

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



Office of Planning, Analysis and Evaluation  
Office of External Engagement

***National Organizations of State and Local Officials:  
Public Health Capacity***

**Funding Opportunity Number:** HRSA-20-084  
**Funding Opportunity Type(s):** Competing Continuation, New

**Assistance Listings (CFDA) Number:** 93.011

**NOTICE OF FUNDING OPPORTUNITY**

Fiscal Year 2020

**Application Due Date: April 24, 2020**

**MODIFIED on April 7, 2020: Due to the COVID-19 pandemic, HRSA is extending the application due date from April 10, 2020 to April 24, 2020.**

*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: January 10, 2020**

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Authority: Section 311(a) of the Public Health Service (PHS) Act

## EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2020 National Organizations of State and Local Officials (NOSLO) Program: Public Health Capacity.

The purpose of this program is to assist states and local authorities in a) preserving and improving public health, b) building capacity to address other public health matters and support and enforce regulations intended to improve the public's health, and c) preventing and suppressing communicable diseases.

To fulfill the program's purpose, NOSLO: Public Health Capacity has the following objectives: 1) facilitate bidirectional communication and data/information-sharing between HRSA and state and/or local officials, 2) strengthen HRSA-funded programs by better understanding state and/or local stakeholder needs, priorities, and perspectives, and 3) support capacity-building activities at the state and/or local levels that strengthen the health care safety net and advance shared public health goals with HRSA.

Through NOSLO: Public Health Capacity, HRSA will provide support to an organization that can represent the nation's state and/or local public health officials and organizations at a national level to promote integrated systems of care, foster community partnerships, and strengthen the health care workforce.

Funding Opportunity Title:	National Organizations of State and Local Officials: Public Health Capacity
Funding Opportunity Number:	HRSA-20-084
Due Date for Applications:	April 24, 2020
Anticipated Total Annual Available FY 2020 Funding:	\$2,557,000 for NOSLO <sup>1</sup> , of which between \$639,250 and \$1,065,416 will be available for NOSLO: Public Health Capacity
Estimated Number and Type of Award(s):	One cooperative agreement
Estimated Award Amount:	Award amount range: \$639,250 to \$1,065,416 per year
Cost Sharing/Match Required:	No
Period of Performance:	September 1, 2020 through August 31, 2023 (3 years)

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<sup>1</sup> NOSLO is comprised of three FY2020 tracks: 1) HRSA-20-084 NOSLO: Public Health Capacity; 2) HRSA-20-092 NOSLO: Health Legislation and Governance; and 3) HRSA-20-093 NOSLO: Health Care Payment and Financing. Total funding per track will be determined based on need and HRSA priorities.

Eligible Applicants:	<p>Eligible applicants include all domestic public or private, non-profit or for-profit entities, including faith-based and community-based organizations, tribes, and tribal organizations.</p> <p>See <a href="#">Section III.1</a> of this notice of funding opportunity (NOFO) for complete eligibility information.</p>
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## **Application Guide**

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

## **Technical Assistance**

HRSA has scheduled the following technical assistance:

### *Webinar*

Day and Date: Tuesday, February 4, 2020

Time: 1 p.m. – 2 p.m. ET

Call-In Number: 1-877-921-2940

Participant Code: 4943790

Weblink: [https://hrsa.connectsolutions.com/nofo\\_ta/](https://hrsa.connectsolutions.com/nofo_ta/)

Weblink to Recorded Webinar: [https://hrsa.connectsolutions.com/nofo\\_ta/](https://hrsa.connectsolutions.com/nofo_ta/)

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# I. Program Funding Opportunity Description

## 1. Purpose

This notice announces the opportunity to apply for funding under the National Organizations of State and Local Officials (NOSLO) Program: Public Health Capacity.

The purpose of this program is to assist states and local authorities in a) preserving and improving public health, b) building capacity to address other public health matters and support and enforce regulations intended to improve the public's health, and c) preventing and suppressing communicable diseases.

To fulfill the program's purpose, NOSLO: Public Health Capacity has the following objectives: 1) facilitate bidirectional communication and data/information-sharing between HRSA and state and/or local officials, 2) strengthen HRSA-funded programs by better understanding state and/or local stakeholder needs, priorities, and perspectives, and 3) support capacity-building activities at the state and/or local levels that strengthen the health care safety net and advance shared public health goals with HRSA.<sup>2</sup>

The term "capacity-building" includes actions that build, strengthen, and maintain the necessary competencies and resources needed to sustain or improve health services delivery to vulnerable and underserved populations. Capacity-building activities supported through NOSLO: Public Health Capacity include technical assistance and training; data collection, sharing, and analysis; materials development; or other agreed-to actions that enable state and/or local organizations to operate in a comprehensive, responsive, coordinated, and effective manner.

Through NOSLO: Public Health Capacity, HRSA will provide support to an organization that can represent the nation's state and/or local public health officials and organizations at a national level to promote integrated systems of care, foster community partnerships, and strengthen the health care workforce.

## Core Activities

Focusing on three or four priority cross-agency priority initiatives each year, NOSLO: Public Health Capacity will support implementation of the [HRSA FY 2019-2022 Strategic Plan](#) by addressing the following core activities:

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<sup>2</sup> From the Robert Wood Johnson Foundation: "The health care safety net is commonly referred to but less frequently defined.... [W]e use the term to include health care providers that deliver care in a variety of settings to a diverse group of people. These providers include public hospitals, community health centers, local health departments, free clinics, special service providers, and in some cases, physician networks and school-based clinics that deliver care to low-income, vulnerable patients. Although many receive state and federal funding, safety nets are locally organized and managed, giving rise to a patchwork of systems with little coordination and integration. At the same time, they serve unique local needs and are attuned to the needs of the population they serve." Hall, MA. 2012. "Health Care Safety Net Resources by States." Robert Wood Johnson Foundation: <https://www.rwjf.org/en/library/research/2012/02/health-care-safety-net-resources-by-state.html>.

### **“Educate” Core Activities**

- A. Provide HRSA and public health stakeholders and with policy analysis, research, and other relevant information related to state and/or local public health officials’ and organizations’ needs and priority issues
- B. Increase state and/or local public health officials’ awareness of HRSA priorities, programs, initiatives, and resources to strengthen the health care safety net

### **“Innovate” Core Activities**

- A. Share state and/or local public health best practices with HRSA and the public to inform HRSA-funded programs and public health stakeholders
- B. Offer capacity-building assistance to state and/or local public health officials to support and spread best practices that benefit populations HRSA serves<sup>3</sup> and enhance the impact of HRSA-funded programs

### **“Situate” Core Activities**

- A. Provide HRSA with state and/or local context and feedback from public health officials and organizations on the national public health policy landscape and HRSA-funded program activities
- B. Facilitate engagements between HRSA staff and state and/or local public health officials to promote public health and strengthen the health care safety net

### ***HHS and HRSA Priorities***

Applicants are encouraged to address HHS and HRSA priorities (as applicable) as they relate to public health officials and organizations.

