U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

HRSA
Health Resources & Services Administration

Federal Office of Rural Health Policy
Rural Strategic Initiatives Division

Rural Communities Opioid Response Program-Behavioral Health Care Technical Assistance

Funding Opportunity Number: HRSA-22-064
Funding Opportunity Type: New and Competing Continuation
Assistance Listings (CFDA) Number: 93.912

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2022

Application Due Date: March 9, 2022

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: December 8, 2021

Marcia Colburn
Public Health Analyst, Federal Office of Rural Health Policy
Telephone: (301) 443-3261
Email: mcolburn@hrsa.gov

See Section VII for a complete list of agency contacts.

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

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 Communities Opioid Response Program-Behavioral Health Care Technical Assistance (RCORP-BHCTA). The purpose of this program is to provide TA to rural consortiums engaging in activities to address behavioral health care issues, including substance use disorders (SUD). The TA will strengthen rural organizations' capacity to develop multi-sector consortia that can plan, implement, and sustain programs that improve access to and quality of behavioral health care services, including substance use disorder (SUD)/opioid use disorder (OUD) services, in rural areas.

Funding Opportunity Title:	Rural Communities Opioid Response Program-Behavioral Health Care Technical Assistance
Funding Opportunity Number:	HRSA-22-064
Due Date for Applications:	March 9, 2022
Anticipated Total Annual Available FY 2022 Funding:	$10,000,000
Estimated Number and Type of Award:	One (1) cooperative agreement
Estimated Annual Award Amount:	Up to $10,000,000 per year for 4 years, subject to the availability of appropriated funds
Cost Sharing/Match Required:	No
Period of Performance:	September 1, 2022 through August 31, 2026 (4 years)
Eligible Applicants:	Eligible applicants include domestic public or private, non-profit and for-profit, entities. Domestic faith-based and community-based organizations, tribes, and tribal organizations are also eligible to apply. See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in HRSA's *SF-424 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

Webinar

Day and Date: Tuesday, January 11, 2022
Time: 2 – 3 p.m. ET
Call-In Number: 1-833-568-8864
Webinar ID: 160 416 9399
Weblink: https://hrsa-gov.zoomgov.com/j/1604169399

Following the webinar, please email Marcia Colburn (mcolburn@hrsa.gov) for a link to the recording.

Table of Contents

I. Program Funding Opportunity Description

1. Purpose

This notice solicits applications for the Rural Communities Opioid Response Program-Behavioral Health Care Technical Assistance (RCORP-BHCTA). The purpose of this cooperative agreement is to strengthen, through technical assistance (TA), rural organizations' capacity to develop multi-sector consortia that can plan, implement, and sustain programs that improve access to and quality of behavioral health care services, including substance use disorder (SUD)/opioid use disorder (OUD) services.

For the purposes of this cooperative agreement, improving rural behavioral health care service delivery includes increasing access to and utilization of prevention, treatment, and recovery services to improve health care for those affected by behavioral health conditions, which may include substance use and mental health disorders. Evidence-based prevention strategies improve health care in rural communities by reducing the strain on the rural health care system while also providing a cost-effective way of addressing and minimizing the individual and societal costs of behavioral health disorders.

This cooperative agreement will continue and enhance the TA efforts that began in 2018 for the Rural Communities Opioid Response Program (RCORP), a multi-year HRSA initiative aimed at reducing the morbidity and mortality of SUD, including OUD, in high-risk rural communities through the provision of prevention, treatment, and recovery services[1].

The cooperative agreement recipient will provide TA to current and future RCORP award recipients, as well as other, non-RCORP award recipients, as determined by HRSA. For more information on RCORP, including a list of current programs and award recipients, visit here: https://www.hrsa.gov/rural-health/rcorp

The goals of RCORP-BHCTA, in collaboration with HRSA, are to:

1. Provide TA to RCORP award recipients[2] and other rural stakeholders seeking guidance on how to improve access to and quality of behavioral health care services, including SUD/OUD services;

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[1] https://www.govinfo.gov/content/pkg/CREC-2018-03-22/html/CREC-2018-03-22-pt3-PgH2697.htm

[2] Note that the cooperative agreement recipient may be asked to provide TA to other, non-RCORP award recipients, as determined by HRSA. Non-RCORP award recipients may include entities such as those funded through other FORHP programs that are focused on behavioral health, including SUD/OUD.

2. Identify and/or develop, promote, and maintain tools and resources that support rural communities' efforts to improve and sustain access to quality, equitable behavioral health care services, including SUD/OUD services;

3. Develop and enhance meaningful partnerships with relevant stakeholders at the local, state, regional, and national level to promote exchange of information and promising practices that improve and sustain behavioral health care, including SUD/OUD services, in rural communities; and

4. Identify and strengthen rural communities' capacity to anticipate, prepare for, and respond to emerging behavioral health care issues, including SUD/OUD-related issues that would further negatively affect rural communities.

See the Project Specific Instructions section for information on HRSA and the cooperative agreement recipient's respective responsibilities under each goal.

2. Background

This program is authorized by Section 711(b)(5) of the Social Security Act (42 U.S.C. 912(b)(5)), which grants HRSA's Federal Office of Rural Health Policy (FORHP) authority to "administer grants, cooperative agreements, and contracts to provide TA and other activities as necessary to support activities related to improving health care in rural areas."

HRSA developed RCORP in 2018 to reduce the morbidity and mortality of SUD, including OUD, in high-risk rural communities. Since its inception, RCORP has invested over $400 million in community-based grants and technical assistance to support rural communities across 47 states and 2 territories.

The cooperative agreement recipient will provide intensive TA to active RCORP award recipients (and potentially non-RCORP award recipients as well, as determined by HRSA) to assist them with establishing and expanding behavioral health services, including for SUD/OUD, in their rural communities in addition to reducing behavioral health disparities. This program will expand upon the previous TA provided to RCORP award recipients under the RCORP-TA NOFO HRSA-18-124.

