U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

HRSA

Health Resources & Services Administration

Federal Office of Rural Health Policy
Hospital State Division

Vulnerable Rural Hospitals Assistance Program

Funding Opportunity Number: HRSA-18-121
Funding Opportunity Type(s): New
Catalog of Federal Domestic Assistance (CFDA) Number: 93.912

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2018

Application Due Date: July 16, 2018

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

Issuance Date: May 18, 2018

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for fiscal year (FY) 2018 Vulnerable Rural Hospitals Assistance Program. The purpose of this program is to provide targeted in-depth assistance to vulnerable rural hospitals within communities struggling to maintain health care services. The goal is for residents in rural communities to continue to have access to essential health services.

Funding Opportunity Title:	Vulnerable Rural Hospitals Assistance Program
Funding Opportunity Number:	HRSA-18-121
Due Date for Applications:	July 16, 2018
Anticipated Total Annual Available FY 2018 Funding:	$800,000
Estimated Number and Type of Award(s):	Up to one cooperative agreement
Estimated Award Amount:	Up to $800,000 per year dependent on the availability of appropriated funds
Cost Sharing/Match Required:	No
Period of Performance:	September 1, 2018 through August 31, 2023 (5 years)
Eligible Applicants:	Eligible applicants include domestic public or private, non-profit entities. 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. A short video explaining the *Application Guide* is available at http://www.hrsa.gov/grants/apply/applicationguide/.

Webinar

Day and Date: Monday, June 4, 2018
Time: 2 p.m. – 3 p.m. ET
Call-In Number: 1-888-989-6487
Participant Code: 9805881
Weblink: https://hrsa.connectsolutions.com/vulnerable_rural_hospitals/

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I. Program Funding Opportunity Description

1. Purpose

This notice solicits applications for the Vulnerable Rural Hospitals Assistance Program (VRHAP). The purpose of this cooperative agreement is to provide targeted in-depth assistance to vulnerable rural hospitals within communities struggling to maintain health care services. The goal is for residents in rural communities to continue to have access to essential health services.

The awardee will work with individual hospitals and their communities on ways to address economic challenges, understand community health needs and resources, and find ways to ensure hospitals and communities can keep needed care locally, whether it is with a more limited set of services provided by the hospital, or by exploring other mechanisms for meeting community health care needs.

2. Background

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

Between January 2010 and March 2018, 83 rural hospitals closed. HRSA-supported research found that, in 2012-2013, overall margins were lower for rural hospitals than for urban hospitals, with hospitals in isolated areas having the lowest margins.[1] There are a number of driving factors related to rural hospital closures, including:[2]

- Insufficient revenue to sustain the cost structure of acute care hospitals;
- Contemporary market conditions and community characteristics, including declining population, contribute to rural hospital financial instability;
- Declining inpatient utilization due to shifts in how health care is delivered coupled with low patient volumes reduce rural hospitals' ability to generate revenue to cover fixed costs, let alone update infrastructure and invest in new services;
- Challenging rural economic conditions and unfavorable demographics (e.g., aged, poorer, uninsured, and underinsured populations) also contribute to hospital financial instability through poor payer mix (i.e., a high percentage of patient revenue from payers paying less than the total cost of providing care); and

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[1] Freeman, VA, et al, The 21st Century Rural Hospital, Chartbook, NC Rural Health Research Program, March 2015.
[2] Mueller, KJ, et al. After Hospital Closure: Pursuing High Performance Rural Health Systems without Inpatient Care. Report, Rural Policy Research Institute (RUPRI), June 2017.

- Trends in health insurance and plan design, such as growing use of high deductible plans and narrow provider networks can increase a hospital's bad debt and charity care burden.

Residents of communities with a hospital in financial distress are more likely than other rural residents to face risk factors that contribute to poor health outcomes. Hospitals that are at risk of high financial distress often reduce services, so these vulnerable populations have more limited access to services, potentially exacerbating health disparities.[3] Consequently, providing assistance to hospitals and communities keep some services local, leading to improved health outcomes.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New

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

HRSA Program involvement will include:
- Consulting with the awardee to identify eligible communities, prioritize activities, and assess progress made in achieving the goals of this cooperative agreement.
- Facilitating introductions to other HRSA programs, federal agencies and other partners as their work may pertain to assisting rural hospitals and communities.
- Sharing of relevant program data to ensure the greatest impact of technical assistance efforts in rural communities served.
- Reviewing proposed outcome measures specific to technical assistance provided.
- Reviewing project information prior to deliverables.