## **2. Background**

This program is authorized by Section 311(a) of the Public Health Service (PHS) Act.

Many public health decisions occur at the state and local levels but are affected by decisions made at the national level. An organization that has expertise and experience at both the national and state levels will be more likely to succeed when working in alignment with key state health policymakers. Highly qualified applicants

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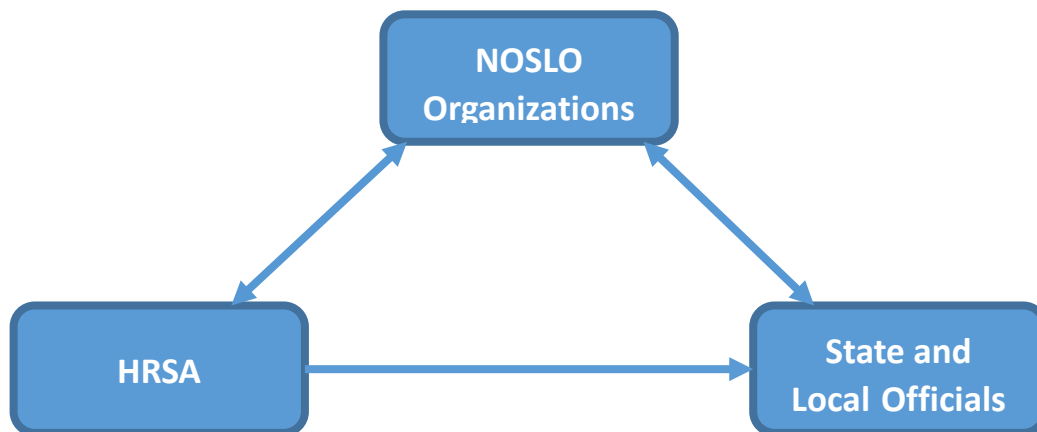
<sup>3</sup> HRSA’s mission focuses on vulnerable and underserved populations. Examples of populations that HRSA serves include (but are not limited to) rural populations; the under- and uninsured; pregnant women, mothers, and children; people living with HIV; migratory and seasonal agricultural workers; people experiencing homelessness; residents of public housing; lesbian, gay, bisexual and transgender populations; Asian Americans, Native Hawaiians, and other Pacific Islanders; American Indians and Alaska Natives; people living in Health Professional Shortage Areas (HPSAs); patients receiving services at Federally Qualified Health Center facilities; people with low health literacy; people with oral health care needs; children with special health care needs; school-aged children; and older adults.

include national organizations that a) speak on behalf of key public health officials and organizations; b) have constituents who perform public health functions at the state and/or local levels; and c) have a history of successful capacity-building activities with demonstrable outcomes, existing communication platforms with a national reach, and expertise and resources relevant to HRSA's mission. HRSA's mission is, "To improve health outcomes and address health disparities through access to quality services, a skilled health workforce, and innovative, high-value programs."

### ***The NOSLO Program***

The NOSLO Program has three funding tracks: 1) Public Health Capacity, 2) Health Legislation and Governance, and 3) Health Care Payment and Financing. See [Appendix A](#) for detailed descriptions of the three tracks. Applicants are encouraged to apply to the track(s) most closely aligned with their organization's priorities.

As the diagram below illustrates, NOSLO Program award recipients facilitate the relationship between HRSA and state and/or local stakeholders.



National organizations that speak on behalf of key state and/or local officials are uniquely positioned to respond to urgent and emergent public health needs, disseminate promising/best practices, and identify challenges in the state and/or local policy landscape that require attention. Moreover, because organizations representing state and/or local officials have strong relationships with their constituents, as well as rich data on needs and trends in the U.S. health care system, they can swiftly reach out to their constituents to gather information at the regional/state/local levels and share that information with HRSA. Similarly, they are well positioned to share HRSA priorities and activities with their constituents.

### ***NOSLO: Public Health Capacity Track Performance Measures***

See [Appendix B](#) for the list of measures that HRSA will use to evaluate program performance.

## **II. Award Information**

### **1. Type of Application and Award**

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

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

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

- Collaborate with award recipients to refine the Project Work Plan according to HRSA priorities and changes in the nation's health care landscape through such activities as identifying and prioritizing capacity-building activities that need to be addressed with federal investments.
- Monitor and support implementation of the Project Work Plan through collaborative meetings, monthly calls, and progress report reviews.
- Review and support the development of key reports and other activities (i.e., data collection), including approval of the publication plan and approval of reports and other specialized materials for general distribution prior to their publication, distribution, and/or online posting.
- Attend and participate in NOSLO: Public Health Capacity-related meetings (in-person or remotely), as appropriate.
- Coordinate efforts with HRSA to identify and support collaboration across other NOSLO tracks.
- Identify opportunities to coordinate NOSLO Program activities with similar HRSA programs, such as the [Supporting State Maternal and Child Health Policy Innovation Program \(MCH PIP\)](#), to ensure complementarity and non-duplication of efforts.
- Conduct a NOSLO: Public Health Capacity site visit once per project period to review and assess compliance with NOSLO Program requirements, review activities and key accomplishments, and identify promising practices that support the capacity building needs of the health care safety net.

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

- Collaborate with HRSA on refining and implementing the Project Work Plan based on HRSA priorities and changes in the health care landscape, to include updates needed based on changes at the national level.
- Participate in collaborative meetings, monthly calls, and progress report reviews to support successful and complete implementation of the Project Work Plan.
- Collaborate with other NOSLO track award recipients and similar HRSA programs, such as the [Supporting State Maternal and Child Health Policy Innovation Program \(MCH PIP\)](#).



- Negotiate with HRSA to update Project Work Plans at least annually, or more frequently as needed (e.g., to establish new objectives and activities once current objectives are met).
- Notify project officers about changes in the Project Work Plan, timelines, and other project management logistics as soon as possible.
- Provide a plan for publications to be created and/or disseminated with NOSLO: Public Health Capacity. The plan should factor in time for HRSA review of publications and include each publication's purpose, target audience, title, publication code or type, summary description, expected impact and benefit, and projected publication date.
- Adhere to HRSA guidelines pertaining to required acknowledgement and disclaimer on all products produced with HRSA award funds, as noted on the Notice of Award.
- Participate in HRSA and related stakeholder meetings, as appropriate.
- Coordinate with national, federal, and state organizations to strengthen Project Work Plan development and implementation.
- Ensure compliance with NOSLO: Public Health Capacity requirements.
- Participate in a HRSA-led NOSLO: Public Health Capacity site visit once per project period.

