

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



**Health Resources & Services Administration**

Federal Office of Rural Health Policy  
Hospital State Division

***Rural Veterans Health Access Program***

**Funding Opportunity Number: HRSA-22-058**

**Funding Opportunity Type: New**

**Assistance Listings (CFDA) Number: 93.241**

**NOTICE OF FUNDING OPPORTUNITY**

Fiscal Year 2022

**Application Due Date: December 10, 2021**

*Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!  
HRSA will not approve deadline extensions for lack of registration.  
Registration in all systems may take up to 1 month to complete.*

**Issuance Date: September 9, 2021**

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See Section VII for a complete list of agency contacts.

Authority: Title XVIII, Section 1820(g)(6) of the Social Security Act (42 U.S.C. 1395i-4(g)(6)).

## 508 Compliance Disclaimer

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

## EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2022 Rural Veterans Health Access Program (RVHAP). The purpose of this cooperative agreement is to provide funding to states to work with providers and other key partners to improve access to needed healthcare services and improve coordination of care for veterans living in rural areas.

Funding Opportunity Title:	Rural Veterans Health Access Program
Funding Opportunity Number:	HRSA-22-058
Due Date for Applications:	December 10, 2021
Anticipated Total Annual Available FY 2022 Funding:	\$900,000
Estimated Number and Type of Awards:	Up to three cooperative agreements
Estimated Annual Award Amount:	Up to \$300,000 per award, subject to the availability of appropriated funds
Cost Sharing/Match Required:	No
Period of Performance:	August 01, 2022 through July 31, 2025 (3 years)
Eligible Applicants:	Only states (current Medicare Rural Hospital Flexibility Program award recipients in states with certified critical access hospitals) are eligible to apply for funding under this notice. The Governor designates the eligible applicant from each state. See <a href="#">Section III.1</a> of this notice of funding opportunity (NOFO) for complete eligibility information.

## **Application Guide**

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide*, available online at <http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf>, except where instructed in this NOFO to do otherwise.

## **Technical Assistance**

HRSA has scheduled the following technical assistance:

### *Webinar*

Day and Date: Thursday, September 23, 2021

Time: 3 – 4 p.m. ET

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

Webinar ID: 160 022 1107

Participant Code: 41155387

Web link: <https://hrsa.gov.zoomgov.com/j/1600221107?pwd=MXIzeWI0U3d5R1ROeHNmbFdrNUZHUT09>

Participants also have the option of using VOIP (Computer Audio).

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

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# I. Program Funding Opportunity Description

## 1. Purpose

This notice announces the opportunity to apply for funding under the Rural Veterans Health Access Program (RVHAP). The purpose of this program is to provide funding to states to work with providers and other partners to improve access to needed health care services and to improve the coordination of care for veterans living in rural areas. Award recipients can implement a variety of strategies to improve the capacity of critical access hospitals (CAHs) and other rural health care organizations to provide services that meet the needs of veterans living in rural areas. Award recipients can also assist providers in making connections to the Department of Veterans Affairs (VA) system to coordinate care for rural veterans using community health care providers as well as the VA system.

## 2. Background

This program is authorized by [Title XVIII, Section 1820\(g\)\(6\) of the Social Security Act \(42 U.S.C. 1395i-4\(g\)\(6\)\)](#).

There are a disproportionate share of veterans living in rural areas of the United States. According to the [Veterans Health Administration – Office of Rural Health](#) (VHA – ORH) there are 4.7 million veterans residing in rural areas, with 2.7 million enrolled in the VA health care system. Veterans choose to reside in rural areas for a variety of reasons including proximity to family, friends and community; open space for recreation; more privacy; lower cost of living; and less crowded towns and schools. Veterans (and their caregivers) face many of the same challenges with accessing health care and other services as any rural resident including limited broadband, greater geographic and distance barriers, hospital closures due to financial instability, higher uninsured rates, longer wait times, fewer transportation options, fewer housing and employment options, and fewer options of care, particularly specialty care. Veterans also face unique challenges with care coordination as they routinely access care from multiple locations and can be included in multiple health care systems (e.g., through the VA system and through community providers).

The benchmark activity under RVHAP has been to increase enrollment of veterans, living in rural areas into the VA benefits system, which improves their access to care by allowing rural veterans to receive VA services and benefits. This program allows recipients to identify and work with a variety of providers in rural areas whom can assist rural veterans in meeting their health care needs. Network development activities must include Critical Access Hospitals (CAHs), but may also include providers within the VA system, Rural Health Clinics (RHCs), Federally Qualified Health Centers (FQHCs), home health agencies, mental health providers and community mental health centers, pharmacists, social service providers, local government, and other rural health organizations or providers deemed necessary to help meet the needs of veterans.

The Federal Office of Rural Health Policy (FORHP) is collaborating with the [Veterans Health Administration - Office of Rural Health's \(VHA-ORH\) Veterans Rural Health Resource Centers \(VRHRCs\)](#) to strengthen partnerships between rural health providers and the VA system. The VRHRCs are located within the VA medical centers in Iowa City, Iowa; Salt Lake City, Utah; White River Junction, Vermont; Portland, Oregon; and Gainesville, Florida.

