

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



Federal Office of Rural Health Policy
Community-Based Division

Rural Northern Border Region Planning Program

Funding Opportunity Number: HRSA-21-106
Funding Opportunity Type: New
Assistance Listings (CFDA) Number: 93.912

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2021

Application Due Date: June 14, 2021

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

Issuance Date: May 11, 2021

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2021 Rural Northern Border Region Planning Program. The purpose of this program is to assist in the planning and identifying of key rural health issues located within the rural identified counties and states of the Northern Border Regional Commission (NBRC).

Funding Opportunity Title:	Rural Northern Border Region Planning Program
Funding Opportunity Number:	HRSA-21-106
Due Date for Applications:	June 14, 2021
Anticipated Total Annual Available FY 2021 Funding:	\$760,000
Estimated Number and Type of Awards:	Up to 4 grants total; approximately 1 grant will be awarded within each state of the Northern Border Regional Commission.
Estimated Award Amount:	Up to \$190,000 per year
Cost Sharing/Match Required:	No
Period of Performance:	September 1, 2021 through February 28, 2023 (18 months)
Eligible Applicants:	<ul style="list-style-type: none"> • Shall be located within the identified counties and states of the Northern Border Regional Commission (NBRC) service area and • Shall be a domestic public or private, non-profit or for-profit entity with demonstrated experience serving, or the capacity to serve rural underserved populations. This includes faith-based, community-based organizations, tribes, tribal organizations, and State Offices of Rural Health (SORH) and • Shall represent a consortium of participants – (i) that include at least three or more health care provider organizations (including the applicant organization); and (ii) that may be rural, urban, nonprofit or for-profit entities, with at least 66

	<p>percent (two-thirds) of consortium members located in a HRSA-designated rural area; and</p> <ul style="list-style-type: none"> • Shall not previously have received an award under this subsection for the same or similar project, unless the entity is proposing to expand the scope of the project or the area that will be served through the project. <p>See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.</p>
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Application Guide

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

Technical Assistance

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Thursday, May 20, 2021

Time: 2 – 3 p.m. ET

Call-In Number: 1-833-568-8864

Meeting ID: 160 350 9446

Participant Code: 47894982

Weblink: <https://hrsa.gov/zoomgov.com/j/1603509446?pwd=WHN0dS9GQ085TTZlK25sQ3JleW02QT09>

NOTE: The webinar will be recorded and playback information can be requested at MNunez@hrsa.gov.

Table of Contents

I. PROGRAM FUNDING OPPORTUNITY DESCRIPTION	1
1. PURPOSE.....	1
2. BACKGROUND	2
II. AWARD INFORMATION	3
1. TYPE OF APPLICATION AND AWARD	3
2. SUMMARY OF FUNDING	3
III. ELIGIBILITY INFORMATION.....	4
1. ELIGIBLE APPLICANTS	4
2. COST SHARING/MATCHING	7
3. OTHER.....	7
IV. APPLICATION AND SUBMISSION INFORMATION.....	8
1. ADDRESS TO REQUEST APPLICATION PACKAGE	8
2. CONTENT AND FORM OF APPLICATION SUBMISSION	8
i. Project Abstract	9
ii. Project Narrative	10
iii. Budget.....	16
iv. Budget Narrative.....	16
v. Attachments	17
3. DUN AND BRADSTREET DATA UNIVERSAL NUMBERING SYSTEM (DUNS) NUMBER TRANSITION TO THE UNIQUE ENTITY IDENTIFIER (UEI) AND SYSTEM FOR AWARD MANAGEMENT (SAM)	20
4. SUBMISSION DATES AND TIMES	21
5. INTERGOVERNMENTAL REVIEW	21
6. FUNDING RESTRICTIONS	21
V. APPLICATION REVIEW INFORMATION.....	22
1. REVIEW CRITERIA.....	22
2. REVIEW AND SELECTION PROCESS	26
3. ASSESSMENT OF RISK	26
VI. AWARD ADMINISTRATION INFORMATION	27
1. AWARD NOTICES	27
2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS	27
3. REPORTING	28
VII. AGENCY CONTACTS.....	29
VIII. OTHER INFORMATION.....	30
APPENDIX A: NORTHERN BORDER REGIONAL COMMISSION (NBRC) SERVICE AREA	32
APPENDIX B: EXAMPLES OF POTENTIAL CONSORTIUM MEMBERS.....	33
APPENDIX C: COMMON DEFINITIONS.....	34