## 2. Summary of Funding

HRSA expects between \$639,250 and \$1,065,416 to be available annually to fund one recipient. You may apply for a ceiling amount of up to \$1,065,416 total cost (this 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 in a timely manner.

The period of performance is September 1, 2020 through August 31, 2023 (three years). Funding beyond the first year is subject to the availability of appropriated funds for NOSLO: Public Health Capacity in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

NOTE: Additional funding for special projects may become available at HRSA's discretion, but this funding is not guaranteed. Recipients may request supplemental funding at any point in their period of performance to address unique activities that are connected to, but not duplicative of, the funded scope of work. HRSA may choose to support such supplemental projects if funding is available and allocable, the request is reasonable and allowable, sufficient time remains in the budget period to approve the request, and the activities are aligned with HRSA priorities and non-duplicative of work performed by HRSA or other HRSA-funded recipients.

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 all domestic public or private, non-profit or for-profit entities, including faith-based and community-based organizations, tribes, and tribal organizations.

#### 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 as 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](#) as non-responsive and will not consider it for funding under this notice.

NOTE: Multiple applications from an organization for NOSLO: Public Health Capacity are not allowable.

NOTE: Organizations may apply for multiple NOSLO Program application tracks. You must submit each application separately, and under the correct opportunity number.

NOTE: While you may apply for multiple NOSLO Program application tracks, no organization will receive more than one NOSLO award.

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 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 provide your email address when reviewing or preparing the workspace application package in order to receive notifications including modifications and/or republications of the NOFO on Grants.gov before its closing date. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. 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 **80 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this 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) You, on behalf of the applicant organization certify, 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) Where you are unable to attest to the statements in this certification, an explanation shall be included in Attachments 8-15: 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, consistent with forms and attachments, and well organized so that reviewers can understand the proposed project.

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

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

Describe the purpose of the proposed project. The introduction should briefly discuss your organization's target audience, your constituents' need for capacity-building activities, your proposed response to that need, and how you will enhance bidirectional communication between HRSA and public health officials and organizations.

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

This section will help reviewers understand the constituents that your organization serves. Be specific and cite data to the extent possible in your response. Data used to complete this section should derive from appropriate sources and reflect the most recent timeframe available. Data collected by your organization (e.g., constituent surveys, internal records) are an acceptable source, but provide details about the methodology and sample size.

## Reach and Membership

1. Create a table (example below) that depicts the categories of officials served by your organization, the number of officials served in each category, and the percent of officials your organization reaches in each category. For example, if your organization represents county and local health departments, provide the percent of county and local health departments your organization serves out of the total number of county and local health departments in the U.S.

<b>Categories of Officials Served</b>	<b>Total Number of Officials Served Per Category</b>	<b>Percent of Population Served Per Category</b>
State departments of public health	X	X%
State legislators	X	X%
State Medicaid directors	X	X%

2. Provide evidence that your organization is nonpartisan/bipartisan and has a national reach regarding relationships with and impact upon the officials discussed above.
3. Describe your constituents' roles in the health care safety net, as well as their relevance for the populations HRSA serves and the [HRSA Strategic Plan](#).

## Alignment of Constituent Needs, Organizational Expertise, and HRSA Priorities

1. Describe how you continuously gather information about your constituents' needs and priority issues. For example, indicate whether you routinely survey your constituents, regularly collect constituent data, conduct listening sessions at annual meetings, etc.
2. Describe your target audience's priority issues, unmet capacity-building assistance needs, and any relevant barriers to capacity-building assistance that you hope to overcome through NOSLO: Public Health Capacity funding.
3. Outline and prioritize the short-term (<1 year), medium-term (2-3 years), and long-term (>4 years) capacity-building needs of your target audience.
4. Explain your rationale for how you prioritized the needs in Question 3. Discuss the significance of those priorities for HRSA programs and the nation's health care safety net.
5. Identify the HRSA-related programs, key issues, and populations that are currently of the most interest to your constituents.
6. Describe the range of topics your organization has covered in your research, projects, publications, etc., particularly those that pertain to HRSA-related programs, key issues, and populations, as well as health care and public health policy issues more broadly (e.g., Medicaid, Medicare, private insurance policy, health reform).

7. Describe how enhanced bidirectional communication between your constituents and HRSA would benefit your constituents, HRSA's mission, and the health care safety net.
8. If applicable, provide examples of topics where your constituents would like to engage with HRSA staff to obtain a federal perspective on state and/or local issues and initiatives.

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

Use the following headings as you complete the Methodology section:

- Methods for Fulfilling Core Activities: Educate
- Methods for Fulfilling Core Activities: Innovate
- Methods for Fulfilling Core Activities: Situate
- General Methods

For the "Educate" section, answer the following questions:

1. Describe how you will share information about state and/or local needs, policies, and priority issues for public health officials and organizations with HRSA and public health stakeholders. Be sure to discuss any limitations you may face around sharing of such information (e.g., non-disclosure or confidentiality agreements).
2. Describe how you will share information about HRSA programs and initiatives with public health officials and organizations to strengthen the health care safety net.

For the "Innovate" section, answer the following questions:

1. Describe how you will identify and share state and/or local best practices with HRSA and public health stakeholders.
2. Describe the strategies you will use to provide capacity-building assistance to public health officials and organizations on best practices that support the health care safety net. Explain why you believe those strategies would be effective.

For the "Situate" section, answer the following questions:

1. Explain how you would facilitate public opportunities for public health officials and organizations to engage with federal staff to strengthen the health care safety net. For example, explain how you would arrange a forum (e.g., as part of an annual meeting) for public health officials and organizations to strategize and align efforts on work towards achieving shared goals.

2. HRSA often plays a role in responding to emerging public health issues and advancing HHS priority initiatives (e.g., addressing Zika, combating the opioid crisis, the Ending the HIV Epidemic initiative). Explain how your organization will interact with your constituents to assist HRSA in identifying the geographic areas of greatest need, state and/or local barriers to action, and how you will respond and support (currently unknown) emerging public health issues.
3. Describe how you will obtain feedback from your constituents on HRSA programs, activities, initiatives, materials, etc. For example, indicate whether your organization can host focus groups to collect state and/or local feedback on materials promoting a new or existing HRSA program.

