *Staff Qualifications and Staff-Loading Chart:* Identify the project leader and other senior staff involvement. Include a staff-loading chart that presents the number of hours devoted to the project for each staff member and the total number of hours for each activity (e.g. data cleaning, mapping, analysis). Include a description of relevant expertise and experience in telehealth research.

h. *Consultations:* Describe any proposed consultations outside of the Research Center's Expert Work Group (if applicable). Provide the name, organization and justification for outside consultation.

The applicant may choose to appoint and convene an Expert Work Group (EWG) comprised of up to five national and regional telehealth experts. EWG members are not staff of the applicant's parent organization. The EWG provides input to the RHRC in developing its research portfolio and in evaluating the success of the RHRC. Meetings with the EWG may be in-person or over the phone. The RHRC must be vigilant of its budget in planning and executing these meetings. If an EWG is proposed, the applicant must include the following information:

i. Purpose, meeting content and proposed schedule of yearly face-to-face or conference call meetings
ii. List of EWG members (up to five) including a summary of his or her relevant qualifications
iii. Letters of commitment (**Attachment 3**)

Note: The Expert Work Group is NOT a requirement. FORHP leaves it the discretion of each applicant to decide whether an EWG will strengthen its final research products.

i. *Timetable:* Provide a realistic schedule for the project work.

j. *Dissemination:* Describe how the project's products will be disseminated. Indicate if you anticipate that the research product will be delayed because of submission to a peer reviewed journal.

k. *Literature Citations:* Provide citations to published literature key to this proposal.

2) Provide a plan for disseminating the research products (e.g. policy briefs, journal manuscripts, presentations to policy makers, responses to health policy programs and experts, and presentations at national, state, and regional conferences) produced under this cooperative agreement. This plan should include:
   a. Strategy to provide the [Rural Health Research Gateway](#) with completed research products.

   b. Approaches for alerting stakeholders to new research outputs through multiple channels of communication,

c. Approaches for special dissemination of ground-breaking results to a broader audience,

d. Strategy to develop and maintain a website (design, content and search capabilities) dedicated to research produced under this cooperative agreement,

Additional Considerations and Requirements:

Post-award, four research proposals from the five submitted will be selected by FORHP. This selection process may include additional input from FORHP on suggested proposal modifications.

Avoid duplication with research that is underway or recently completed by querying the Rural Health Research Gateway. If an application is submitted with any proposals focusing on ongoing or recently completed research, the application will be considered non-responsive. Projects must not duplicate or overlap with grants supported by the Office for the Advancement of Telehealth or the Flex Monitoring Team, which evaluates the Rural Hospital Flexibility Grant program and also conducts larger analyses on Critical Access Hospital (CAH) trends specific to quality and performance improvement.

▪ *WORK PLAN -- Corresponds to Section V's Review Criteria # 2 and # 4*
This section should describe the activities or steps proposed to complete the research and dissemination plan outlined in the methodology section. This discussion should include the following:

1) Timeline (for the first year of the project period, not to exceed 12 months) that includes major milestones for conducting and disseminating funded research and identifies responsible staff. This timeline should include a broader range of tasks and more detail than the project-specific timelines included in the methodology section.
2) Explanation of quality control processes.
3) Project management plan that will ensure each funded activity stays on track throughout the first 12 month budget period.
4) Identification of key stakeholders (including other Federal agencies such as the Centers for Medicare and Medicaid and the Office of the National Coordinator) in planning, designing and implementing all activities.
5) Explanation of how the RHRC will use a variety of products to meet the diverse needs of audiences at the national, state, and community level.

Additional Considerations and Requirements:

It is expected that all research products proposed for the first year will be completed within the 12 month budget period.

▪ *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion # 2*
Discuss challenges (data authorization, accessibility, and cost, etc.) 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 -- Corresponds to Section V's Review Criteria # 3 and 5*
  This section should describe the applicant's plan to assess the impact of the research funded under this cooperative agreement and the systems and processes in place to support its work.

  1) Provide a plan for measuring the impact of the research funded under this cooperative agreement. At minimum, this should include a plan for reporting the number of times that each research product posted on the RHRC website are accessed.