I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Rural Northern Border Region Planning Program. The purpose of the Rural Northern Border Region Planning Program is to assist in the planning and identifying of key rural health issues in the rural Northern Border Regional Commission (NBRC) service area¹. The program supports planning activities to identify key rural health issues, assess rural health challenges, and engage in strategic planning activities to inform rural health plans across the northern border region. The ultimate goal of the program is to help underserved rural communities identify and better address their health care needs. Projects may include planning activities that address challenges related to access to care and health care workforce or assist small rural hospitals improve their financial and operational performance. Applicants should build upon existing policy and academic reports so that products resulting from this award further existing efforts, where applicable.

Rural Northern Border Region Planning Program funds will support 18 months of planning activities. For the purposes of this award, planning activities are those that prepare a community to provide direct services. Examples include (but are not limited to):

- Conducting a needs assessment
- Engaging in a formal strategic planning process
- Hiring consultants and facilitators to support planning efforts
- Developing infrastructure and capacity building
- Development of by-laws, Memorandum of Agreement (MOA), formal network member agreements among network members
- Identifying and developing strategies for rural hospitals to better address and meet regional and/or local population health needs

The focus of this program is solely on planning. Direct services may not be provided using these award funds. Applications that propose to use award funds to pay for the direct provision of clinical health services will be deemed unresponsive and will not be considered for funding under this notice. Example of direct services include (but are not limited to):

- Providing clinical health services
- Providing treatment services

Applicants should also clearly identify a health care development focus area(s) that their planning grant activities will address. Applicant organizations should describe how the rural community participated in identifying the focus area and should emphasize how their project will benefit the rural community. Applicants should also address how their planning grant activities and focus area will improve health equity.

¹For more information on the NBRC service area, visit <https://www.nbrc.gov/>.

The Rural Northern Border Region Planning Program allows applicants the flexibility to determine their unique community needs and focus area(s), based on historical health care context, expertise, and relevant data sources in the community. Examples of focus areas include (but are not limited to): Healthcare Workforce Development; Rural Hospital Financial and Operational Improvement; Rural Hospital Closure/Conversion; Care Coordination; Patient Engagement, Data Analytics/Health Information Technology; and Telehealth.

It is also highly recommended that applicants notify the Northern Border Regional Commission of their intent to apply. Contact info: admin@nbrc.gov

HRSA envisions that the Rural Northern Border Region Planning Program will establish a foundation for recipients to implement long-term, sustainable services in the NBRC service area. HRSA also expects that planning activities will ensure that future services are affordable and accessible.

If awarded, recipients are encouraged to explore multiple avenues for sustainability, including alternate funding sources and optimizing reimbursements for services.

2. Background

This program is authorized by 42 U.S.C. 912(b)(5) (§ 711(b)(5) of the Social Security Act).

The Rural Northern Border Region Planning Program is a newly established competitive grant. This planning grant will provide the opportunity for eligible applicants located in the NBRC service area to identify key rural health issues affecting their rural communities.

The NBRC is an authorized commission enacted by Congress under the 2008 Farm Bill (USC 40, Subtitle V) with defined service areas. The NBRC is a federal-state partnership for economic and community development in Maine, New Hampshire, New York, and Vermont. Each year, the NBRC provides federal funds for critical economic and community development projects in the service areas noted below.