For the “General Methods” section, please answer the following questions:

1. NOSLO Program award recipients are expected to engage and collaborate with other organizations to share data, coordinate and align capacity-building activities, and share resources and tools that will amplify impacts in a complementary manner while reducing any potential duplication of efforts. Such organizations may include other HRSA-supported partners (e.g., other NOSLO Program award recipients, Ryan White HIV/AIDS Program-funded entities, Maternal and Child Health program recipients, Federal Office of Rural Health Policy program recipients, Bureau of Primary Health Care National Cooperative Agreement recipients, state Primary Care Offices/Associations, safety net health care providers and their representative professional organizations, etc.) and other organizations that serve public health officials and organizations. Describe how you will fulfill this requirement and communicate such efforts to HRSA.
2. Discuss why the methodology proposed is optimal for this project. Include a description of any innovative methods that you will use to address the stated needs.
3. Describe how you will routinely assess and respond to the unique needs of your constituents, monitor factors that affect your constituents to inform capacity-building assistance and support HRSA awareness of these factors, and identify and respond to emerging issues affecting populations that HRSA serves and/or the health care safety net.
4. Propose a sustainability plan by explaining how you will make NOSLO: Public Health Capacity capacity-building resources publicly available after the period of performance ends.

**WORK PLAN** -- Corresponds to Section V's Review Criteria 2 – “Response”, 3 – “Evaluative Measures”, 4 – “Impact,” and 6 – “Support Requested”

### Work Plan Matrix

Submit a 36-month work plan matrix (Attachment 1) for the three-year period of performance. The matrix should contain the following elements for each proposed activity within the category (e.g., “Educate (A)” and “Innovate (B)”):

- Activity description
- Responsible individual(s)
- Timeline (e.g., start date, milestones, completion date)
- Proposed performance measures for outputs and outcomes/impact (<1 year; at the end of the period of performance; after the period of performance)
- Proposed data source for performance measures
- Target goals for outputs and outcomes/impact

The [Budget Narrative](#) should reflect the strategies described in this work plan.

### Work Plan Narrative

In addition to the matrix, answer the following questions in narrative form. Use the following headers as you complete the Work Plan Narrative section:

- Work Plan for Fulfilling Core Activities: Educate (A)
- Work Plan for Fulfilling Core Activities: Educate (B)
- Work Plan for Fulfilling Core Activities: Innovate (A)
- Work Plan for Fulfilling Core Activities: Innovate (B)
- Work Plan for Fulfilling Core Activities: Situate (A)
- Work Plan for Fulfilling Core Activities: Situate (B)

For the “Educate (A)” section, answer the following questions:

1. Describe how you will implement Educate (A) activities, including how you will evolve and/or add new activities in Years 2 and 3 of the period of performance to achieve the stated milestones and target goals by the end of each year.
2. Demonstrate your ability to successfully complete the proposed activities, in alignment with the organizational resources described in the “Organizational Resources” section.
3. Provide evidence of how the proposed activities address the needs identified in the “Needs Assessment” section.



For the “Educate (B)” section, answer the following questions:

1. Describe how you will implement Educate (B) activities, including how you will evolve and/or add new activities in Years 2 and 3 of the period of performance to achieve the stated milestones and target goals by the end of each year.
2. Demonstrate your ability to successfully complete the proposed activities, in alignment with the organizational resources described in the “Organizational Resources” section.
3. Provide evidence of how the proposed activities address the needs identified in the “Needs Assessment” section.

For the “Innovate (A)” section, answer the following questions:

1. Describe how you will implement Innovate (A) activities, including how you will evolve and/or add new activities in Years 2 and 3 of the period of performance to achieve the stated milestones and target goals by the end of each year.
2. Demonstrate your ability to successfully complete the proposed activities, in alignment with the organizational resources described in the “Organizational Resources” section.
3. Provide evidence of how the proposed activities address the needs identified in the “Needs Assessment” section.

For the “Innovate (B)” section, answer the following questions:

1. Describe how you will implement Innovate (B) activities, including how you will evolve and/or add new activities in Years 2 and 3 of the period of performance to achieve the stated milestones and target goals by the end of each year.
2. Demonstrate your ability to successfully complete the proposed activities, in alignment with the organizational resources described in the “Organizational Resources” section.
3. Provide evidence of how the proposed activities address the needs identified in the “Needs Assessment” section.

For the “Situat (A)” section, answer the following questions:

1. Describe how you will implement Situat (A) activities, including how you will evolve and/or add new activities in Years 2 and 3 of the period of performance to achieve the stated milestones and target goals by the end of each year.
2. Demonstrate your ability to successfully complete the proposed activities, in alignment with the organizational resources described in the “Organizational Resources” section.

3. Provide evidence of how the proposed activities address the needs identified in the “Needs Assessment” section.

For the “Situating (B)” section, answer the following questions:

1. Describe how you will implement Situating (A) activities, including how you will evolve and/or add new activities in Years 2 and 3 of the period of performance to achieve the stated milestones and target goals by the end of each year.
2. Demonstrate your ability to successfully complete the proposed activities, in alignment with the organizational resources described in the “Organizational Resources” section.
3. Provide evidence of how the proposed activities address the needs identified in the “Needs Assessment” section.

**RESOLUTION OF CHALLENGES** -- *Corresponds to Section V’s Review Criterion 2 – “Response”*

1. Describe any potential obstacles for implementing program performance evaluations and your plan to address those obstacles.
2. Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan, and outline approaches you will use to overcome such challenges. Include current or anticipated national, state, or local initiatives that may impact milestone and target goal attainment, affect performance measurement, or result in the need to adjust planned activities.

**EVALUATION AND TECHNICAL SUPPORT CAPACITY** -- *Corresponds to Section V’s Review Criteria 3 – “Evaluative Measures,” 4 – “Impact,” and 5 – “Resources/Capabilities”*

1. Describe your plan to evaluate program performance. Be sure to discuss how your performance evaluation efforts will demonstrate how, over the period of performance, you have developed products and achieved results that would not be possible without NOSLO: Public Health Capacity funding. Include a timeline.
2. Identify and explain your strategy to collect, analyze and track data to measure progress toward the target goals listed in the “Core Activities” section and to fulfill performance measure reporting requirements (see [Appendix B](#)).
3. Explain how you will use the results of your evaluations to support continuous quality improvement and strengthen the NOSLO: Health Care Payment and Financing activities your organization plans to provide.

4. Describe how you will share your evaluation results with HRSA and its capacity-building partners (e.g., award recipients of the [HRSA Health Center Program's training and technical assistance programs](#)).

