

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

Federal Office of Rural Health Policy  
Community Based Division

***Rural Health Network Development Program***

**Announcement Type:** New; Competing Continuation  
**Funding Opportunity Number:** HRSA-17-018

**Catalog of Federal Domestic Assistance (CFDA) No. 93.912**

**FUNDING OPPORTUNITY ANNOUNCEMENT**

Fiscal Year 2017

**Application Due Date: November 28, 2016**

*Ensure SAM.gov and Grants.gov registrations and passwords are current immediately!  
Deadline extensions are not granted for lack of registration.  
Registration in all systems, including SAM.gov and Grants.gov,  
may take up to one month to complete.*

**Issuance Date: September 21, 2016**

Jayne Berube  
Program Coordinator, Federal Office of Rural Health Policy  
E-mail: [JBerube@hrsa.gov](mailto:JBerube@hrsa.gov)  
Telephone: (301) 443-4281  
Fax: (301) 443-2803

Authority: Public Health Service Act, Section 330A(f) (42 U.S.C. 254c(f)), as amended.

## EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Federal Office of Rural Health Policy (FORHP) is accepting applications for fiscal year (FY) 2017 Rural Health Network Development Program. The purpose of this program is to support rural integrated health care networks that have combined the functions of the entities participating in the network in order to: achieve efficiencies; expand access to, coordinate, and improve the quality of essential health care services; and strengthen the rural health care system as a whole.

Funding Opportunity Title:	Rural Health Network Development Program
Funding Opportunity Number:	HRSA-17-018
Due Date for Applications:	November 28, 2016
Anticipated Total Annual Available Funding:	\$9,000,000
Estimated Number and Type of Award(s):	Up to 30 grant(s)
Estimated Award Amount:	Up to \$300,000 per year
Cost Sharing/Match Required:	No
Project Period:	May 1, 2017 through April 30, 2020 (3 years)
Eligible Applicants:	The lead applicant organization must be a public or private non-profit entity located in a rural area. The network must be formal and composed of at least three separate, existing health care providers  [See <a href="#">Section III-1</a> of this funding opportunity announcement (FOA) for complete eligibility information.]

### **Application Guide**

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

### **Technical Assistance**

A webinar with further guidance on application requirements will be provided. Please see information below:

Date: September 28, 2016

Time: 2:00pm ET - 3:00pm ET

Toll Free Number: 800-857-4883, Passcode: 1739744

Webinar Recording Replay

1-800-510-9771

Code: 92816

Adobe Link: [https://hrsa.connectsolutions.com/rural\\_health\\_network\\_development/](https://hrsa.connectsolutions.com/rural_health_network_development/)

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# I. Program Funding Opportunity Description

## 1. Purpose

This announcement solicits applications for the Rural Health Network Development (RHND) Program. The purpose of this program is to support mature, integrated rural health care networks that have combined the functions of the entities participating in the network in order to address the health care needs of the targeted rural community. Awardees will combine the functions of the entities participating in the network to address the following statutory charges: (i) achieve efficiencies; (ii) expand access, coordinate, and improve the quality of essential health care services; and (iii) strengthen the rural health care system as a whole.

The RHND Program encourages innovative solutions to local health care needs identified by local communities and supports rural communities in preparing for changes within the health care environment. In January 2015, the Secretary of the U.S. Department of Health and Human Services (HHS) announced a plan for delivery system reform that aims for collaboration across all sectors for the goals of better care, smarter spending, and healthier people.<sup>1</sup> Focus areas to achieve these goals include<sup>2</sup>:

- 1) Incentives that focus on value-based payment systems;
- 2) Integrated and coordinated care delivery that improves population health and promotes patient engagement in decisions; and
- 3) Information that creates transparency on cost and quality and brings electronic health information to the point of care for meaningful use of health information technology (Health IT).

This reform is part of a larger system wide agenda that focuses on patient value rather than patient volume and addresses social determinants of health as well as other wellness factors that can improve population health. Reform also includes a shift from a previous focus on clinical outcomes and practices to improving patient health and preventing chronic disease.

Although rural providers and health care entities have not yet been required to implement components of health care delivery system reform at the same pace or scale as their urban counterparts, many have begun to explore and implement the systems and infrastructure necessary to meet these requirements. Applicants to the RHND Program will use this funding opportunity to address the unique health care challenges of their community while simultaneously positioning themselves for health care delivery system reform changes and the focus on patient value and population health by tracking outcome measures tied to this initiative's three topic areas: incentives, care delivery, and information. Programs are also encouraged to consider participation in the various payment and delivery systems models created by Center for Medicare and Medicaid

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<sup>1</sup> <http://www.hhs.gov/about/news/2015/01/26/better-smarter-healthier-in-historic-announcement-hhs-sets-clear-goals-and-timeline-for-shifting-medicare-reimbursements-from-volume-to-value.html>

<sup>2</sup> <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2015-Fact-sheets-items/2015-01-26-2.html>

Services (CMS) Innovation Center<sup>3</sup> that support better patient care, better health for communities, and lower costs resulting from improvement in the health care system.

Networks are uniquely positioned to advance population health and respond to changes in the health care environment due to their ability to generate cost savings and efficiencies, conduct continuous quality improvement initiatives, pool resources, and provide a wider range of services to their communities than single health care entities acting on their own. Delivery system reform over the upcoming years will strengthen this collaboration as payment models for reimbursement will require participation and quality improvement across all community sectors impacting population health. Provisions of this reform, including the three new billing codes under Medicare: 1) transitional care management, 2) chronic care management, and 3) annual wellness visits, will promote network sustainability through revenue generated from code reimbursement.<sup>4</sup> Applicants are encouraged to include billing for reimbursement of these codes in their sustainability plan, as applicable to their program.

Rural health networks provide evidence of the benefits of collaboration across multiple community and state entities to improve population health and address social determinants of health; primary components of the transition towards patient value. Addressing these factors requires a holistic community approach that brings together non-traditional partners in health care networks, such as faith based organizations, school systems, food banks, housing departments, transportation and other agencies that are integral in addressing health care challenges and can work synergistically with clinical and other traditional health care providers. Networks applying to this program are strongly encouraged to think broadly about inclusion of non-traditional community health partners in their network that are fundamental to the success of their program and are integral to improving population health.

**Applicants to the Rural Health Network Development Program will be required to select at least one activity from a prescribed topic from one statutory charge outlined by the authorizing legislation.** The prescribed topic areas are described in detail below.

**Statutory Charge: Achieve Efficiencies**

**Topic: Integrated health networks will focus on integrating health care services and/or health care delivery of services to achieve efficiencies and improve rural health care services.**

Networks will focus on integrating their individual systems of care to achieve the following goals:

- 1) Implement a financial strategy that will reduce costs,
- 2) Improve quality and delivery of health care services, and
- 3) Improve medical oversight.

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<sup>3</sup> <https://innovation.cms.gov/>

<sup>4</sup> <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Transitional-Care-Management-Services-Fact-Sheet-ICN908628.pdf>

Awardees will choose at least one activity from the following areas:

- 1) Integrating behavioral health in primary care settings
- 2) Integrating primary care in behavioral health care settings
- 3) Integrating oral health in primary care settings
- 4) Integrating primary care in oral health settings
- 5) Integrating emergency medical services (EMS) in hospital settings

Anticipated outcomes may include, but are not limited to:

- Creating and implementing the same clinical protocols that assist in the improvement of healthcare services delivery for EMS, primary care and mental/behavioral health services.
- Rural/frontier EMS systems integrating services with local health care providers, specialty centers, local/regional public safety and emergency management responders, and volunteer and paid EMS providers to improve rural health care and provide non-traditional services, such as providing mobile healthcare and training allied health professionals and community representatives on effective opioid abuse treatment and response.
- Improving quality of services delivered through the implementation of quality measurements and improvement projects.
- Improving primary care services in behavioral health settings by integrating primary care services to improve access to primary care, prevent serious and/or chronic illnesses and early identification and intervention to reduce incidence of serious physical illness.
- Improving appointment time and efficiency for patients due to integration.
- Improving Ambulatory Care Sensitive Conditions Composite Measures
- Reducing emergency department (ED) visit rates.

**Statutory Charge: *Expand access to, coordinate and improve the quality of essential health care services***

**Topic: Integrated health networks will collaborate to expand access to and improve the quality of essential health care services by focusing on projects and/or network activities directly related to the evolving health care environment.**

The new health care environment has a large emphasis on improving and transforming the quality of hospital care by realigning hospital financial incentives. Networks can achieve efficiencies and increase economic and provider financial viability through projects that focus on payment and care reform. Networks are also integral to providing effective coordination of services and expanded access to care through a range of care coordination activities, Health IT use (which meets meaningful use standards) and telehealth implementation.

Awardees will choose at least one activity from the following areas:

- 1) Improving performance on quality measures for clinicians such as through the Physician Quality Reporting System or the Medicare Quality Payment Program,

as well as for hospitals, skilled nursing facilities, home health agencies, and/or ambulatory surgical facilities

- 2) Improving the quality and safety of health care by improving care transitions from the hospital to other settings and reducing hospital readmissions
- 3) Improving coordination of services
- 4) Implementing innovative solutions to alleviate the loss of local services and enhance access to care for communities that may have or are at risk of losing their local hospital
- 5) Implementing telehealth services that may include: remote monitoring, interactive telehealth services, store and forward telehealth, imaging services, specialist and primary care consultation
- 6) Implementing Health IT and Meaningful Use (MU) activities that may include: E-prescribing and incorporating lab results into a Health Information Exchange (HIE), electronic transmission of patient care summaries, patient access to self-management tools, and patient centered HIE
- 7) Facilitating enrollment in the health insurance marketplace, Medicaid, Children's Health Insurance Program (CHIP), Medicare Advantage and other forms of health insurance coverage through the use of Consumer Assistance Programs/Patient Navigation
- 8) Leveraging competitive negotiations and contracts with Qualified Health Plans (QHPs) through Essential Community Provider (ECP) collaboration
- 9) Implementing innovative alternative payment and delivery models
- 10) Implementing programs to increase primary care workforce in rural areas
- 11) Expanding access to outpatient cardiology and/or pulmonary rehabilitation, speech therapy, child psychology or other critical shortages.