Recent data suggest that SUD/OUD remains a significant challenge in rural communities. From 1999 through 2019, the rate of drug overdose deaths increased from 4.0 per 100,000 to 19.6 in rural counties. In the wake of the COVID-19 pandemic, preliminary data from the Centers for Disease Control and Prevention (CDC) indicates that there were over 100,000 overdose deaths in the 12-month period ending April 2021. In 2017, the rate of drug overdose deaths involving natural and semisynthetic opioids and psychostimulants was higher in rural than in urban counties. Additional data suggest that substances beyond opioids are of growing

concern in rural communities. Overdose death rates from psychostimulants with abuse potential are higher in rural counties than urban ones, and alcohol-induced death rates increased at a greater rate in rural vs. urban between 2000 and 2018.

At the same time, behavioral health challenges more broadly continue to affect rural communities. For example, over half of Mental Health Professional Shortage Areas are located in rural communities and rural suicide rates were higher than urban rates in 2018 for both males and females. In 2019, nearly 20 percent of individuals in rural areas with any mental illness and almost half of those with significant functional impairments resulting from their mental illness reported unmet need for mental health services.

Compounding these behavioral health and substance use issues is the fact that significant behavioral health disparities persist in rural communities. In addition to having a higher prevalence of self-reported fair or poor health (compared to non-Hispanic whites), non-Hispanic blacks and American Indian/Alaska Natives (AI/ANs) living in rural communities report higher rates of frequent mental distress. Rural disparities in access to care also exist: in rural communities, fewer non-Hispanic blacks and Hispanics have insurance compared to non-Hispanic whites, and more non-Hispanic blacks, Hispanics, and AI/ANs report not being able to see a physician because of cost. Many individuals in rural communities also face cultural barriers that discourage them from seeking care, including the lack of culturally and linguistically sensitive providers.

II. Award Information

1. Type of Application and Award

Types of applications sought: New and Competing Continuation

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 Responsibilities

- Provide monitoring and ongoing support to individual RCORP award recipients to ensure that they adhere to program requirements, that project goals and objectives are achieved, and that activities and efforts can be sustained after the period of federal funding ends;

- Provide support in the identification and selection of TA focus areas and effective methods for delivering TA;

- Provide support in the identification and selection of focus areas and methods for developing evidence-based resources, tools, program-specific deliverables, and trainings focused on improving behavioral health care in rural communities;

- Review the TA approach and any modifications to the approach during the period of performance;

- Review TA materials and resources developed under the cooperative agreement for format, tone, and expected impact;

- Participate, as appropriate, in the planning of any meetings, educational activities, or workgroups conducted during the period of performance, including selecting dates, developing the agenda, inviting speakers, etc.;

- Identify opportunities and provide guidance on strategies for disseminating information about programs, activities, and resources, including key organizations through which to share information;

- Provide guidance and assistance in identifying emerging behavioral and public health care needs and priorities in rural communities that negatively impact pre-existing OUD/SUD health care problems;

- Identify and suggest special projects, products, resources, and/or technical assistance focused on improving health care in rural communities, including responding to identified emerging behavioral and public health care issues; and

- Provide guidance and assistance in identifying key organizations with whom to partner and collaborate (to include the facilitation of collaboration with other HRSA/federal partners).

Cooperative Agreement Recipient Responsibilities

- Collaborate with HRSA, the RCORP-Evaluation recipient, the RCORP Centers of Excellence recipients, and other rural stakeholders in the planning, execution and assessment of TA activities, including the identification of technical assistance and educational/developmental needs and the selection of mechanisms for implementation;

- Provide specific clinical, organizational and behavioral health care expertise to RCORP award recipients to help them achieve project and program goals;

- Provide customized TA to RCORP award recipients that includes, but is not limited to:

- o Regular 1:1 TA calls with award recipients;

- o In-person and/or virtual site visits as needed;

- o Learning opportunities such as Learning Collaboratives, Peer-to-Peer Networking, Policy Academies, etc.;

- o In-person or virtual meetings, webinars, workgroups, town halls and/or trainings;

- o Targeted TA, specific to regions and states; and

- o Other innovative TA methods as recommended by HRSA, RCORP-Evaluation findings, and/or award recipients;

- Provide ongoing learning opportunities to update RCORP award recipients and rural communities on key behavioral health care issues, considerations, trends, and available resources related to their projects;

- In collaboration with HRSA and the RCORP-Evaluation recipient, continuously adapt TA approaches and offerings to align with HRSA priorities, and the needs and feedback of RCORP award recipients and rural communities;

- In collaboration with HRSA and the RCORP-Evaluation recipient, provide guidance to RCORP award recipients on data collection best practices and use RCORP award recipients' performance data to inform TA approaches and offerings;

- In collaboration with HRSA, provide or develop evidence-based resources, tools, and trainings on topics focused on improving and increasing access to behavioral health care in rural communities including, but not limited to:
  - o Substance use disorder prevention, treatment, and recovery in rural communities;

  - o Behavioral health care and workforce policies and service delivery in rural communities;

  - o Sustainability;

  - o Harm reduction;

  - o Developing, strengthening, and sustaining rural consortia;

  - o Innovative service delivery models;

  - o Health equity;

- o Addressing stigma in rural communities;

- o Behavioral health care integration; and

- o Other emerging behavioral health care needs in rural communities;

- Develop a communications strategy that ensures resources, program updates, and other information can be easily shared between HRSA, RCORP award recipients, and other relevant stakeholders;

- Utilize various platforms, including a website, to provide RCORP award recipients and rural communities with regularly updated information, resources, and examples of promising/innovative practices related to behavioral health care policies, service delivery, sustainability strategies, and other pertinent topics;