The cooperative agreement recipient's responsibilities will include:
- Adhering to HRSA guidelines pertaining to acknowledgement and disclaimer on all products produced by HRSA award funds, per Section 2.2 of the Application Guide (**Acknowledgement of Federal Funding**).
- Completing activities proposed by the applicant and approved by HRSA, except as modified in consultation with HRSA.
- Applying knowledge of FORHP, HRSA and other programs to link stakeholders to appropriate resources and programs.

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[3] Richman, EL, and Pink, GH. Characteristics of Communities Served by Hospitals at High Risk of Financial Distress, Findings Brief, NC Rural Health Research Program, December 2017.

- Collaborating with HRSA in marketing available services, selection of communities and ongoing review of activities.
- Ensuring interventions are responsive to each selected community's needs in order to ensure community buy-in, including criteria around a commitment from key hospital and community leaders for active engagement during the project and sustaining activities afterwards.
- Working with the identified hospitals to assure residents in rural communities continue to have access to essential health services locally.
- Evaluating the impact of both the individual community assistance and the broader work of the cooperative agreement.
- Developing resources, based on individual assistance provided to communities, to add to the information and resources currently available to vulnerable communities making decisions about what their health care system should look like in the future to include on the Rural Health Information Hub.

2. Summary of Funding

HRSA expects approximately $800,000 to be available annually to fund one recipient. Applicants may apply for a ceiling amount of up to $800,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. The period of performance is September 1, 2018 through August 31, 2023 (5 years). Funding beyond the first year is dependent on the availability of appropriated funds for VRHAP, 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 entities. Domestic faith-based and community-based organizations, tribes, and tribal organizations are also eligible to apply.

This eligible applicant (VRHAP recipient) will provide targeted technical assistance to selected rural hospitals in need. Rural hospitals are eligible to receive targeted assistance from the VRHAP recipient. For this cooperative agreement, "rural hospitals" are defined as short-term, non-federal general facilities located outside Metropolitan Core-Based Statistical Areas (CBSAs), or located within Metropolitan areas in locations with Rural-Urban Commuting Area (RUCA) codes of four (4) or greater, or facilities in any location participating in Medicare as Critical Access Hospitals (CAHs). Hospitals operated by tribes and tribal organizations under the Indian Self-Determination and Education Assistance Act (Public Law 93-638, as amended) are also eligible.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

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

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

If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates) an application is submitted more than once prior to the application due date, HRSA will only accept your **last** validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA *requires* you to apply electronically. HRSA encourages you to apply through Grants.gov using the SF-424 workspace application package associated with this NOFO following the directions provided at http://www.grants.gov/applicants/apply-for-grants.html.

HRSA recommends that you supply an email address to Grants.gov on the grant opportunity synopsis page when accessing this notice of funding opportunity (NOFO) (also known as "Instructions" on Grants.gov) or workspace application package. This allows Grants.gov to email organizations in the event HRSA changes and/or republishes the NOFO on Grants.gov before its closing date. Responding to an earlier version of a modified notice may result in a less competitive or ineligible application. *Please note you are ultimately responsible for reviewing the For Applicants page for all information relevant to desired opportunities.*

2. Content and Form of Application Submission

Section 4 of HRSA's *SF-424 Application Guide* provides instructions for the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the Application Guide in addition to the program-specific information below. 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 *Application Guide* for the Application Completeness Checklist.

Application Page Limit

The total size of all uploaded files may not exceed the equivalent of **50 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this NOFO. Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.**

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

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification
1) The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).
3) Where the prospective recipient is unable to attest to the statements in this certification, an explanation shall be included in Attachment 7: 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
See Section 4.1.ix of HRSA's *SF-424 Application Guide*.

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

Successful applications will contain the information below. Please use the following section headers for the narrative:

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

   Briefly describe purpose of the proposed project and clearly identify specific goals

and objectives.