Anticipated Outcomes may include, but are not limited to:

- Improving quality and health care delivery in rural areas through improved coordination and financial incentives.
- Reducing hospital readmissions.
- Access to care across a full range of services, in the event of a hospital closure/conversion.
- Increasing access to care (including specialized care) with the implementation of telehealth services.
- Improving chronic disease care through the use of technology.
- Fast and efficient sharing of patient data and information across multiple settings and providers.
- Improving patient centered care and patient involvement in self-management.
- Increasing enrollment of uninsured patients in marketplaces and other health care coverage such as Medicaid, CHIP, Medicare Advantage and other forms of health insurance.
- Increasing primary care workforce in rural areas.
- Improving activities of daily living (ADLs).

## **Statutory Charge: Strengthen the rural health care system as whole**

**Topic: Networks will improve population health by implementing promising practice, evidence-informed and/or evidence-based approaches to address health disparities and enhance population health in their communities.**

Population health can be defined as an approach that focuses on interrelated conditions and factors that influence the health of populations over the course of their lives. The health outcomes and distribution of health outcomes in a population are studied and appropriate policies and interventions are created to address the health concern of that population.

Programs implementing a promising practice, evidence-informed and/or evidence-based approaches to address population health may choose the intervention the best meets the needs of their community. Examples of interventions can be found at <https://www.ruralhealthinfo.org/community-health/project-examples/evidence-levels> and may include the following:

- 1) Medicare Diabetes Prevention<sup>5</sup> Program
- 2) Rural Training Track Technical Assistance Program<sup>6</sup>
- 3) Midcoast Maine Prescription Opioid Reduction Program
- 4) Project ECHO® – Extension for Community Healthcare Outcomes
- 5) SAMA HealthCare Services, a Patient-Centered Medical Home

Many rural communities have specific health outcomes particular to their community alone. Therefore, networks may serve as an appropriate organization to address population health needs and social determinants of health due to network attributes of integration, collaboration and community focus.

## **2. Background**

This program is authorized by Section 330A(f) of the Public Health Service (PHS) Act, as amended (42 U.S.C. 254c(f)). This authority directs the Federal Office of Rural Health Policy (FORHP) to support awards for eligible entities to promote, through planning and implementation, the development of integrated health care networks that have combined the functions of the entities participating in the networks in order to (i) achieve efficiencies; (ii) expand access to, coordinate, and improve the quality of

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<sup>5</sup> The CMS recently certified the pilot Diabetes Prevention Program (DPP) as a cost savings program, making it the first preventative service model certified for expansion under the CMS Innovation Center. Implementation of the Medicare DPP will be reimbursable through CMS's Medicare Program. <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-07-07.html>

<sup>6</sup> FORHP provided technical assistance to communities interested in starting new rural residency programs because current Medicare law allows for new RTTs or rural-hospital based residencies to potentially qualify for Medicare Graduate Medical Education support. <https://www.ruralhealthinfo.org/rtt> Applicants interested in this approach can learn more about this issue at <https://datawarehouse.hrsa.gov/tools/hdwreports/Filters.aspx?id=462>



essential health care services; and (iii) strengthen the rural health care system as a whole.

The RHND Program was created in response to the need for rural providers to address changes taking place in the health care sector in order to better serve their rural communities. The current health care environment continues to change and rural communities and providers will need to adapt to changes within the health care delivery system that include: provider incentives and payment, implementation of medical homes and care coordination, implementation of health information technology and increased focus on access to care and health outcomes. The RHND Program is designed to assist rural health care providers in acclimating to the evolving health care environment by addressing relevant health care needs as identified by the rural community. It will also enable rural health networks to continue to be a locus of innovation in maximizing limited rural health resources in times of economic hardship and decreased access to health care services, which can be modeled in other communities, both rural and urban.

A rural health network is a formal organizational arrangement among rural health care providers. The shift in the health care environment towards population health management and patient value requires inclusion of community and social agencies (vertical networks) to collaboratively identify and address health care needs of the community. Entities within the network use the resources of more than one member organization and specify the objectives and methods by which various collaborative functions are achieved.

## **II. Award Information**

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

Type of applications sought: New and Competing Continuation

Funding will be provided in the form of a grant.

### **2. Summary of Funding**

Approximately \$9,000,000 is expected to be available annually to fund thirty (30) recipients. You may apply for a ceiling amount of up to \$300,000 per year. The actual amount available will not be determined until enactment of the final FY2017 federal budget. This program announcement is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds can be awarded in a timely manner. The project period is May 1, 2017 through April 30, 2020 (three (3) years). Funding beyond the first year is dependent on the availability of appropriated funds for the Rural Health Network Development Program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

Effective December 26, 2014, all administrative and audit requirements and the cost principles that govern federal monies associated with this award are subject to the Uniform Guidance [2 CFR part 200](#) as codified by HHS at [45 CFR part 75](#), which supersede the previous administrative and audit requirements and cost principles that govern federal monies.

### III. Eligibility Information

#### 1. Eligible Applicants

Foreign entities are not eligible for HRSA awards, unless the authorizing legislation specifically authorizes awards to foreign entities or the award is for research. This exception does not extend to research training awards or construction of research facilities.

##### a) Ownership and Geographic Requirements:

Applicants for the Rural Network Development Program must meet the ownership and geographic requirements stated below. (Note: If an incorporated network does not apply on behalf of its members, the award will be made to only one member of the network that will be the awardee of record and only that organization needs to meet the eligibility criteria.):

1) The applicant organization must be a public or private non-profit entity located in a rural area or in a rural census tract of an urban county, and all services must be provided in a rural county or census tract. The applicant's EIN number should verify it is a rural entity. To ascertain rural eligibility, please refer to:

<http://datawarehouse.hrsa.gov/RuralAdvisor/> and enter the applicant organization's state and county. A network serving rural communities but whose applicant organization is not in a designated rural area will not be considered for funding under this announcement.

2) In addition to the states listed on the Rural Advisor (link above) only the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, Guam, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau may apply. If applicants are located outside the 50 states, they still have to meet the rural eligibility requirements.

Faith-based and community-based organizations are eligible to apply for these funds. Tribes and Tribal Organizations are eligible to apply for these funds.

One of the following documents must be included in **Attachment 6** to prove non-profit status (not applicable to state, local, and Tribal government entities; Tribal organizations, however, must provide one of the following):

- A letter from the IRS stating the organization's tax-exempt status under Section 501(c)(3) or a currently valid IRS Tax exemption certificate;
- Statement from a state taxing body, state attorney general or other appropriate state official certifying that the applicant organization has a nonprofit tax status

and that none of the net earnings accrue to any private shareholders or individuals;

- A certified copy of the organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization; or
- If the applicant is an affiliate of a parent organization, a copy of the parent organization's IRS 501(c) (3) Group Exemption letter and a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.
- If the applicant organization is a public entity, proof of non-profit status is not necessary. The applicant organization must, however, identify themselves as a public entity and submit an official signed letter on city, county, state, or Tribal government letterhead in **Attachment 6** (applicants may include supplemental information such as documentation of the law that created the organization or documentation showing that the state or a political subdivision of the state controls the organization.) Tribal government entities should verify their federally-recognized status via the Bureau of Indian Affairs website: <http://www.bia.gov>.

3) Funding provided through this program must be used for programs that serve populations residing in HRSA designated rural areas. Please confirm that your service area and recipients of this award reside in a HRSA designated rural area by visiting: <http://datawarehouse.hrsa.gov/RuralAdvisor/>.

4) In determining eligibility for this funding, FORHP realizes there are some Metropolitan Areas that would otherwise be considered non-Metropolitan if the core, urbanized area population count did not include federal and/or state prison populations. Consequently, FORHP has created an exceptions process whereby applicants from Metropolitan counties in which the combined population of the core urbanized area is more than 50,000 can request an exception by demonstrating that through the removal of federal and/or state prisoners from that count, they would have a population total of less than 50,000. Those applicants must present documented evidence of total population for the core urbanized area and demonstrate through data from the Census Bureau and state or Federal Bureaus of Prisons or Corrections Departments that show the total core urbanized area population (which is not the county or town population), minus any the state and/or federal prisoners, results in a total population of less than 50,000. Any data submitted that does not take the total core urbanized area population into consideration will not be eligible. For further information, please visit: <https://www.census.gov/geo/reference/ua/urban-rural-2010.html>. Prisoners held in local jails cannot be removed from the core urbanized area population. This exception is only for the purpose of eligibility for FORHP award programs. To find out if you are eligible for a reclassification, please contact Steve Hirsch at 301-443-7322. If eligible, you will be required to request the exception and present the data in **Attachment 15** which will be verified by FORHP.

Please contact the FORHP with any questions or further clarification.

#### **b) Network Requirements:**

Applicants must meet the following network requirements.

1) The network must be composed of at least three members that are separate, existing health care provider entities, which have their own EIN number. The applicant must be a non-profit in a rural area. Network members may be for-profit or non-profit and may be in a rural or urban area. However, all services and activities conducted by the network and paid for through this funding must serve rural populations. Please verify rurality at <http://datawarehouse.hrsa.gov/RuralAdvisor/>. If necessary, new members may be added to the network for this specific project. Multiple health care providers owned by the same overarching entity or health system are not considered a separate entity. A formally established and incorporated (501(c) (3) network may apply on behalf of all network members.