For the purposes of this award and in alignment with the commission enacted by Congress, eligible applicants are limited to those located in rural NBRC-designated service areas. The NBRC-designated service areas are defined as follows:

Maine: Androscoggin¹, Aroostook, Franklin, Hancock, Kennebec, Knox, Oxford, Penobscot¹, Piscataquis, Somerset, Waldo, and Washington counties

New Hampshire: Belknap, Carroll, Cheshire, Coös, Grafton, and Sullivan counties

New York: Cayuga, Clinton, Essex, Franklin, Fulton, Genesee, Greene, Hamilton, Herkimer¹, Jefferson¹, Lewis, Livingston¹, Madison¹, Montgomery, Niagara¹, Oneida¹, Orleans¹, Oswego¹, Rensselaer², Saratoga², Schenectady², Seneca, St. Lawrence, Sullivan, Washington¹, Warren¹, Wayne¹, and Yates¹ counties

Vermont: Addison, Bennington, Caledonia, Chittenden³, Essex, Franklin¹, Grand Isle³, Lamoille, Orange, Orleans, Rutland, Washington, Windham, and Windsor counties

¹Indicates HRSA-designated partially rural counties located in the NBRC service area.

²Rensselaer, Saratoga, and Schenectady Counties in New York are HRSA-designated non-rural (urban) counties.

³ Chittenden and Grand Isle County in Vermont are HRSA-designated non-rural (urban) counties.

NOTE: All other counties are HRSA-designated fully rural unless otherwise indicated.

II. Award Information

1. Type of Application and Award

Type of applications sought: New

HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA estimates approximately \$760,000 to be available annually to fund up to four recipients. You may apply for a ceiling amount of up to \$190,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. The period of performance is September 1, 2021 through February 28, 2023 (18 months). Award recipients will receive the full award amount in the first year of the 18-month period of performance and must allocate the award funding across the 18-month period of performance. Additionally, award recipients must submit a budget and budget narrative for each year of the period of performance. While the award recipient must distribute the funding across the 18-month period of performance, the budget does not need to be evenly split across the 18-month period of performance, and can vary based on your community's needs.

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

Due to NBRC's limited geographic service area, one applicant will be awarded from each of the following NBRC eligible states: Maine, New Hampshire, New York and Vermont. Funding will support planning activities to identify key rural health issues, assess rural health challenges, and engage in strategic planning activities to inform rural health plans across the northern border region. Applicants must propose grant activities that include and benefit multiple rural NBRC service areas within their state or across multiple state NBRC rural service areas.

III. Eligibility Information

1. Eligible Applicants

A. Geographic Requirements

- Eligible applicant organizations for the Rural Northern Border Region Planning Program must meet geographic requirements. (Note: the award will be made to only one member of the consortium, the applicant organization, which will serve as the recipient of record. The applicant organization is required to meet the geographic requirements).

The applicant organization **must** be located in a rural or urban area identified by the NBRC service area (see list below or **Appendix A**), and must have demonstrated experience serving, or the capacity to serve, rural underserved populations located in the rural NBRC service areas. When the applicant organization is located in an urban area, urban applicants must ensure a collaborative consortium, with shared local control from the partnering rural counties and **must ensure all** grant activities and services of the consortium are provided in a non-metropolitan county or rural census tract of the NBRC service area. Applicants must propose grant activities that include and benefit multiple rural NBRC service areas within their state or across multiple state NBRC rural service areas.

Applicants who submit a proposal outside of the specified service region or more than one proposal will be deemed non-responsive and will not be considered for this funding opportunity.

The NBRC-designated service areas are defined as follows:

Maine: Androscoggin¹, Aroostook, Franklin, Hancock, Kennebec, Knox, Oxford, Penobscot¹, Piscataquis, Somerset, Waldo, and Washington counties

New Hampshire: Belknap, Carroll, Cheshire, Coös, Grafton, and Sullivan counties

New York: Cayuga, Clinton, Essex, Franklin, Fulton, Genesee, Greene, Hamilton, Herkimer¹, Jefferson¹, Lewis, Livingston¹, Madison¹, Montgomery, Niagara¹, Oneida¹, Orleans¹, Oswego¹, Rensselaer², Saratoga², Schenectady², Seneca, St. Lawrence, Sullivan, Washington¹, Warren¹, Wayne¹, and Yates¹ counties

Vermont: Addison, Bennington, Caledonia, Chittenden³, Essex, Franklin¹, Grand Isle³, Lamoille, Orange, Orleans, Rutland, Washington, Windham, and Windsor counties

¹Indicates HRSA-designated partially rural counties located in the NBRC service area.

²Rensselaer, Saratoga, and Schenectady Counties in New York are HRSA-designated non-rural (urban) counties.

