

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

Office of Rural Health Policy (ORHP)

Medicare Rural Hospital Flexibility Program Evaluation Cooperative Agreement

Announcement Type: New and Competing Continuation

Announcement Number: HRSA-13-164

Catalog of Federal Domestic Assistance (CFDA) No. 93.241

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2013

Application Due Date: January 14, 2013

*Ensure your Grants.gov registration and passwords are current immediately!
Deadline extensions are not granted for lack of registration.
Registration may take up to one month to complete.*

Release Date: November 15, 2012

Issuance Date: November 15, 2012

Megan Meacham, MPH
Public Health Analyst
Office of Rural Health Policy
Email: MMeacham@hrsa.gov
Telephone: (301) 443-8349
Fax: (301) 443-2803

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

Table of Contents

I. FUNDING OPPORTUNITY DESCRIPTION	1
1. PURPOSE.....	1
2. BACKGROUND.....	1
II. AWARD INFORMATION	2
1. TYPE OF AWARD.....	2
2. SUMMARY OF FUNDING.....	2
III. ELIGIBILITY INFORMATION	3
1. ELIGIBLE APPLICANTS.....	3
2. COST SHARING/MATCHING.....	4
3. OTHER.....	4
IV. APPLICATION AND SUBMISSION INFORMATION	4
1. ADDRESS TO REQUEST APPLICATION PACKAGE.....	4
2. CONTENT AND FORM OF APPLICATION SUBMISSION.....	6
i. <i>Application Face Page</i>	9
ii. <i>Table of Contents</i>	9
iii. <i>Budget</i>	9
iv. <i>Budget Justification</i>	10
v. <i>Staffing Plan and Personnel Requirements</i>	12
vi. <i>Assurances</i>	12
vii. <i>Certifications</i>	12
viii. <i>Project Abstract</i>	12
ix. <i>Project Narrative</i>	13
x. <i>Attachments</i>	18
3. SUBMISSION DATES AND TIMES.....	20
4. INTERGOVERNMENTAL REVIEW.....	21
5. FUNDING RESTRICTIONS.....	21
6. OTHER SUBMISSION REQUIREMENTS.....	22
V. APPLICATION REVIEW INFORMATION	23
1. REVIEW CRITERIA.....	23
2. REVIEW AND SELECTION PROCESS.....	26
3. ANTICIPATED ANNOUNCEMENT AND AWARD DATES.....	27
VI. AWARD ADMINISTRATION INFORMATION	27
1. AWARD NOTICES.....	27
2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS.....	27
3. REPORTING.....	29
VII. AGENCY CONTACTS	31
VIII. TIPS FOR WRITING A STRONG APPLICATION	32

I. Funding Opportunity Description

1. Purpose

This announcement solicits applications for the **Medicare Rural Hospital Flexibility Program Evaluation Cooperative Agreement**.

The purpose of this program is (1) to provide a mechanism for monitoring and evaluating the Medicare Rural Hospital Flexibility (Flex) grant program, and (2) to provide resources for the state Flex grantees that will assist them as they support quality improvement, financial and operational improvement, and health systems development in rural America.

2. Background

This program is authorized by 711(b) of the Social Security Act, (42 U.S.C. 912(b)).

The Health Resources and Services Administration's Office of Rural Health Policy is the focal point for rural health activities within the U.S. Department of Health and Human Services (HHS). The Office of Rural Health Policy (ORHP) accomplishes its mission through a broad range of policy and program activities. The Office addresses the specific difficulties of providing health care in rural communities through its grant programs. One such grant program is the Medicare Rural Hospital Flexibility Grant Program, authorized by Section 1820(g) of the Social Security Act (42 U.S.C. 1395) as amended by Section 4201(a), P.L. 105-33 of the Balanced Budget Act of 1997 (BBA) and Section 405(f), P.L. 108-173 of the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (MMA), and Section 121, P.L. 110-275 of the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA).

The Flex program provides funds to states to support improvements in the quality of health care provided in communities served by critical access hospitals (CAHs), support efforts to improve the financial and operational performance of the CAHs, and support communities in developing collaborative regional and local health care delivery systems. States may also support conversion of eligible small rural hospital facilities to critical access status, but very few hospitals remain eligible for conversion and therefore state Flex programs concentrate their efforts on the core program areas. The Flex program core areas include: (1) improving the quality of care in CAHs and other rural health care providers, (2) improving the financial and operational performance of CAHs, and (3) engaging rural communities in health care system development, including the integration of rural Emergency Medical Services (EMS) into the health care system.

Since the start of the Flex program in 1997, a portion of the grant program funding has been used to support the Medicare Rural Hospital Flexibility Evaluation Cooperative Agreement. The purpose of the cooperative agreement is to monitor and evaluate the Flex program and state-level grant activities as well as to make recommendations for improving the program. To date, an important body of knowledge that has been of great benefit to Flex grantees has been developed regarding rural health care, quality improvement in rural hospitals, rural hospital financial issues, EMS, and community impact. Rural-specific performance measures and indicators have also been developed and assist with the process of monitoring and evaluating the Flex program as a whole. Future funded projects are expected to continue to build upon the work completed and knowledge gained in the previous years of the Flex program evaluation cooperative agreement.

II. Award Information

1. Type of Award

Funding will be provided in the form of a cooperative agreement. A cooperative agreement, as opposed to a grant, is an award instrument of financial assistance where substantial involvement is anticipated between HRSA and the recipient during performance of the contemplated project.

In addition to the usual monitoring and technical assistance provided under the cooperative agreement, **HRSA Program responsibilities shall include:**

- Participating in the planning and development of the annual program evaluation portfolio, to include advising awardee on: topic, scope, and number of projects to be completed each year.
- Reviewing and approving the products prior to public dissemination.
- Providing State Flex Grant Work Plans and Progress Reports to awardee for analysis and evaluation.
- Facilitating the close collaboration on work with important Flex program partners such as the Technical Assistance Services Center (TASC) and the Delta Rural Hospital Performance Improvement (RHPI) Project.

The cooperative agreement recipient's responsibilities shall include:

- Participating in the planning and development of the annual program evaluation portfolio, which may vary based on the needs of Flex program stakeholders such as Flex grantees and Critical Access Hospitals.
- Analyzing and evaluating State Flex Grant Work Plans and Progress Reports to determine evidence-based and/or best practices to be used by Flex grantees.
- Attending and presenting at relevant meetings, such as the Annual Flex Grantee meeting.
- Identifying an Expert Workgroup that ensures representation across appropriate expertise areas and organizations. The awardee shall provide a draft list of potential members for the Expert Workgroup to ORHP for final approval.
- Collaborating closely with Flex program partners such as the Technical Assistance Services Center (TASC) and the Delta Rural Hospital Performance Improvement (RHPI) Project.
- Maintaining a National CAH Database, to be updated at least annually.

2. Summary of Funding

This program will provide funding during Federal fiscal years 2013 - 2017. Approximately \$1,000,000 is expected to be available annually to fund one (1) awardee. Applicants may apply for a ceiling amount of up to \$1,000,000 per year. The project period is five (5) years. Funding beyond the first year is dependent on the availability of appropriated funds for the Medicare Rural Hospital Flexibility Program Evaluation Cooperative Agreement in subsequent fiscal years, satisfactory awardee performance, and a decision that continued funding is in the best interest of the Federal Government.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include domestic public or private, non-profit or for-profit organizations. Institutions of higher education, faith-based and community-based organizations, Tribes, and tribal organizations are eligible to apply.

Applicants may be a single entity or a consortium of organizations whereby the consortium has a primary/lead entity responsible for the administrative activities and overall management of Federal funds.

Eligible applicants must be national in scope and have an established long term relationship with each of the following constituencies: State Offices of Rural Health (SORH), state Flex programs, Flex program partners such as the Technical Assistance and Services Center (TASC), Quality Improvement Organizations (QIO), rural hospitals and other rural providers.

Applicants must have significant experience with program evaluation and monitoring at the state and National level. Extensive experience with the analysis of rural health issues, particularly in the areas of Quality Improvement, CAH Finance, Performance Improvement, Health System Development, and Emergency Medical Services (EMS), is required. Past experience must include rural-specific analyses.