VRHRCs have the overarching goal to be the VHA-ORH's field-based satellite offices and serve as hubs of rural health care research, innovation, and dissemination.

Congressional Mandate [38 USC § 7308](#) defines VRHRCs' mission to:

- Improve understanding of the challenges faced by veterans living in rural areas.
- Identify disparities in the availability of health care to veterans living in rural areas.
- Formulate practices or programs to enhance the delivery of health care to veterans living in rural areas.
- Develop special practices and products for the benefit of veterans living in rural areas and for implementation of such practices and products in the VA system-wide.

VRHRCs complete their mission by:

- Administration and Operations: Providing operations and clinical leadership as well as administrative support;
- Studies: Responding to requests from VHA-ORH to prepare longer-term studies of matters affecting veterans living in rural areas of the United States;
- Innovations: Developing and piloting test innovations in the delivery of care and services to rural veterans, functioning as field-based "laboratories" for clinical and non-clinical pilot projects that address well-defined needs of veterans living in rural communities; and
- Promising Practices Dissemination and Technical Assistance:
  - Disseminate VHA-ORH Rural Promising Practices through mentored implementation to targeted stakeholders, inside and outside the VA, that emerge from clinical and non-clinical pilot projects; and
  - Provide technical assistance and program consultation on programs, pilots, projects and issues affecting rural veterans to internal VA and external stakeholders.

## II. Award Information

### 1. Type of Application and Award

Type of applications sought: New

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

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

- Advising on performance measures (refer to the Baseline Measures in the [Evaluation and Technical Support Capacity section](#)) to ensure that HRSA can capture any cross cutting outcomes among the award recipients.
- Facilitating partnerships with the VHA-ORH.
- Facilitating sharing of best practices and resources to other relevant stakeholders.

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

- Collaborating with HRSA and the VHA-ORH (including VRHRCs) in implementing program objectives, measuring program progress, and assessing program effectiveness.
- Executing program activities to meet the goals of the project, in conjunction with ongoing discussions and input from HRSA.
- Engaging with providers and stakeholders within your state to increase access to care and coordination of care for veterans in rural areas.
- Sharing best practices and resources developed to benefit interested stakeholders.

### 2. Summary of Funding

HRSA estimates approximately \$900,000 to be available annually to fund up to three recipients. The actual amount available will not be determined until enactment of the final FY 2022 federal appropriation. You may apply for a ceiling amount of up to \$300,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately.

The period of performance is August 1, 2022 through July 31, 2025 (3 years). Funding beyond the first year is subject to the availability of appropriated funds for RVHAP in subsequent fiscal years, satisfactory progress, and a decision that continued funding is in the best interest of the Federal Government.

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

## Limitations on Indirect Cost Rates

The authorizing legislation (Title XVIII §1820(g)(4)(E) of the Social Security Act (42 U.S.C. 1395i-4(g)(4)(E)) limits indirect costs under this program. Indirect costs will be budgeted and reimbursed at the lesser of 15 percent of total direct costs or the applicant's negotiated Indirect Cost Rate Agreement (ICRA). This limitation on indirect cost rates is a requirement of this federal award and, as required in 45 CFR § 75.351-353, the limitation includes subrecipients.

## III. Eligibility Information

### 1. Eligible Applicants

Only states (current Medicare Rural Hospital Flexibility Program award recipients in states with certified Critical Access Hospitals) are eligible to apply for funding under this notice, per the authorizing statute ([Title XVIII, Section 1820\(g\)\(6\) of the Social Security Act \(42 U.S.C. 1395i-4\(g\)\(6\)\)](#)). The Governor designates the eligible applicant from each state. HRSA will only accept one application from each state.

### 2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

### 3. Other

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

- Exceeds the ceiling amount
- Fails to satisfy the deadline requirements referenced in [Section IV.4](#)

#### Requirements for Second-Time Applicants

Applicants shall not previously have received a Rural Veterans Health Access Program award for the same or similar projects, unless the entity is proposing to expand the scope of the project or the area that will be served by the project.

NOTE: Multiple applications from an organization are not allowable.

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



## IV. Application and Submission Information

### 1. Address to Request Application Package

HRSA **requires** you to apply electronically. HRSA encourages you to apply through [Grants.gov](https://www.grants.gov) using the SF-424 workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at <http://www.grants.gov/applicants/apply-for-grants.html>.

The NOFO is also known as “Instructions” on Grants.gov. You must select “Subscribe” and provide your email address for HRSA-22-058 in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the [For Applicants](#) page for all information relevant to this NOFO.*

### 2. Content and Form of Application Submission

#### Application Format Requirements

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

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

#### Application Page Limitation

The total size of all uploaded files included in the page limit shall be no more than the equivalent of **50 pages** when printed by HRSA. The page limit includes the project and budget narratives, and attachments required in the *Application Guide* and this NOFO.