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

  In this section, you must elaborate on the issue of rural hospital closures outlined in the background section of this NOFO to document your understanding of the issue.
  - Demonstrate an understanding of community needs when a hospital is in financial distress.
  - Demonstrate an understanding at the national level of the challenges vulnerable hospitals face that may help to inform this project's work at each community level.

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

  This section should outline the approach you will use to identify and select hospitals to receive targeted in-depth assistance and describe strategies you will use to address the needs. The assistance should be provided both on-site and virtually.

  Discuss the process for marketing the availability of services through this program to hospitals. Describe criteria you will use to determine which hospitals are most vulnerable to prioritize, which communities will be served through this project, including criteria around collaboration among and commitment from key hospital and community leaders for active engagement during the project and in sustaining activities afterwards.

  As each hospital and community will differ, it is important that the technical assistance approach is tailored to the given needs and resources. Given the variability of need and scope of services required to provide support to each hospital, the number of communities served each year may vary.

  Discuss your strategy for assessing community demographics, health care needs and the current health care system (including hospital, primary care clinics, and emergency medical services) to inform the approach.

  Describe the approach for developing recommendations tailored to each community (based on the information gathered from the assessment) on the strategy for keeping services local to extent possible. Describe how you will work with the identified communities to implement that strategy.

  Describe the process for communication and collaboration with stakeholders to meet the needs of the program.

  Discuss the method for developing resources to add to what is currently available to vulnerable communities making decisions on the future of their health care system.

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

  The work plan should complement the methodology narrative and provide a succinct overview of the cooperative agreement's goals, objectives, activities, and projected outcomes in a table format. The work plan is not a narrative, but reflects the narrative and highlights the relationship between needs, activities, objectives, and goals. It should clearly identify steps or activities that achieve the goals and objectives of the project and depict how program activities will achieve outcomes.

  The format of the work plan should include each activity, the staff responsible for that activity, the timeframe for completing the activity, progress or process measures, and the intended outcome. As appropriate, identify meaningful support and collaboration with key stakeholders in designing, planning, and implementing all activities.

  The work plan should be included in the application as **Attachment #1**.

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

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

  Discuss barriers specific to providing technical assistance to vulnerable hospitals that you may need to overcome. These may include geographic, socioeconomic, cultural, or other barriers.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criterion #3 Evaluative Measures*

  You must describe your strategy to collect, track, and analyze data to measure outcomes and the plan to use this information for continuous performance improvement in the selected communities. Also, discuss the measures you will use to evaluate the impact of both the individual community assistance and the overall impact of the cooperative agreement.

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion #5 Resources and Capabilities*
  Provide information on your organization's current mission and structure, scope of current activities, and an organizational chart (include as **Attachment #5**).

  Describe how these elements contribute to the ability of the organization to meet program expectations and conduct all program requirements.

  Describe your organization's experience through examples of knowledge and skills of current staff materials published, and previous work of a similar nature. Include

a staffing plan and job descriptions for key personnel as **Attachment # 2**. Include biographical sketches for all key personnel as **Attachment #3**.

Provide specific examples of prior experience conducting rural hospital and rural community assessments and providing assistance to rural hospitals and other rural community providers on areas of quality, finance and operations. Examples should include working with hospitals and health systems to reduce or eliminate services. Include in the discussion the outcomes and results of these experiences to show that they were successful.

Include Letters of Agreement, MOU, etc. as **Attachment #4**.

NARRATIVE GUIDANCE

To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.

<u>Narrative Section</u>	<u>Review Criteria</u>
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response
Work Plan	(2) Response and (4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures and (5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities
Budget and Budget Narrative (below)	(6) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

iii. Budget

See Section 4.1.iv of HRSA's *SF-424 Application Guide*. Please note: the directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov. Follow the instructions included in the Application Guide and the additional budget instructions provided below. A budget that follows the Application Guide will ensure that, if HRSA selects the application for funding, you will have a well-organized plan and by carefully following the approved plan can 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) incurred by the recipient to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by the recipient to satisfy a matching or cost-sharing

requirement, as applicable.