- Highlight and share examples of promising and innovative rural behavioral health care initiatives and practices through various platforms;

- Disseminate evidence-based resources, tools, information, and trainings through multiple mediums and in a culturally and linguistically appropriate manner;

- In collaboration with HRSA, facilitate connections between rural communities and local/state/national resources and organizations to build capacity and infrastructure for behavioral health care services in rural areas. Examples include, but are not limited to:

  - o Telehealth Resource Centers; State Offices of Rural Health; RCORP-Rural Centers of Excellence on Substance Use Disorders cooperative agreement recipients; RCORP-Evaluation cooperative agreement recipient, Bureau of Health Workforce's Behavioral and Public Health Programs and National Health Service Corps; and Rural Health Information Hub;

- Establish referral systems with stakeholders and entities who can help strengthen rural communities' capacity to deliver mental/behavioral care services;

- In collaboration with HRSA, serve as a central organizing body for TA-related partnership convening, educational activities, and/or workgroups conducted during the period of the cooperative agreement;

- Coordinate and collaborate regularly with the RCORP-Evaluation recipient and the RCORP-Rural Centers of Excellence on Substance Use Disorders recipients to ensure no duplication of effort;

- Provide guidance and assistance in identifying key organizations and stakeholders with which to share information on mental/behavioral health care activities, resources, and emerging needs and trends;

- Provide input to HRSA on the future direction of rural behavioral health care programs based on identified SUD/OUD needs of rural communities; and

- Collaborate with HRSA to ensure that TA provided and resources developed are responsive to shifts in HRSA priorities and the health care needs of rural communities.

2. Summary of Funding

HRSA estimates approximately $10,000,000 to be available annually to fund one recipient. 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 $10,000,000 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 September 1, 2022 through August 31, 2026 (4 years). Funding beyond the first year is dependent on the availability of appropriated funds for RCORP-BHCTA in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

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

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include domestic public or private, non-profit and for-profit, entities. Domestic faith-based and community-based organizations, tribes, and tribal organizations are also eligible to apply.

In addition to the 50 U.S. states, only organizations in the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, the U.S. Virgin Islands, the Federated State of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau may apply. If you are located outside the 50 states, you must still meet the eligibility requirements.

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

- Exceeds the application page limitations referenced in Section IV.2

- Fails to satisfy the deadline requirements referenced in Section IV.4

- Because the cooperative agreement recipient will be expected to provide technical assistance to RCORP award recipients across the 50 U.S. states as well as in the U.S. territories/freely associated states, **applications that are <u>not</u> nationwide in scope may be considered non-responsive, and may not be considered for funding. <u>Applicants must submit an attestation in Attachment 6 which affirms that the proposed project is nationwide in scope, inclusive of all 50 states, the District of Columbia, and the U.S. territories and freely associated states.</u>**

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 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-22-064 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 **80 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-22-064, 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 80 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-22-064 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 #6: Other Relevant Documents*.

See Section 4.1 viii of HRSA's *SF-424 Application Guide* for additional information on all certifications.

Program-Specific Instructions

Required activities for each program goal are as follows:

Program Goal 1: Provide TA to RCORP award recipients[3] and other rural stakeholders seeking guidance on how to improve access to and quality of behavioral health care services, including SUD/OUD services.

- Collaborate with HRSA, the RCORP-Evaluation award recipient, RCORP Centers of Excellence recipients, and other rural stakeholders in the planning, execution and assessment of TA activities, including the identification of technical assistance and educational/development needs and the selection of mechanisms for implementation;

- Provide specific clinical, organizational and behavioral health care expertise to award recipients to help them achieve project and program goals;

- Provide customized TA to RCORP award recipients that includes, but is not limited to:

  o Regular 1:1 TA calls with award recipients;

  o In-person and/or virtual site visits as needed;

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[3] Note that the cooperative agreement recipient may be asked to provide TA to other, non-RCORP award recipients, as determined by HRSA. Non-RCORP award recipients may include entities such as those funded through other FORHP programs that are focused on behavioral health, including SUD/OUD.

- Learning opportunities such as Learning Collaboratives, Peer-to-Peer Networking, Policy Academies, etc.;

- In-person or virtual meetings, webinars, workgroups, town halls and/or trainings;

- Targeted TA, specific to regions and states; and

- Other innovative TA methods as recommended by HRSA, evaluation reports, and/or award recipients;

- Provide ongoing learning opportunities to update RCORP award recipients and rural communities on key behavioral health care issues, considerations, trends, and available resources related to their projects;

- In collaboration with HRSA and RCORP-Evaluation, continuously adapt TA approach and offerings to align with HRSA priorities and the needs and feedback of RCORP award recipients and rural communities; and

- In collaboration with HRSA and the RCORP-Evaluation recipient, provide guidance to RCORP award recipients on data collection best practices and use RCORP award recipients' performance data to inform TA approaches and offerings.

Program Goal 2: Identify and/or develop, promote, and maintain tools and resources that support rural communities' efforts to improve and sustain access to quality, equitable behavioral health care services, including SUD/OUD services.

- In collaboration with HRSA, provide or develop evidence-based resources, tools, and trainings on topics focused on improving and increasing access to behavioral health care in rural communities including, but not limited to:

  - Substance use disorder prevention, treatment, and recovery in rural communities (NOTE: Evidence-based prevention strategies improve health care in rural communities by reducing the strain on the rural health care system while also providing a cost-effective way of addressing and minimizing the individual and societal costs of behavioral health disorders);

  - Behavioral health care and workforce policies and service delivery in rural communities;

  - Sustainability;

  - Harm reduction;

- o Developing, strengthening, and sustaining rural consortia;

- o Innovative service delivery models;

- o Health equity;

- o Addressing stigma in rural communities;

- o Behavioral health integration; and

- o Other emerging mental/behavioral health needs in rural communities;

- Highlight and share examples of promising and innovative rural behavioral health care initiatives and practices through various platforms;

- Develop a communications strategy that ensures resources, program updates, and other information can be easily shared between HRSA, RCORP award recipients, and other relevant stakeholders;

- Utilize various platforms, including a website, to provide RCORP award recipients and rural communities with regularly updated information, resources, and examples of promising/innovative practices related to behavioral health care policies, service delivery, sustainability strategies, and other pertinent topics; and,

- Disseminate evidence-based resources, tools, and trainings through multiple mediums and in a culturally and linguistically appropriate manner.