Please note: Effective April 22, 2021, the abstract is no longer an attachment that counts in the page limit. The abstract is the standard form (SF) “Project\_Abstract Summary.” Standard OMB-approved forms included in the workspace application package do not count in the page limit. If you use an OMB-approved form that is not included in the workspace application package for HRSA-22-058, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit.

**It is therefore important to take appropriate measures to ensure your application does not exceed the specified page limit. Any application exceeding the page limit of 50 will not be read, evaluated, or considered for funding.**

**Applications must be complete, within the maximum specified page limit, and validated by Grants.gov under HRSA-22-058 before the deadline.**

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

- 1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3321).
- 3) If you are unable to attest to the statements in this certification, you must include an explanation in *Attachment #8: Other Relevant Documents*.

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

### **Program-Specific Instructions**

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

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

Use the Standard OMB-approved Project Abstract Summary Form 2.0 that is included in the workspace application package. Do not upload the abstract as an attachment or it will count toward the page limitation. For information required in the Project Abstract Summary Form, see Section 4.1.ix of HRSA's [SF-424 Application Guide](#).

### **NARRATIVE GUIDANCE**

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

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

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

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

Use the following section headers for the narrative:

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

Briefly describe the purpose of the proposed project.

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

The purpose of this section is to outline the needs and healthcare gaps of rural veterans within your state.

- Describe and document the rural veteran population and its unmet health needs.
- Discuss the demographics of the rural veteran population in your state, including age and gender identity. Use and reference demographic data whenever possible to support the information provided, for example: The [National Center for Veterans Analysis and Statistics](#) provides official data sets and visualization infographics, including the [Veteran Population Model \(VetPop\)](#) by key demographic characteristics.

Additional resources for rural veteran demographics include:

- [The Veterans in Rural America, American Community Survey](#) report includes a state by state breakdown of rural veteran population demographics.
- [The Rural Health Information Hub](#) also contains several resources regarding access to health care for veterans in rural areas.

- Discuss unmet health needs specific to underserved veteran populations including geriatric, Native American, minority, and women veteran populations.
  - Discuss gaps in rural veterans' ability to receive care within their community and describe how this project will complement, but not supplant, existing programs, where applicable.
  - Discuss existing resources to assist veterans to receive mental health care, crisis intervention, care for post-traumatic stress disorder (PTSD), or other health care services deemed necessary within your rural communities, where applicable.
  - Discuss any relevant barriers in the service area that the project hopes to overcome. This section will help reviewers understand the community and/or organization that you will serve with the proposed project.
  - Describe any existing efforts to coordinate care or efforts for veterans to receive care from community providers or providers from the VA system.
- **METHODOLOGY** -- Corresponds to [Section V's Review Criterion \(2\) Response](#) and [Review Criterion \(4\) Impact](#)

Propose methods that you will use to address the stated needs and meet each of the previously described program requirements and expectations in this NOFO.

This section should outline your approach to work with providers and partners in addressing the gaps and unmet health needs indicated in the needs assessment to improve access to care and needed services for veterans, including care coordination for veterans receiving care from multiple systems. As appropriate, include development of effective tools and strategies for ongoing staff training, outreach, collaborations, clear communication, and information sharing/dissemination with efforts to involve patients, families, and communities with veterans in need of health services. If applicable, include a plan to disseminate reports, products, and/or project outputs so key target audiences receive the project information.

Include a description of any innovative methods that you will use to address the stated needs.

### Goals and objectives

Discuss the methods you will employ to improve health care for rural veterans by addressing the required program objective (objective #1) and targeting at least one of the core program objectives (objectives 2, 3, 4):

1. Increasing access to care for underserved veteran populations, including geriatric, women, Native American, and minority veteran populations **(required objective)**.
2. Increasing care coordination for veterans seeking care both at the VA system and from other community providers, including the [VA community care program](#).

3. Increasing access to mental health services, substance use disorder (SUD) services, or other health care services deemed necessary to meet the needs of veterans living in rural areas.
4. Increasing access to crisis intervention services and the detection of PTSD, traumatic brain injuries, and other signature injuries for veterans in rural areas, which can include the referral of such veterans to medical facilities operated by the VA.

Award recipients should implement a variety of strategies to meet the core objectives of the program, including:

- Improving capacity of CAHs and other rural health care organizations to meet the needs of veterans in rural areas;
- Assisting providers with making connections to the VA system;
- Establishing or participating in advisory panels, task forces, committees, network development, or coalitions that address program development, health systems planning, and strategic planning. This can include addressing challenging health issues for rural veterans such as: behavioral health, aging, population health, racial and ethnic health disparities, substance use services, and social determinants of health (SDOH) factors.
  - Network development activities must include CAHs, but may also include RHCs, FQHCs, Native American and Tribal Organizations, home health agencies, mental health providers and community mental health centers, pharmacists, social service providers, local government, and other rural health organizations or providers deemed necessary to help meet the needs of veterans.
- Improving the coordination of care for rural veterans, which can include efforts with community health care providers and coordination of the VA system; and
- Establishing or improving telehealth and/or telemedicine services that improve access to care for rural veterans.
  - For any projects involving telehealth and telemedicine, you can find information on the [Telehealth Resource Centers](#), [Telehealth Centers of Excellence](#), and other telehealth resources at [HRSA Telehealth Programs](#).
  - RHI Hub has resources for [Telehealth projects](#), including the [Telehealth Toolkit](#).
  - The [VA Telehealth Services](#) includes resources and services to assist implementing Telehealth for veterans.