2) A network organization is considered formal if the network has a signed Memorandum of Agreement (MOA), Memorandum of Understanding (MOU), or other formal collaborative agreements, including signed and dated bylaws. A signed MOA or MOU must be included in **Attachment 4**.

3) The network has a governing body that includes representation from all network member organizations and ensures that the governing body, rather than an individual network member, will make financial and programmatic decisions. An advisory board which merely provides advice is not considered a governing body. An already-existing non-profit board of individuals convened for providing oversight to a single organization is not an appropriate board structure. The applicant will be required to depict the governing body's relationship to the network within **Attachment 5**.

4) The network must have a permanent network director (i.e. network executive director) or has established an interim network director capable of overseeing the network's administrative, fiscal, and business operations at the time of the application. Applicants should note that the network director role is different from the project director role. During the award period, the project director should be a full time employee (1.0 FTE) of the network organization. To ensure success and sustainability, there must be at a minimum 1.0 FTE managing the award program.

### **c) Funding History Requirements:**

Applicants must meet the following funding history requirement.

1) Applicants applying to this funding opportunity shall not previously have received a grant under this subsection (other than a grant for planning activities) for the same or a similar project.

## **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.4* will be considered non-responsive and will not be considered for funding under this announcement.

NOTE: Multiple applications from an organization are not allowable.

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

### Notifying your State Office of Rural Health

Applicants are required to notify the State Office of Rural Health (SORH) of their intent to apply to this program. A list of the SORHs can be accessed at <https://nosorh.org/nosorh-members/nosorh-members-browse-by-state/>. Applicants must include in **Attachment 13** a copy of the letter or email sent to the SORH describing their project and any response to the letter received.

Each state has a SORH and the FORHP recommends contacting the SORH entity early in the application process to advise them of your intent to apply. The SORH may be able to provide some consultation to applicants including information on model programs, data resources, technical assistance for consortiums, evaluation, introductions to partner organizations, or support of information dissemination activities. Applicants should make every effort to seek consultation from the SORH no later than three weeks in advance, as feasible, of the due date, and provide the SORH a simple summary of the proposed project. If no response is received, please include the original letter of intent requesting the support.

Applicants located in the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, Guam, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau do not have a designated SORH. Therefore, applicants from these areas can request an email or letter confirming the contact from the National Organization of State Offices of Rural Health (NOSORH). The email address is: [donnap@nosorh.org](mailto:donnap@nosorh.org).

## IV. Application and Submission Information

### 1. Address to Request Application Package

HRSA **requires** applicants for this FOA to apply electronically through Grants.gov. You must download the SF-424 application package associated with this FOA following the directions provided at <http://www.grants.gov/applicants/apply-for-grants.html>.

## **2. Content and Form of Application Submission**

Section 4 of HRSA's [SF-424 Application Guide](#) provides instructions for the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the Application Guide in addition to the program specific information below. You are responsible for reading and complying with the instructions included in HRSA's [SF-424 Application Guide](#) except where instructed in the FOA to do otherwise.

See Section 8.5 of the *Application Guide* for the Application Completeness Checklist.

### **Application Page Limit**

The total size of all uploaded files may not exceed the equivalent of **80 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this FOA. Standard OMB-approved forms that are included in the application package are NOT included in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) will not be counted in the page limit. **We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.**

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

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

- 1) The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Where the prospective recipient is unable to attest to any of the statements in this certification, such prospective recipient shall attach an explanation to this proposal.

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

### **Program-Specific Instructions**

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

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

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

Please place the following at the top of the abstract:

- Project Title
- Applicant Organization Name
- Address
- Type of entity (Rural Health Clinic, Critical Access Hospital, Tribal organization, Health Center (HRSA-funded), Public Health Department, etc.)
- Project Director Name
- Contact Phone Numbers (Voice, Fax)
- E-Mail Address
- Web Site Address, if applicable
- If requesting a funding preference as outlined in Section V. 2. of this FOA, please indicate here. Please place request for funding preference at the bottom of the abstract. The applicant must explicitly request a qualifying funding preference and cite the qualification that is being met (see 42 U.S.C. 254c(h)(3)). FORHP highly recommends that the applicant include this language: "Applicant's organization name is requesting a funding preference based on qualification X. County Y is in a designated HPSA" at the bottom of the abstract if requesting funding preference so as to minimize confusion as to whether the applicant is certainly requesting funding preference. If applicable, the applicant needs to provide supporting documentation in **Attachment 8**. Please refer to Section V.2 for further information.

**ii. Project Narrative**

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

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

This section should briefly and clearly describe the purpose of the proposed project and the selected statutory charge topic and activity(ies) (please refer to the Purpose section for a detailed explanation) and explains how the program supports delivery system reform through a network approach that addresses social determinants of health and population health management and/or includes monitoring of clinical quality measures that promote patient value. It should be succinct, self-explanatory and well organized so that reviewers can understand the proposed project.

**Please explicitly state the selected topic(s) and activities of focus that your program will address in this section. Statutory Charges, Topics, and Activities are provided in the Purpose section.**

▪ *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion #2 Needs Assessment*

This section outlines the needs of the community and/or network. This section should help reviewers understand the rural community and/or entities that will be

served by the proposed project. The following items must be addressed within the needs assessment.

- (1) The applicant must provide evidence of the health care needs (those related to the specific topic(s)) that the network proposes to address, including quantifiable data on the lack of existing services and/or programs within the targeted rural community. The applicant must use appropriate data sources (e.g., local, state, federal) in their analysis of the environment in which the network is functioning as follows:
    - a. A description of the target population, which must include the estimated size of the target population and the number of counties being addressed by the network project, and its unmet health needs. If the selected topic area is focused specifically on the needs of the network members (ex: establishing quality metrics, implementation of a health information technology program), describe how addressing the network member needs will directly correlate to the unmet health needs of the community. Compare local data to state and federal data where possible to highlight the unique need of the local community or region.
    - b. Include a map that shows the location of network members, the geographic area that will be served by the network and any other information that will help reviewers visualize and understand the scope of the proposed activities.
    - c. Identify key challenges and barriers related to network functions as a whole and those related to the selected topic area.
  - (2) Applicant must describe relevant services to the selected topic area currently available in or near the service area of the network. The applicant should describe the potential impact of the network's activities on providers, programs, organizations and other network entities in the community. Include socio-cultural determinants of health and health disparities impacting the population or communities served and unmet. The applicant should identify gaps in existing services and the activities that the network can perform to fill that gap.
  - (3) The applicant must demonstrate the need for federal funding to support RHND activities by describing the environment in which the network has developed and why federal funds are appropriate at this point in time.
  - (4) The applicant must demonstrate how and why there is a need for a network to collaboratively address the population health need (as determined by the selected topic area) in a manner in which individual facilities would not be able to do on their own.
- *METHODOLOGY -- Corresponds to Section V's Review Criterion #3 Methodology*

Propose methods that the applicant will use to meet each of the previously



described program requirements and expectations in this funding announcement, such as to:

- (1) Define the specific goals and objectives of the network's proposed award-funded activities and explain the network's strategy for accomplishing them. These goals and objectives should directly relate to the information presented in the Needs Assessment section and be aligned with the selected topic (s) and activities.
- (2) The narrative should include a description of how the proposed award-funded activities will specifically address the selected topic (s) and incorporate elements of delivery system reform, supporting population health management and patient value. Where relevant, provide information on the focus area(s): care delivery, information, and incentives of this initiative that are aligned with your program's goals and objectives.
- (3) Discuss the network's communication plan and tool that will be implemented to update members on work plan progress, evaluation measures, and other network activities. Include the approach, frequency of meetings, and communication tools used by the network. Please describe the medium used for network meetings and why the particular method was chosen (i.e. if network meetings are virtual or face-to-face).
- (4) Provide information on how the network will communicate its successes, progress on evaluation measures, and strategic plan to other key audiences and stakeholders outside of the network.
- (5) Outline the collaboration of the network using the following factors:
  - a. Briefly illustrate the level of collaboration of network members in the network.
  - b. Describe types of collaboration activities that will be funded through the RHND program.
  - c. Explain how the anticipated outcomes related to the topic will be better met with a network approach.
  - d. Describe any anticipated challenges to the collaboration activities described previously. Suggest solutions to the challenges described above.
- (6) The applicant should demonstrate a cohesive plan for sustaining the project after federal support for the project has ended. This preliminary sustainability plan should include how the network will document the value of network programs and services to its members and how the network plans to continue to work together once the project period ends.
  - a. Briefly describe a mechanism for assessing continued need for the programs and services provided by the network for the community.
  - b. Describe the anticipated plan to sustain and maintain activities and services created as a result of the RHND Program.
  - c. The applicant should briefly describe plans for sustaining the network after award funding ends, including how it will generate revenue from

- services provided by the network as well as financial commitment from the members to support ongoing network activities.
- d. Describe how the network will document and communicate the value of its programs and services across network members.

Please include your preliminary sustainability plan in **Attachment 14**.

- (7) The narrative should include a description of how the proposed award-funded activities will further the network's strategic plan and business plan.
- (8) Promising Practices/Evidence-Based Practices/Evidence Informed Practices: If portions of the proposed methodology to address a selected topic area(s) are based upon a project or program that has worked in another community or network, please describe that program or include an abstract of that practice in **Attachment 11**. If applicable, describe why the selected approach will succeed in your community and what elements will be different in your community. (How will it be tailored?).