Program Goal 3: Develop and enhance meaningful partnerships with relevant stakeholders at the local, state, regional, and national level to promote exchange of information and promising practices that improve and sustain behavioral health care, including SUD/OUD services, in rural communities.

- In collaboration with HRSA, facilitate connections between rural communities and local/state/national resources and organizations to build capacity and infrastructure for behavioral health care services in rural areas. Examples include, but are not limited to:

- o Telehealth Resource Centers;

- o State Offices of Rural Health; RCORP-Rural Centers of Excellence on Substance Use Disorders cooperative agreement recipients;

- o RCORP-Evaluation cooperative agreement recipient;

- o Bureau of Health Workforce's Behavioral and Public Health Programs and National Health Service Corps;

- o and Rural Health Information Hub;

- Establish referral systems with stakeholders and entities who can help strengthen rural communities' capacity to deliver mental/behavioral care services;

- In collaboration with HRSA, serve as a central organizing body for TA-related partnership convening, educational activities, and/or workgroups conducted during the period of the cooperative agreement;

- Coordinate and collaborate regularly with the RCORP-Evaluation recipient and the RCORP-Rural Centers of Excellence on Substance Use Disorders recipients to ensure no duplication of effort; and

- Provide guidance and assistance in identifying key organizations and stakeholders with which to share information on mental/behavioral health care activities, resources, and emerging needs and trends.

Program Goal 4: Identify and strengthen rural communities' capacity to anticipate, prepare for, and respond to emerging behavioral health care issues, including SUD/OUD-related issues that would further negatively affect rural communities.

- Provide input to HRSA on the future direction of rural mental/behavioral health care programs based on identified SUD/OUD needs of rural communities; and

- Collaborate with HRSA to ensure that TA provided and resources developed are responsive to shifts in HRSA priorities and the health care needs of rural communities.

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. Please use the guidance below. It is most current and differs slightly from that in Section 4.1.ix of HRSA's *SF-424 Application Guide.*

Provide a summary of the application in the Project Abstract box of the Project

Abstract Summary Form using 4,000 characters or less.

- Address
- Project Director Name
- Contact Phone Numbers (Voice, Fax)
- Email Address
- Website Address, if applicable
- List all grant program funds requested in the application, if applicable

Because the abstract is often distributed to provide information to the public and Congress, prepare this so that it is clear, accurate, concise, and without reference to other parts of the application. It must include a brief description of the proposed project including the needs to be addressed, the proposed services, and the population group(s) to be served. If the application is funded, your project abstract information (as submitted) will be made available to public websites and/or databases including USAspending.gov.

NARRATIVE GUIDANCE

To ensure that you fully address the review criteria, the 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.

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

This section should briefly describe how the applicant will advance the stated goals of RCORP-BHCTA and the applicant's experience and expertise working with rural communities to improve behavioral health care services, including SUD/OUD services.

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

The needs assessment should help reviewers understand the behavioral health care needs, including SUD/OUD, to be fulfilled by this TA cooperative agreement and provide the context and rationale for the proposed work plan and budget.

Using quantitative and qualitative data and information from relevant and appropriate sources, you should demonstrate comprehensive knowledge and understanding of the access to behavioral health care, workforce, and policy barriers facing rural communities that affect their ability to implement and sustain behavioral health care services, including SUD/OUD, services.

This section should also demonstrate an understanding of the distinct health care delivery system and social service needs of providers and communities in rural America and the gaps that exist within the current infrastructure for support of behavioral health care services, including SUD/OUD prevention, treatment, and recovery services, for this population.

Finally, you should include demographic and health outcomes data that depict the target population and their unmet behavioral health care needs, including information on any affected subpopulations who have historically suffered from health disparities. These populations may include, but are not limited to, homeless populations, racial and ethnic minorities, people who are pregnant, adolescents and youth, LGBTQ individuals, the elderly, individuals with disabilities, etc.

- *METHODOLOGY -- Corresponds to Section V's Review Criteria #2—Response and #4---Impact*

Using data and information provided in the "Needs Assessment" section of the application, please include the following in this section:

- Outline your proposed approach to fulfilling each of the project goals and corresponding cooperative agreement responsibilities outlined in the Program Specific Instructions section. It is strongly encouraged that you use the subheadings "Project Goal 1," "Project Goal 2," "Project Goal 3," and "Project Goal 4."

- Describe the methods by which the TA cooperative agreement will address the behavioral health care access and outcome disparities experienced by vulnerable populations within rural communities. You are encouraged to utilize the methods outlined in the National Culturally and Linguistically Appropriate Services Standards (CLAS), among other sources.

- Detail how the cooperative agreement will be complementary, versus duplicative, of other HHS and HRSA-funded activities.

- Describe the methods by which you will collaborate and communicate with HRSA and other relevant partners to implement and meet project goals.

- Describe how the strategies implemented during the period of performance will continue to have an impact after federal funding ends, including how they will enable RCORP and non-RCORP award recipients to sustain behavioral health care services, including SUD/OUD.

Note that while the Work Plan section of the application will identify discrete inputs, activities, timelines, and responsible individuals/organizations, the Methodology section of the application focuses more on the overarching strategy for fulfilling the project goals.