### Stakeholder Engagement

Engaging with the VA is a required component of the project. Describe how you plan to facilitate state partnerships with the VA, including a discussion on how you plan to consult or collaborate with one of the five VRHRCs on activities and how that will ensure that RVHAP funds complement existing VHA-ORH work, and results in improving the health for veterans in rural areas. VRHRCs can facilitate and assist award recipients with navigating partnerships within the VA system. VRHRCs have specific focus areas:

- White River Junction: research and care coordination
- Iowa City: health information exchange, opioids, telehealth, and FQHC pilot programs
- Salt Lake City: geriatric care, Native American veterans, and telehealth
- Portland: pain management, suicide prevention, and vulnerable populations
- Gainesville: rehabilitation and independent living for rural veterans, rural workforce recruitment, retention, and education

Include a letter acknowledging support from one of the VRHRCs for project collaboration and project sustainability in **Attachment #4**.

Collaboration activities should also include:

- A discussion on how you have engaged with providers and partners in the development of your proposal and their planned involvement with project implementation.
- A discussion on how you will get input from key stakeholders, including rural veteran populations, which should also include geriatric, female, Native American, and minority veteran populations, during project planning and implementation.
- Describe how you will share best practices implemented or resources developed during your project for the benefit of interested stakeholders.
- Describe collaborative efforts planned to address challenging health issues for rural veterans including: access to broadband, telehealth and telemedicine, behavioral health, aging, population health, racial and ethnic health disparities, substance use, and SDOH factors for veterans in rural areas.

### Sustainability Approach

Propose a plan for project sustainability after the period of federal funding ends. While HRSA understands ongoing support for these projects may be challenging, HRSA expects that award recipients will consider how to sustain key elements of their RVHAP project, including the continuation of activities and services, ongoing work with partners, and continued use of assets such as (HIT and Telehealth equipment) purchased with RVHAP funding, which have proven to be effective in improving practices and have led to improved outcomes for the target population. Sustainability should be considered during the planning phase of the project.

Find additional rural-specific sustainability planning tools at <https://www.ruralhealthinfo.org/sustainability>

- **WORK PLAN** -- Corresponds to [Section V's Review Criterion \(2\) Response](#)

Describe the activities or steps that you will use to achieve each of the objectives proposed during the entire period of performance in the Methodology section. The work plan should provide a succinct overview of projects goals, objectives, activities, and projected outcomes. It is recommended that this information is provided in table format. The work plan must include each activity, responsible staff, estimated completion dates for activities, progress or process measures, and intended outcomes. As appropriate, identify meaningful support and collaboration with key stakeholders or partners in planning, designing, and implementing all activities, including developing the application.

Submit work plan as **Attachment #1**.

### **Logic Model**

Provide an “outcomes approach” logic model that clearly illustrates the inputs, activities, outputs, short-term and long-term outcomes, and the impact of the proposed program and clearly provides a basis for the RVHAP work plan.

The logic model should illustrate how the proposed program relates to veterans in rural areas, the required collaboration with a VRHRC, and the service area at all social-ecological levels (intrapersonal/individual, interpersonal, organizational/institutional, community, and public policy). The logic model should summarize the connection between the:

- Goals of the project (e.g., reasons for proposing the intervention, if applicable);
  - Goals should be aligned with the core program objectives described in the methodology. Short, mid, and long-term project goals that demonstrate work towards the completion of the core program objectives can be included;
- Assumptions (e.g., beliefs about how the program will work and support resources. Base assumptions on research, best practices, and experience.);
- Inputs (e.g., organizational profile, collaborative partners, key personnel, budget, other resources);
- Target population (e.g., the individuals to be served);
- Activities (e.g., approach, listing key intervention, if applicable);
- Outputs (i.e., the direct products of program activities); and
- Outcomes (i.e., the results of a program, typically describing a change in people or systems).

Although there are similarities, a logic model is not a work plan. A work plan is an “action” guide with a time line used during program implementation; the work plan provides the “how to” steps. You can find additional information on developing logic models at the following website: <https://www.acf.hhs.gov/archive/ana/training-technical-assistance/ana/resource/ana/resource/logic-model-template>

Submit logic model with work plan in **Attachment #1**.