*WORK PLAN -- Corresponds to Section V's Review Criterion #4 Work Plan*  
**(Attachment #1)**

Describe the process that will be used to achieve each of the activities proposed in the methodology section. Use a time line that includes completion dates for each activity and identifies responsible staff. This section should clearly demonstrate that completion of work plan activities will utilize a collaborative approach across network members and that the network has the capacity to immediately begin the implementation of the proposed activities. The following should be addressed in this section:

- (1) The applicant describes a clear and coherent work plan that is aligned with the network's goals and objectives. The work plan must outline the individual or organization responsible for carrying out each activity and include a timeline for *all* three years of the award. If an activity is a direct service activity, please explicitly write "direct service activity" next to the activity. Note: The direct service activities can account for no more than 30 percent of the award budget. The direct service activities should not be the primary focus of the award. The direct service component should be utilized by the network to enhance collaboration and/or serve as a component for business planning or modeling.
  - a. Describe the roles, shared responsibilities and collaboration across network members in carrying out the activities in the work plan.
  - b. Describe the integration of activities into network member's organizational activities.
  - c. Describe the frequency, communication plan, and method by which work groups will meet to track progress on work plan activities, as well as the mode and frequency of communication that will occur to report progress updates on work plan activities to the network.
  - d. Provide evidence of how the network has the capacity to immediately begin implementation of the program and work plan activities.

It is expected that all yearly reporting requirements and an overall satisfactory level of achievement on work plan activities will be accomplished by the end of each award year. The accomplishment of these activities will factor into the decision to fund subsequent fiscal years. Additionally, FORHP requires all recipients to submit several reporting requirements throughout the three years of the award. Please see "Reporting" under section *VI. Award Administration Information*, page 38 for more information.

- (2) Project Monitoring: The applicant describes measures monitored by the program for effective performance on the proposed award-funded activities. Describe the quality assurance/quality improvement strategies that will assist in the early identification and modification of ineffective efforts. For example, if one of the network's key strategies for reaching a network goal turns out to be ineffective, the applicant describes the measures in place to identify and address this situation.
- (3) Explain how information about your program will be shared regionally or nationally, including efforts by grassroots, faith-based or community-based organizations. Describe the medium or platforms by which you will share the successes and lessons learned from your program.
- (4) Provide an "outcomes approach" logic model for designing and managing the project. This one-page diagram presents the conceptual framework for the proposed project and clearly illustrates the inputs, activities, outputs, short-term and long-term outcomes, and the impact of the proposed RHND activities. The logic model should clearly provide a basis for the work plan and supports the measures proposed in the evaluation plan. Illustrate a logical flow and how it relates to customers (people served), network members, and the community at all social-ecological levels (intrapersonal/individual, interpersonal, organizational/institutional, community, and public policy). Include the following information:
  - a. Goals and objectives of the project.
  - b. Inputs and resources utilized to implement the proposed activities to address the selected topic area(s).
  - c. Activities or key interventions that will achieve the goals and objectives of the program and topic area.
  - d. Outputs, outcome measures, and the population health impact resulting from achieving the goals and objectives of the program and selected topic area(s).
  - e. Provide a narrative explaining the logic model (i.e. presumed effects of the RHND Program).

Include the project's Logic Model in **Attachment 7**. Additional information on developing logic models can be found at:

<http://www.wkkf.org/resource-directory/resource/2006/02/wk-kellogg-foundation-logic-model-development-guide>.

- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion #5 Resolution of Challenges*
  - (1) 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 -- Corresponds to Section V's Review Criterion #6 Evaluation and Technical Support Capacity*
  - (1) In this section, the applicant includes an approach for evaluating the network's progress towards achieving the desired outcomes and describes how progress toward meeting award-funded goals will be tracked, measured, evaluated, and communicated. The applicant explains any assumptions made in developing the project work plan and provides baseline and targeted outcome measures of the award-funded activities. The applicant describes the process and frequency by which data/information for evaluation measures will be collected, analyzed, and communicated. The applicant explains how the data will be used to inform program development and service delivery. Both outcome and process measures may be used to assess the progress of efforts. The applicant describes the process they will use to create a robust evaluation plan. A preliminary evaluation plan should be included in **Attachment 12**.

The applicant will identify baseline measures associated with the selected topic area(s) that will be tracked throughout the duration of the award. The baseline measures must align with the goals and objectives of the proposed project. It is expected that recipients will be able to articulate the outcomes of their project by utilizing these baseline measures.

- a. **Programs that include a clinical focus and/or can be tied to the clinical quality measures provided below are required to report on at least three of the following measures. Please select the measures most relevant to your proposed program (e.g., those that may yield the highest volume services). These measures will be included in your evaluation plan and will be reported on throughout the award program.**

Clinical and Population Health Measures:

1. For Obesity:

- a. **NQF 0421:** Body Mass Index (BMI) Screening and Follow-Up
- b. **NQF 0024:** Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents
- c. **NQMC:008969:** Children and Adolescents with BMI  $\geq$  85 with Decreased BMI Percentile within 12 Months of Screening
- d. **NQMC:008873:** Adults with BMI  $\geq$  25 with Reduced Weight by five percent.

2. For Diabetes (DM):

- a. **NQF 0057:** Adults with Type I and Type II Diabetes HbA1c Testing
  - b. **NQF 0059:** Diabetes Care: Hemoglobin A1C Poor Control (>9.0percent)
  - c. **NQF 0575:** Diabetes Care: Hemoglobin A1C Controlled (<8.0percent)
  - d. **NQF 0018:** Controlling High Blood Pressure
  - e. **NQF 1557:** Relative Resource Use
  - f. **NQF 0055:** Dilated Eye-Exam in Diabetic Patient,
  - g. **NQF 0056:** Foot exam for diabetic patient.
  - h. **NQMC:009713:** Newly Diagnosed Type II Diabetes Adults Advised About Lifestyle Modification and Nutrition within One Year of Diagnosis
  - i. **NQMC:001600:** Diabetes Mellitus: Dental Exam in the Last 12 Months.
3. For Cardiovascular Disease (CVD):
- a. **NQF 0074:** Chronic Stable Coronary Artery Disease: Lipid Control
  - b. **NQF 0018:** Controlling High Blood Pressure
  - c. **NQF 0028:** Tobacco Use: Screening & Cessation Intervention
4. For Chronic Heart Failure (CHF):
- a. **NQF 0081:** ACE Inhibitor/ARB Therapy LVSD
  - b. **NQF 0083:** Beta-Blocker Therapy for LVSD
  - c. **NQF 0079:** LVEF Assessment
  - d. **NQF 0028:** Tobacco Use: Screening & Cessation Intervention
5. For Chronic Obstructive Pulmonary Disease (COPD):
- a. **PQRS#1:** Spirometry Exam,
  - b. **NQF 0102:** COPD Brochodilator Therapy,
  - c. **NQF 0041:** Influenza immunization
  - d. **NQF 0043:** Pneumonia Vaccination for Patients 65 and older
6. For Tobacco Use:
- a. **NQF 0028:** Tobacco Use: Screening & Cessation Intervention
7. For Behavioral Health/Substance Abuse:
- a. **NQF 0418:** Screening for Clinical Depression
  - b. **NQF 2152:** Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling
  - c. **NQF 0104:** Adult Major Depressive Disorder (MDD): Suicide Risk Assessment
  - d. **NQF 1365:** Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment
  - e. **NQF 0004:** Initiation of Alcohol and Other Drug Treatment within 14 Days of the Diagnosis
  - f. **NQF 0576:** Follow-up After Hospitalization for Mental Illness
  - g. **NQF 0710:** Depression Remission at 12 months
  - h. **NQMC:004208:** Adults with a Diagnosis of Current Opioid Addiction Counseled for Treatment Options
8. For Immunizations:
- a. **NQF 0041:** Influenza immunization
  - b. **NQF 0038:** Childhood Immunization Status (CIS)

- c. **NQF 0043:** Pneumonia Vaccination for Patients 65 and older

9. For Oral Health:

- a. **NQF 1334:** Children Who Received Preventive Dental Care
- b. **NQF 2528:** Children Who Received at Least 2 Topical Fluoride Applications
- c. **NQF 1335/CMS75v1:** Children Who Have Dental Decay or Cavities
- d. **NQMC: 001600:** Diabetes Mellitus: Dental Exam in the Last 12 Months.
- e. **NQF 2689:** Number of ED Visits for Caries-related Reasons

10. For Care Coordination:

- a. **CMS50v1:** Closing the referral loop: receipt of specialist report
- b. **CMS 4:** Chronic Care ACSC Composite
- c. **NQF 0097:** Medication Reconciliation
- d. **NQF 0326:** Advance Care Plan

11. For EHR/HIT and Care Coordination:

FORHP recognizes that the implementation of Electronic Health Records (EHR) and Health IT is a process. Applicants are encouraged to identify where they are in this continuum.

If your program is EHR/HIT or Care Coordination focused and has achieved Meaningful Use Stage II or Stage III, please report on the following measure:

- a. **Summary of Care Record:** Use certified EHR technology (CEHRT) to create a summary of care record and electronically transmit such summary to a receiving provider for more than 10 percent of transitions of care and referrals

**Where relevant to the selected topic area, programs are also required to report on:**

- NQF 1789: Hospital-Wide All-Cause Readmission
- Ambulatory Care-Sensitive Condition (ACSC) Composite measures

Further information on NQF Measures, including descriptions of the measures listed above, can be found at: <http://www.qualityforum.org/Home.aspx>  
[https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/2014\\_ClinicalQualityMeasures.html](https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/2014_ClinicalQualityMeasures.html)

Further information on NQMC measures can be found at:  
<https://www.qualitymeasures.ahrq.gov/browse/by-topic.aspx>

**NOTE:** The Evaluation Plan provided in the application will serve as a “self-assessment” for programs to assess progress towards meeting program goals and objectives. As part of FORHP’s own internal program-wide evaluation, recipients may be required to submit specific measures related to the recipient’s program

after being awarded. This may include programs such as medical homes, or other programs that are not specifically focused on clinical quality measures and outcomes, but whose program has indirectly affected health status and can be reflected in these measures.

▪ *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion #7 Organizational Information*

Describe the network members and how the network has the capacity and collective mission and vision to effectively collaborate to achieve the goals of the program and advance population health.