- *WORK PLAN -- Corresponds to Section V's Review Criteria #2---Response and #4---Impact*

This section describes the processes that you will use to achieve the strategies in the "Methodology" section. It is strongly recommended that you provide your work plan in a table format and clearly link activities to the project goals outlined in the Program-Specific Instructions section of the NOFO. The work plan should reflect a four-year period of performance.

Your work plan should include the following:

- Activities/tasks associated with each of the cooperative recipient responsibilities enumerated in the [Program Specific Instructions section](#) of the NOFO.

- Activities/tasks associated with addressing behavioral health care access and outcome disparities experienced by vulnerable populations within rural communities.

- Activities/tasks to ensure that strategies implemented during the period of performance will continue to have an impact after federal funding ends and enable RCORP award recipients to sustain behavioral health care services, including SUD/OUD.

- Activities/tasks associated with ensuring a smooth transition to the next RCORP four-year period of performance.

- Timeline for completing each activity/task (note that timelines should be clear and specific; "ongoing" is not an acceptable timeline).

- Individual or partner organization responsible for each activity/task.

The work plan should be included in the application as **Attachment 1.** It is appropriate to simply refer reviewers to Attachment 1 in the Project Narrative section of the application instead of including the work plan twice.

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

Discuss specific challenges expected pertaining to the development and implementation of the activities described in the work plan, and detailed approaches to resolve such challenges. You should describe anticipated internal challenges as well as challenges associated with working with HRSA, other relevant partners, and rural communities (including vulnerable populations within those communities). Also describe anticipated challenges related to state and regional-specific issues, including, but not limited to, policy barriers. In discussing solutions, identify any infrastructure in place and/or resources that will assist in overcoming potential barriers.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- CORRESPONDS TO SECTION V'S REVIEW CRITERIA #3---Evaluative Measures, (4) Impact and #5---Resources and Capabilities.*

Describe the plan for the 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 assets, collaborative partners, key personnel, budget, and other resources), key processes, and expected outcomes of the funded activities. You should detail how you will designate at least one individual to work directly with the RCORP-Evaluation cooperative agreement recipient to ensure that technical assistance is continually monitored, assessed, and improved to maximize the impact on health care in rural communities.

Additionally, clearly describe how evaluation results and lessons learned will be communicated to HRSA, RCORP award recipients and other relevant stakeholders. Please include examples of mediums/platforms for disseminating this information and experience using these such platforms.

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion 5 Resources and Capabilities*

Please provide the following information in this section:

- Information on your organization's current mission and structure, and scope of current activities.

- Description of your organization's experience and expertise in working with diverse stakeholders within rural communities to implement and sustain behavioral health care services including SUD/OUD. Include relevant individuals on staff, materials published, and previous work of a similar nature.

- Description of your organization's ability to implement a project that is responsive to the technical assistance behavioral health care needs, including SUD/OUD, of rural communities across the country.

- Description of your organization's ability to provide overall project management and serve as the fiscal agent for this cooperative agreement.

- Description of your organization's knowledge of, as well as successful experience working with, entities including, but not limited to, HHS agencies, Regional Telehealth Resource Center(s), Primary Care Organizations, quality improvement organizations, national, state, and local rural health and social service organizations, rural health care providers and systems of care, etc.

- An organizational chart (**Attachment 5**) that clearly shows the internal hierarchy among project staff at the applicant organization as well as the applicant organization's relationship to any partner organizations that will be involved in the project.

- Clear designation of a Project Director who is employed by the applicant organization and who will devote a minimum of 0.50 FTE on this cooperative agreement. The Project Director is the point person on the award and makes staffing, financial, and other decisions to align project activities with project outcomes. You should detail how the Project Director will facilitate collaborative input and engagement with HRSA, other partner organizations, and rural communities to complete the proposed work plan during the period of performance.

- Staffing plan and job descriptions for key personnel as **Attachment 2**. NOTE: If a staff member has yet to be hired (TBH), please put "TBH" in lieu of a name and detail the process and timeline for hiring and onboarding the new staff, as well as the qualifications and expertise required by the position. **At a minimum, the staffing plan should include a Project Director and an individual who will be responsible for coordinating with the RCORP-Evaluation cooperative agreement recipient as detailed in the "Evaluative Measures and Technical Capacity" section of this NOFO.**

  - The staffing plan should at a minimum contain the following information and clearly link to the activities in the work plan:

- Name
- Title
- Organizational affiliation
- Relevant certifications and degrees
- Full-time Equivalent (FTE) dedicated to this project
- Roles/responsibilities on the project
- Timeline and process for hiring or onboarding, if applicable

- Biosketches for all key personnel in **Attachment 3.** The biosketches should demonstrate that staff have the necessary expertise and qualifications for executing their designated roles and responsibilities on the project.

- Signed and dated letter(s) of commitment from any partner organizations formally collaborating (i.e., through a subcontractual agreement) on this project in **Attachment 4**. The letter(s) should include the following:

  o Commitment to working with the applicant organization on the project;

  o Anticipated time commitment and duration of involvement on the project;

  o Anticipated roles/responsibilities on the project; and

  o Relevant experience, qualifications, and/or expertise that align with their roles and responsibilities on the project.

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.

Applicant organizations are strongly encouraged to demonstrate how their budget will maximize their capacity to implement the proposed project and improve the health care delivery in rural communities (e.g., by limiting indirect costs).

As required by the Consolidated Appropriations Act, 2021 (P.L. 116-260), Division H, § 202 and Division A of the Further Continuing Appropriations Act, 2022 (P.L. 117-70), "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." See Section 4.1.iv Budget – Salary Limitation of HRSA's *SF-424 Application Guide* for additional information. Note that these or other salary limitations may apply in the following fiscal years, as required by law.

iv. Budget Narrative

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

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

Attach the work plan for the project that includes all information detailed in Section IV.