- *RESOLUTION OF CHALLENGES* -- Corresponds to [Section V's Review Criterion \(2\) Response](#)

Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan, and approaches that you will use to resolve such challenges.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY* -- Corresponds to [Section V's Review Criterion \(3\) Evaluative Measures](#)

Describe the plan for program performance evaluation that will contribute to continuous quality improvement. The program performance evaluation should monitor ongoing processes and the progress towards the goals and objectives of the project. Include descriptions of the inputs (e.g., organizational profile, collaborative partners, key personnel, budget, and other resources), key processes, expected outcomes of the funded activities, and dissemination of program results.

As appropriate, describe the strategy to collect, analyze and track data to measure process and impact/outcomes. Explain how data will be used to inform program development and service delivery. Describe any potential obstacles for implementing the program performance evaluation and your plan to address those obstacles.

Describe your capacity to work with HRSA and the VHA-ORH to adjust measures, collect data, and demonstrate the impact of the program.

#### Baseline Measures

Propose baseline health measures that will be monitored and tracked throughout the period of performance in order to demonstrate the effectiveness of the project. Baseline measures should be collected from the start of the project. Baseline measures determine where the rural veteran target population currently is on a given health problem (e.g., the number of sites delivering PTSD screenings for veterans) or issue (e.g., the percentage of veterans who do not have access to care) to setup the benchmarks/targets for assessment of program performance. Describe the methodology for collecting baseline measures.

At a minimum, the evaluation plan must contain the following measures. Please note this list is not exhaustive and additional measures should be included, as applicable:

- Number of veteran's receiving care or services and the types of services provided
- Number of underserved veterans (geriatric, minority, Native American, and women veterans- differentiate between which underserved veterans) receiving services and types of services provided
- Number of veteran's or number of sites enrolled in the VA system
- Number of veteran's receiving Telehealth or Telebehavioral health services (and the types of services)



- Number of veterans and/or number of underserved veterans receiving Telehealth or Telebehavioral health services
  - Number of providers recruited assisting rural veterans in meeting health needs
  - Number of sites using veteran screenings and/or number of veterans screened by providers or organizations
- **ORGANIZATIONAL INFORMATION** -- Corresponds to [Section V's Review Criterion \(5\) Resources and Capabilities](#)
- Succinctly describe your organization's current mission, structure, and scope of current activities, and describe how these elements all contribute to the organization's ability to implement the program requirements and meet program expectations.
  - Include an organizational chart as **Attachment #6**.
  - Include a staffing plan and job descriptions for key personnel as **Attachment #2**.
  - Include biographical sketches of key personnel as **Attachment #3**.
  - Discuss any subcontracts that you are proposing to use to achieve project goals and describe your oversight role.
  - Discuss how the organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs to avoid audit findings.
  - Describe how you will routinely assess and improve the unique needs of rural veteran populations of the communities served.

### **iii. Budget**

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

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

The General Provisions in Division H of the Consolidated Appropriations Act, 2021 (P.L. 116-260) are in effect at the time this NOFO is posted. Please see Section 4.1.iv Budget-Salary Limitation of HRSA's [SF-424 Application Guide](#) for additional information. Awards will be made subsequent to enactment of the FY 2022 appropriation. The NOA will reference the FY 2022 appropriation act and any

restrictions that may apply. Note that these or other restrictions will apply in the next fiscal year, as required by law.

#### Limitations on Indirect Cost Rates

Authorizing legislation (Title XVIII, §1820(g)(4)(E) of the Social Security Act (42 U.S.C. 1395i-4(g)(4)(E)), as amended) limits indirect costs under this program. Indirect costs will be budgeted and reimbursed at the lesser of 15 percent of total direct costs or the applicant's negotiated Indirect Cost Rate Agreement (ICRA). This limitation on indirect cost rates is a requirement of this federal award and, as required in [45 CFR § 75.351-353](#), the limitation includes contractual and subrecipients.

#### **iv. Budget Narrative**

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

In addition, the RVHAP program requires the following:  
The budget narrative should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

#### **v. Attachments**

Provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limitation.** Your indirect cost rate agreement and proof of non-profit status (if applicable) will not count toward the page limitation. **Clearly label each attachment.** You must upload attachments into the application. Any *hyperlinked* attachments will *not* be reviewed/opened by HRSA.

##### *Attachment 1: Work Plan and Logic Model*

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

##### *Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of HRSA's [SF-424 Application Guide](#))*

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

##### *Attachment 3: Biographical Sketches of Key Personnel*

Include biographical sketches for persons occupying the key positions described in **Attachment 2**, not to exceed two pages in length per person. In the event that a biographical sketch is included for an identified individual not yet hired, include a letter of commitment from that person with the biographical sketch.

*Attachment 4: VHA-ORH VRHRC Letter of Support*

Provide a letter acknowledging support from one of the VHA-ORH VRHRCs that the applicant organization will be collaborating with on this project and for project sustainability.

*Attachment 5: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific)*

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

*Attachment 6: Project Organizational Chart*

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

*Attachment 7: Tables, Charts, etc.*

This attachment should give more details about the proposal (e.g., Gantt or PERT charts, flow charts).