- (1) The lead applicant must have financial management systems in place and must have the capability to manage the award. Briefly explain how the lead applicant organization is able to:
  - a. Exercise administrative and programmatic direction over award-funded activities.
  - b. Be responsible for hiring and managing the award-funded staff.
  - c. Demonstrate the administrative and accounting capabilities to manage the award funds.
  - d. Have at least one permanent staff at the time an award is made.

Please note: The network should have a skilled and experienced staff as well as a highly functioning network board and offer integrated products and services. Furthermore, it may engage in common resource planning and bring in revenue from diverse sources, thereby enabling it to build capital reserves and be financially self-sufficient.

- (2) The applicant must provide information on network members, identifying the types of partners included in the network, the value the members bring to the network, and the organizational structure of the network.
  - a. This section identifies and describes each of the network members and should include each partner's organization name, address, EIN number, primary contact person along with contact information, and current role in the community/region. A table may be used to present this information and must be included with **Attachment 5**. (NOTE: List the network members that are actively involved and their role in their organization, not the CEO/CFO of the organization if they do not regularly attend network meetings or actively participate in the network.) If a network is the applicant, the applicant makes clear that the network is comprised of at least three separate organizations; OR if there is no separate network entity, that the applicant is applying on behalf of at least three separate organizations. **Please provide an EIN number for each organization.**
  - b. Provide a one page organizational chart of the network that depicts the relationship between the network members and includes the network governing board. The governing board must be composed of

representatives in the organizations participating in the network. If a network member is serving on behalf of the network, they must also include a one page organizational chart of the organization. The organizational chart(s) should be uploaded as **Attachment 5**.

- c. Explain why each of the network members are meaningful collaborators in advancing population health and patient value, what value and expertise do they bring to the network and the health needs of the community, and, if relevant, note why other key groups were not included. This section should demonstrate how the network has thought broadly about the inclusion of non-traditional health care entities, such as community and social service organizations, educational institutions, faith-based organizations, federally-recognized tribal organizations, etc. to address social determinants of health and advance population health.
- d. If applicable, the applicant may supply letters of support from informal network partner organizations that are not official members of the network, but may play a role in the implementation of the proposed award project. Letters of Support should be uploaded in **Attachment 10**.
- e. If partner organizations are participating in the implementation of the proposed award project, the applicant should explain the reasoning for their selection and what they will contribute to the network and the selected award project.

(3) The applicant clearly describes that it has an effective governance structure in place to support the operations and sustainability of the network.

- a. Describe the governance structure for the network that demonstrates there is effective, collaborative, independent network-driven leadership in place. Applicants *must demonstrate* that the governing body, rather than an individual network member, will make financial and programmatic decisions. (Note: An already-existing non-profit board of individuals convened for providing oversight to a single organization is not an appropriate board structure. The network's board must be primarily made up of representatives of the organizations participating in the network to ensure they control decisions regarding network activities and budget. The governing body's relationship to the network must be depicted within **Attachment 5**). In addition, describe how and why the governing body members were selected.
- b. The network must have a Memorandum of Agreement or Memorandum of Understanding (MOA/MOU), signed and dated by all network members. The MOA/MOU should prove the formality of the network as described in the eligibility section. The MOA/MOU should reflect the mutual commitment of all members. The document must provide the following information: the general purpose of the network;



operating principles, membership, officers and terms, committees, staff and resources, frequency of meetings; and endorsements of members. Please obtain electronic signatures whenever possible to verify commitment. Include the MOA/MOU and any letters of commitment in **Attachment 4**. Note: The original signed and dated MOA/MOU should be kept by the applicant organization. Any additional evidence, such as by-laws and letters of incorporation may be included in **Attachment 4** or referenced and made available upon request if awarded.

- c. Briefly describe the personnel, FTE, and financial policies and procedures in place to run the network.
  - d. Describe the income sources to finance operations of the network (i.e. member dues, sales of network services, etc.).
- (4) The applicant describes the network's collective vision, effective leadership, ability to collaborate and respond to challenges, demonstrating the network's capacity to accomplish collective goals. If the applicant received FORHP funding in the past, please include an abstract of the prior project as well as a brief statement describing how the current project is different from previously awarded FORHP award projects in **Attachment 9**.
- a. Describe how the network has a collective vision and mission that is aligned with the goals of the proposed program. Explain how the members of the network are engaged in the program and will contribute to program activities to collectively achieve the intended outcomes and advance population health.
  - b. Explain the leadership of the network and how the network's leadership will be engaged to promote the success of the network in meeting program goals, moving the network and its member organizations towards population health management and patient value. Describe how leadership engages collective decision making and supports and promotes the sustainability of the network.
  - c. Provide examples of how network members have previously collaborated successfully to address the health needs of the community. Include examples of collective decisions that were made by the network.
  - d. Describe a challenge or situation in which the network and its members have demonstrated the ability to be resilient and adapt to changing situations.
  - e. Explain the benefits and risks members and partners may experience through participation in the network.

(4) A clear and coherent staffing plan is required in Resumes/Biographies in **Attachment 2**. Specifically, the following should be addressed:

- a. The number and titles of all staff positions, qualification levels for key staff, and FTE equivalents necessary to support the network and complete work plan activities.
- b. The information necessary to illustrate both the capabilities (current experience, skills, knowledge, experience with previous work of a similar nature, and materials published) of key staff already identified and the requirements that the applicant has established to fill other key positions if the award is received.
- c. Staffing needs should have a direct link to the activities proposed in the project narrative and budget portion of the application.

(5). State whether the applicant has a permanent network director in place, or an interim director. If the network has an interim director, discuss the process and timeline for hiring a full-time director (i.e. the number of known candidates, the projected starting date for the position of full-time director, etc.). If the network director role has historically not been 1.0 FTE, please explain 1) why this has occurred, 2) other staff positions, if any, that assume some of the network director roles described below and 3) how the director is able to fulfill the network leader responsibilities at a reduced FTE level without compromising the network.

For the purpose of the RHND Program, the network director position fulfills the following role: **Network Director** – An individual designated to direct the network and is capable of overseeing the network’s administrative, fiscal, and business operations. The network director reports to the network governing body.

- a. Briefly discuss how the network director’s role contributes to successfully achieving the goals of the selected topic area for the RHND project.
- b. Briefly describe how the network director has demonstrated abilities in facilitation, collaborative management, conflict resolution and planning.
- c. Briefly describe the process for evaluating the network director.

(6). At the time of the award the network must have a project director in place to oversee the daily functions and coordination of activities that support the RHND award. This position should be 1.0 FTEs. If there is not currently a permanent project director on the program, discuss the process and timeline for hiring a full-time director (i.e. the number of known candidates, the projected starting date for the position of full-time director, etc.)

For the purpose of the RHND Program, the project director fulfills the following roles: **Project Director** – The individual responsible for managing an award project at the strategic level. The project director is typically the award project’s point person, managing resources and overseeing finances to ensure that the project progresses on time and on budget. The director reviews regular progress reports and makes staffing, financial, or other adjustments to align the developing project with the broader outcome goals.

- a. Briefly discuss how the project director’s role contributes to successfully achieving the goals of the program.
- (i). Describe the level of coordination and communication that will occur between the project director, work plan work groups, network members, and the network director to ensure work plan activities are carried out and status updates, challenges, or other issues are communicated to the network so that all members are aware of program progress. Also, indicate how the project director will facilitate collaborative input across network members in the creation of HRSA required reports (evaluation plan, strategic plan, business plan, sustainability plan, etc.).

<b>NARRATIVE GUIDANCE</b>	
In order to ensure that the Review Criteria are fully addressed, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.	
<b><u>Narrative Section</u></b>	<b><u>Review Criteria</u></b>
Introduction	(1) Introduction
Needs Assessment	(2) Needs Assessment
Methodology	(3) Methodology
Work Plan	(4) Work Plan
Resolution of Challenges	(5) Resolution of Challenges
Evaluation and Technical Support Capacity	(6) Evaluation and Technical Support Capacity
Organizational Information	(7) Organizational Information
Budget and Budget Narrative	(8) Budget and Budget Narrative

**iii. Budget**

See Section 4.1.iv of HRSA’s [SF-424 Application Guide](#). Please note: the directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov. Please follow the instructions included in the Application Guide and, *if applicable*, the additional budget instructions provided below.

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

The Consolidated Appropriations Act, 2016, Division H, § 202, (P.L. 114-113) states, “None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.” Please see Section 4.1.iv Budget – Salary Limitation of HRSA’s [SF-424 Application Guide](#) for additional information. Note that these or other salary limitations may apply in FY 2017, as required by law.

**iv. Budget Narrative**

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

**v. Attachments**

Please provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit.** Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit. **Each attachment must be clearly labeled.**

*Attachment 1: Work Plan*

Attach the Work Plan for the project that includes all information detailed in Section IV. ii. Project Narrative. The Work Plan should be presented in a matrix that illustrates the network’s goals, objectives, strategies, activities, and targeted process and outcome measures. The work plan must outline the individual or organization responsible for carrying out each activity and include completion dates for all activities listed for all three years of the award.

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

Provide a staffing plan that discusses the staffing requirements and FTEs necessary to run the network and specifically to accomplish the proposed activities to address the selected topic area(s) Keep each description to one page if possible. For the purposes of this award application, Key Personnel is defined as persons funded by this award or persons conducting activities that are imperative to the implementation of this award program.

*Attachment 3: Biographical Sketches of Key Personnel*

Include biographical sketches for persons occupying the key positions described in Attachment 2, not to exceed two pages in length. 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 4: Network Memorandum of Agreement/Understanding*

The network must have a Memorandum of Agreement or Memorandum of Understanding (MOA/MOU) signed and dated by all network members, that reflects the mutual commitment of the members.