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 time keeping 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: Letter(s) of Commitment

Signed and dated letter(s) of commitment from any partner organizations formally collaborating (i.e., through a subcontractual agreement) on this project in **Attachment 4**. The letter(s) should include the following:

- o Commitment to working with the applicant organization on the project;

- o Anticipated time commitment and duration of involvement on the project;

- o Anticipated roles/responsibilities on the project; and

- o Relevant experience, qualifications, and/or expertise that align with their roles and responsibilities on the project.

Attachment 5: Project Organizational Chart

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

Attachment 6: Attestation of Nationwide Scope

Submit an attestation in which affirms that the proposed project is nationwide in scope, inclusive of all 50 states, the District of Columbia, and the U.S. territories and freely associated states.

Attachment 7-15: Other Relevant Documents

Include here any other documents that are relevant to the application.

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 (https://www.dnb.com/duns-number.html)
- System for Award Management (SAM) (https://sam.gov/content/home | SAM.gov Knowledge Base)
- Grants.gov (https://www.grants.gov/)

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

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

In accordance with the Federal Government's efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized. 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 *March 9, 2022 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

RCORP-BHCTA is subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

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

6. Funding Restrictions

You may request funding for a period of performance of up to 4 years, at no more than $10,000,000 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) and Division A of the Further Continuing Appropriations Act, 2022 (P.L. 117-70) apply to this program. See Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Note that these or other restrictions will apply in following fiscal years, as required by law.

You cannot use funds under this notice for the following purposes:

1. To acquire real property;

2. For construction; and

3. To pay for any equipment costs not directly related to the purposes for which the grant is awarded.

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 RCORP-BHCTA 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 clarity with which the applicant briefly describes:

    o How the proposed project will advance the stated goals of RCORP-BHCTA; and

- The applicant's experience and expertise working with rural communities to improve behavioral health care services, including SUD/OUD services.

- The extent to which the applicant describes the behavioral health care needs, including SUD/OUD, in rural communities and extent to which those needs will be fulfilled by this TA cooperative agreement and provide the context and rationale for the proposed work plan and budget.

- The comprehensiveness with which the applicant demonstrates thorough, in-depth knowledge and understanding of:

  - Health care access, workforce, and policy barriers facing rural communities;

  - How these barriers impact the ability of rural communities to implement and sustain behavioral health care services, including SUD/OUD;

  - The distinct health care delivery system needs of providers and communities in rural America; and

  - The gaps that exist within the current infrastructure in rural communities for support of behavioral health care services, including SUD/OUD prevention, treatment, and recovery services, for this population.

- The extent to which the applicant cites relevant, appropriate, and timely data throughout the needs assessment section.

- The effectiveness with which the applicant references relevant and appropriate demographic and health outcomes data to depict the target population and their unmet health needs.

- The extent to which the applicant includes information on any affected subpopulations who have historically suffered from health disparities, such as but are not limited to, homeless populations, racial and ethnic minorities, people who are pregnant, adolescents and youth, LGBTQ individuals, the elderly, individuals with disabilities, individuals who are geographically isolated.

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

Overarching methodology (6 points)

- The quality of the proposed methods for addressing the health care access and outcome disparities experienced by vulnerable populations within rural communities.

- The reasonableness and specificity of the proposed methods for ensuring how the cooperative agreement will be complementary, and not duplicative, of other HHS and HRSA-funded activities.

- The quality of the proposed methods for collaborating and communicating with HRSA and other relevant partners to implement and meet project goals.

Goal-specific Methodology (20 points)

Program Goal 1: To provide TA to RCORP award recipients and other rural stakeholders seeking guidance on how to improve access to and quality of behavioral health care services, including SUD/OUD services.

- The quality and clarity of the applicant's proposed approaches to:

    o Collaborate with HRSA, the RCORP-Evaluation recipient, and other rural stakeholders in the planning, execution and assessment of TA activities, including the identification of technical assistance and educational/development needs and the selection of mechanisms for implementation;

    o Provide specific clinical, organizational and behavioral health expertise to award recipients to help them achieve project and program goals;

    o Provide customized TA to RSID award recipients, including, but not limited to:

        ▪ Regular 1:1 TA calls with award recipients;
        ▪ In-person or virtual site visits as needed;
        ▪ Learning opportunities such as Learning Collaboratives, Peer-to-Peer Networking, Policy Academies;
        ▪ In-person or virtual meetings, webinars, workgroups, town halls and/or trainings;
        ▪ Targeted TA, specific to regions and states; and
        ▪ Other innovative TA methods as identified by HRSA, evaluation reports, and/or award recipients;

- Provide ongoing learning opportunities to update RSID award recipients and rural communities on key behavioral health issues, considerations, trends, and available resources related to their projects;

- In collaboration with HRSA and the RCORP-Evaluation recipient, continuously adapting TA approach and offerings to align with HRSA priorities and the needs and feedback of RSID award recipients and rural communities; and

- In collaboration with HRSA and the RCORP-Evaluation recipient, provide guidance to RCORP award recipients on data collection best practices and use RCORP award recipients' performance data to inform TA approaches and offerings.

Program Goal 2: Identify and/or develop, promote, and maintain tools and resources that support rural communities' efforts to improve and sustain access to quality, equitable behavioral health care services, including SUD/OUD services.