Applicants must propose new projects and avoid duplication of projects that are currently underway or have been recently completed (the current work plan can be found at www.flexmonitoring.org). If an application is submitted with any proposals focusing on underway or recently completed projects, the application will be considered non-responsive and will not be considered competitively. The exception to this is if the projects proposed are a continuation or expansion of work currently underway or recently completed.

The work under this cooperative agreement is specific to the Medicare Rural Hospital Flexibility grant program and may also include larger analysis on CAH trends specific to quality and performance improvement. This is not a rural health research program and the scope of activities should be limited to work that is relevant and applicable to the Flex program. Projects should not overlap or duplicate the work of the Rural Health Research Centers (www.ruralhealthresearch.org), which focus on much broader rural health and policy issues. If an application is submitted with any proposals overlapping or duplicating the work of the Rural Health Research Centers, the application will be considered non-responsive and will not be considered competitively.

In addition, applicants must demonstrate that they have access to and substantial experience working with large, national data sets and sources such as the following:

- **American Hospital Association:**
AHA Annual Survey Data
- **Claritas, Inc.:**

Pop-Facts database for Census Tracts, ZIP codes, and Minor Civil Divisions

- **US Department of Health and Human Services, Centers for Medicare and Medicaid Services:**
Hospital Compare Quality Data
Hospital Cost Reporting Information System
Hospital Market Service Area File
Provider of Service Files
- **US Department of the Treasury, Internal Revenue Service:**
IRS Form-990, Return of Organization Exempt from Income Tax

Applications that fail to meet the above criteria will not be considered.

2. Cost Sharing/Matching

Cost Sharing/Matching is not required for this program.

3. Other

Applications that exceed the ceiling amount will be considered non-responsive and will not be considered for funding under this announcement.

Any application that fails to satisfy the deadline requirements referenced in *Section IV.3* will be considered non-responsive and will not be considered for funding under this announcement.

NOTE: Multiple applications from an organization are not allowable.

IV. Application and Submission Information

1. Address to Request Application Package

Application Materials and Required Electronic Submission Information

HRSA *requires* applicants for this funding opportunity announcement to apply electronically through Grants.gov. The registration and application process protects applicants against fraud and ensures that only authorized representatives from an organization can submit an application. Applicants are responsible for maintaining these registrations, which should be completed well in advance of submitting an application. All applicants *must* submit in this manner unless they obtain a written exemption from this requirement in advance by the Director of HRSA's Division of Grants Policy. Applicants must request an exemption in writing from DGPWaivers@hrsa.gov, and provide details as to why they are technologically unable to submit electronically through the Grants.gov portal. If requesting a waiver, include the following in the e-mail request: the HRSA announcement number for which the organization is seeking relief, the organization's DUNS number, the name, address, and telephone number of the organization and the name and telephone number of the Project Director as well as the Grants.gov Tracking Number (GRANTXXXX) assigned to the submission along with a copy of the "Rejected with Errors" notification as received from Grants.gov. HRSA's Division of Grants Policy is the only office authorized to grant waivers. **HRSA and its Digital Services Operation**

(DSO) will only accept paper applications from applicants that received prior written approval. However, the application must still be submitted by the deadline. Suggestion: submit application to Grants.gov at least two days before the deadline to allow for any unforeseen circumstances.

IMPORTANT NOTICE: CCR moved to SAM
Effective July 30, 2012

The Central Contractor Registration (CCR) transitioned to the System for Award Management (SAM) on July 30, 2012.

For any registrations in process during the transition period, data submitted to CCR will be migrated to SAM.

If a record was scheduled to expire between July 16, 2012 and October 15, 2012, CCR is extending the expiration date by 90 days. The registrant received an e-mail notification from CCR when the expiration date was extended. The registrant then will receive standard e-mail reminders to update their record based on the new expiration date. Those future e-mail notifications will come from SAM.

SAM will reduce the burden on those seeking to do business with the government. Vendors will be able to log into one system to manage their entity information in one record, with one expiration date, through one streamlined business process. Federal agencies will be able to look in one place for entity pre-award information. Everyone will have fewer passwords to remember and see the benefits of data reuse as information is entered into SAM once and reused throughout the system.

Active SAM registration is a pre-requisite to the
successful submission of grant applications!

Items to consider are:

- When does the account expire?
- Does the origination need to complete the annual renewal of registration?
- Who is the eBiz POC? Is this person still with the organization?
- Does anything need to be updated?

To learn more about SAM, please visit <https://www.sam.gov>.

Note: SAM information must be updated at least every 12 months to remain active (for both grantees and sub-recipients). Grants.gov will reject submissions from applicants with expired registrations. Do not wait until the last minute to register in SAM. According to the SAM Quick Guide for Grantees

(https://www.sam.gov/sam/transcript/SAM_Quick_Guide_Grants_Registrations-v1.6.pdf), your entity registration will become active after 3-5 days. Therefore, ***check for active registration well before the application deadline.***

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

All applicants are responsible for reading the instructions included in HRSA's *Electronic Submission User Guide*, available online at <http://www.hrsa.gov/grants/apply/userguide.pdf>. This Guide includes detailed application and submission instructions for both Grants.gov and HRSA's Electronic Handbooks. Pay particular attention to Sections 2 and 5 that provide detailed information on the competitive application and submission process.

Applicants are also responsible for reading the Grants.gov Applicant User Guide, available online at <http://www.grants.gov/assets/ApplicantUserGuide.pdf>. This Guide includes detailed information about using the Grants.gov system and contains helpful hints for successful submission.

Applicants must submit proposals according to the instructions in the Guide and in this funding opportunity announcement in conjunction with Application Form SF-424. The forms contain additional general information and instructions for applications, proposal narratives, and budgets. The forms and instructions may be obtained by:

- 1) Downloading from <http://www.grants.gov>, or
- 2) Contacting the HRSA Digital Services Operation (DSO) at: HRSADSO@hrsa.gov

Each funding opportunity contains a unique set of forms and only the specific forms package posted with an opportunity will be accepted. Specific instructions for preparing portions of the application that must accompany Application Form SF-424 appear in the "Application Format Requirements" section below.

2. Content and Form of Application Submission

Application Format Requirements

The total size of all uploaded files may not exceed the equivalent of 80 pages when printed by HRSA. The total file size may not exceed 10 MB. The 80-page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support. Standard forms are NOT included in the page limit. **HRSA strongly urges applicants to print their application to ensure it does not exceed the 80-page limit. Do not reduce the size of the fonts or margins to save space. See the formatting instructions in Section 5 of the *Electronic Submission User Guide* referenced above.**

Applications must be complete, within the 80-page limit, within the 10 MB limit, and submitted prior to the deadline to be considered under this announcement.

Application Format

Applications for funding must consist of the following documents in the following order:

SF-424 Non-Construction – Table of Contents

- 🔔 It is mandatory to follow the instructions provided in this section to ensure that the application can be printed efficiently and consistently for review.
- 🔔 Failure to follow the instructions may make the application non-responsive. Non-responsive applications will not be considered under this funding opportunity announcement.
- 🔔 For electronic submissions, applicants only have to number the electronic attachment pages sequentially, resetting the numbering for each attachment, i.e., start at page 1 for each attachment. Do not attempt to number standard OMB approved form pages.
- 🔔 For electronic submissions, no Table of Contents is required for the entire application. HRSA will construct an electronic table of contents in the order specified.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
Application for Federal Assistance (SF-424)	Form	Pages 1, 2 & 3 of the SF-424 face page.	Not counted in the page limit
Project Summary/Abstract	Attachment	Can be uploaded on page 2 of SF-424 - Box 15	Required attachment. Counted in the page limit. Refer to the funding opportunity announcement for detailed instructions.
Additional Congressional District	Attachment	Can be uploaded on page 3 of SF-424 - Box 16	As applicable to HRSA; Counted in the page limit.
Project Narrative Attachment Form	Form	Supports the upload of Project Narrative document	Not counted in the page limit.
Project Narrative	Attachment	Can be uploaded in Project Narrative Attachment form.	Required attachment. Counted in the page limit. Refer to the funding opportunity announcement for detailed instructions. Provide table of contents specific to this document only as the first page.
SF-424A Budget Information - Non-Construction Programs	Form	Pages 1–2 to support structured budget for the request of Non-construction related funds.	Not counted in the page limit.
Budget Narrative Attachment Form	Form	Supports the upload of Project Narrative document.	Not counted in the page limit.
Budget Narrative	Attachment	Can be uploaded in Budget Narrative Attachment form.	Required attachment. Counted in the page limit. Refer to the funding opportunity announcement for detailed instructions.
SF-424B Assurances - Non-Construction Programs	Form	Supports assurances for non-construction programs.	Not counted in the page limit.
Project/Performance Site Location(s)	Form	Supports primary and 29 additional sites in structured form.	Not counted in the page limit.
Additional Performance Site Location(s)	Attachment	Can be uploaded in the SF-424 Performance Site Location(s) form. Single document with	Counted in the page limit.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
		all additional site location(s)	
Disclosure of Lobbying Activities (SF-LLL)	Form	Supports structured data for lobbying activities.	Not counted in the page limit.
Attachments Form	Form	Supports up to 15 numbered attachments. This form only contains the attachment list.	Not counted in the page limit.
Attachment 1-15	Attachment	Can be uploaded in Other Attachments form 1-15.	Refer to the attachment table provided below for specific sequence. Counted in the page limit.