*Attachment 5: Project Organizational Chart*

Provide a one page organizational chart of the network that depicts the relationship between the network members and includes the network governing board. The organizational chart of the network should contain the EIN number of each organization depicted in chart.

*Attachment 6: Proof of Nonprofit Status*

The applicant must include a letter from the IRS or eligible state entity that provides documentation of nonprofit status. In place of the letter documenting nonprofit status, public entities may indicate their type of public entity (state or local government) and include it here. Refer to Section III 1 for more information.

*Attachment 7: Logic Model and Narrative*

Applicants are required submit a logic model and narrative that illustrates the inputs, activities, outputs and outcomes and impact of the project. Refer to Section IV. ii. Project Narrative for more information. See Section 4.1.iv of HRSA's [SF-424 Application Guide](#).

*Attachment 8: Request for Funding Preference, if applicable*

To receive a funding preference, include a statement that the applicant is eligible for a funding preference and identify the preference. Include documentation of this qualification. An example of the request would be: the network service areas included in the application are considered HPSAs or the applicant is a CHC. An example of the proof of designation would be a printout or screenshot that displays the HPSA designation and score to cite their HPSA score, etc., if applicable. The printout or screenshot of the HPSA designation can be found at <http://hpsafind.hrsa.gov/>.

*Attachment 9: Federal Office of Rural Health Policy Funding History Information*

Current and former recipients of any FORHP community-based award programs are eligible to apply if the proposed project is a new proposal (entirely new project) or an expansion or enhancement of the previous award. The proposal should differ from the previous projects by expanding the service area of the project, serving a new population, providing a new service or expanding the scope of the previous award activities. Current and former FORHP award recipients must include: dates of any prior award(s) received; award number assigned to the previous project(s); a copy of the abstract or project summary that was submitted with the previously awarded funding application(s); description of the role of the applicant and/or consortium member in the previous award; and a brief statement of how the current proposal is different (i.e.: expansion, new population, new service or expanded scope) from the previously awarded FORHP award(s).

*Attachments 10: Letters of Support, if applicable*

Applicants should supply letters of support from informal network partner organizations that are not official members of the network, but may play a role in the implementation of the proposed award project.

*Attachment 11: Evidence-Based Practice/Promising Practice Abstract, if applicable*

If portions of the proposed methodology to address a selected topic area(s) are based upon a project or program that has worked in another community or network, include an abstract of that practice in **Attachment 11**.

*Attachment 12: Preliminary Evaluation Plan*

Applicants are required to submit a preliminary evaluation plan. An evaluation plan should address both process and outcome measures. It should include: evaluation questions; data sources; evaluation methods (e.g. review of documents, interviews with project staff and participants, surveys of participants etc.); targeted outcome measures, and how the evaluation findings will be communicated throughout the project.

*Attachment 13: State Office of Rural Health Letter or other Appropriate State Government Entity Letter*

All applicants are required to notify their State Office of Rural Health (SORH) or other appropriate state government entity early in the application process to advise them of their intent to apply. Offices of Rural Health may or may not, at their own discretion, offer to write a letter of support for the project. Please include a copy of the letter or confirmation of contact in **Attachment 13**. In the case that you do not receive a response from the SORH, submit a copy of your request for consultation to the SORH

*Attachments 14: Preliminary Sustainability Plan*

Applicants are required to submit a preliminary sustainability plan that demonstrates a cohesive plan for sustaining the impact of the network programs and services created with RHND funding. Refer to Section IV. ii. Project Narrative for more information.

*Attachment 15: Exception Request (if applicable)*

Applicants from Metropolitan counties in which the combined population of the core urbanized area is more than 50,000 that request an exception by demonstrating that through the removal of federal and/or state prisoners from that count, they would have a population total of less than 50,000. Provide the required documentation for this attachment. This exception is only for the purpose of eligibility for FORHP award programs. To find out if you are eligible for a reclassification, please contact Steve Hirsch (SHirsch@hrsa.gov).

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

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

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

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

The Grants.gov registration process requires information in three separate systems:

- Dun and Bradstreet (<http://fedgov.dnb.com/webform/pages/CCRSearch.jsp>)
- System for Award Management (SAM) (<https://www.sam.gov>)
- Grants.gov (<http://www.grants.gov/>)

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

**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.**

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

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

The due date for applications under this FOA is *November 28, 2016 at 11:59 P.M. Eastern Time.*

See Section 8.2.5 – Summary of e-mails from Grants.gov of HRSA's [SF-424 Application Guide](#) for additional information.

#### **5. Intergovernmental Review**

The Rural Health Network Development Program is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

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

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

You may request funding for a project period of up to number 3 years, at no more than \$300,000 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:

In previous years, FORHP Rural Health Network Development Program grantees spent 40 percent or less of their Federal share for each budget period on equipment.

Therefore, in order to purchase equipment, applicants must provide a strong justification that is directly related to the purpose, goals, and activities of the Rural Health Network Development Program and receive prior approval.

In previous years, FORHP Rural Health Network Development Program grantees spent 30 percent or less of their Federal share for each budget period on direct provision of clinical health care services. In order to use funds on direct health care services, they must directly relate to the purpose, goals, and activities of the Rural Health Network Development Program.

Award funds may not be spent, either directly or through contract, to pay for the purchase, construction, major renovation or improvement of facilities or real property.

Award funds may not be used to purchase vehicles.

Award funds shall not be used to take the place of current funding for activities described in the application. .

The General Provisions in Division H of the Consolidated Appropriations Act, 2016 (P.L. 114-113) apply to this program. Please see Section 4.1 of HRSA's [SF-424 Application Guide](#) for additional information. Note that these or other restrictions will apply in FY 2017, as required by law.

You are required to have the necessary policies, procedures and financial controls in place to ensure that your organization complies with the all federal funding requirements and prohibitions such as lobbying, gun control, abortion, etc. The effectiveness of these policies, procedures and controls is subject to audit.

All program income generated as a result of awarded funds must be used for approved project-related activities.

## **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 you in understanding the standards against which your application will be judged. Critical indicators have been developed for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. Review criteria are outlined below with specific detail and scoring points.

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

Review criteria are used to review and rank applications. The Rural Health Network Development program has 8 review criteria:

*Criterion 1: INTRODUCTION (5 points) – Corresponds to Sections IV's Introduction*



Ability of the application to briefly describe the purpose of the proposed project and how the program supports health care delivery system reform through a network approach that addresses social determinants of health and population health management and/or monitors clinical quality measures to promote patient value. **The applicant must explicitly state the selected topic area(s) and activities of focus in this section.**

*Criterion 2: NEEDS ASSESSMENT (10 points) – Corresponds to Section IV's Needs Assessment*

The extent to which the application demonstrates the problem and the associated contributing factors to the problem, relevant to the topic area(s).

*Sub-criterion One:*

*3 points*

Analysis of the Community Data and Existing Services and Programs

(1) Degree to which the applicant demonstrates an appropriate use of data sources (e.g., local, state, federal) in their analysis of the environment, health care and network needs, and the degree to which this evidence substantiates the need for the network and the services/programs identified from the selected topic area(s).

(2) The degree to which the applicant provides quantifiable information on the lack of existing services and/or programs from the selected topic area(s) in the applicant's community/region. Extent to which the applicant clearly demonstrates the nature of geographical services area, including network membership and existing programs/services related to the selected topic area(s).

*Sub-criterion Two:*

*7 points*

Addressing Community Needs and Demonstrating Need for Award Funds

(1) The extent to which the relationship is clear and logical between the challenges impacting the rural community(ies), as supported by the demographic and network environmental data, and the need for the selected topic area(s) for the RHND Program.

(2) The degree to which the applicant is able to describe relevant services to the selected topic area currently available in or near the service area of the network. The applicant should describe the potential impact of the network's activities on providers, programs, organizations and other network entities in the community. The applicant includes socio-cultural determinants of health and health disparities impacting the population or communities served.

(3) Manner in which the applicant will meaningfully contribute to fill gaps in existing services related to the selected topic area(s).

(4) The extent to which the applicant explains the need for federal funding to support network activities by describing the environment in which the network has developed and why federal funds are appropriate at this point in time.

(5) The extent to which key challenges and barriers to network functions and implementation of the programs/activities to support the selected topic area(s) are identified.

(6) The quality with which the applicant demonstrates how the network will be able to collaboratively address the identified population health needs in a manner in which individual facilities would not be able to on their own.

*Criterion 3: METHODOLOGY (10 points) – Corresponds to Section IV's Methodology*

The extent to which the program responds to the "Needs Assessment" section and creates effective strategies to address these needs.

(1) The extent to which the applicant defines the specific goals and objectives of the network's proposed award-funded activities and explains the network's strategy for accomplishing them. Goals and objectives should directly relate to the information presented in the Needs Assessment section and are aligned with the selected topic area(s) and activities.

(2) Ability of the network to describe how the proposed award-funded activities will address the selected topic area(s) and incorporates elements of delivery system reform to promote population health management and promote patient value.

(3) The extent to which the network explains an effective communication plan and tool to update external audiences and network members on work plan progress, evaluation measures, strategic plan, and other network activities. Effectiveness of the network meeting strategy in achieving the stated RHND program goals.

(4) The extent to which the applicant describes the network level of collaboration, how outcomes will be better met with a network approach, challenges associated with the collaboration activities, and overall appropriateness of the level of collaboration necessary to achieve the program's goals and objectives.

(5) The extent to which the applicant demonstrates a cohesive sustainability plan to sustain the impact of the network programs and services created with RHND funding that demonstrates appropriateness and level of detail to:

- a. Assess continued member and community need for the programs and services offered by the network;
- b. To sustain and maintain activities created to address the selected topic area(s);
- c. To build financial reserves, e.g., acquiring funds to meet both long-term operational and capital needs, by identifying alternative sources of network revenue, including an approach for diversifying sources of network revenue;
- d. To acquire sustained financial commitment from its network members to support ongoing network activities; and
- e. To document and communicate the value of the network to its members.