- The quality and clarity of the applicant's proposed approaches to:

  - Provide or develop evidence-based resources, tools, and trainings on topics including, but not limited to:

    - Substance use disorder prevention, treatment, and recovery in rural communities;
    - Mental/Behavioral health care and workforce policies and service delivery in rural communities;
    - Sustainability;
    - Harm reduction;
    - Developing, strengthening, and sustaining rural consortia;
    - Innovative service delivery models;
    - Health equity;
    - Addressing stigma in rural communities;
    - Behavioral health integration; and
    - Other emerging mental/behavioral health care needs in rural communities;

  - Highlight and share examples of promising and innovative rural health care initiatives through various platforms;

  - Develop a communications strategy that ensures resources, program updates, and other information can be easily shared between HRSA, the award recipients, and other relevant stakeholders;

- Provide RCORP award recipients and rural communities with regularly updated information and resources on mental/behavioral health care policies, service delivery, and sustainability strategies through various platforms, including a website; and

- Disseminate promising practices and evidence-based resources, tools, and trainings through multiple mediums and in a culturally and linguistically appropriate manner.

Program Goal 3: To develop and enhance meaningful partnerships with relevant stakeholders at the local, state, regional, and national level to promote exchange of information and promising practices that improve and sustain behavioral health care, including SUD/OUD services, in rural communities.

- The quality and clarity of the applicant's proposed approaches to:

    - In collaboration with HRSA, facilitate connections between rural communities and local/state/national resources and organizations to build capacity and infrastructure for behavioral health care services in rural areas;

    - Establish referral systems with stakeholders and entities who can help strengthen rural communities' capacity to deliver behavioral care services, including SUD/OUD;

    - Serve as the central organizing body for partnership convening, educational activities, and/or workgroups conducted during the period of the cooperative agreement;

    - Coordinate and collaborate regularly with the RCORP-Evaluation recipient and RCORP-Rural Centers of Excellence on Substance Use Disorders recipients to ensure best practices and no duplication of effort; and

    - Provide guidance and assistance in identifying key organizations and stakeholders with which to share information on behavioral health care activities, resources, and emerging needs and trends.

Program Goal 4: To identify and to strengthen rural communities' capacity to anticipate, prepare for, and respond to emerging behavioral health care issues, including SUD/OUD issues, that would further negatively affect rural communities.

- The quality and clarity of the proposed approaches to:

  o Provide input to HRSA on the future direction of rural behavioral health care programs based on identified SUD/OUD needs of rural communities; and

  o Collaborate with HRSA to ensure that TA provided and resources developed are responsive to shifts in HRSA priorities and the needs of rural communities.

Work Plan (10 points):

- The extent to which the applicant provides a clear and comprehensive work plan that directly relates to the strategies and approaches described in the methodology section and includes the following:

  o Activities/tasks associated with each of the cooperative recipient responsibilities enumerated in the Program-Specific Instructions section of the NOFO.

  o Activities/tasks associated with addressing health care access and outcome disparities experienced by vulnerable populations within rural communities.

  o Activities/tasks to ensure that strategies implemented during the period of performance will continue to have an impact after federal funding ends and enable RCORP and non-RCORP award recipients sustain behavioral health, including SUD/OUD, services.

  o Activities/tasks associated with ensuring a smooth transition to the next RCORP-BHCTA four-year period of performance.

  o Timeline for completing each activity/task (note that timelines should be clear and specific; "ongoing" is not an acceptable timeline).

  o Responsible individual or partner organization responsible for each activity/task.

Resolution of Challenges (4 points)

- The specificity and thoroughness with which the applicant describes:

  o Anticipated challenges related to the development and implementation of the activities described in the work plan;

- o Internal challenges;

- o Challenges associated with working with HRSA, other relevant partners, and rural communities (including vulnerable populations within those communities); and

- o Challenges related to state and regional-specific issues, such as policies, etc.

- The reasonableness of proposed approaches to address stated challenges.

- The extent to which the applicant identifies infrastructure in place and/or resources that will assist in overcoming potential barriers.

Criterion 3: EVALUATIVE MEASURES (5 points) – Corresponds to Section IV's *Evaluation and Technical Support Capacity*

- The quality of the applicant's plan for program performance evaluation and how it will contribute to continuous program improvement.

- The thoroughness and specificity of the applicant's plan to monitor ongoing processes and the progress towards the goals and objectives of the project.

- The reasonableness of inputs into the program performance evaluation (e.g., organizational profile, collaborative partners, key personnel, budget, and other resources), key processes, and expected outcomes of the funded activities.

Criterion 4: IMPACT (10 points) – Corresponds to Section IV's *Methodology*, *Work Plan*, *and* *Evaluation and Technical Support Capacity*

- The thoroughness with which the applicant describes how the strategies implemented during the period of performance will continue to have an impact after federal funding ends, including how they will enable RCORP and non-RCORP award recipients to sustain behavioral health care, including SUD/OUD, services.

- The extent to which the proposed project is aligned with and supports achievement of the program's purpose: to strengthen rural organizations' capacity to develop multi-sector consortia that can plan, implement, and sustain programs that improve access to and quality of behavioral health care services, including SUD/OUD services, through technical assistance.

- The clarity and comprehensiveness with which the applicant describes how evaluation results and lessons learned will be communicated to HRSA and other relevant stakeholders, including examples of mediums/platforms for disseminating this information.

Criterion 5: RESOURCES/CAPABILITIES (30 points) – Corresponds to Section IV's *Organizational Information and Evaluation and Technical Support Capacity*

Organizational Capacity (15 points)

- The completeness with which the application provides the applicant organization's current mission and structure, and scope of current activities.

- The extent to which the applicant organization's experience and expertise in working with diverse stakeholders within rural communities to implement and sustain behavioral health care services, including SUD/OUD. Include relevant individuals on staff, materials published, and previous work of a similar nature.

- The clarity and thoroughness with which the applicant demonstrates the organization's ability to provide overall project management and serve as the fiscal agent for this cooperative agreement.

- The extent to which the scope of the project and the organization's resources/capabilities demonstrate the ability to provide TA to RCORP award recipients located throughout the country.