**ORGANIZATIONAL INFORMATION** -- Corresponds to Section V's Review Criteria 3 – "Evaluative Measures" and 5 – "Resources/Capabilities"

Organizational Resources

1. Describe how your organization currently provides capacity-building assistance to support and spread best practices among public health officials and organizations. Demonstrate a strong history of developing and disseminating capacity-building activities to public health officials and organizations nationwide.
2. List the media products (e.g., publications, e-newsletters, postcards, social media platforms) your organization uses to communicate information to public health officials and organizations. Provide information about the recipients for each medium (i.e., target audience, total number of recipients, number of individuals who interact with the messages [e.g., number of page hits, percentage of individuals who open e-newsletter emails, number of retweets or "likes"]). Indicate whether it would be possible to incorporate NOSLO: Public Health Capacity activities into these media products.
3. List the major meetings and events your organization typically holds for public health officials and organizations throughout the year, with the number of attendees per meeting/event. Indicate whether it would be possible to incorporate NOSLO: Public Health Capacity activities into these meetings/events.
4. Describe your organization's ability to create effective, well-designed visual communications and marketing materials. For example, indicate whether your organization has a graphic designer and/or someone with experience creating infographics.
5. List and describe the data that you collect on public health officials and organizations, including how you identify best practices, needs, priorities, and relevant issues. Discuss how you can leverage this data to quickly and effectively assist HRSA when urgent, emergent, and/or priority issues arise.
6. List and describe the data that the constituents of your organization collect on public health officials and organizations, best practices, needs, priorities, and other relevant issues. Indicate whether the data are publicly available and, if not, whether your organization and your constituents will share the data with HRSA upon request. Discuss how you can leverage this data to quickly and effectively assist HRSA when urgent, emergent, and/or priority issues arise.
7. Describe how your organization works with a national audience of public health officials and organizations through a variety of media, meetings/events, and other

strategies to obtain meaningful constituent feedback on the activities, resources, and materials of your organization and other organizations.

### Organizational Structure, Staffing, and Project Management

1. Provide a brief overview of the history of your organization. Include your mission and structure (consistent with Attachment 2: Organizational Chart) and the scope of your current activities.
2. Describe how your organizational structure, including your organization's management team (e.g., Chief Financial Officer, Project Director) and any contracts or agreements, is appropriate for the operational and oversight needs of this project.
3. Describe your organization's financial accounting and internal control systems and how they, as well as related policies and procedures, will reflect Generally Accepted Accounting Principles (GAAP).<sup>4</sup>
4. Discuss the systems and processes that will support your organization's performance management requirements, including a description of your data systems, data management software, and staff with expertise in data collection, data analysis, data reporting, and data management.
5. Describe the evaluation and technical support capacity of your organization, including experience conducting qualitative and quantitative evaluations and the evaluation skillset of staff assigned to the NOSLO: Public Health Capacity project.
6. Provide a proposed staffing plan (consistent with Attachment 3: Staffing Plan and Job Descriptions for Key Personnel). Define all roles and demonstrate why the plan is appropriate for the number and variety of activities to be provided during the period of performance. Include information on how you will recruit and/or retain staff to achieve or maintain the proposed staffing plan.
7. Describe the training, experience, skills, and subject matter expertise of individuals in the roles defined in Question 6 (consistent with Attachment 4: Biographical Sketches of Key Personnel).
  - a) If applicable, describe recent changes in key management staff or significant changes in roles and responsibilities.
8. Describe how you will ensure that you initiate the proposed activities for Year 1 within 60 days of award by documenting that appropriate staff will be in place. Provide a timeline for hiring, onboarding, and staff development, as needed.
9. Describe past performance managing collaborative federal awards at the national level, including examples of the extent to which measurable accomplishments were completed in full and on time.

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<sup>4</sup> GAAP are used as defined in HHS Grants Policies and Regulations [45 CFR Part 75](#).

10. Submit a logic model for designing and managing the project (Attachment 5) to demonstrate that you have a broad understanding of the project, including required inputs and desired outputs and outcomes. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. While there are many versions of logic models, for the purposes of this notice, the logic model should summarize the connections between the:

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

Although there are similarities, a logic model is not a work plan. A work plan is an “action” guide with a timeline used during program implementation; the work plan provides the “how to” steps. You can find additional information on developing logic models at the following website:

<http://www.acf.hhs.gov/sites/default/files/fysb/prep-logic-model-ts.pdf>.

## **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. Any attachments referenced in a narrative section may be considered during the objective review.

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

Organizational Information	(3) Evaluative Measures (5) Resources/Capabilities
Budget and Budget Narrative	(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.

Complete Application Form SF-424A Budget Information – Non-Construction Programs. The project/budget period is 3 years. Provide a separate line item budget narrative using the budget categories in the SF-424A for each year for the period of September 1, 2020 through August 31, 2023 (3 years).

**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.

In addition, the maximum number of budget periods allowed is three (3). A budget period represents 12 months of project effort.

The Further Consolidated Appropriations Act, 2020 (P.L. 116-94), Division A, § 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 the following fiscal years, as required by law.

#### **Budget Narrative**

Provide a narrative that explains the amounts requested for each line in the budget. The budget narrative should specifically describe how each item will support the achievement of the proposed objectives. See Section 4.1.v. of HRSA's [SF-424 Application Guide](#).

#### **iv. 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: Project Work Plan Matrix (Required)***

Attach the project work plan matrix that includes all information detailed in [Section IV.2.ii. Project Narrative](#).

##### ***Attachment 2: Organizational Chart (Required)***

Attach a one-page document that depicts the organizational structure, including key personnel, staffing, and any sub-recipients or affiliated organizations of the proposed NOSLO: Public Health Capacity project.

##### ***Attachment 3: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of HRSA's [SF-424 Application Guide](#)) (Required)***

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

##### ***Attachment 4: Biographical Sketches of Key Personnel (Required)***

Include biographical sketches for persons occupying the key positions described in Attachment 4, 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 5: Logic Model (Required)***

Attach the logic model for the project that includes all information detailed in [Section IV.2.ii. Project Narrative](#).

##### ***Attachment 6: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific) (Optional)***

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 deliverables. Make sure any letters of agreement are signed and dated.

##### ***Attachment 7: Indirect Cost Rate Agreement if applicable (Not counted in the page limit)***

Submit a copy of your most recently approved IDC rate agreement, which supports the indirect cost rate requested in the application budget.

##### ***Attachments 8-15: Other Relevant Documents (Optional)***

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.). You may also include tables and charts to provide additional details about the proposal (e.g., Gantt charts, flow charts).

### **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](#).

**[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 federal-wide. Effective January 1, 2020, 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 located at [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 *April 24, 2020 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**

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

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

#### **6. Funding Restrictions**

You may request funding for a period of performance of up to 3 years, at no more than \$1,065,416 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 in a timely manner. 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 A of the Further Consolidated Appropriations Act, 2020 (P.L. 116-94) 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 the following fiscal years, as required by law.