(6) The extent to which the network's proposed strategy for accomplishing the stated goals and objectives will specifically address the selected topic area(s) and address the network's strategic and business priorities.

(7) If the program is utilizing a best practice to address the topic area(s), the strength of the selected approach or modification of the approach to meet the program goals and objectives.

*Criterion 4: WORK PLAN (20 points) – Corresponds to Section IV's Work Plan*

Strength of the Work Plan and Program Monitoring to achieve the intended outcomes.

(1) Extent to which the application includes a clear and coherent work plan that is aligned with the logic model and the network's goals, objectives, and strategies. Appropriateness of the work plan in identifying responsible individual(s) and organization(s) and a timeline for each activity throughout the three years of the award, and where applicable, identified direct service activities. Appropriateness of associated process and outcome measures for each activity and respective goal.

(2) Extent to which the applicant's work plan displays an adequate timeline and provides feasible and relevant activities to achieve the intended goals and objectives.

(3) Extent to which the applicant demonstrates effective collaboration across members in carrying out work plan activities, demonstrated by the shared responsibilities of work plan activities and the integration of the activities within the network member's operational activities.

(4) Extent to which the applicant demonstrates effective monitoring of the program, including effective frequency of work group meetings to track progress on work plan activities and the communication plan that will be used to update the network on work plan progress.

(5) Extent to which the applicant provides specific and appropriate measures to assure effective performance of the proposed award-funded activities and on-going quality assurance/quality improvement strategies that will assist in the early identification and modification of ineffective efforts

(6) Extent to which the applicant provides clear and strong evidence that the network has the capacity to immediately begin and effectively carry out the activities listed in the work plan.

(7) The extent to which the applicant will disseminate information about the program regionally or nationally, including efforts by grassroots, faith-based or community-based organizations. The applicant describes the medium or platforms it will use to share the success and challenges of the program to a broad audience interested in or implementing similar programs.

(8) Degree to which the logic model strengthens the work plan as evidenced by the rational flow of inputs and activities that support the program's intended outcomes

and goals and objectives in **Attachment 7**. Strength of the logic model narrative in describing the presumed effects of the program

*Criterion 5: RESOLUTION OF CHALLENGES (5 points) – Corresponds to Section IV's Resolution of Challenges*

(1) Extent to which the application demonstrates a comprehensive understanding of potential challenges likely to be encountered in designing and implementing the activities described in the Work Plan. Appropriateness of proposed approaches to resolve the identified potential challenges.

*Criterion 6: EVALUATION AND TECHNICAL SUPPORT CAPACITY (15 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity*

The extent to which the proposed evaluation plan is thorough and linked to the work plan, logic model, and identified goals, objectives and process and outcome measures.

(1) The ability of the network to identify and incorporate measures relevant to the goals and objectives of the program. If the program is tied to clinical measures, the applicant has included at least three of the provided clinical quality measures under the Evaluation and Technical Support Capacity section in the preliminary evaluation plan in **Attachment 12**. Programs that have achieved Meaningful Use Stage II or Stage III and have an HIT/HIE or Care coordination Focus, should have the Summary of Care Record measure included in their evaluation plan. If the program is population health/non-clinical focused, the ability to show improved health status should be evident. Baseline measures should be provided in this plan.

(2) Strength of evidence that progress towards meeting award-funded goals will continually be tracked, measured, evaluated and communicated across network members. Feasibility and effectiveness of the identified outcome and process measures in assessing progress towards meeting program goals and objectives.

(3) Effectiveness of the process for collecting and analyzing evaluation data and the approach for routine evaluation of the network's progress in relation to proposed outputs and outcomes.

(4) Effectiveness of the proposed method to create a robust evaluation. The strength of the preliminary evaluation plan included in **Attachment 12** in regards to the needs assessment, program goals, work plan, and sustainability.

*Criterion 7: ORGANIZATIONAL INFORMATION (25 points) – Corresponds to Section IV's Organizational Information*

The extent to which the applicant describes the alignment of the network's mission and vision with the community's population health needs and clearly articulates that the program has the capacity; including effective leadership and staffing, relevant and committed network members, and history and ability to successfully collaborate to carry out the activities and deliverables of the program. Please refer to **Attachments 1 – 5** for additional information.

*Sub-criterion One:*  
Network Member Roles and Organizational Chart

5 points

- (1) Extent to which the lead applicant demonstrates the following:
  - a. Ability to exercise administrative and programmatic direction over award-funded activities.
  - b. Ability to be responsible for hiring and managing the award-funded staff.
  - c. Has the administrative and accounting capabilities to manage the award funds.
  - d. Has at least one permanent staff at the time an award is made.
  
- (2) Extent of collective strength of the network as evidenced by the extent to which each network member is identified and respective current roles and value to the network are described. The applicant identifies and describes each of the network members and includes each partner's organization name, address, EIN number, primary contact person and their contact information and current role in the community/region.
  
- (2) Inclusion of the Network's Organizational Chart and Governing Board and the extent to which the organizational chart(s) demonstrates a clear and distinct relationship between the network member organizations and provides evidence of a network governing board composed of representatives in the organizations participating in the network.
  
- (3) Evidence that network members are meaningful collaborators in advancing population health and patient value, as evidenced by the value and expertise they bring to the network and the health needs of the community. If relevant, why other key groups were not included. This section should demonstrate how the network has thought broadly about the inclusion of non-traditional health care entities such as community and social service organizations, educational institutions, faith-based organizations, federally-recognized tribal organizations, etc. in the network to address social determinants of health and advance population health.
  
- (4) If partner organizations are participating in the implementation of the proposed award project the reasoning for their selection and what they will contribute to the network and the selected award project is provided.

*Sub-criterion Two:*  
Effective Network Governance

5 points

- (1) Effectiveness of the governance structure of the network and the presence of an effective, collaborative, and independent network-driven leadership is in place. Clear demonstration that the governing body, rather than an individual network member, will make financial and programmatic decisions. Strength of the evidence that providers of care are or will be represented on the governing body. (Note: An already-existing non-profit board of individuals convened for providing oversight to a single organization is not an appropriate board structure. The network's board must be

primarily made up of representatives of the organizations participating in the network to ensure they control decisions regarding network activities and budget.)

(2) The extent to which the network members demonstrate the strength of the network members' mutual commitment via bylaws and/or a Memorandum of Agreement or Memorandum of Understanding (MOA/MOU). The application appropriately specifies the following regarding the MOA/MOU:

- a. The MOA/MOU is signed and dated by all network members, and provides sufficient evidence of a strong mutual commitment from all network members (refer to **Attachment 4**).
- b. The network displays evidence that all organizations will contribute to the ability of the network to conduct the program requirements and meet program expectations.

(4) Evidence of effective personnel, adequate FTEs, and financial policies and procedures in place to run the network, including a description of the income sources to finance the operations of the network (i.e. member dues, sales of network services etc.)

*Sub-criterion Three:*

*10 points*

Evidence of Effective Network Collaboration and Capacity to carry out the Program

(1) Evidence that the network is highly functional and collaborative, with evidence of the alignment of the network's collective vision and mission with the stated population health needs of the proposed RHND Program.

(2) Strength of the network's leadership in promoting the success of the program and meeting program goals, moving the network and member organizations towards population health management and patient value, and encourages collective decision making and program sustainability.

(3) Evidence of successful prior network collaboration to address the health needs of the community, including examples of collective decisions that have been made, and demonstrated resiliency of the network during previously challenging situations or circumstances.

(4) Evidence of a strong understanding of the benefits and risks partners may experience by participating in the network.

*Sub-Criterion Four:*

*5 points*

Strength of the Staffing Plan and Network and Program Leadership

(1) Extent to which the application demonstrates a strong and feasible staffing plan that incorporates adequate FTEs and staff expertise necessary to support the network and successfully complete work plan activities. The staffing plan and resumes establish and appropriately specifies:

- a. The number and types of staff, qualification levels, and FTE equivalent;
- b. The capabilities (current experience, skills, knowledge, experience with previous work of a similar nature, and materials published) of key staff already identified and the requirements that the applicant has established to fill other key positions if the award is received; and
- c. Reasonableness of staffing needs in relation to the activities proposed in the project narrative and budget portion of the application.

(2) Qualifications of the network director in place or interim director. The application appropriately specifies that:

- a. If the network has an interim director, the feasibility and timeliness for hiring a full-time director (i.e., the number of known candidates, the projected starting date for the position of full-time director, etc.).
- b. If the network director role historically has not been 1.0 FTE, the applicant effectively explains 1) why, 2) if other staff roles are able to fulfill some of the roles and responsibilities of this position, and 3) how the director is able to successfully fulfill the network leader responsibilities at a lower FTE without compromising the network.
- c. The network director's role in contributing to the success of the network.
- d. A process is in place for evaluating the network director.

(3) Qualifications of the project director in place to oversee the daily functions, coordination, and implementation of program activities.

- a. The network should have a 1.0 FTE project director on the program.
- b. If the network has an interim project director, the applicant describes the feasibility and timeliness for hiring a full-time project director (i.e., the number of known candidates, the projected starting date for the position of full-time director, etc.).
- c. The project director's role in contributing to the success of the network and coordination of program activities, workgroups, and collaboration on program reporting requirements and deliverables (evaluation plan, strategic plan, business plan, etc.).

*Criterion 8: BUDGET AND BUDGET NARRATIVE (10 points) – Corresponds to Section IV's Budget and Budget Narrative*

To the extent that the proposed budget in relation to the objectives, the complexity of the activities and the anticipated results is reasonable for each year.