³ Chittenden and Grand Isle County in Vermont are HRSA-designated non-rural (urban) counties.

NOTE: All other counties are HRSA-designated fully rural unless otherwise indicated.

- The applicant organization may be located in a rural or urban area identified by the NBRC service area.
- All activities supported by this program **must** exclusively target populations residing in HRSA-designated **rural counties** or **rural census tracts** within the NBRC rural service area.
- For partially rural counties, please include the **rural census tract(s)** this program will be supporting in the **Project Abstract**.

B. Applicant Organization Types

- The applicant organization shall be domestic public or private, non-profit or for-profit entities, including faith-based, community-based, tribes and tribal organizations, and State Offices of Rural Health (SORH). The applicant organization may be located in a rural or urban area identified by the NBRC service area, and **must** have demonstrated experience serving, or the capacity to serve, rural underserved populations located in the NBRC service area. Urban applicants should describe how they will ensure a high degree of local rural control in the project. **All** planned activities supported by this program **must** exclusively target eligible service areas outlined in Section III (1)(A). The applicant organization should also describe their experience and/or capacity serving rural populations in the **Project Abstract** section of the application.

C. Consortium Requirements

- The applicant organization shall represent a consortium composed of three or more health care provider organizations, including the applicant organization. **The consortium must consist of at least three entities with different Employee Identification Numbers (EIN) unless otherwise included in the exception outlined below. Please see section D below (Multiple EIN exception) if entities within your consortium share the same EIN.** Only one consortium member will serve as the applicant of record. Only the applicant organization is required to meet the geographic requirements stated in Section I (2).

These consortium members may be located in rural or urban areas and can include all domestic public or private, non-profit or for-profit entities including faith-based, community-based organizations, tribes, and tribal organizations. Partnerships are a core part of the Rural Northern Border Region Planning Program, and applicant organizations should consider including [SORH](#) as a consortium member. Examples of other potential consortium members can be found in **Appendix B**. HRSA requires at least sixty-six percent (66%), or two-thirds of the consortium composition involved in the proposed project be located in a HRSA-designated rural area. To ascertain rural service areas, please refer to <https://data.hrsa.gov/tools/rural-health>. This webpage allows you to search by county or street address and determine rural eligibility.

When the applicant organization and consortium members are located in an urban area, urban applicants should ensure a collaborative consortium, with shared local control from the partnering rural counties and **must ensure all** grant activities of the consortium be provided in a non-metropolitan county or rural census tract of the NBRC service areas (**See Appendix A – NBRC Service Area**). Proposed rural counties should be fully rural. For partially rural counties, please include the rural census tract(s) in the Project Abstract.

Each consortium member must demonstrate involvement in the project and contribute to the project goals. Each consortium member must clearly identify their roles and responsibilities in the consortium and project, the activities they will be included in, and how their expertise is pertinent to the consortium planning grant project in a letter of commitment. A scanned, signed copy of a letter of commitment from each of the consortium members must be included in **Attachment 7**.

D. Additional Requirements

- The applicant organization should have the staffing and infrastructure necessary to oversee program activities, serve as the fiscal agent for the award, and ensure that local control for the award is vested in the targeted rural communities. If applicable, the applicant organization should describe existing or prior collaborations and/or working experience within the targeted rural area. The applicant organization should have demonstrated experience serving, or the capacity to serve, rural underserved populations in the rural NBRC service area, and describe the experience and/or capacity in the Project Abstract.

- **Tribal exception:** HRSA is aware that tribes and tribal governments may have an established infrastructure without separation of services recognized by filing for EINs. In the case of tribes and tribal governments, only a single EIN located in a HRSA-designated rural area is necessary to meet the network requirements. Tribes and tribal entities under the same tribal governance must still meet the network criteria of three or more entities committed to the proposed approach, as evidenced by a signed letter of commitment that delineates the expertise, roles and responsibilities in the project, and commitments of each consortium member. Please refer to **Attachment 10** for additional information on this exception.
- **Multiple EIN exception:** In general, multiple applications associated with the same DUNS number and/or EIN are not allowable. However, HRSA recognizes a growing trend towards greater consolidation within the health care industry and the possibility that health care organizations may share the same EIN as its parent organization. As a result, at HRSA's discretion, multiple health care organizations that share the same EIN as its parent organization, or organizations within the same network who are proposing different projects are eligible to apply by requesting an exception. Please refer to **Attachment 10** for information on how to request an exception to this policy.