  2) Describe the organization arrangements that will technically support the proposed RHRC. Include descriptions of the computer facilities and other relevant research facilities, and any other information that will establish the organization's competence to conduct the proposed research. Describe approaches for maintaining working relationships with the current cohort of FORHP funded research RHRCs and the State Offices of Rural Health. Describe lines of communication and working relationships between staff and contractors, if any.

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion #5*
  This section should describe the applicant's proposed staffing plan and the applicant organization's structure and how it will contribute to the ability of the applicant to conduct its proposed research activities.

  1) 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. Staff of the RHRC must include:

    a. Principal Investigator (i.e. the Project Director)
    b. Deputy Principal Investigator (i.e. the Deputy Director)
    c. Administrative Assistant
    d. Core Research Staff
    e. Technical Writer/Editor
    f. Project Manager

Include a staff-loading chart that presents the number of hours of FTE devoted to the proposed RHRC for each staff members and the total number of hours or FTE for all staff members. Position descriptions that include the roles, responsibilities, and qualifications of proposed project staff must be included in **Attachment 2**.

The principal investigator must devote at least 25% of his or her time to the proposed RHRC. The principal investigator leads the development and realization of the RHRC's telehealth research portfolio, and is the lead investigator on at least two of the applicant's proposed research projects. The principal investigator is responsible for the administrative aspects of the RHRC and the review of all draft reports. The principal investigator should also have a substantial number of telehealth related publications, 5-10 years of work experience specific to telehealth research, and a doctoral degree.

Describe the following regarding the principal investigator. Note: A co-principal investigator is not permitted.

      a. Experience, role, and responsibilities in managing a research team, conducting and disseminating policy relevant telehealth research and/or research on clinical comparative effectiveness.

      b. Experience informing/educating national, state, and community decision-makers, especially those concerned with telehealth and health issues for the rural and underserved.

      c. How he/she will supervise staff from other parts of the parent organization.

      d. Ability and authority to review draft reports to assure their policy-relevance, quality, and readability.

The deputy principal investigator must devote at least 20% of his/her time to the proposed RHRC. Describe the following regarding the Deputy Principal Investigator:

      a. Experience, roles and responsibilities in organizational lines of authority, conducting and disseminating policy relevant telehealth research and/or research on clinical comparative effectiveness.

      b. Experience informing/educating national, state, and community decision-makers, especially those concerned with telehealth and rural health issues.

      c. Process to assume the duties of the Principal Investigator when the Principal Investigator is on short-term (e.g., vacation) and extended (e.g., sabbatical) leave.

The core research staff should be multi-disciplinary, representing social science disciplines such as sociology, epidemiology, demography, economics, organizational behavior, statistics, public health, political science, and geography. The staff should include a high level of experience in conducting telehealth-related research and at least one senior core researcher with significant documented experience conducting studies on comparative clinical effectiveness. Center staff may also include researchers from other relevant disciplines, for example, medicine, nursing, and law. Affiliate research staff with lesser time commitments may also be available.

An editor or technical writer should also be included on staff whose main/partial responsibility should be to review drafts of studies prior to FORHP submission for review to ensure high quality. This individual should be identified in the line item budget.

A project manager will be responsible for tracking the progress of each research project from inception to completion. The project manager should be able to provide information to FORHP staff on the current status of each research project. This individual may also fill another role (i.e. Deputy Director or Administrative Assistant) in the proposed RHRC.

Provide a staff loading chart by major tasks. Describe the following regarding the core research team and organization as a whole:

    a. Multiple disciplines and how they relate to the RHRC's topic of concentration and implementation of a health services research project, and how they conduct and disseminate policy-relevant research.

    b. Capabilities in designing and maintaining websites and disseminating research results.

    c. Mentoring conducted within the proposed RHRC. Key personnel may mentor graduate level researchers but is not a requirement. Mentoring should serve the purpose of enticing new researchers into entering the field of telehealth and rural health services research by providing direct experience in this discipline.