(1) Inclusion, clarity, and appropriateness of an itemized budget table or spreadsheet for each year of requested funding

(2) Extent to which the budget narrative abides by the funding restrictions described in Section V.

(3) Extent to which the budget narrative (bullet points are acceptable), which the applicant will attach, provides a detailed justification for each item presented in the budget tables

(4) Degree to which the budget justification logically documents how and why each line item request (such as personnel, travel, equipment, supplies, information technology, and contractual services) supports the goals and activities of the proposed award- funded activities.

(5) Inclusion and appropriateness of the estimated costs to the government, outlined in the budget, for proposed award-funded activities.

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

The objective review provides advice to the individuals responsible for making award decisions. The highest ranked applications receive priority consideration for award within available funding. In addition to the ranking based on merit criteria, HRSA approving officials also may apply other factors in award selection, (e.g., geographical distribution), if specified below in this FOA. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below.

Please see Section 5.3 of HRSA's [SF-424 Application Guide for more details](#).

For this program, HRSA will use the following Funding Preferences.

### **Funding Preferences**

This program provides a funding preference for some applicants. Applicants receiving the preference will be placed in a more competitive position among applications that can be funded. Applications that do not receive a funding preference will be given full and equitable consideration during the review process. The funding factor will be determined by HRSA Staff. Funding preference will be awarded to any qualified applicant that specifically request and demonstrates that they meet the criteria for preference(s) as follows:

#### ***Qualification 1: Health Professional Shortage Area (HPSA)***

An applicant can request funding preference if the service area of the applicant is located in an officially designated health professional shortage area (HPSA). Applicants should include a screenshot or printout from the HRSA Shortage Designation website which indicates an address is a HPSA:

<http://datawarehouse.hrsa.gov/geoadvisor/ShortageDesignationAdvisor.aspx>.

#### ***Qualification 2: Medically Underserved Community/Populations (MUC/MUPs)***

An applicant can request funding preference if the applicant is located in a medically underserved community (MUC) or serves medically underserved populations (MUPs). Applicants should include a screenshot or printout from the HRSA Shortage Designation website which indicates an address is located in a MUC or serves an MUP:

<http://datawarehouse.hrsa.gov/geoadvisor/ShortageDesignationAdvisor.aspx>



**Qualification 3: Focus on primary care and wellness and prevention strategies.**

An applicant can request this funding preference if their project focuses on primary care and wellness and prevention strategies. This focus must be evident throughout the project narrative.

If requesting a funding preference, please indicate which qualification is being met in the **Project Abstract**. See page 41 of the HRSA SF-424 Application Guide. FORHP highly recommends that the applicant include this language: “**Applicant’s organization name is requesting a funding preference based on qualification X. County Y is (in a designated HPSA; or in a MUC/MUP; or is focusing on primary care and wellness and prevention strategies).**”

If a funding preference is requested, documentation of funding preference must be placed in **Attachment 8**. (Please label documentation as “Proof of Funding Preference Designation/Eligibility.”) If the applicant does not provide appropriate documentation in **Attachment 8**, the applicant will not receive the funding preference.

Applicants only have to meet one of the qualifications stated above to receive the preference.

Meeting more than one qualification does not increase an applicant’s competitive position.

### **3. Assessment of Risk and Other Pre-Award Activities**

The Health Resources and Services Administration may elect not to fund applicants with management or financial instability that directly relates to the organization’s ability to implement statutory, regulatory or other requirements ([45 CFR § 75.205](#)).

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

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

Effective January 1, 2016, HRSA is required to review and consider any information about the applicant that is in the [Federal Awardee Performance and Integrity Information System \(FAPIIS\)](#). An applicant may review and comment on any information about itself that a federal awarding agency previously entered. HRSA will

consider any comments by the applicant, in addition to other information in [FAPIIS](#) in making a judgment about the applicant's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed by applicants as described in [45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants](#).

A determination that an applicant is not qualified will be reported by HRSA to FAPIIS ([45 CFR § 75.212](#)).

#### **4. Anticipated Announcement and Award Dates**

HRSA anticipates issuing/announcing awards prior to the start date of May 1, 2017.

## **VI. AWARD Administration Information**

### **1. Award Notices**

HRSA will issue the Notice of Award prior to the start date of May 1, 2017. See Section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

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

See Section 2 of HRSA's [SF-424 Application Guide](#).

### **3. Reporting**

The successful applicant under this FOA must comply with Section 6 of HRSA's [SF-424 Application Guide](#) and the following reporting and review activities:

- 1) Progress Report. The recipient must submit a progress report to HRSA on an annual basis. Further information will be provided in the award notice.
- 2) Other required reports and/or products:
  - a. Performance Measures. A performance measures report is required for continued funding after the end of each budget period in the Performance Improvement Measurement System (PIMS). Upon award, recipients will be notified of specific performance measures required for reporting. FORHP may request PIMS data on quality and other endorsed measures modified under the Quality Payment Program starting in 2017 that are not included in the application but are relevant to the recipient's topic area and of interest to FORHP.
  - b. Strategic Plan. Awardees will be required to submit a Five-Year Strategic Plan by month six of the first year of the award. This strategic plan will provide guidance for program development throughout the award period and beyond. Further information on what to include in this plan will be provided upon receipt of the award.

- c. Evaluation Plan. Awardees will be required to submit a robust evaluation plan that will be used to evaluate the effectiveness of the network and program activities throughout the award by month nine of the first year of the award. Further information on what to include in this plan will be provided upon receipt of the award.
- d. Marketing Plan. Awardees will be required to submit a marketing plan that will be used by the network to promote its products and services by month six of the second year of the award. Further information on what to include in this plan will be provided upon receipt of the award.
- e. Business Model and Funding Plan. By month one of the third year of the award, recipients will be required to define a business approach and document proposed RHND activities that illustrate how revenue will be generated by the network. Further information on what to include in this plan will be provided upon receipt of the award.
- f. Final Sustainability Plan. As part of receiving the award, recipients are required to submit a final Sustainability Plan by month six of the third year of the award. This sustainability plan will be different and more robust than the plan submitted with the original application. Further information on what to include in this plan will be provided upon receipt of the award.
- g. Final Evaluation Report. Awardees are required to submit a final Program Evaluation Report three months after the end of their project period that will show, explain, and discuss the results and outcomes of the project. Further information will be provided in the award notice.
- h. Final Report. A final report is due three months after the project period ends. The final report will collect information such as: program-specific goals and progress on strategies; core performance measurement data; impact of the overall project; the degree to which the awardee achieved the mission, goal and strategies outlined in the program; and overall experiences over the 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>. Further information will be provided upon receipt of award.

### 3) Prevention and Public Health Fund Reporting Requirements

Division H, Title II, section 221 of the Consolidated Appropriations Act, 2016 (P.L. 114-113) requires that recipients awarded a grant, cooperative agreement, or contract from such funds with a value of \$25,000 or more shall produce reports on a semi-annual basis. The reporting cycle is January 1 – June 30 and July 1 – December 31; e-mail such reports (in 508 compliant format) to the HHS grants management official assigned to the award or cooperative agreement no later than 20 calendar days after the end of each reporting period (i.e. July 20 and January 20, respectively). Recipient reports shall reference the Notice of Award number and title of the grant or cooperative agreement, and include a summary

of the activities undertaken and identify any sub-grants or sub-contracts awarded (including the purpose of the award and the identity of the [sub] recipient).

4) Integrity and Performance Reporting. The Notice of Award will contain a provision for integrity and performance reporting in [FAPIIS](#), as required in [45 CFR 75 Appendix XII](#).

## VII. Agency Contacts

You may obtain additional information regarding business, administrative, or fiscal issues related to this FOA by contacting:

Benoit Mirindi  
Grants Management Specialist  
Division of Grants Management Operations, OFAM  
Health Resources and Services Administration  
5600 Fishers Lane, Room 10N-108F  
Rockville, MD 20857  
Telephone: (301) 443-6606  
Fax: (301) 443-6606  
E-mail: [BMirindi@hrsa.gov](mailto:BMirindi@hrsa.gov)

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

Jayne Berube  
Program Coordinator, Federal Office of Rural Health Policy  
Attn: Rural Health Network Development Program  
Health Resources and Services Administration  
5600 Fishers Lane, Room 17W-25C  
Rockville, MD 20857  
Telephone: (301) 443-4281  
Fax: (301) 443-2803  
E-mail: [JBerube@hrsa.gov](mailto:JBerube@hrsa.gov)

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

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

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). For assistance with submitting information in HRSA's EHBs, contact the HRSA Contact Center, Monday-Friday, 8:00 a.m. to 8:00 p.m. ET, excluding federal holidays at:

HRSA Contact Center

Telephone: (877) 464-4772

TTY: (877) 897-9910

Web: <http://www.hrsa.gov/about/contact/ehbhelp.aspx>

## **VIII. Other Information**

### **Logic Models:**

Additional information on developing logic models can be found at the following website: <http://www.wkkf.org/resource-directory/resource/2006/02/wk-kellogg-foundation-logic-model-development-guide>.

Although there are similarities, a logic model is not a work plan. A work plan is an "action" guide with a time line used during program implementation; the work plan provides the "how to" steps. Information on how to distinguish between a logic model and work plan can be found at the following website:

<http://www.cdc.gov/healthyouth/evaluation/pdf/brief5.pdf>.

### **Technical Assistance:**

A technical assistance webinar will be provided on September 28, 2016. Applicants are encouraged to attend this webinar to find out more about this award opportunity as well as to receive answers to any questions regarding the program and application process. Please use the following information to access the webinar.

Date: September 28, 2016

Time: 2:00pm ET - 3:00pm ET

Toll Free Number: 800-857-4883, Passcode: 1739744

Adobe Link: [https://hrsa.connectsolutions.com/rural\\_health\\_network\\_development/](https://hrsa.connectsolutions.com/rural_health_network_development/)

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

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