Applications from organizations that do not meet the above criteria will not be considered under this notice.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

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

HRSA will consider any application that exceeds the page limit referenced in [Section IV](#) non-responsive and will not consider it for funding under this notice.

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

NOTE: Multiple applications from an organization are not allowable.

HRSA will only accept your **last** validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA **requires** you to apply electronically. HRSA encourages you to apply through [Grants.gov](http://www.grants.gov) using the SF-424 workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at <http://www.grants.gov/applicants/apply-for-grants.html>.

The NOFO is also known as “Instructions” on Grants.gov. You must select “Subscribe” and provide your email address for each NOFO you are reviewing or preparing in the workspace application package in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the [For Applicants](#) page for all information relevant to this NOFO.*

2. Content and Form of Application Submission

Section 4 of HRSA’s [SF-424 Application Guide](#) provides instructions for the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, etc. You must submit the information outlined in the Application Guide in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in HRSA’s [SF-424 Application Guide](#) except where instructed in the NOFO to do otherwise. You must submit the application in the English language and in the terms of U.S. dollars (45 CFR § 75.111(a)).

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

Application Page Limit

The total size of all uploaded files included in the page limit shall not exceed the equivalent of **80 pages** when printed by HRSA. The page limit includes the project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this NOFO. Please note: Effective April 22, 2021, the abstract is no longer an attachment that counts in the page limit. The abstract is the standard form “Project_Abstract Summary.” Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Note: If you use an OMB-approved form that is not included in the workspace application package for HRSA-21-106 it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **It is therefore important to take appropriate measures to ensure your application does not exceed the specified page limit. Any application exceeding the page limit of 80 will not be read, evaluated, or considered for funding.**

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

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- 1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3321).
- 3) Where you are unable to attest to the statements in this certification, an explanation shall be included in **Attachment 11: Other Relevant Documents**.

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

Program-Specific Instructions

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

The grant program supports 18 months of planning activities to identify key rural health issues, assess rural health challenges, and engage in strategic planning activities to inform rural health plans across the northern border region.

NOTE: This is a planning grant; direct services may not be provided using grant funds.

i. **Project Abstract**

Use the Standard OMB-approved Project Abstract Summary Form 2.0 that is included in the workspace application package. Do not upload the abstract as an attachment. For information content required in the Project Abstract Summary Form, see Section 4.1.ix of HRSA's [SF-424 Application Guide](#).

Please also include the following information in addition to the required information requested in the Project Abstract Summary Form:

ABSTRACT HEADING CONTENT
Applicant Organization Information Organization Name, Address (street, city, state, ZIP code), Facility/Entity Type (e.g., SORH, CAH, FQHC, RHC, public health department, etc.) and Website Address (if applicable)
Designated Project Director and Other Key Personnel Information Project Director Name & Title, Contact Phone Number(s), and E-Mail Address Key Personnel Name & Title, Contact Phone Number(s), and E-Mail Address
Rural Northern Border Region Planning Project Project Title and Goal
Health Care Development Focus Area (e.g., care coordination, workforce development)
Proposed Service Region <ul style="list-style-type: none">• (e.g., states, cities, counties located within the NBRC service area)