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

- Acquiring buildings or constructing facilities;
- Paying bad debts;
- Traveling internationally;
- Paying for entertainment, fundraising and/or lobbying/advocacy efforts;
- Supporting or defeating the enactment of legislation before the Congress or any state or local legislature or legislative body;
- Supporting or defeating any proposed or pending regulation, administrative action, or order issued by the executive branch of any state or local government; or

- Paying the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or executive order proposed or pending before the Congress or any state government, state legislature or local legislature or legislative body.

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](#).

Please note: No HHS funds may be paid as profit to any recipient even if the recipient is a commercial organization. Profit is any amount in excess of allowable direct and indirect costs [eCFR — Code of Federal Regulations](#).

## 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 HRSA will review your application. 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. HRSA will consider the entire proposal during objective review.

HRSA uses review criteria to rank applications. NOSLO: Public Health Capacity has six review criteria. See the review criteria outlined below with specific detail and scoring points.

***Criterion 1: NEED (20 points) – Corresponds to Section IV’s “Introduction” and “Needs Assessment” sections***

#### Reach and Membership (10 points)

The extent to which:

1. The organization’s constituents align with the NOSLO: Public Health Capacity target audience (i.e. public health officials and organizations).

2. The organization is nonpartisan/bipartisan and demonstrates a national reach.

Alignment of Constituent Needs, Organizational Expertise, and HRSA Priorities (10 points)

The extent to which:

1. The applicant cites appropriate, high-quality data sources.
2. The organization demonstrates having an adequate existing mechanism in place to reliably and efficiently gather information about constituents' needs and priority issues on a regular basis.
3. The priority issues and needs of the organization's constituents align with HRSA programs, populations, and priorities.
4. The applicant provides a clear, reasonable, and actionable outline and prioritization of the short-term (<1 year), medium-term (2-3 years), and long-term (>4 years) capacity-building efforts to address the needs of public health officials and organizations.
5. The applicant demonstrates an in-depth understanding of the key issues, challenges, and data needs of the nation's health care safety net, as well as how those factors intersect with the needs of public health officials and organizations.
6. The applicant demonstrates how enhanced bidirectional communication between the organization's constituents and HRSA would benefit the organization's constituents, HRSA, and the health care safety net.

***Criterion 2: RESPONSE (20 points) – Corresponds to Section IV's "Methodology," "Work Plan," and "Resolution of Challenges" sections***

Addressing Core "Educate," "Innovate," and "Situate" Activities (15 points)

The extent to which the applicant clearly and comprehensively:

1. Describes methods and activities that are well designed, aligned with all of the "Educate," "Innovate," and "Situate" core activities, and contribute to HRSA's [Strategic Goals](#).
2. Describes methods and activities that are appropriate and achievable given the needs and characteristics of public health officials and organizations and HRSA.
3. Lays out how they will conduct "Educate," "Innovate," and "Situate" core activities across all three years of the period of performance and explains how activities in Years 2 and 3 will build on Year 1 activities to contribute to measurable short- and long-term outcomes and impact.

### Resolution of Challenges (5 points)

The extent to which the applicant:

1. Describes any potential obstacles for implementing program performance evaluations and the quality of their plan to address those obstacles.
2. Demonstrates how they will identify and respond to internal and external challenges they are likely to face in implementing their proposed work plan, and the quality of the solutions proposed to address those challenges.

**Criterion 3: EVALUATIVE MEASURES (15 points)** – Corresponds to Section IV’s “Work Plan,” “Evaluation and Technical Support Capacity,” and “Organizational Information” sections

The extent to which the applicant:

1. Identifies achievable and appropriate goals for evaluating the planning, implementation, outputs, outcomes, and impact of “Educate,” “Innovate,” and “Situat e” core activities throughout the period of performance.
2. Demonstrates how they will develop achievable, appropriate, and effective processes for evaluating program performance and progress toward the target goals listed in the “Work Plan Matrix” sections and fulfilling performance measure reporting requirements (see Appendix B). Applicants should explain how they will approach all of the following:
  - a) Measuring, tracking, collecting, analyzing, and reporting data and other information
  - b) Managing data systems and selecting and using the appropriate data management software
3. Indicates how the proposed performance evaluation efforts will enable the organization to demonstrate how, over the project period, they developed products and achieved results that would not be possible without NOSLO: Public Health Capacity funding.
4. Demonstrates how they will use evaluation results to support continuous quality improvement and strengthen the NOSLO: Public Health Capacity-related activities the organization plans to provide.
5. Demonstrates how they will share evaluation results with HRSA and its capacity-building partners (e.g., award recipients of the HRSA Health Center Program’s technical assistance programs).

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

1. The extent to which the applicant clearly and comprehensively links proposed “Educate,” “Innovate,” and “Situating” activities to the needs of public health officials and organizations and to HRSA’s missions and programs.
2. The extent to which the applicant demonstrates how they will promote sustainability so that NOSLO: Public Health Capacity activities continue to have an impact on health care payment and financing officials after the period of performance ends.

**Criterion 5: RESOURCES/CAPABILITIES (25 points)** – Corresponds to Section IV’s “Evaluation and Technical Support Capacity” and “Organizational Information” sections

Capacity to Complete Proposed Activities (5 points)

1. The extent to which the organization demonstrates adequate resources, reach, expertise, staff time, and capacity to successfully complete the proposed “Educate,” “Innovate,” and “Situating” activities.

Organizational Resources (10 points)

The extent to which the applicant demonstrates:

1. How they will engage and collaborate with other organizations to share data, coordinate and align capacity-building activities, and share resources and tools that will amplify impacts in a complementary manner while reducing any potential duplication of efforts.
2. Experience providing high-quality capacity-building assistance to support and spread best practices that strengthen the health care safety net among public health officials and organizations.
3. Experience effectively reaching a national audience of public health officials and organizations through a variety of media, meetings/events, and other strategies that can be leveraged to communicate information about HRSA programs, initiatives, and resources.
4. The ability to collect and share information with HRSA about state and/or local needs across the U.S.
5. The ability to identify and share state and/or local best practices across the U.S. with HRSA.
6. Experience facilitating meaningful opportunities for public health officials and organizations to engage with federal staff in public settings (e.g. conferences).

7. The ability to quickly and effectively assist HRSA when urgent, emergent, and/or priority issues arise by a) flexibly shifting supported efforts toward addressing these priorities, and b) identifying the geographic areas of greatest need, state and/or local barriers to action, the most critical aspects of the issue to address, and other relevant information
8. Experience effectively reaching a national audience of public health officials and organizations through a variety of media, meetings/events, and other strategies that can be leveraged to provide meaningful constituent feedback on HRSA programs, activities, initiatives, materials, etc.