*Attachments 8–15: Other Relevant Documents*

Include here any other documents that are relevant to the application, including letters of support. Letters of support from the VRHRCs should **not** be included under Attachments 8-15; all other letters of support can be included here. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.).

### **3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number Transition to the Unique Entity Identifier (UEI) and System for Award Management (SAM)**

You must obtain a valid DUNS number, also known as the Unique Entity Identifier (UEI), and provide that number in the application. In April 2022, the \*DUNS number will be replaced by the UEI, a “new, non-proprietary identifier” requested in, and assigned by, the System for Award Management (SAM.gov). For more details, visit the following webpages: [Planned UEI Updates in Grant Application Forms](#) and [General Service Administration’s UEI Update](#).

You must register with SAM and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless you are an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or you have an exception approved by the agency under 2 CFR § 25.110(d)). For your SAM.gov registration, you must submit a [notarized letter](#) appointing the authorized Entity Administrator.

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

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

Currently, the Grants.gov registration process requires information in three separate systems:

- Dun and Bradstreet (<http://www.dnb.com/duns-number.html>)
- System for Award Management (SAM) (<https://sam.gov/content/home> | [SAM.gov Knowledge Base](#))
- Grants.gov (<http://www.grants.gov/>)

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

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

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

#### **4. Submission Dates and Times**

##### **Application Due Date**

The due date for applications under this NOFO is *December 10, 2021 at 11:59 p.m. ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's [SF-424 Application Guide](#) for additional information.

## 5. Intergovernmental Review

RVHAP is not subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

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

## 6. Funding Restrictions

You may request funding for a period of performance of up to three years, at no more than \$300,000 per year (inclusive of direct **and** indirect costs). This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division H of the Consolidated Appropriations Act, 2021 (P.L. 116-260) are in effect at the time this NOFO is posted. Please see Section 4.1 of HRSA's [SF-424 Application Guide](#) for additional information. Awards will be made subsequent to enactment of the FY 2022 appropriation. The NOA will reference the FY 2022 appropriation act and any restrictions that may apply. Note that these or other restrictions will apply in the next fiscal year, as required by law.

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

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

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

## V. Application Review Information

### 1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review and to assist you in understanding the standards against which your application will be reviewed. HRSA has critical indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation.

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

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

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

The extent to which the application:

- Clearly and succinctly describes the purpose of the proposed project.
- Clearly describes the rural veteran population and their unmet health needs in their state and includes demographic data in their discussion.
- Clearly discusses the unmet health needs specific to underserved veteran populations in their state including, geriatric, Native American, minority, and women veteran populations, where applicable.
- Clearly explains the current gaps in rural veterans' ability to receive care within their communities and describes how this project will complement, but not supplant, existing programs
- Clearly describes the existing resources to assist rural veterans in receiving mental health care, crisis intervention, care for PTSD, and other health care services deemed necessary within their rural communities, where applicable.
- Clearly discusses any relevant barriers in the service area that the project hopes to overcome and demonstrates the community and/or organization that you will serve with the proposed project.
- Clearly discusses any existing efforts to coordinate care or efforts for veterans to receive care from community care providers and providers from the VA system.

*Criterion 2: RESPONSE (40 points) – Corresponds to Section IV’s [Methodology](#), [Work Plan](#), and [Resolution of Challenges](#)*

The extent to which the proposed project responds to the “[Purpose](#)” included in the program description. The strength of the proposed goals and objectives and their relationship to the identified project. The extent to which the activities (scientific or other) described in the application are capable of addressing the problem and attaining the project objectives.

Program Goals and Objectives (10 Points)

The extent to which the applicant:

- Clearly describes the methods they will employ to improve healthcare for rural veterans.
- Thoroughly addresses the required program objective (objective #1):
  - Increasing access to care for underserved veteran populations, including geriatric, women, Native American, and minority populations.
- Thoroughly addresses at least one of the three core objectives (objectives 2 – 4):
  - Increasing care coordination for veterans seeking care both at the VA system and from other community providers, including the [VA community care program](#).
  - Increasing access to mental health services, substance use disorder (SUD) services, or other health care services deemed necessary to meet the needs of veterans living in rural areas.
  - Increasing access to crisis intervention services and the detection of PTSD, traumatic brain injuries, and other signature injuries for veterans in rural areas, which can include the referral of such veterans to medical facilities operated by the VA.
- Clearly describes methods for implementing a variety of strategies to meet the core objectives of the program, including, but not limited to:
  - Improving capacity of CAHs and other rural health care organizations to meet the needs of veterans in rural areas;
  - Assisting providers with making connections to the Department of Veterans Affairs (VA) system;
  - Establishing or participating in advisory panels, task forces, committees, network development, or coalitions that address program development, health systems planning, and strategic planning. This can include addressing challenging health issues for rural veterans such as: behavioral health, aging, population health, racial and ethnic health disparities, substance use services, and social determinants of health (SDOH) factors;
    - Network development activities must include CAHs, but may also include RHCs, FQHCs, Native American and Tribal organizations, home health agencies, mental health providers and community mental health centers, pharmacists, social service providers, local government, and other rural health organizations or providers deemed necessary to help meet the needs of veterans.
  - Improving the coordination of care for rural veterans, which can include efforts with community health care providers and coordination of the VA system; and

- Establishing or improving telehealth and/or telemedicine services that improve access to care for rural veterans.