- 🔔 To ensure that attachments are organized and printed in a consistent manner, follow the order provided below. Note that these instructions may vary across programs.
- 🔔 Evidence of Non-Profit status and invention related documents, if applicable, must be provided in the other attachment form.
- 🔔 Additional supporting documents, if applicable, can be provided using the available rows. Do not use the rows assigned to a specific purpose in the program funding opportunity announcement.
- 🔔 Merge similar documents into a single document. Where several documents are expected in the attachment, ensure that a table of contents cover page is included specific to the attachment. The Table of Contents page will not be counted in the page limit.
- 🔔 Please use only the following characters when naming your attachments: A-Z, a-z, 0-9, underscore (_), hyphen (-), space, period, and limit the file name to 50 or fewer characters. Attachments that do not follow this rule may cause the entire application to be rejected or cause issues during processing

Attachment Number	Attachment Description (Program Guidelines)
Attachment 1	Work Plan Table
Attachment 2	Project Proposals
Attachment 3	Staffing Plan and Job Descriptions for Key Personnel
Attachment 4	Biographical Sketches of Key Personnel
Attachment 5	Organizational Chart
Attachment 6	Letters of Agreement
Attachment 7	Fifth Year Budget
Attachment 8	Accomplishment Summary (<i>Competing Continuations Only</i>)
Attachments 9 -15	Other Relevant Documents

Application Format

i. Application Face Page

Complete Application Form SF-424 provided with the application package. Prepare according to instructions provided in the form itself. Important note: enter the name of the **Project Director** in 8. f. “Name and contact information of person to be contacted on matters involving this application.” If, for any reason, the Project Director will be out of the office, please ensure the email Out of Office Assistant is set so HRSA will be aware if any issues arise with the application and a timely response is required. For information pertaining to the Catalog of Federal Domestic Assistance, the CFDA Number is 93.241.

DUNS Number

All applicant organizations (and subrecipients of HRSA award funds) are required to have a Data Universal Numbering System (DUNS) number in order to apply for a grant or cooperative agreement from the Federal Government. The DUNS number is a unique nine-character identification number provided by the commercial company, Dun and Bradstreet. There is no charge to obtain a DUNS number. Information about obtaining a DUNS number can be found at <http://fedgov.dnb.com/webform> or call 1-866-705-5711. Please include the DUNS number in item 8c on the application face page. Applications **will not** be reviewed without a DUNS number. Note: A missing or incorrect DUNS number is the number one reason for applications being “Rejected for Errors” by Grants.gov. HRSA will not extend the deadline for applications with a missing or incorrect DUNS number. Applicants should take care in entering the DUNS number in the application.

Additionally, the applicant organization (and any subrecipient of HRSA award funds) is required to register annually with the System for Award Management (SAM) in order to conduct electronic business with the Federal Government. SAM registration must be maintained with current, accurate information at all times during which an entity has an active award or an application or plan under consideration by HRSA. It is extremely important to verify that the applicant organization SAM registration is active and the Marketing Partner ID Number (MPIN) is current. Information about registering with SAM can be found at <https://www.sam.gov>. Please see Section IV of this funding opportunity announcement for SAM registration requirements.

ii. Table of Contents

The application should be presented in the order of the Table of Contents provided earlier. Again, for electronic applications no table of contents is necessary as it will be generated by the system. (Note: the Table of Contents will not be counted in the page limit.)

iii. Budget

Please complete Application Form SF-424A Budget Information – Non-Construction Programs provided with the application package.

Please complete Sections A, B, E, and F, and then provide a line item budget for each year of the project period. In Section A use rows 1 - 4 to provide the budget amounts for the first four years of the project. Please enter the amounts in the “New or Revised Budget” column- not the “Estimated Unobligated Funds” column. In Section B Object Class Categories of the SF-424A, provide the object class category breakdown for the annual amounts specified in Section A. In Section B, use column (1) to provide category amounts for Year 1 and use

columns (2) through (4) for subsequent budget years. If applicable for year 5, please submit a copy of Sections A and B of the SF-424A as Attachment 7.

Salary Limitation:

The Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011, limits the salary amount that may be awarded and charged to HRSA grants and cooperative agreements. Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II. The Executive Level II salary of the Federal Executive Pay scale is \$179,700. This amount reflects an individual’s base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to subawards/subcontracts under a HRSA grant or cooperative agreement.

As an example of the application of this limitation: If an individual’s base salary is \$350,000 per year plus fringe benefits of 25% (\$87,500) and that individual is devoting 50% of their time to this award, their base salary should be adjusted to \$179,700 plus fringe of 25% (\$44,925) and a total of \$112,312.50 may be included in the project budget and charged to the award in salary/fringe benefits for that individual. See the breakdown below:

Individual’s <i>actual</i> base full time salary: \$350,000 50% of time will be devoted to project	
Direct salary	\$175,000
Fringe (25% of salary)	\$43,750
Total	\$218,750
Amount that may be claimed on the application budget due to the legislative salary limitation: Individual’s base full time salary <i>adjusted</i> to Executive Level II: \$179,700 50% of time will be devoted to the project	
Direct salary	\$89,850
Fringe (25% of salary)	\$22,462.50
Total amount	\$112,312.50

iv. Budget Justification

Provide a narrative that explains the amounts requested for each line in the budget. The budget justification should specifically describe how each item will support the achievement of proposed objectives. The budget period is for ONE year. However, the applicant **must** submit one-year budgets for each of the subsequent budget periods within the requested project period at the time of application. Line item information must be provided to explain the costs entered in the SF-424A. Be very careful about showing how each item in the “other” category is justified. For subsequent budget years, the justification narrative should highlight the changes from year one or clearly indicate that there are no substantive budget changes during the project period. The budget justification **MUST** be concise. Do NOT use the justification to expand the project narrative.

Budget for Multi-Year Award

This announcement is inviting applications for project periods up to five (5) years. Awards, on a competitive basis, will be for a one-year budget period; although the project period may be up to five (5) years. Submission and HRSA approval of the Progress Report(s) and any other

required submission or reports is the basis for the budget period renewal and release of subsequent year funds. Funding beyond the one-year budget period but within the five-year project period is subject to availability of funds, satisfactory progress of the awardee, and a determination that continued funding would be in the best interest of the Federal Government.

Include the following in the Budget Justification narrative:

Personnel Costs: Personnel costs should be explained by listing each staff member who will be supported from funds, name (if possible), position title, percentage of full-time equivalency, and annual salary. Reminder: Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II or \$179,700. An individual's base salary, per se, is NOT constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to HRSA grants and cooperative agreements. Please provide an individual's actual base salary if it exceeds the cap. See the sample below.

Sample:

Name	Position Title	% of FTE	Annual Salary	Amount Requested
J. Smith	Chief Executive Officer	50	\$179,700*	\$89,850
R. Doe	Nurse Practitioner	100	\$75,950	\$75,950
D. Jones	Data/AP Specialist	25	\$33,000	\$8,250

*Actual annual salary = \$350,000

Fringe Benefits: List the components that comprise the fringe benefit rate, for example health insurance, taxes, unemployment insurance, life insurance, retirement plans, and tuition reimbursement. The fringe benefits should be directly proportional to that portion of personnel costs that are allocated for the project. (If an individual's base salary exceeds the legislative salary cap, please adjust fringe accordingly.)