<ul style="list-style-type: none"> ○ NOTE: The service area must be in an identified rural NBRC service area. Proposed rural counties should be fully rural. For partially rural counties, include rural census tract(s).
ABSTRACT BODY CONTENT
<p>Target Population</p> <ul style="list-style-type: none"> • Brief description of the target population group(s) to be served and target service areas
<p>Consortium Partnerships</p> <p>Provide the organization name and total number and facility/entity type of partner(s) comprising the consortium who have signed a Letter of Commitment.</p> <ul style="list-style-type: none"> • HRSA requires an attestation that at least sixty-six percent (66%), or two-thirds of the network composition involved in the proposed project be located in a HRSA-designated rural area.
<p>Capacity to Serve Rural Underserved Populations</p> <ul style="list-style-type: none"> • Applicants must demonstrate their experience serving or the capacity to serve, rural underserved populations in the NBRC rural service area. Please describe your capacity to serve rural underserved populations. Examples to show this capacity may include, but is not limited to, a history or ability to: <ul style="list-style-type: none"> ○ Identify formal partnerships/formalize MOUs with rural health care organizations (if applicable) ○ Identify the target rural population and service area, including counties and rural census tract(s) the project will serve ○ Identify activities that build, strengthen, and maintain the necessary competencies and resources needed to sustain or improve health services delivery in rural populations ○ Discuss organizational expertise and capacity as it relates to the scope of work proposed. Include a brief overview of the organization's assets, skills and qualifications to carry on the project. ○ Describe current experience, including partnerships, activities, program implementation and previous work of a similar nature. ○ Discuss the effectiveness of methods and/or activities employed to improve health care services in rural communities. • HRSA requires that urban applicants describe the geographic relationship to the proposed rural service population as well as the plans to ensure that rural populations are served. Urban applicants should also describe how they will ensure a high degree of local rural control in the project.
<p>Project Activities</p> <p>Brief description of the proposed activities and/or services</p>
<p>Expected Outcomes</p> <p>Brief description of the proposed projects expected outcomes.</p>

ii. Project Narrative

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

You need to explain how your proposal incorporates elements to help underserved rural communities identify and better address their health care needs.

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

- *INTRODUCTION & NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion 1: Need*

Briefly describe the purpose of the proposed project. Outline the needs of the rural community, how the rural community participated in identifying the need, and how the consortium will position partners to address those unmet needs to serve and benefit the rural community. It should summarize the program's goals, expected outcomes, and focus area. You must address the following items:

- A. Briefly describe the planning activities that your consortium will conduct. It must clearly identify the health care development focus area in this section of the proposal.
- B. Describe the target population and document the socio-cultural determinants of health and health disparities impacting the population or communities. Use and cite demographic data whenever possible to support the information provided and describe the need for creating a project to address the identified area(s) of focus. Please list the areas of impact in **Attachment 1**.
- C. Clearly describe the health care service environment of the service area and include appropriate data sources (i.e., local, tribal, state, and/or federal) in the analysis of the environment in which the consortium is functioning.
- D. Describe the relevant services currently available in or near the service area of the consortium. Identify gaps in the existing health care system and activities that the consortium will perform to fill those gaps (e.g., personnel, service delivery needs, shared resources, etc.). In this case, the application includes information on the population in relation to these health provider factors.
- E. Explain how a Rural Northern Border Region Planning Grant award would address unmet needs. Demonstrate the need for federal funding to support planning grant activities. Explain why federal funds are beneficial and appropriate at this time.
- F. Provide a map that shows the location of consortium members, the geographic area the consortium will serve, and any other information that will help reviewers visualize and understand the scope of the proposed planning activities. Please include the map as **Attachment 2**. Note: Maps should be legible and in black and white.

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

Propose methods that you will use to address the stated needs and meet each of the previously described program requirements and expectations in this NOFO.

You must address the following items:

- A. Identify the proposed goals and objectives of the project's program planning and include a coherent strategy to carry out the activities to reach the proposed goals.
 - B. Include information on how you selected consortium members for the consortium, the expertise of each consortium member, and the desired working relationship among the members, i.e., reduction of ownership issues, improving communication strategies, reducing duplicate services, etc. Describe the role of each consortium member in the project (as it relates to **Attachment 6**). Include a description of any previous collaboration among the consortium partners.
 - C. Describe how the planning activities carried out by the consortium will help underserved rural communities identify and better address their health care needs as well as improve health equity throughout the period of performance. Identify new services that could result as an outcome of planning activities carried out by the consortium. When possible, provide and support your expected outcomes with quantifiable data.
 - D. Describe the potential impact the innovative approaches outlined in the proposal may have on addressing new and emerging challenges likely to be encountered in activities described in the work plan.
 - E. If the applicant organization is located in an urban area, describe the geographical relationship to the proposed rural service population, as well as the plans to ensure that rural populations are served. Urban applicants should describe how they will ensure a high degree of local rural control in the project.
 - F. Describe how the consortium will impact its rural community and providers, and how the consortium will strengthen its relationship with the community and region it serves.
 - G. Explain the expected outcomes this project will accomplish by the end of the period of performance. Provide expected quantifiable impact whenever possible.
 - H. Describe the process for how the consortium will engage in strategic planning in order to develop the health plan.
 - I. If applicable, identify the models, evidence-based practices or promising practices used in relation to the proposed project.
- *WORK PLAN -- Corresponds to Section V's Review Criteria 2 & 4: Response and Impact*