#### Organizational Structure, Staffing, and Project Management (10 points)

The extent to which the organization demonstrates:

1. The resources and organizational structure necessary to initiate Year 1 activities within 60 days of award, avoid duplication of efforts within the organization, and successfully complete the administrative, evaluation, data collection/storage/sharing, and performance reporting tasks associated with managing the cooperative agreement.
2. The availability of project personnel, including management staff, who are qualified by training and/or experience to implement and carry out the project. This includes having personnel with subject matter expertise related to HRSA programs, the health care safety net, public health, and vulnerable and underserved populations.
3. A history of successfully managing collaborative federal awards at the national level.
4. A broad understanding of the project, including inputs and desired outputs and outcomes, as shown in the logic model.

#### ***Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV’s “Work Plan” and “Budget and Budget Narrative” sections***

1. Demonstrates the reasonableness of the proposed budget for “Educate,” “Innovate,” and “Situat e” core activities for each year of the period of performance in relation to the objectives, scope of work, complexity of the activities, and anticipated results, as well as the extent to which the applicant logically documents how and why each line item request (e.g., personnel, travel, equipment, supplies, and contractual services) supports the goals and activities of the proposed activities.

## **Review Criteria Table**

<b>REVIEW CRITERIA</b>	<b>POINTS ALLOTTED</b>
<b>1. Need</b>	<b>20 points</b> <ul style="list-style-type: none"><li>• Research and Membership (10 points)</li><li>• Alignment of Constituent Needs, Organizational Expertise, and HRSA Priorities (10 points)</li></ul>
<b>2. Response</b>	<b>20 points</b> <ul style="list-style-type: none"><li>• Addressing Core “Educate,” “Innovate,” and “Situates” Activities (15 points)</li><li>• Resolution of Challenges (5 points)</li></ul>
<b>3. Evaluative Measures</b>	<b>15 points</b>
<b>4. Impact</b>	<b>10 points</b>
<b>5. Resources/Capabilities</b>	<b>25 points</b> <ul style="list-style-type: none"><li>• Capacity to Complete Proposed Activities (5 points)</li><li>• Organizational Resources (10 points)</li><li>• Organizational Structure, Staffing, and Project Management (10 points)</li></ul>
<b>6. Support Requested</b>	<b>10 points</b>
<b>TOTAL</b>	<b>100 POINTS</b>

## **7. Review and Selection Process**

The objective 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.

## **8. 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.

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](#)).

## **VI. Award Administration Information**

### **1. Award Notices**

HRSA will issue the Notice of Award (NOA) prior to the start date of September 1, 2020. 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](#).

#### **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. 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 federally 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 data rights.

### **Human Subjects Protection**

Federal regulations ([45 CFR part 46](#)) require that applications and proposals involving human subjects must be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. If you anticipate research involving human subjects, you must meet the requirements of the HHS regulations to protect human subjects from research risks.

### **3. Reporting**

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

- 1) **Progress Report(s)**. The recipient must submit a progress report to HRSA on a **yearly** basis. Non-Competing Continuation renewals will count toward progress reports. Further information will be available in the NOA.

## **VII. Agency Contacts**

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

Sharon Farris  
Grants Management Specialist  
Division of Grants Management Operations, OFAM  
Health Resources and Services Administration  
5600 Fishers Lane, Mailstop 10SWH03  
Rockville, MD 20857  
Telephone: (301) 945-9883  
Email: [sfarris@hrsa.gov](mailto:sfarris@hrsa.gov)

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

Carolyn Robbins  
Public Health Analyst, Office of External Engagement  
Attn: NOSLO Program—Public Health Capacity  
Office of Planning, Analysis and Evaluation  
Health Resources and Services Administration  
5600 Fishers Lane, Room 14W-57A  
Rockville, MD 20857  
Telephone: (301) 443-2291  
Email: [crobbins@hrsa.gov](mailto:crobbins@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](mailto:support@grants.gov)  
Self-Service Knowledge Base: <https://grants-portal.psc.gov/Welcome.aspx?pt=Grants>

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). 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: Tuesday, February 4, 2020  
Time: 1 p.m. – 2 p.m. ET  
Call-In Number: 1-877-921-2940  
Participant Code: 4943790  
Weblink: [https://hrsa.connectsolutions.com/nofo\\_ta/](https://hrsa.connectsolutions.com/nofo_ta/)  
Weblink to Recorded Webinar: [https://hrsa.connectsolutions.com/nofo\\_ta/](https://hrsa.connectsolutions.com/nofo_ta/)

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

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

## Appendix A: NOSLO Program Application Tracks

The FY2020 NOSLO Program cooperative agreement has three application tracks:

1. Public Health Capacity (HRSA-20-084)
2. Health Legislation and Governance (HRSA-20-092)
3. Health Care Payment and Financing (HRSA-20-093)

Each NOSLO Program application track shares common activities that strengthen the capacity of the health care safety net, such as enhancing bidirectional communication between HRSA and key stakeholder groups, providing opportunities for data collection and analysis at the state and/or local levels, connecting and/or convening stakeholders to share best practices, and disseminating information on state and/or local policies and programs that reduce health disparities. Applicants are encouraged to apply to the track(s) mostly closely aligned with organizational priorities.

<b>Application Track</b>	<b>State and/or Local Officials Target Audiences</b>	<b>Focus</b>
HRSA-20-084 <i>NOSLO: Public Health Capacity</i>	State and/or local public health officials and organizations	Support integrated systems of care, promote community partnerships, and strengthen the health care workforce to improve the health of vulnerable and underserved populations
HRSA-20-092 <i>NOSLO: Health Legislation and Governance</i>	State legislators and legislative officials	Support nonpartisan technical assistance and related activities (e.g., development and dissemination of information) to legislators and legislative officials around issues related to the health care safety net, including the sharing of promising/best practices across and between states
HRSA-20-093 <i>NOSLO: Health Care Payment and Financing</i>	Officials and organizations overseeing health care-related payment and financing for services delivered to vulnerable and underserved populations	Conduct policy analyses and research on care coordination, health care financing, health care quality initiatives, innovative care/payment models, and payment reform as it relates to the needs of the uninsured, underserved, vulnerable, and special populations of HRSA interest in states and local areas

## **HRSA-20-084**

### ***NOSLO: Public Health Capacity***

National organizations of state and/or local public health officials and organizations are able to facilitate resource sharing, disseminate successful innovations, and provide capacity-building resources to key HRSA stakeholders while also reducing redundancy. These stakeholders include HRSA grantees (e.g., health centers, Ryan White HIV/AIDS Program providers), organizations/individuals that work directly with HRSA grantees, and other organizations that support health care safety net populations (e.g., state and/or local health departments). These organizations promote cross-sector collaboration and inform federal, state, local, and community health officials and leaders about topics such as telehealth, behavioral health, health workforce, health equity, population/place-based health initiatives, and the social determinants of health. They also provide technical assistance and training on topics such as organizational quality improvement, and community health needs assessment and planning frameworks. Previous award recipients have collaborated with HRSA regional offices and conducted state-level and regional projects that involve other HRSA-funded organizations.