The Consolidated Appropriations Act, 2018 (P.L. 115-141), Division H, § 202 states, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." See Section 4.1.iv Budget – Salary Limitation of HRSA's *SF-424 Application Guide* for additional information. Note that these or other salary limitations may apply in FY 2019, 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 limit.** Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit. You must clearly label **each attachment**.

Attachment 1: Work Plan
Attach the work plan for the project that includes all information detailed in Section IV. ii. Project Narrative. If you will 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, please 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: 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 5: Project Organizational Chart
Provide a one-page figure that depicts your current organizational structure, including key personnel and staffing for the project.

Attachment 6: Tables, Charts, etc.
> To give further details about the proposal (e.g., Gantt or PERT charts, flow charts).

Attachment 7: For Multi-Year Budgets--5th Year Budget (NOT counted in page limit)
> After using columns (1) through (4) of the SF-424A Section B for a 5-year period of performance, you will need to submit the budget for the 5th year as an attachment. Use the SF-424A Section B. See Section 4.1.iv of HRSA's *SF-424 Application Guide.*

Attachments 8: Other Relevant Documents
> Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.).

3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number and System for Award Management

You must obtain a valid DUNS number, also known as the Unique Entity Identifier, for your organization/agency and provide that number in the application. You must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the agency under 2 CFR § 25.110(d))**.**

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

If 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.

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

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

ALERT from SAM.gov: You must now provide an original, signed notarized letter stating that you are the authorized Entity Administrator before your registration will be activated by SAM.gov. Please read these FAQs to learn more about this process change. Plan for additional time associated with submission and review of the notarized

letter. This requirement is effective March 22, 2018 for **new** entities registering in SAM. This requirement is effective April 27, 2018 for **existing** registrations being updated or renewed. Entities already registered in SAM.gov are advised to log into SAM.gov and review their registration information, particularly their financial information.

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 *July16, 2018 at 11:59 p.m. Eastern Time*. HRSA suggests submitting applications to Grants.gov at least **3 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

The Vulnerable Rural Hospital Communities Assistance Program is a program 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 5 years, at no more than $800,000 per year (inclusive of direct **and** indirect costs). 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, 2018 (P.L. 115-141) apply to this program. Please see Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Note that these or other restrictions will apply in FY 2019, 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 those for all other applicable grants requirements, the effectiveness of these policies, procedures and controls is subject to audit.

All program income generated as a result of awarded funds must be used for approved project-related activities. The program income alternative applied to the award(s) under the program will be the addition/additive alternative. You can find post-award requirements for program income at 45 CFR § 75.307.

V. Application Review Information

1. Review Criteria

HRSA has instituted procedures for assessing the technical merit of applications to provide for an objective review of applications and to assist you in understanding the standards against which your application will be judged. HRSA has developed 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. See the review criteria outlined below with specific detail and scoring points.

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

Review criteria are used to review and rank applications. The Vulnerable Rural Hospital Communities Assistance Program has six criteria:

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

- The extent to which the applicant demonstrates an understanding of community needs when a hospital is in financial distress.
- The extent to which the applicant demonstrates an understanding at the national level of the challenges vulnerable hospitals face that may help to inform the work at each community level.

Criterion 2: RESPONSE (35 points) – Corresponds to Section IV's Methodology, Work Plan and Resolution of Challenges

Hospital Selection Strategy (8 points)

- The extent to which the proposed project discusses the process for marketing availability of services through this program to hospitals nationally.
- The extent of the discussion of criteria for determining which hospitals are most vulnerable to prioritize the communities that will be served through this project, including criteria around a commitment from key hospital and community leaders for active engagement during the project and sustaining activities afterwards.
- The extent to which the application discusses the approach to determining the appropriate scope of assistance required for communities and assessing the number of communities that will be served.

Technical Assistance Strategy (10 points)

- The strength of the discussion for assessing community demographics, health care needs and the current health care system (including hospital, primary care

clinics, and emergency medical services) to inform the approach, and ensuring the project is tailored to each community.

- The strength of the discussion on how recommendations on strategies for keeping services local, as much as possible, will be tailored to each community, including how the applicant will work with the identified communities to implement that strategy.

Work Plan (7 points)

- The extent to which the work plan provides a succinct overview of the cooperative agreement's goals, objectives, activities, staff responsible, timeframe, and projected process and outcome measures in a table format.
- The extent to which the work plan clearly identifies the activities that achieve the goals and objectives of the project and depicts how program activities will achieve outcomes as outlined in the methodology.