Travel: List travel costs according to local and long distance travel. For local travel, the mileage rate, number of miles, reason for travel and staff member/consumers completing the travel should be outlined. The budget should also reflect the travel expenses associated with participating in meetings and other proposed trainings or workshops.

Equipment: List equipment costs and provide justification for the need of the equipment to carry out the program's goals. Extensive justification and a detailed status of current equipment must be provided when requesting funds for the purchase of computers and furniture items that meet the definition of equipment (a unit cost of \$5,000 or more and a useful life of one or more years). (This line item is not applicable to this funding opportunity.)

Supplies: List the items that the project will use. In this category, separate office supplies from medical and educational purchases. Office supplies could include paper, pencils, and the like; medical supplies are syringes, blood tubes, plastic gloves, etc., and educational supplies may be pamphlets and educational videotapes. Remember, they must be listed separately.

Contractual: Applicants are responsible for ensuring that their organization or institution has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts. Applicants must provide a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables. Reminder: recipients must notify potential subrecipients that entities receiving subawards must be registered in SAM and provide the recipient with their DUNS number.

Other: Put all costs that do not fit into any other category into this category and provide an explanation of each cost in this category. In some cases, rent, utilities and insurance fall under this category if they are not included in an approved indirect cost rate.

Applicants may include the cost of access accommodations as part of their project's budget, including sign interpreters, plain language and health literate print materials in alternate formats (including Braille, large print, etc.); and cultural/linguistic competence modifications such as use of cultural brokers, translation or interpretation services at meetings, clinical encounters, and conferences, etc.

Indirect Costs: Indirect costs are those costs incurred for common or joint objectives which cannot be readily identified but are necessary to the operations of the organization, e.g., the cost of operating and maintaining facilities, depreciation, and administrative salaries. For institutions subject to OMB Circular A-21, the term "facilities and administration" is used to denote indirect costs. If an organization applying for an assistance award does not have an indirect cost rate, the applicant may wish to obtain one through HHS's Division of Cost Allocation (DCA). Visit DCA's website at: <http://rates.psc.gov/> to learn more about rate agreements, the process for applying for them, and the regional offices which negotiate them. Applicants are requested to submit a copy of their most recent indirect cost rate agreement as Attachment 9. The indirect cost rate agreement will not count toward the page limit.

v. *Staffing Plan and Personnel Requirements*

Applicants must present a staffing plan and provide a justification for the plan that includes education and experience qualifications and rationale for the amount of time being requested for each staff position. Position descriptions that include the roles, responsibilities, and qualifications of proposed project staff must be included in Attachment 3. Biographical sketches for any key employed personnel that will be assigned to work on the proposed project must be included in Attachment 4. When applicable, biographical sketches should include training, language fluency and experience working with the cultural and linguistically diverse populations that are served by their programs.

vi. *Assurances*

Complete Application Form SF-424B Assurances – Non-Construction Programs provided with the application package.

vii. *Certifications*

Use the Certifications and Disclosure of Lobbying Activities Application Form provided with the application package.

viii. *Project Abstract*

Provide a summary of the application. Because the abstract is often distributed to provide information to the public and Congress, please prepare this so that it is clear, accurate, concise, and without reference to other parts of the application. It must include a brief description of the proposed project including the needs to be addressed, the proposed services, and the population group(s) to be served.

Please place the following at the top of the abstract:

- Project Title
- Applicant Organization Name
- Address
- Project Director Name
- Contact Phone Numbers (Voice, Fax)
- E-Mail Address
- Web Site Address, if applicable

The project abstract must be single-spaced and limited to one page in length.

ix. *Project Narrative*

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

Use the following section headers for the Narrative:

- ***INTRODUCTION***

The applicant should provide a brief overview of how the proposed project aligns with the purpose of this cooperative agreement, to: (1) to provide a mechanism for monitoring and evaluating the Medicare Rural Hospital Flexibility grant program, and (2) to provide resources for the state Flex grantees that will assist them as they support quality improvement, financial and operational improvement, and health systems development in rural America.

- ***NEEDS ASSESSMENT***

The applicant should provide an explanation of the unmet needs of the national Flex program as well as the state Flex programs and the rural stakeholders they represent. The applicant should demonstrate a comprehensive understanding of the unique needs of small rural hospitals and the communities they serve. The applicant should also provide evidence of extensive knowledge and understanding of the Flex program and important grant initiatives such as the Medicare Beneficiary Quality Improvement Project (MBQIP). The applicant should understand the need to produce both scientifically significant rural data analysis as well as a practical application analysis of the results. This section should include a discussion of the perceived information gaps in the Flex program and postulated solutions. The needs for monitoring and evaluation activities as well as information gaps to be filled identified in this section should revolve around the core areas of the Flex program: quality improvement, financial and operational improvement, and health system development and community engagement. Data specific to the identification of needs should be used and cited whenever possible. The needs assessment should help reviewers understand the needs to be fulfilled by the proposed projects and provide the context and rationale for the proposed work plan and budget.

▪ *METHODOLOGY*

Propose methods that will be used to address the stated needs and meet each of the previously-described program requirements and expectations in this funding opportunity announcement. As appropriate, include development of effective tools and strategies for: ongoing staff training, outreach, collaborations, clear communication, and information sharing/dissemination. Where applicable, the applicant should discuss access to and use of data sources.

In particular, the applicant should discuss the proposed methodology for meeting the following requirements of this program:

1. Flex Program Monitoring and Evaluation

The applicant should discuss methods for identifying and completing monitoring and evaluation activities that will inform the continued development and evolution of the Flex program.

2. Development of Products

The applicant should provide sound methodology demonstrating the ability to develop reports and other products that meet the needs of the Flex program. It is expected that the awardee will develop a total of four (4) to seven (7) products in budget year one (1) of this cooperative agreement.

3. Dissemination of Products

The applicant should provide evidence of established methodologies for the dissemination of reports and other products to relevant stakeholders. The applicant should describe the ability to maintain a program website that will serve as a repository for products completed under this cooperative agreement. The applicant should also address any proposed collaborative efforts that will assist with the dissemination of products as well as the provision of technical assistance around the use and implementation of the products.

4. Maintaining a National CAH Database

The applicant should provide evidence of the ability to maintain an accurate and current list of the hospitals designated as critical access hospitals nationwide, to be updated regularly (at least annually).

5. Activities Related to Special Issues

The awardee may be requested to execute short-turnaround qualitative or quantitative analysis to assist with emerging Flex program related questions and issues in a timely fashion (e.g. more quickly than the one-year project periods) and should provide evidence of its capability to do so.

6. Collaboration

The awardee will be expected to actively collaborate with relevant rural health organizations and partners to meet the needs of the Flex program and Flex grantees and should provide evidence of its capability to do so.

7. Engaging an Expert Workgroup

The applicant should describe the anticipated role of the Expert Workgroup in determining the program activities and assisting with dissemination strategies. The applicant should also provide a list of potential members that ensures representation across appropriate expertise areas and organizations.

▪ *WORK PLAN*

The awardee will evaluate the effectiveness of the Flex program and will provide recommendations for improvement of the program to ORHP. One way in which the awardee will do this is through the monitoring and evaluating of interventions undertaken by Flex grantees to determine which interventions have the best outcomes in order to drive the Flex program as a whole towards the implementation of activities that have the most impact for states, rural hospitals, and rural communities nationwide. The awardee will also assist ORHP in the continued development of national performance measures for the Flex program.

The work of the awardee will also assist the state Flex grantees in identifying the needs of the CAHs in their State. National, state, and hospital-level data, specifically quality and financial data, will be analyzed and reported by the awardee. Data analysis should include the evaluation and monitoring of CAH quality reporting, CAH financial status, and the overall effectiveness of support of health systems in rural communities. These data analyses and reports will be used to assist the Flex grantees in determining the needs of their CAHs and rural communities which will allow them to allocate their Flex grant dollars accordingly and implement activities that will have the greatest impact.

The applicant is to describe the activities or steps that will be used to achieve each of the activities proposed during the entire project period in the Methodology section. Use a time line that includes each activity and identifies responsible staff for the first year of federal funding (future year time lines will be submitted via the subsequent non-competing continuation process).