2) Organizational Structure of the Proposed RHRC

The proposed RHRC must be a single entity or a consortium of organizations with a primary lead entity responsible for research, supervision, administrative activities and overall management of Federal funds. It has its own identity including name, organizational structure, and dedicated website but may be located in a larger organizational entity. This discussion should include at minimum:

    a. The identity of the proposed RHRC as an entity and its relationship to its parent organization. If the applicant has multiple sites or is a consortium, this information must be provided for each component.

    b. Relevant resources (i.e. personnel, rural or telehealth databases, access to technology and/or software, etc.)

    c. Library of data sets currently maintained by the applicant that will support telehealth and rural health research, including information of the types of geo-codes on file for different definitions of rural. Indicate any plans for purchasing data sets to keep abreast of releases of new data files and emerging telehealth issues.

NARRATIVE GUIDANCE
In order to ensure that the Review Criteria are fully addressed, this table provides a bridge between the narrative language and where each section falls within the review criteria.

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

	(6) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

iii. *Budget*
Reminder: The Total Project or Program Costs are the total allowable costs (inclusive of direct **and** indirect costs) incurred by the recipient to carry out a grant-supported project or activity. Total project or program costs include costs charged to the award and costs borne by the recipient to satisfy a matching or cost-sharing requirement.

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

The Consolidated and Further Continuing Appropriations Act, 2015, Division G, § 203, (P.L. 113-235) states "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." Please see Section 4.1.iv Budget – Salary Limitation of HRSA's *SF-424 R&R Application Guide* for additional information. Note that these or other salary limitations will apply in FY 2016, as required by law.

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

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

Attachment 1: Work Plan
  Attach the Work Plan for the project that includes all information detailed in Section IV (ii): Project Narrative

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1.vi. of HRSA's *SF-424 R&R Application Guide)*
  Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff.

Attachment 3: Letters of Agreement and/or Description(s) of Proposed/Existing Contracts (project specific)
  Provide any documents that describe working relationships between the applicant organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the contractors and any deliverable. Letters of agreement must be dated.

Attachment 4: Project Organizational Chart
    Provide a one-page figure that depicts the organizational structure of the project.

Attachment 5: Tables, Charts, etc.
    To give further details about the proposal (e.g., Gantt or PERT charts, flow charts, etc.).

Attachment 6: Summary Progress Report
    ACCOMPLISHMENT SUMMARY (FOR COMPETING CONTINUATIONS ONLY)

    A well planned accomplishment summary can be of great value by providing a record of accomplishments. It is an important source of material for HRSA in preparing annual reports, planning programs, and communicating program specific accomplishments. The accomplishments of competing continuation applicants are carefully considered during the review process; therefore, applicants are advised to include previously stated goals and objectives in their application and emphasize the progress made in attaining these goals and objectives. Because the Accomplishment Summary is considered when applications are reviewed and scored, **competing continuation applicants who do not include an Accomplishment Summary may not receive as high a score as applicants who do.** The Accomplishment Summary will be evaluated as part of Review Criterion 5: RESOURCES/CAPABILITIES.

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

    (1) The period covered (dates).

    (2) Specific Objectives - Briefly summarize the specific objectives of the project as actually funded.

    (3) Results- Describe the program activities conducted for each objective. Include both positive and negative results or technical problems that may be important.

Attachments 7-15: Other Relevant Documents
    Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.).

3. Submission Dates and Times

Application Due Date
The due date for applications under this funding opportunity announcement is June 29, 2015 at 11:59 P.M. Eastern Time.

See Section 8.2.5 – Summary of e-mails from Grants.gov of HRSA's *SF-424 R&R Application Guide* for additional information.

4. Intergovernmental Review

RHRC 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 four (4) years, at no more than $750,000 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.

The General Provisions in Division G, of the Consolidated and Further Continuing Appropriations Act, 2015 (P.L. 113-235), apply to this program. Please see Section 4.1 of HRSA's *SF-424 R&R Application Guide* for additional information. Note that these or other restrictions will apply in FY 2016, as required by law.

All program income generated as a result of awarded grant funds must be used for approved project-related activities.

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.