- The extent to which the applicant's knowledge of, as well as successful experience working with entities including, but not limited to, HHS agencies, Regional Telehealth Resource Center(s), Primary Care Organizations, quality improvement organizations, national, state, and local rural health and social service organizations, rural health care providers and systems of care, etc.

- The clarity with which the organizational chart (Attachment 5) clearly shows the internal hierarchy among project staff at the applicant organization as well as the applicant organization's relationship to any partner organizations that will be involved in the project.

Staffing Plan (10 points)

- The clarity of the applicant's plan to designate a Project Director who is employed by the applicant organization and who will devote a minimum of 0.50 FTE on this cooperative agreement.

- The clarity with which the applicant details how the Project Director will facilitate collaborative input and engagement with HRSA, other partner organizations, and rural communities to complete the proposed work plan during the period of performance.

- The clarity of the applicant's plan to designate an individual who will be responsible for coordinating with the RCORP-Evaluation cooperative agreement recipient as detailed in the "Evaluative Measures and Technical Capacity" section of this NOFO.

- The extent to which biosketches for all key personnel are included and demonstrate that staff have the necessary expertise and qualifications for executing their designated roles and responsibilities on the project.

Letters of Commitment (5 points)

- The extent to which letters of commitment are provided from any partner organizations formally collaborating (i.e., through a subcontractual agreement) on this project.

- The extent to which each letter of commitment provides clear and comprehensive descriptions of the following:

  o Partner organization's commitment to working with the applicant organization on the project;

  o Anticipated time commitment and duration of their involvement on the project;

  o Anticipated roles/responsibilities on the project; and

  o Partner organization's relevant experience, qualifications, and/or expertise that align with their roles and responsibilities on the project.

Criterion 6: SUPPORT REQUESTED (5 points) – Corresponds to Section IV's Budget and Budget Narrative

- The degree to which the estimated costs of proposed activities are reasonable given the scope of work.

- The extent to which the applicant provides a budget and budget narrative for each year of the four-year period of performance.

- The extent to which the budget narrative clearly and comprehensively explains the amount requested for each line of the budget (such as personnel, travel, equipment, supplies, and contractual services).

- The extent to which the budget narrative clearly aligns with the goals and activities of the proposed work plan and project and maximizes the applicant's capacity to implement the proposed project and improve the health care delivery in rural communities (for example, by limiting indirect costs).

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.

3. Assessment of Risk

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

HRSA reviews applications receiving a favorable objective review for other considerations that include past performance, as applicable; cost analysis of the project/program budget; assessment of your management systems, ensuring continued applicant eligibility; and compliance with any public policy requirements, including those requiring just-in-time submissions. HRSA may ask you to submit additional programmatic or administrative information (such as an updated budget or "other support" information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that HRSA will make an award. Following review of all applicable information, HRSA's approving and business management officials will determine whether HRSA can make an award, if special conditions are required, and what level of funding is appropriate.

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

HRSA is required to review and consider any information about your organization that is in the Federal Awardee Performance and Integrity Information System (FAPIIS).

You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider your comments, in addition to other information in [FAPIIS](#) in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk 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 September 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 NOA, 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
Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy). This includes ensuring programs are accessible to persons with limited English proficiency and persons with disabilities. The HHS Office for Civil Rights (OCR) provides guidance on complying with civil rights laws enforced by HHS. See [Providers of Health Care and Social Services](#) and [HHS Nondiscrimination Notice](#).

- Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see [Fact Sheet on the Revised HHS LEP Guidance](#) and [Limited English Proficiency](#).
- For information on your specific legal obligations for serving qualified individuals with disabilities, including reasonable modifications and making services accessible to them, see [Discrimination on the Basis of Disability](#)
- HHS-funded health and education programs must be administered in an environment free of sexual harassment. See [Discrimination on the Basis of Sex](#)
- For guidance on administering your program in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see [Conscience Protections for Health Care Providers](#) and [Religious Freedom](#)

Please contact the [HHS Office for Civil Rights](#) for more information about obligations and prohibitions under federal civil rights laws or call 1-800-368-1019 or TDD 1-800-537-7697.

The HRSA Office of Civil Rights, Diversity, and Inclusion (OCRDI) offers technical assistance, individual consultations, trainings, and plain language materials to supplement OCR guidance and assist HRSA recipients in meeting their civil rights obligations. Visit [OCRDI's website](#) to learn more about how federal civil rights laws and accessibility requirements apply to your programs, or contact OCRDI directly at [HRSACivilRights@hrsa.gov](#).

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) **Federal Financial Report:** The Federal Financial Report (SF-425) is required no later than January 30 for each budget period. The report is an accounting of expenditures under the project that year. HRSA will provide more specific information in the Notice of Award.

2) **Quarterly Progress Reports: The recipient must submit a quarterly progress report to HRSA**. The quarterly report is for two purposes: 1) demonstrates award recipient's progress on program-specific goals within the quarter, and 2) as a method to ensure response to timely programmatic issues. More information will be available in the NOA.

3) **Final Closeout Report:** A final report is due within 90 days after the period of performance ends. HRSA will provide additional instructions in the Notice of Award.

4) **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:

LCDR Benoit Mirindi, PhD, MPH.
Senior Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-6606
Email: bmirindi@hrsa.gov

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

Marcia Colburn, M.S.W.
Public Health Analyst
Federal Office of Rural Health Policy
Rural Strategic Initiatives Division
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-3261
Email: mcolburn@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

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 / (877) Go4-HRSA
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: Tuesday, January 11, 2022
Time: 2 – 3 p.m. ET
Call-In Number: 1-833-568-8864
Webinar ID: 160 416 9399
Weblink: https://hrsa-gov.zoomgov.com/j/1604169399

Following the webinar, please email Marcia Colburn (mcolburn@hrsa.gov) for a link to the recording.

Tips for Writing a Strong Application

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