In addition to activities such as maintaining a CAH database and a program website, the applicant's work plan must be comprised of the development of a total number of written products ranging between four (4) and seven (7) projects for budget year one (1). The work plan should indicate whether a project is a one-year or multi-year project. For one-year projects the work plan should indicate the Flex program core area being addressed; responsible personnel; anticipated product(s) (e.g. policy brief, briefing paper) and whether they will be submitted for journal publication; and the anticipated completion date. Multi-year projects may be warranted when a project is expected to have multiple phases or steps that may not be able to be completed in one budget year. As an example, there could be a project proposed where budget year one includes the identification and development of best practices to share with Flex grantees, budget year two could then be implementing those identified best practices and evaluating the outcomes, which would make the project a two-year (multi-year) project. If multi-year projects are proposed, they should be indicated as such and in addition to the previously listed information to be included about the project, there should also be a brief outline of the expected phases of the multi-year project in future years of federal funding.

The applicant should provide an overview of their entire work plan in the project narrative. A work plan table outlining projects to be completed will also be submitted as Attachment

1. The applicant must also submit a full description of each project being proposed, as outlined below, which will be submitted as Attachment 2.

Product Development Project Proposals

The applicant must submit a total of four (4) to seven (7) full project proposal descriptions for budget year one (1) in addition to the overview of the entire work plan being submitted in the Project Narrative. Projects should be aligned with the purpose of this cooperative agreement program.

- There must be a project that analyzes quality reporting and improvement for all CAHs nationally (to include CMS Hospital Compare and other relevant quality data sources).
- There must also be a project that provides detailed information on financial and operational performance in all CAHs (to include financial data from hospital cost reports and other relevant financial and operational data sources).
 - The quality and financial analysis reports may be two (2) separate projects or one (1) larger, consolidated project.
- In addition to the required quality and financial data analysis [*1 or 2 projects*], the awardee must submit three (3) to five (5) other project proposals [*totaling a range between 4 to 7 projects*] to create a mixed portfolio comprised of projects that determine evidence-based or best-practice interventions for state Flex grantees to implement, evaluate the effectiveness of the Flex program, and analyze rural-relevant data that will allow Flex grantees to determine the needs of their CAHs and rural communities.
 - The majority of these additional projects should focus on evidence-based or best practice interventions for grantees to implement.

The projects should align with the core areas and needs of the Flex program; there must be at least one project proposed within each of the three core areas of the Flex program. Projects that incorporate more than one core area of the Flex program are acceptable. Other projects should address topics including, but not limited to, the Flex Medicare Beneficiary Quality Improvement Project (MBQIP), the intersection of Emergency Medical Services (EMS) with CAHs and overall integration of EMS into the rural health care system, care transitions and transfers between different providers in the rural health care system, and analysis on how CAHs are meeting the health needs within the larger communities. In general, projects should be national in scope. There will be instances where case studies of a handful of states will be acceptable but the entire portfolio should not consist of these smaller scale case studies.

Each of the four (4) to seven (7) proposed projects submitted by the applicant should include a full project proposal description that will serve to provide more detailed information about each written product that will be developed. Each individual full proposal description should be limited to four pages in length. Each full project description should include the following information: proposed title; objectives of the project; background; relevance to the Flex program; overview of the project being proposed; brief description of the design of the project; products and dissemination strategy; references (if applicable). If multi-year projects are proposed, there should be a brief description of the expected phases of the multi-year project in future years as well as a discussion of how

progress will be tracked each project period. The full proposal descriptions should be provided as Attachment 2.

Post-award, ORHP will work with the awardee to determine the projects that will be selected for development in budget year one (with the potential for alternative proposals and/or suggested proposal modifications). To address the continued evolution of the Flex program and the needs of the state Flex grantees, ORHP and the awardee will collaborate to determine appropriate project topics to be completed in future funding years.

- *RESOLUTION OF CHALLENGES*

Discuss challenges that are likely to be encountered in designing and implementing the activities described in the Work Plan, and approaches that will be used to resolve such challenges.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY*

The applicant must provide a feasible and effective method to monitor and evaluate project results. Evaluative measures must be able to assess 1) to what extent the program objectives have been met and 2) to what extent these can be attributed to the project.

Part of the evaluation plan should consist of tracking and reporting on 1) the number and type of requests for technical assistance or other information related to products, 2) the number of visits to the project website, 3) the number of reports disseminated, and 4) the number of presentations given related to the work completed under the cooperative agreement. As appropriate, describe the strategy to collect, analyze and track data to measure impact/outcomes and explain how the data will be used to inform program development.

The applicant should also incorporate the use of customer feedback to improve products and presentations.

- *ORGANIZATIONAL INFORMATION*

The applicant should provide evidence of meeting the eligibility criteria in this section.

Provide information on the applicant organization's current mission and structure, scope of current activities, and an organizational chart (provided as Attachment 5), and describe how these all contribute to the ability of the organization to conduct the program requirements and meet program expectations.

Describe current experience, skills, and knowledge, including key individuals on staff, materials published, and previous work of a similar nature. The applicant must have significant experience working in the core areas addressed by the Flex program as well as significant experience with program evaluation and monitoring at the state and National level. The applicant must also have significant experience with rural-specific, Flex program relevant data analysis at the national, state, and hospital-level, particularly in the areas of Quality Improvement, CAH Finance, Performance Improvement, Health System Development, and Emergency Medical Services (EMS). Describe the library of data sets currently maintained by the applicant that will contribute to the ability of the organization to meet program expectations. This discussion should include any relevant data sources to

which the applicant has access, including data sets that have been, or will be, purchased. Previous experience with relevant data sources should be addressed in the application.

The applicant should describe any established relationships and previous collaboration with other important Flex program partners and stakeholders such as: State Offices of Rural Health (SORH), State Flex programs, Flex program partners such as the Technical Assistance and Services Center (TASC), Quality Improvement Organizations (QIO), rural hospitals and other rural providers.

The applicant can be a single entity or a consortium of organizations. If a consortium is proposed, describe the rationale for the inclusion of each of the entities in the consortium arrangement and discuss which entity will be primarily responsible for the administrative management of the cooperative agreement award. Also describe how the entities relate to each other in terms of roles and responsibilities and program management. Describe the approach for collaboration on projects and the process for project review prior to submission to ORHP for final review and approval.

In addition, applicants must demonstrate that they have access to and substantial experience working with large, national data sets and sources such as the following:

- **American Hospital Association:**
AHA Annual Survey Data
- **Claritas, Inc.:**
Pop-Facts database for Census Tracts, ZIP codes, and Minor Civil Divisions
- **US Department of Health and Human Services, Centers for Medicare and Medicaid Services:**
Hospital Compare Quality Data
Hospital Cost Reporting Information System
Hospital Market Service Area File
Provider of Service Files
- **US Department of the Treasury, Internal Revenue Service:**
IRS Form-990, Return of Organization Exempt from Income Tax

x. Attachments

Please provide the following items to complete the content of the application. Please note that these are supplementary in nature, and are not intended to be a continuation of the project narrative. Unless otherwise noted, attachments count toward the application page limit. **Each attachment must be clearly labeled.**

Attachment 1: Work Plan Table

The work plan should be a table that identifies the proposed projects and indicates the Flex program core area being addressed; responsible personnel; anticipated product(s) (e.g. policy brief, briefing paper) and whether they will be submitted for journal publication; and the anticipated completion date. The work plan should also indicate whether a project is a one-year or multi-year project.

Attachment 2: Project Proposals

Each of the four (4) to seven (7) proposed projects submitted by the applicant should include a full project proposal description that will serve to provide more detailed information about each written product that will be developed. Each individual full proposal description should be limited to four pages in length. Each full project description should include the following information: proposed title; objectives of the project; background; relevance to the Flex program; overview of the project being proposed; brief description of the design of the project; products and dissemination strategy; references (if applicable). If multi-year projects are proposed, there should be a brief description of the expected phases of the multi-year project in future years as well as a discussion of how progress will be tracked each project period.

Attachment 3: Staffing Plan and Job Descriptions for Key Personnel

Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff.

Attachment 4: Biographical Sketches of Key Personnel

Include biographical sketches/CVs for persons occupying the key positions described in Attachment 3 (keep to two pages in length as much as possible). In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch.