The strength of the discussion around identifying meaningful support and collaboration with key stakeholders in designing, planning, and implementing all activities.

Communication Plan (5 points)

- The strength of the communication strategy for working with stakeholders, and disseminating information related to the project.
- The strength of the discussion on developing resources to add to what is currently available to vulnerable communities making decisions about what their health care system should look like in the future.

Resolution of Challenges (5 points)

- The strength of the discussion that proposed solutions will address challenges and barriers in implementing activities in the work plan.
- The strength of the discussion on barriers specific to providing technical assistance to vulnerable hospitals and their communities, including geographic, socioeconomic, cultural, or other barriers.

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

- The extent to which the methods proposed to monitor and evaluate the project will achieve the identified goals and expected results at the individual community and project level.
- The extent to which the proposed project evaluation will be used to make adjustments to improve the project impact.
- The extent to which the applicant provides evidence that the evaluative measures will assess: 1) to what extent the program objectives have been met, and, 2) to what extent accomplishments can be attributed to the project.

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

- The extent to which the proposed project will maintain access to essential health care services at the local level, and that hospitals and other partners within the health care system will continue to implement the strategies recommended by the awardee to the hospital and community after the technical assistance provision ends.

- The extent to which proposed plans for development and dissemination of information through this project could have an impact beyond the communities served.

Criterion 5: RESOURCES/CAPABILITIES (20 points) – Corresponds to Section IV's Organizational Information

- The extent to which the applicant organization's mission and structure contribute to the ability of the organization's ability to meet the goals of this project.

- The extent to which project personnel are experienced in conducting rural hospital and rural community assessments and providing assistance to rural hospitals and other rural community providers on areas of quality, finance and operations.

- The extent to which project personnel are experienced in working with rural hospitals and rural health systems to reduce or eliminate services.

- The extent to which discussion of prior experience to rural hospitals includes outcomes.

- The extent to which the applicant's organizational structure, management team, and staffing plan are appropriate for carrying out in-depth technical assistance activities proposed, including any contractors or sub-recipients.

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

- The extent to which the applicant provides a detailed and reasonable budget presentation for each year of the period of performance that supports the objectives, and complexity of the in-depth activities.

- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.

2. Review and Selection Process

The independent review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below.

See Section 5.3 of HRSA's *SF-424 Application Guide* for more details.

3. Assessment of Risk and Other Pre-Award Activities

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.

Effective January 1, 2016, 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 any of your comments, in addition to other information in FAPIIS in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed as described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

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

4. Anticipated Announcement and Award Dates

HRSA anticipates issuing/announcing awards prior to the start date of September 1, 2018.

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award (NoA) prior to the start date of September 1, 2018. 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*.

<u>Requirements under Sub-awards and Contracts under Grants</u>

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 and contractors under grants, unless the NoA specifies an exception. See 45 CFR § 75.101 Applicability for more details.

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**. The recipient must submit a progress report to HRSA on an **annual** basis. Further information will be available in the award notice.

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

VII. Agency Contacts

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

Benjamin White
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 945-9455
Fax: (301) 443-5461

Email: bwhite@hrsa.gov

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

Suzanne Stack
Public Health Analyst
Attn: Vulnerable Rural Hospital Communities Assistance Program
Federal Office of Rural Health Policy
Health Resources and Services Administration
5600 Fishers Lane, Room17W25B
Rockville, MD 20857
Telephone: (301) 301-443-4043
Email: sstack@hrsa.gov

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

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

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). For assistance with submitting information in HRSA's EHBs, contact the HRSA Contact Center, Monday-Friday, 8 a.m. to 8 p.m. ET, excluding federal holidays at:

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

VIII. Other Information

Technical Assistance

HRSA has scheduled following technical assistance webinar:

Day and Date: Monday, June 4, 2018
Time: 2 p.m. – 3 p.m. ET
Call-In Number: 1-888-989-6487
Participant Code: 9805881
Weblink: https://hrsa.connectsolutions.com/vulnerable_rural_hospitals/

Tips for Writing a Strong Application

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