## **HRSA-20-092**

### ***NOSLO: Health Legislation and Governance***

National organizations of state legislators and legislative officials are able to provide their constituents thorough, comprehensive, and nonpartisan information on complex health policy issues. These organizations serve as established and trusted sources of research, legislative tracking, promising practices, and connections to officials from other states and jurisdictions that are addressing similar issues. By collaborating with such organizations, HRSA can support nonpartisan technical assistance and related educational materials/activities around HRSA priorities. State legislators and legislative officials shape the health care landscape and are able to identify and address emerging public health concerns for their constituents. In addition, they affect the sustainability of HRSA's investments and can generate creative solutions for overcoming obstacles to the effective implementation of public health programs/initiatives. However, due to the typically high level of turnover among state legislators and their staff, it is critical to provide continuous technical assistance resources on relevant health care topics.

## **HRSA-20-093**

### ***NOSLO: Health Care Payment and Financing***

National organizations that convene officials overseeing health care-related payment and related finance mechanisms at the state and/or local levels are able to connect the key stakeholders able to solve critical health care problems that affect underserved populations. Such stakeholders include insurance commissioners, Medicaid directors, state legislators, state public health departments, and health policy advisors, among others. In partnership with these national organizations, HRSA can learn from first-hand

accounts of the innovations, successes, and challenges to implementing health care transformation activities around health service delivery and payment. The information HRSA can gain around such activities, such as value-based care and quality improvement initiatives, will facilitate the agency's ability to administer its programmatic investments at the community level in the most useful way. In addition, these national organizations can offer training and technical assistance to state and/or local entities on policy and program issues. Historically, these organizations have also developed practical publications on emerging primary care issues, such as optimizing the integration of primary care and behavioral health, strengthening the workforce serving the health care safety net, and identifying successful methods for streamlining Medicaid provider enrollment at health centers in underserved and rural areas.

## **Appendix B: HRSA-20-084 NOSLO: Public Health Capacity Track Performance Measures**

Due to the need to maintain flexibility in the project topics to account for emerging HRSA priorities, HRSA and the award recipient will identify activity-specific performance measures at the start of each project period. Where possible, these performance measures will be SMART (Specific, Measurable, Achievable, Realistic, and Timely) and draw on topic-relevant external data sources for baseline data, target setting, and outcome evaluation.

In addition to those measures, HRSA will use the following measures (subject to change) to assess performance every 12 months over the course of the period of performance. The award recipient will report data on the first set of measures, and HRSA will hold internal discussions to collect data on the second set of measures.

Note: Additional details will be available after the Notice of Award.

### ***Reported by Award Recipient***

#### **Organizational Fit**

1. Reach of the organization declined, remained stable, or increased
2. Number of collaboration activities with other NOSLO Program award recipients

#### **Project Management**

Not applicable

#### **Core Activity: Educate (A)**

1. Evidence of reaching public health officials and organizations about HRSA programs, initiatives, and resources through a variety of media
2. Evidence that public health officials and organizations learned, used, and/or shared information on HRSA programs, initiatives, and resources

#### **Core Activity: Educate (B)**

1. Number of times information about state and/or local needs was shared with HRSA and public health stakeholders

**Core Activity: Innovate (A)**

1. Number of state and/or local best practices shared with HRSA and public health stakeholders

**Core Activity: Innovate (B)**

1. Number of capacity-building activities to support and spread best practices among public health officials and organizations
2. Evidence of capacity-building activities supporting and spreading best practices among public health officials and organizations
3. Constituent efforts (policies, investments, etc.) to support integrated systems of care, promote community partnerships, and strengthen the health care workforce to improve the health of vulnerable and underserved populations that were aided/informed at least in part through NOSLO: Public Health Capacity-supported technical assistance, products, and related means

**Core Activity: Situate (A)**

1. Number of times state and/or local data was collected and shared with HRSA and public health stakeholders
2. Number of times assisted HRSA in identifying geographic areas of greatest need, state and/or local barriers to action, the most critical aspects of an emerging issue to address, and other relevant information
3. Number of times practical/applicable feedback provided on HRSA programs, activities, initiatives, materials, etc.

**Core Activity: Situate (B)**

1. Number of supported engagements between state and/or local officials and federal staff
2. Number of times state and/or local officials drew on lessons learned from these supported engagements to inform and/or modify state/local programs and initiatives

## ***Assessed by HRSA through Internal Agency Discussions***

### **Organizational Fit**

1. Quality of collaboration activities with other NOSLO Program award recipients
2. Adequate demonstration of subject matter expertise related to HRSA-related programs, key issues, and populations
3. Adaptability to emerging HRSA priority topic areas over the period of performance

### **Project Management**

1. Successful implementation of a sustainability plan
2. Quality and timeliness of performance measure reporting
3. Responsiveness in correspondence, setting up meetings, etc.
4. Adaptability to emerging HRSA priority topic areas over the period of performance

### **Core Activity: Educate (A)**

1. Quality of information about state and/or local needs, policies, and priority issues (e.g., accuracy, timeliness, level of detail)
2. Number of times HRSA used information about state and/or local needs to inform and/or modify HRSA programs and initiatives

### **Core Activity: Educate (B)**

Not applicable

### **Core Activity: Innovate (A)**

1. Number of times HRSA drew from state and/or local best practices to inform and/or modify HRSA programs and initiatives

### **Core Activity: Innovate (B)**

1. Quality of capacity-building activities to support and spread best practices among public health officials and organizations



**Core Activity: Situate (A)**

1. Quality of state and/or local data shared with HRSA (e.g., accuracy, timeliness, relevance)
2. Number of times HRSA used state and/or local data to inform and/or modify HRSA programs, initiatives, and materials
3. Quality of feedback when asked to assist HRSA in identifying geographic areas of greatest need, state and/or local barriers to action, the most critical aspects of an emerging issue to address, and other relevant information
4. Number of times HRSA used information provided in Question 3 to inform and/or modify HRSA programs and initiatives
5. Number of times HRSA used practical/applicable feedback provided in Question 3 to inform and/or modify HRSA programs, activities, initiatives, materials, etc.
6. Quality of the feedback provided on HRSA programs, activities, initiatives, materials, etc.

**Core Activity: Situate (B)**

1. Quality of supported engagements between state and/or local officials and federal staff
2. Number of times HRSA drew on lessons learned from these supported engagements to inform and/or modify HRSA programs and initiatives