Attachment 5: Organizational Chart

Provide a one-page figure that depicts the organizational structure of the program, including partners and other significant collaborators. For applicants proposing a consortium of members, include an organizational chart specific to the proposed consortium arrangement.

Attachment 6: Letters of Agreement

Provide any documents that describe working relationships between the applicant organization and other entities and programs cited in the proposal. Letters of agreement must be dated.

Attachment 7: Fifth Year Budget

After using columns (1) through (4) of the SF-424A Section B for a five-year project period, the applicant will need to submit the budgets for year 5 as an attachment. They should use the SF-424A Section B. These standard forms will not count against the page limit.

Attachment 8: Accomplishment Summary (For Competing Continuations Only)

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

who do. The Accomplishment Summary will be evaluated as part of Review Criterion 4: IMPACT.

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

- (1) The period covered (dates).
- (2) Specific Objectives - Briefly summarize the specific objectives of the project as actually funded. Because of peer review recommendations and/or budgetary modifications made by the awarding unit, these objectives may differ in scope from those stated in the competing application.
- (3) Results- Describe the program activities conducted for each objective. Include both positive and negative results or technical problems that may be important.

Attachments 9 – 15: Other Relevant Documents

Include here any other documents that are relevant to the application, including your indirect cost rate agreement or 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.). List all other support letters on one page. (NOTE: The indirect cost rate agreement will not count toward the page limit.)

3. Submission Dates and Times

Application Due Date

The due date for applications under this funding opportunity announcement is *January 14, 2013 at 11:59 P.M. Eastern Time*. Applications completed online are considered formally submitted when the application has been successfully transmitted electronically to the correct funding opportunity number, by the organization's Authorized Organization Representative (AOR) through Grants.gov and validated by Grants.gov on or before the deadline date and time.

Receipt acknowledgement: Upon receipt of an application, Grants.gov will send a series of email messages to document the progress of an application through the system.

1. The first will confirm receipt in the system;
2. The second will indicate whether the application has been successfully validated or has been rejected due to errors;
3. The third will be sent when the application has been successfully downloaded at HRSA; and
4. The fourth will notify the applicant of the Agency Tracking Number assigned to the application.

The Chief Grants Management Officer (CGMO) or designee may authorize an extension of published deadlines when justified by circumstances such as natural disasters (e.g., floods or hurricanes) or other disruptions of services, such as a prolonged blackout. The CGMO or designee will determine the affected geographical area(s).

Late applications:

Applications which do not meet the criteria above are considered late applications and will not be considered in the current competition.

4. Intergovernmental Review

The Medicare Rural Hospital Flexibility Program Evaluation is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

5. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to five (5) years, at no more than \$1,000,000 per year. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

Funds under this announcement may not be used for the following purposes:
Foreign travel, equipment, and/or preparation of this application.

Salary Limitation: The Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011, limits the salary amount that may be awarded and charged to HRSA grants and cooperative agreements. Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II. The Executive Level II salary of the Federal Executive Pay scale is \$179,700. This amount reflects an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to subawards/subcontracts under a HRSA grant or cooperative agreement.

Per Division F, Title V, Section 503 of the Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011 (a) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself. (b) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay 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, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government. (c) The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer

product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

Per Division F, Title V, Section 523 of the Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011, no funds appropriated in this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.

6. Other Submission Requirements

As stated in Section IV.1, except in very rare cases HRSA will no longer accept applications in paper form. Applicants submitting for this funding opportunity are **required** to submit **electronically** through Grants.gov. To submit an application electronically, please use the APPLY FOR GRANTS section at <http://www.grants.gov>. When using Grants.gov applicants will be able to download a copy of the application package, complete it off-line, and then upload and submit the application via the Grants.gov site.

It is essential that organizations **immediately register** in Grants.gov and become familiar with the Grants.gov site application process. Applicants that do not complete the registration process will be unable to submit an application. The registration process can take up to one month.

To be able to successfully register in Grants.gov, it is necessary to complete all of the following required actions:

- Obtain an organizational Data Universal Numbering System (DUNS) number
- Register the organization with the System for Award Management (SAM).
- Identify the organization's E-Business Point of Contact (E-Biz POC)
- Confirm the organization's SAM "Marketing Partner ID Number (M-PIN)" password
- Register and approve an Authorized Organization Representative (AOR)
- Obtain a username and password from the Grants.gov Credential Provider

Instructions on how to register, tutorials and FAQs are available on the Grants.gov web site at <http://www.grants.gov>. Assistance is also available 24 hours a day, 7 days a week (excluding Federal holidays) from the Grants.gov help desk at support@grants.gov or by phone at 1-800-518-4726. Applicants should ensure that all passwords and registration are current well in advance of the deadline.

It is incumbent on applicants to ensure that the AOR is available to submit the application to HRSA by the published due date. HRSA will not accept submission or re-submission of incomplete, rejected, or otherwise delayed applications after the deadline. Therefore, an organization is urged to submit an application in advance of the deadline. If an application is rejected by Grants.gov due to errors, it must be corrected and resubmitted to Grants.gov before the deadline date and time. Deadline extensions will not be provided to applicants who do not correct errors and resubmit before the posted deadline.

If, for any reason, an application is submitted more than once prior to the application due date, HRSA will only accept the applicant's last validated electronic submission prior to the Grants.gov application due date as the final and only acceptable application.

Tracking an application: It is incumbent on the applicant to track their application by using the Grants.gov tracking number (GRANTXXXXXXXX) provided in the confirmation email from Grants.gov. More information about tracking an application can be found at <https://apply07.grants.gov/apply/checkApplStatus.faces>. Be sure the application is validated by Grants.gov prior to the application deadline.

V. Application Review Information

1. Review Criteria

Procedures for assessing the technical merit of applications have been instituted to provide for an objective review of applications and to assist the applicant in understanding the standards against which each application will be judged. Critical indicators have been developed for each review criterion to assist the applicant in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. Review criteria are outlined below with specific detail and scoring points.

Review Criteria are used to review and rank applications. The Medicare Rural Hospital Flexibility Program Evaluation Cooperative Agreement has six (6) review criteria:

Criterion 1: NEED (10 points) Corresponds to the Introduction and Needs Assessment sections.

The extent to which the applicant:

- A. Demonstrates an understanding of the relevance of this program to the mission of the Flex program and the goals of ORHP.
- B. Demonstrates an acute awareness of the continued need for the monitoring and evaluation of, and building the knowledge base for, the Flex program, including initiatives such as the Medicare Beneficiary Quality Improvement Project (MBQIP).
- C. Exhibits a comprehensive understanding of the unique needs of small rural hospitals and the communities they serve as well as an understanding of the type of data analysis and evaluation necessary to routinely assess and improve the Flex program.
- D. Uses data to support the discussion of need.
- E. Provides a detailed discussion of the information gaps related to the Flex core areas for quality improvement, financial and operational improvement, and health system development and community engagement.

Criterion 2: RESPONSE (35 points) Corresponds to the Methodology, Work Plan, and Resolution of Challenges sections.

Methodology (10 points)

The extent to which the applicant:

- A. Proposes a strong and feasible methodology for monitoring and evaluating Flex program activities that will allow for continued development of the Flex program.
- B. Provides specific examples regarding their ability to develop reports and other products that meet the needs of the Flex program.
- C. Provides evidence of using established methodologies for the dissemination of reports and other products. Discussion must include the ability of the applicant to maintain a program website as well as a National CAH database.
- D. Provides clear examples demonstrating their ability to execute short-turnaround qualitative or quantitative analysis on timely and emerging Flex-related issues.
- E. Provides examples demonstrating their ability to collaborate with the many important Flex program partners such as the Technical Assistance Services Center (TASC).
- F. Proposes members for the expert workgroup that ensures representation across appropriate Flex-related expertise areas and organizations and provides a detailed description of how the workgroup will be used to fulfill the needs of this program.