#### Stakeholder Engagement (15 Points)

The extent to which the applicant:

- Thoroughly describes how they will partner with one of the five VRHRCs to meet project goals and includes a letter acknowledging support from one of the VRHRCs in **Attachment #4**.
- Clearly explains how they have engaged with providers and partners in the development of your proposal and their planned involvement with project implementation.
- Clearly details the process to gather input from key stakeholders including rural veteran populations, which should also include geriatric, female, Native American, and minority veteran populations if applicable, during project planning and implementation.
- Thoroughly details the collaborative efforts planned to address the challenging health issues for rural veterans including: access to broadband, telehealth and telemedicine, behavioral health, aging, population health, racial and ethnic health disparities, substance use, and SDOH factors, if applicable.

#### Work Plan (5 Points)

The extent to which the application:

- The work plan provides a succinct overview of the projects goals, objectives, activities, and projected outcomes.
- The work plan includes each activity, responsible staff, estimated completion dates, progress or process measures, and the intended outcome.

#### Logic Model (5 Points)

The extent to which:

- A logic model is included that clearly provides a summary that includes the goals of the project, program assumptions, inputs, program activities, outputs, and outcomes.

#### Resolution of Challenges (5 Points)

- The extent to which the applicant thoroughly describes the challenges that they are likely to encounter when designing and implementing activities described in the work plan and clearly outlines the approaches to solve such challenges.

#### *Criterion 3: EVALUATIVE MEASURES (15 points) – Corresponds to [Section IV's Evaluation and Technical Support Capacity](#)*

The strength and effectiveness of the method proposed by the applicant 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, and 2) to what extent these can be attributed to the project.



The extent to which the applicant:

- Describes a strategy to collect, analyze and track data to measure process and impact/outcomes and includes a thorough explanation on how the data will be used to inform program development and service delivery.
- Clearly explains the strategies that will contribute to continuous quality improvement.
- Clearly explains their capacity to work with HRSA and the VHA-ORH to adjust measures, collect data, and demonstrate the impact of the program.
- Clearly describes proposed baseline health measures that will be monitored and tracked throughout the period of performance and clearly explains how the measures will demonstrate the effectiveness of the project.
- Includes a thorough evaluation plan that clearly details the minimum required baseline health measures, and inclusion of additional measures if applicable, for assessment of program performance.

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

The extent to which the application:

- Clearly describes your plan for sharing best practices implemented or resources developed during the project, as it relates to addressing gaps in access to care, needed services, and care coordination for veteran and underserved veteran (including geriatric, women, Native American, and minority veterans) populations in rural areas.
- Clearly describes any innovative methods or strategies used to address the stated needs.
- Clearly details a plan to disseminate reports, products, and/or project outputs so key target audiences receive project information.
- Clearly explains a plan for project sustainability after the period of federal funding ends.

*Criterion 5: RESOURCES/CAPABILITIES (15 points) – Corresponds to [Section IV's Organizational Information](#)*

The extent to which the applicant:

- Succinctly describes the organization's current mission and structure (including an organizational chart (**Attachment #6**), scope of current activities, and explains how these elements contribute to the organization's ability to conduct the program requirements and meet program expectations.
- Proposes an adequate staffing plan to meet the needs of the project (**Attachment #2**).
- Includes key personnel (**Attachment #3**) with relevant skills to achieve the goals of the project.
- Thoroughly explains the role of any subcontract, and the applicant's oversight role, to achieve program goals.

- Clearly describes the capability of the organization to follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs to prevent audit findings.
- Clearly describes how the organization will routinely assess and improve the unique needs of rural veteran populations of the communities served.

*Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to [Section IV's Budget](#) and [Budget Narrative](#)*

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

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

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

The objective review process provides an objective evaluation of applications to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. See Section 5.3 of HRSA's [SF-424 Application Guide](#) for more details. In addition to the ranking based on merit criteria, HRSA approving officials will apply other factors (e.g., geographical distribution) described below in selecting applications for award.

### **Special consideration of certain applications**

This program includes special consideration, as authorized by Section 1820(g)(6)(B)(iv). A special consideration is the favorable consideration of an application by HRSA funding officials, based on the extent to which the application addresses the specific area of special consideration. HRSA will give special consideration in funding to applications submitted by states in which rural veterans make up 25 percent of the veteran population in the state, to ensure the program meets legislative intent of serving states with significant population of rural veterans per the authorizing statute ([Title XVIII, Section 1820\(g\)\(6\) of the Social Security Act \(42 U.S.C. 1395i-4\(g\)\(6\)\)](#)). Such consideration shall be given without regard to the number of veterans of Operation Iraqi Freedom and Operation Enduring Freedom living in the areas in which mental health services and other health care services would be delivered under the application. Applications that do not receive special consideration will be given full and equitable consideration during the review process.