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

Review Criteria are used to review and rank applications. The *Rural Health Research Center Cooperative Agreement: Telehealth Research Center* program has *6 (six)* review criteria:

Criterion 1: NEED (25 points) – Corresponds to Section IV's Introduction, Needs Assessment, and Methodology
- Extent to which the application demonstrates a strong understanding of emerging health policy trends and the issues and challenges facing rural and underserved communities and health care providers with a specific emphasis on telehealth, the provision of related clinical services, and the impact of related policies.

- Extent to which the application demonstrates an understanding of the current state of telehealth research including where the gaps are and the methodological challenges of some telehealth research.
- Extent to which the application demonstrates an understanding of the unique nature of rural and underserved populations as compared to urban populations, including different levels of rurality, provider shortages/distances to nearest provider for beneficiaries, payment provisions for providers, and connectivity.
- The extent to which the five research proposals are clinically-informed, policy-relevant, and focused on emerging issues in the field of telehealth.

Criterion 2: RESPONSE (25 points) – Corresponds to Section IV's Methodology, Work Plan, and Resolution of Challenges
- Extent to which the application appropriately responds to the "Purpose" included in the program description
- The strength and feasibility of the proposed methodology (appropriate research methods, data sources, realistic time frame for completing each research project, appropriate personnel for each task, etc.).
- Extent to which the proposed research projects will inform rural health policy and contribute to the telehealth evidence base
- Extent to which the application demonstrates an understanding of how existing national data sets and other data sources will enable the identification of key research questions and assist in answering questions. For projects where data must be purchased, the applicant should provide a reasonable schedule for buying and editing/cleaning the data. For projects based on primary data collection, the applicant must provide a viable plan for data collection that includes achieving an adequate response rate relevant to the proposed respondents and content.
- The strength of the linkages between the proposed research questions and identified telehealth and health care issues for rural and underserved areas.
- Strength of the project management plan including timeline, milestones, quality control processes, identification of key stakeholders, and the use of a variety of outreach products.
- Feasibility and appropriateness of the plan to resolve potential challenges that have been identified by the applicant.

Criterion 3: EVALUATIVE MEASURES (5 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity
- Extent to which the applicant provides a clear and reasonable plan to assess the impact of the research funded under this cooperative agreement.

Criterion 4: IMPACT (15 points) – Corresponds to Section IV's Methodology and Work Plan
- Extent to which the research proposals are national or nationally representative, include rural versus urban and rurality level analyses where appropriate.
- Extent to which the research proposals are policy relevant and reflect the link between telehealth research topics and current and emerging national health policy issues.

- Extent to which the applicant demonstrates an understanding of telehealth and the uses of rural data analyses and research projects as a mechanism to inform diverse audiences about telehealth and rural health care issues in health care policy.
- Strength and feasibility of the proposed strategies for reaching the proposed national target audiences for the five research proposals.
- Extent to which the applicant proposes a well-designed, achievable and coherent work and dissemination plan that describes how appropriate and effective communication materials will be developed for, and disseminated to, and used by its target audiences according to schedule.
- Strength of the dissemination plan that includes a means to maintain a website inclusive of RHRC products, submission of completed projects to the Rural Health Research Gateway, and alerts users to new research outputs through multiple communication channels.

Criterion 5: RESOURCES/CAPABILITIES (20 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity and Organizational Information
- Extent to which project personnel are qualified by training and/or experience to implement and carry out the proposed telehealth related research projects (including experience working with relevant complex national data sets, conducting rural-urban data analyses, and conducting analyses to determine comparative clinical effectiveness), are published in relevant peer-reviewed journals, and meet the time commitment and expected qualifications outlined in the relevant sections of this FOA.
- Quality of, and extent to which the staffing plan and organizational structure are appropriate for completing the proposed research projects and include all requested personnel roles (i.e. Project Director, Deputy Director, Project Manager, etc.) and include key research personnel with a wide variety of backgrounds relevant to the scope of research proposed by the applicant.
    - Principal Investigator/Project Director has at least 25% FTE time commitment
    - Principal Investigator/Project Director has 5-10 years of work experience specific to telehealth research
    - Deputy Director/Deputy Principal Investigator has at least 20% FTE time committment
- Applicant has access to the facilities and resources necessary to complete the proposed research products (i.e. access to necessary technology, dedicated office space, etc.)
- Applicant provides sufficient evidence of their understanding of the relative strengths and weaknesses of existing national data sets in performing telelhealth research, provides evidence of an extensive library of data sets related to the topic of telehealth and the extent to which these data sets:
    - have been geo-coded to produce analyses for a variety of definitions of rural, and
    - may be updated via established purchasing plans.
- IF APPLICABLE: Applicants who submit "Competing Continuation" proposals will also be evaluated based on the extent to which the results provided show that the applicant has been successful in meeting their specific objectives (included in **Attachment 6** – Summary Progress Report).

Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV's Budget and Budget Justification Narrative

- The reasonableness of the proposed budget for each year of the four-year project period in relation to the objectives, the complexity of the research activities, and the anticipated results. This includes the extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- Strength of the budget justification that documents logically and in adequate detail how and why each line item request (such as personnel, travel, equipment, supplies, information technology, dissemination of research results, purchase of data types are necessary and appropriate, and contractual services) supports the objectives and activities of the proposed project.
- The extent to which key personnel have adequate time developed to the project to achieve project objectives.

2. Review and Selection Process

Please see Section 5.3 of HRSA's *SF-424 R&R Application Guide*. Applicants have the option of providing specific salary rates or amounts for individuals specified in the application budget or the aggregate amount requested for salaries.

This program does not have any funding priorities, preferences or special considerations.

3. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of September 1, 2015.

VI. Award Administration Information

1. Award Notices

The Notice of Award will be sent prior to the start date of September 1, 2015. See Section 5.4 of HRSA's *SF-424 R&R Application Guide* for additional information.

2. Administrative and National Policy Requirements

See Section 2 of HRSA's *SF-424 R&R Application Guide*.

Human Subjects Protection:
Federal regulations (45 CFR 46) require that applications and proposals involving human subjects must be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. If research involving human subjects is anticipated, grantees must meet the requirements of the HHS regulations to protect human subjects from research risks as specified in the Code of Federal Regulations, Title 45 –

Public Welfare, Part 46 – Protection of Human Subjects (45 CFR 46), available online at http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html.

Studies may be submitted to journals for publication adhering to the following criteria:

1) FORHP will allow delay of one policy brief for publication on the Rural Health Research Gateway website if an RHRC submits the study for journal publication (delay caused by journal peer review and acceptance). FORHP will allow the RHRC six months to complete the journal publication process for this specific one study. If the study does not get published within the six-month time frame to the journal, the RHRC must submit it for Gateway publication.

2) The RHRC may submit the remaining three studies for journal publication, but research products from these three must be posted immediately upon completion of the study, FORHP review, and final RHRC revisions. No delay caused by the journal publication process, impeding Gateway website publication, will be allowed for the remaining policy briefs.

3. Reporting

The successful applicant under this funding opportunity announcement must comply with Section 6 of HRSA's *SF-424 R&R Application Guide* **and** the following reporting and review activities:

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

2) **Compendium**. The awardee must submit an electronic compendium at the end of each fiscal year of publically released research products completed with funding from this cooperative agreement. Further information will be provided in the award notice.

VII. Agency Contacts

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

Kimberly Dews
Grants Management Specialist
HRSA Division of Grants Management Operations, OFAM
Parklawn Building, Room 18-105
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-0655
Fax: (301) 443-6343
E-mail: kdews@hrsa.gov

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

Sarah Bryce
Research Coordinator
Federal Office of Rural Health Policy
Health Resources and Services Administration
Parklawn Building, 17W41-C
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-5982
Fax: (301) 443-2803
E-mail: sbryce@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   (International Callers, please dial 606-545-5035)
E-mail: support@grants.gov
iPortal: https://grants-portal.psc.gov/Welcome.aspx?pt=Grants

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, 8:00 a.m. to 8:00 p.m. ET:

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

VIII. Tips for Writing a Strong Application

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