Work Plan (20 points)

The extent to which the applicant:

- A. Provides an appropriate and reasonable work plan, inclusive of the requested information (proposed title; objectives of the project; background; relevance to the Flex program; overview of the project being proposed; brief description of the design of the project; products and dissemination strategy; references (if applicable); multi-year projects should discuss each phase of the project and how progress will be tracked each project period.), that clearly demonstrate an understanding of the needs of the Flex program and align with the Flex core areas. Work plan should also demonstrate building upon and adding to (but not duplicating) the work completed and knowledge gained in the previous years of the Flex program evaluation cooperative agreement.
- B. Provides a reasonable time line that includes each project and identifies the responsible staff for each project. The applicant should also address anticipated completion dates as well as whether a project is a one-year or multi-year project.
- C. Proposes a well-developed project(s) that will provide for the required national analysis of quality reporting and quality improvement in CAHs and financial and operational performance in CAHs, as well as three (3) to five (5) additional project proposals that demonstrate applicability to the core areas of the Flex program.
- D. Proposes well-developed additional projects that will comprise a mixed-portfolio that allows for 1) the determination of evidence-based or best-practices interventions for State Flex grantees to implement, 2) the evaluation of the effectiveness of the Flex program, and 3) the analysis of rural-relevant data for state Flex grantees to determine the needs of their CAHs and rural communities. Discussion should include how the applicant proposes to use the available rural-relevant data sources to complete the proposed projects. Majority of projects should focus on evidence-based or best practice

interventions for grantees to implement. Projects should be national in scope. Smaller scale case studies are acceptable, but should not comprise the entirety of the work plan.

- E. Demonstrates a clear understanding of the need to work cooperatively with ORHP in developing future projects for development.

Resolution of Challenges (5 points)

The extent to which the applicant:

- A. Identifies and discusses potential challenges that may be encountered in implementing the program activities as well as the approaches that would be used to address such challenges.

Criterion 3: EVALUATIVE MEASURES (5 points) Corresponds to the Evaluation and Technical Support Capacity section.

The extent to which the applicant:

- A. Proposes a feasible and effective method to monitor and evaluate the project results in order to show that objectives have been met.
- B. Proposes an effective strategy to track and report on the four (4) measures requested in the Program Narrative (1. the number and type of requests for technical assistance or other information related to products, 2. the number of visits to the project website, 3. the number of reports disseminated, and 4. the number of presentations given related to the work completed under the cooperative agreement) and provides a clear explanation of how the data will be used to measure impact and inform program development.
- C. Proposes a method to incorporate customer feedback in order to improve products and presentations.

Criterion 4: IMPACT (15 points) Corresponds to the Work Plan section.

The extent to which the applicant:

- A. Proposes feasible and effective plans for dissemination of project results.
- B. Demonstrates a strong linkage between the proposed activities and the ability to inform the continued development of the Flex program at both the state and national level.
- C. For competing continuations, strength of past performance as evidenced by the Accomplishment Summary will also be considered (provided as Attachment 8).

Criterion 5: RESOURCES/CAPABILITIES (25 points) Corresponds to the Evaluation and Technical Support Capacity and Organizational Information sections.

The extent to which the applicant:

- A. Discusses the organization's mission and structure, scope of current activities, and provides an organizational chart and clearly demonstrates how this contributes to their ability to fulfill the needs and requirements of the program.
- B. Provides evidence of extensive experience in the core areas of the Flex program for key project personnel. The experience should include previous work of a similar nature and papers published on Flex-relevant topics; specific examples should be provided.
- C. Discusses the experience with, availability of, and access to relevant data sets required to effectively complete the requirements of this program. The experience should include a discussion of rural-specific data analysis. Experience at the national, state, and hospital level should also be discussed.
- D. Demonstrates a history of collaboration and established relationships with recognized Flex program partners and stakeholders.
- E. Demonstrates the capabilities of the applicant organization (or consortium), and the quality and availability of resources and personnel to carry out the activities required under this award.
- F. Includes discussion that clearly delineates the roles and responsibilities of the applicant as well as other partners and significant collaborators (if a consortium is proposed, the organizational and management structure of the consortium should be included). The organizational structure should be clear and manageable and should not include partners and collaborators simply for the sake of including them, but each should serve a distinct purpose. The discussion of roles and responsibilities should include the approach for collaboration on projects and provide a sound process for internal project review prior to submission to ORHP for final review and approval.

Criterion 6: SUPPORT REQUESTED (10 points) Corresponds to the Budget and Budget Justification sections.

The extent to which the applicant:

- A. Proposes a budget for each year of the project period that supports the objectives, the complexity of the proposed activities, and the anticipated results. This includes the extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.

2. Review and Selection Process

The Division of Independent Review is responsible for managing objective reviews within HRSA. Applications competing for Federal funds receive an objective and independent review performed by a committee of experts qualified by training and experience in particular fields or disciplines related to the program being reviewed. In selecting review committee members, other factors in addition to training and experience may be considered to improve the balance of the committee, e.g., geographic distribution. Each reviewer is screened to avoid conflicts of interest and is responsible for providing an objective, unbiased evaluation based on the review

criteria noted above. The committee provides expert advice on the merits of each application to program officials responsible for final selections for award.

Applications that pass the initial HRSA eligibility screening will be reviewed and rated by a panel based on the program elements and review criteria presented in Section V. 1. Review Criteria of this funding opportunity announcement. The review criteria are designed to enable the review panel to assess the quality of a proposed project and determine the likelihood of its success. The criteria are closely related to each other and are considered as a whole in judging the overall quality of an application.

3. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of July 1, 2013.

VI. Award Administration Information

1. Award Notices

Each applicant will receive written notification of the outcome of the objective review process, including a summary of the expert committee's assessment of the application's strengths and weaknesses, and whether the application was selected for funding. Applicants who are selected for funding may be required to respond in a satisfactory manner to Conditions placed on their application before funding can proceed. Letters of notification do not provide authorization to begin performance.

The NoA sets forth the amount of funds granted, the terms and conditions of the award, the effective date of the award, the budget period for which initial support will be given, the non-Federal share to be provided (if applicable), and the total project period for which support is contemplated. Signed by the Grants Management Officer, it is sent to the applicant's Authorized Organization Representative, and reflects the only authorizing document. It will be sent prior to the start date of July 1, 2013.

2. Administrative and National Policy Requirements

Successful applicants must comply with the administrative requirements outlined in 45 CFR Part 74 [Uniform Administrative Requirements for Awards and Subawards to Institutions of Higher Education, Hospitals, Other Nonprofit Organizations, and Commercial Organizations](#) or 45 CFR Part 92 [Uniform Administrative Requirements For Grants And Cooperative Agreements to State, Local, and Tribal Governments](#), as appropriate.

HRSA grant and cooperative agreement awards are subject to the requirements of the HHS Grants Policy Statement (HHS GPS) that are applicable based on recipient type and purpose of award. This includes any requirements in Parts I and II of the HHS GPS that apply to the award. The HHS GPS is available at <http://www.hrsa.gov/grants/hhsgrantspolicy.pdf>. The general terms and conditions in the HHS GPS will apply as indicated unless there are statutory, regulatory, or award-specific requirements to the contrary (as specified in the NoA).

Non-Discrimination Requirements

To serve persons most in need and to comply with Federal law, services must be widely accessible. Services must not discriminate on the basis of age, disability, sex, race, color, national origin or religion. The HHS Office for Civil Rights provides guidance to grant and cooperative agreement recipients on complying with civil rights laws that prohibit discrimination on these bases. Please see <http://www.hhs.gov/ocr/civilrights/understanding/index.html>. HHS also provides specific guidance for recipients on meeting their legal obligation under Title VI of the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color or national origin in programs and activities that receive Federal financial assistance (P.L. 88-352, as amended and 45 CFR Part 80). In some instances a recipient's failure to provide language assistance services may have the effect of discriminating against persons on the basis of their national origin. Please see <http://www.hhs.gov/ocr/civilrights/resources/laws/revisedlep.html> to learn more about the Title VI requirement for grant and cooperative agreement recipients to take reasonable steps to provide meaningful access to their programs and activities by persons with limited English proficiency.

Trafficking in Persons

Awards issued under this funding opportunity announcement are subject to the requirements of Section 106(g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to <http://www.hrsa.gov/grants/trafficking.html>.

Smoke-Free Workplace

The Public Health Service strongly encourages all award recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. Further, Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care or early childhood development services are provided to children.