Table 1. Special Consideration for states with veteran population of 25 percent or greater located in rural areas

State	Percent of Veteran Population in Rural
Alabama	41.3
Alaska	33.6
Arkansas	48.9
Georgia	28.5
Idaho	33.1
Indiana	30.8
Iowa	39.2
Kansas	30.0
Kentucky	40.9
Louisiana	29.4
Maine	65.9
Michigan	32.0
Minnesota	33.0
Mississippi	50.0
Missouri	34.5
Montana	47.3
Nebraska	29.1
New Hampshire	44.0
North Carolina	36.1
North Dakota	41.4
Oklahoma	36.9
Oregon	26.3
Pennsylvania	25.3
South Carolina	33.0
South Dakota	45.4
Tennessee	37.3
Vermont	65.1
West Virginia	51.1
Wisconsin	35.2
Wyoming	35.2

Source: [U.S. Census Bureau, 2011-2015 American Community Survey, 5-year estimates.](https://www.census.gov/data/tables/2015/acs/5-year-estimates.html)

For more information about statistical testing of ACS estimates, see [www.census.gov/programs-surveys/acs/guidance/statistical-testing-tool.html](http://www.census.gov/programs-surveys/acs/guidance/statistical-testing-tool.html)

### 3. Assessment of Risk

HRSA may elect not to fund applicants with management or financial instability that directly relates to the organization’s ability to implement statutory, regulatory, or other requirements ([45 CFR § 75.205](https://www.ecfr.gov/current/title-45/chapter-I/subchapter-B/part-75/subpart-205/section-75.205)).

HRSA reviews applications receiving a favorable objective review for other considerations that include past performance, as applicable; cost analysis of the project/program budget; assessment of your management systems, ensuring continued applicant eligibility; and compliance with any public policy requirements, including those requiring just-in-time submissions. HRSA may ask you to submit additional programmatic or administrative information (such as an updated budget or “other support” information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such

requests do not guarantee that HRSA will make an award. Following review of all applicable information, HRSA's approving and business management officials will determine whether HRSA can make an award, if special conditions are required, and what level of funding is appropriate.

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

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

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

## **VI. Award Administration Information**

### **1. Award Notices**

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

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

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

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

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

### **Accessibility Provisions and Non-Discrimination Requirements**

Federal funding recipients must comply with applicable federal civil rights laws. HRSA supports its recipients in preventing discrimination, reducing barriers to care, and promoting health equity. For more information on recipient civil rights obligations, visit the HRSA Office of Civil Rights, Diversity, and Inclusion [website](#).

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

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

## **Requirements of Subawards**

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

## **Data Rights**

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

## **3. Reporting**

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

- 1) **Progress Report(s)**. The recipient must submit a progress report to HRSA **annually**. More information will be available in the NOA.
- 2) **Quarterly Report(s)**. The recipient must submit a quarterly progress report due to HRSA within thirty days after the end of the budget period (due November 30, February 30, May 30, and August 30). Further information will be available in the NOA.

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

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

## VII. Agency Contacts

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

Olusola Dada  
Grants Management Specialist  
Division of Grants Management Operations, OFAM  
Health Resources and Services Administration  
5600 Fishers Lane, Mailstop 10SWH03  
Rockville, MD 20857  
Telephone: (301) 443-0195  
Email: [odada@hrsa.gov](mailto:odada@hrsa.gov)

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

Mikael Redmond  
Public Health Analyst, Hospital State Division  
Attn: Rural Veterans Health Access Program  
Federal Office of Rural Health Policy  
Health Resources and Services Administration  
5600 Fishers Lane, Mailstop 17W25-C  
Rockville, MD 20857  
Telephone: (301) 443-2867  
Email: [mredmond@hrsa.gov](mailto:mredmond@hrsa.gov)

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

Grants.gov Contact Center  
Telephone: 1-800-518-4726 (International callers dial 606-545-5035)  
Email: [support@grants.gov](mailto:support@grants.gov)  
Self-Service Knowledge Base: <https://grants-portal.psc.gov/Welcome.aspx?pt=Grants>

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

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

## **VIII. Other Information**

### **Technical Assistance**

HRSA has scheduled following technical assistance:

#### *Webinar*

Day and Date: Thursday, September 23, 2021

Time: 3 – 4 p.m. ET

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

Webinar ID: 160 022 1107

Participant Code: 41155387

Weblink: <https://hrsa.gov.zoomgov.com/j/1600221107?pwd=MXIzeWI0U3d5R1ROeHNmbFdrNUZHUT09>

Participants also have the option of using VOIP (Computer Audio).

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

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

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