Cultural and Linguistic Competence

HRSA programs serve culturally and linguistically diverse communities and multiple cultures. Although race and ethnicity are often thought to be dominant elements of culture, HRSA-funded programs embrace a broader definition to incorporate diversity within specific cultural groups including but not limited to cultural uniqueness within Native American populations, Native Hawaiian, Pacific Islanders, and other ethnic groups, language, gender, socio-economic status, sexual orientation and gender identity, physical and mental capacity, age, religion, housing status, and regional differences. Organizational behaviors, practices, attitudes, and policies across all HRSA-supported entities respect and respond to the cultural diversity of communities, clients and students served. HRSA is committed to ensuring access to quality health care for all. Quality care means access to services, information, materials delivered by competent providers in a manner that factors in the language needs, cultural richness, and diversity of populations served. Quality also means that, where appropriate, data collection instruments used should adhere to culturally competent and linguistically appropriate norms. For additional information and guidance, refer to the National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS) published by HHS and available online at <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>. Additional cultural competency and health literacy tools, resources and definitions are available online at <http://www.hrsa.gov/culturalcompetence> and <http://www.hrsa.gov/healthliteracy>.

Healthy People 2020

Healthy People 2020 is a national initiative led by HHS that sets priorities for all HRSA

programs. The initiative has four overarching goals: (1) attain high-quality, longer lives free of preventable disease, disability, injury, and premature death; (2) achieve health equity, eliminate disparities, and improve the health of all groups; (3) create social and physical environments that promote good health for all; and (4) promote quality of life, healthy development, and healthy behaviors across all life stages. The program consists of over 40 topic areas, containing measurable objectives. HRSA has actively participated in the work groups of all the topic areas and is committed to the achievement of the Healthy People 2020 goals. More information about Healthy People 2020 may be found online at <http://www.healthypeople.gov/>.

National HIV/AIDS Strategy (NHAS)

The National HIV/AIDS Strategy (NHAS) has three primary goals: (1) reducing the number of people who become infected with HIV; (2) increasing access to care and optimizing health outcomes for people living with HIV; and (3) reducing HIV-related health disparities. The NHAS states that more must be done to ensure that new prevention methods are identified and that prevention resources are more strategically deployed. Further, the NHAS recognizes the importance of early entrance into care for people living with HIV to protect their health and reduce their potential of transmitting the virus to others. HIV disproportionately affects people who have less access to prevention, care and treatment services and, as a result, often have poorer health outcomes. Therefore, the NHAS advocates adopting community-level approaches to identify people who are HIV-positive but do not know their serostatus and reduce stigma and discrimination against people living with HIV.

To the extent possible, program activities should strive to support the three primary goals of the NHAS. As encouraged by the NHAS, programs should seek opportunities to increase collaboration, efficiency, and innovation in the development of program activities to ensure success of the NHAS. Programs providing direct services should comply with federally-approved guidelines for HIV Prevention and Treatment (see <http://www.aidsinfo.nih.gov/Guidelines/Default.aspx> as a reliable source for current guidelines). More information can also be found at <http://www.whitehouse.gov/administration/eop/onap/nhas>.

Health IT

Health information technology (Health IT) provides the basis for improving the overall quality, safety and efficiency of the health delivery system. HRSA endorses the widespread and consistent use of health IT, which is the most promising tool for making health care services more accessible, efficient and cost effective for all Americans.

Related Health IT Resources:

- [Health Information Technology \(HHS\)](#)
- [What is Health Care Quality and Who Decides? \(AHRQ\)](#)

3. Reporting

The successful applicant under this funding opportunity announcement must comply with the following reporting and review activities:

a. Audit Requirements

Comply with audit requirements of Office of Management and Budget (OMB) Circular A-133. Information on the scope, frequency, and other aspects of the audits can be found

on the Internet at http://www.whitehouse.gov/omb/circulars_default.

b. **Payment Management Requirements**

Submit a quarterly electronic Federal Financial Report (FFR) Cash Transaction Report via the Payment Management System. The report identifies cash expenditures against the authorized funds for the grant or cooperative agreement. The FFR Cash Transaction Reports must be filed within 30 days of the end of each calendar quarter. Failure to submit the report may result in the inability to access award funds. Go to <http://www.dpm.psc.gov> for additional information.

c. **Status Reports**

1) **Federal Financial Report.** The Federal Financial Report (SF-425) is required according to the following schedule: <http://www.hrsa.gov/grants/manage/technicalassistance/federalfinancialreport/ffrschedule.pdf>. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically through EHB. More specific information will be included in the NoA.

2) **Progress Report(s).** The awardee must submit a progress report to HRSA on an annual basis. Submission and HRSA approval of the grantee Progress Report triggers the budget period renewal and release of subsequent year funds. This report has two parts. The first part demonstrates grantee progress on program-specific goals. The second part collects core performance measurement data including performance measurement data to measure the progress and impact of the project. Further information will be provided in the NoA.

3) **Final Report.** A final report is due within 90 days after the project period ends. The final report collects program-specific goals and progress on strategies; core performance measurement data; impact of the overall project; the degree to which the grantee achieved the mission, goal and strategies outlined in the program; grantee objectives and accomplishments; barriers encountered; and responses to summary questions regarding the grantee's overall experiences over the entire project period. The final report must be submitted on-line by awardees in the Electronic Handbooks system at <https://grants.hrsa.gov/webexternal/home.asp>.

4) **Tangible Personal Property Report.** If applicable, the awardee must submit the Tangible Personal Property Report (SF-428) and any related forms. The report must be submitted within 90 days after the project period ends. Awardees are required to report all federally-owned property and acquired equipment with an acquisition cost of \$5,000 or more per unit. Tangible personal property means property of any kind, except real property, that has physical existence. It includes equipment and supplies. Property may be provided by HRSA or acquired by the recipient with award funds. Federally-owned property consists of items that were furnished by the Federal Government. Tangible personal property reports must be submitted electronically through EHB. More specific information will be included in the NoA.

5) **ORHP Performance Improvement Measurement System.** The Office of Rural Health Policy has created specific performance measures that grantees will be required to report within the Performance Improvement Measurement System (PIMS) located in

HRSA's Electronic Handbook (EHB). Grantees will be required to update the program specific information in the EHBs by March 31, 2014, and on March 31 of each subsequent year of grant funding.

d. Transparency Act Reporting Requirements

New awards ("Type 1") issued under this funding opportunity announcement are subject to the reporting requirements of the Federal Funding Accountability and Transparency Act (FFATA) of 2006 (Pub. L. 109-282), as amended by section 6202 of Public Law 110-252, and implemented by 2 CFR Part 170. Grant and cooperative agreement recipients must report information for each first-tier subaward of \$25,000 or more in Federal funds and executive total compensation for the recipient's and subrecipient's five most highly compensated executives as outlined in Appendix A to 2 CFR Part 170 (FFATA details are available online at <http://www.hrsa.gov/grants/ffata.html>).

Competing continuation awardees, etc. may be subject to this requirement and will be so notified in the NoA.

VII. Agency Contacts

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

Josephine Lyght
Grants Management Specialist
HRSA Division of Grants Management Operations, OFAM
Parklawn Building, Room 11A-55
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-3569
Fax: (301) 443-6686
Email: JLyght@hrsa.gov

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

Megan Meacham, MPH
Public Health Analyst
HRSA Office of Rural Health Policy
Parklawn Building, Room 5A-05
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-8349
Fax: (301) 443-2803
Email: MMeacham@hrsa.gov

Applicants may need assistance when working online to submit their application forms electronically. Applicants should always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, seven days a week, excluding Federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726
E-mail: support@grants.gov
iPortal: <http://grants.gov/iportal>

Successful applicants/awardees may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). For assistance with submitting information in HRSA's EHBs, contact the HRSA Call Center, Monday-Friday, 9:00 a.m. to 5:30 p.m. ET:

HRSA Contact Center
Telephone: (877) 464-4772
TTY: (877) 897-9910
E-mail: CallCenter@HRSA.GOV

VIII. Tips for Writing a Strong Application

HRSA has designed a technical assistance webpage to assist applicants in preparing applications. Resources include help with system registration, finding and applying for funding opportunities, writing strong applications, understanding the review process, and many other topics which applicants will find relevant. The website can be accessed online at: <http://www.hrsa.gov/grants/apply/index.html>.

In addition, a concise resource offering tips for writing proposals for HHS grants and cooperative agreements can be accessed online at: <http://dhhs.gov/asfr/ogapa/grantinformation/apptips.html>.