Include a project work plan that clearly illustrates the consortium's goals, strategies, activities, and measurable outcomes proposed during the entire period of performance. The work plan must identify the individual or organization responsible for carrying out each activity and include a timeline for the period of performance. Please include the work plan as **Attachment 3**. For the Response section, provide a clear outline of the work plan that aligns with the consortium's goals and objectives.

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

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

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

Describe how you will track progress towards completing planning activities, and how you will measure and evaluate the impact of planning activities.

For each activity in the work plan include:

- A. Process indicators that will be used to evaluate whether the activity is proceeding as planned;
- B. Outcome indicators that can be used to evaluate whether the activity is achieving the intended impact in the short and long term;
- C. A plan for the collecting, monitoring, and analyzing process and outcome indicators or other applicable data, including time frames and responsible individuals/entities, to determine if the project is proceeding appropriately and achieving stated goals/objectives.

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

Succinctly describe the abilities and contributions of the applicant organization and the consortium members. Provide a brief overview of the applicant organization that includes information such as:

- your organization's current mission
- structure, leadership, size of organization, and staffing
- scope of current activities
- your organization's ability to manage the award project and personnel, and
- your organization's financial practices and systems that assure your organization can properly account for and manage the federal funds
- your organization's demonstrated experience serving, or the capacity to serve, rural underserved populations in the rural NBRC service area (if applicable, applicant organization should describe existing or prior collaboration and/or working experience within the targeted rural area)

Identify the project director, as well as key personnel on the award, in the **Project Abstract** and **Attachment 4**. The project director will be responsible for project/program monitoring and carrying out the award activities. The proposed consortium may identify a permanent project director prior to receiving award funds. Include information on the individual who will serve as the project director (or interim), as well as if they serve as the project director on any other federal awards. If the applicant organization has an interim project director or has not yet

hired a person to serve as the project director, discuss the process and timeline for hiring a permanent project director for this project.

HRSA strongly recommends the project director allot adequate time to the program and has management experience involving multiple organizational arrangements. Ideally, the allocated time of the project director role should be filled by one individual, and not split amongst multiple project staff when possible. HRSA highly recommends your staffing plan should include supporting and key personnel that total at least **one full-time equivalent (FTE)** at the time of application. In-kind contributions, the value of non-cash contributions (for example, property or services) that benefit a federally assisted project or program, should be included in the staffing plan. All staffing information should be included in **Attachment 4**.

Describe key personnel roles and how they relate to the consortium and planning project. Key personnel are individuals whom would receive funds by this award or person(s) conducting activities central to this program (**Attachment 5**). Describe the degree to which the consortium participants are ready to integrate their functions. Describe the extent of prior collaboration among consortium members and strategies for further development of the consortium.

Provide information on each of the consortium members and their experience serving or capacity to serve rural NBRC service areas. Provide a one-page organizational chart and accompanying one-page description of the proposed consortium that clearly depicts the relationship between the proposed consortium members and includes the governing board, if already established (for the definition of governing board, please see **Appendix C**). A table may be used to present the following information on each consortium member: the organization name, address, primary contact person, current role in the community/region, proposed role in the consortium, and Employer Identification Number (EIN) (must be provided for each consortium member). This should be included in **Attachment 6**. Letters of commitment should be provided from each consortium member. These are to be included in **Attachment 7**.

HRSA requires at least sixty-six percent (66%), or two-thirds of the consortium composition involved in the proposed project be located in a HRSA-designated rural area. To ascertain rural service areas, please refer to <https://data.hrsa.gov/tools/rural-health>. This webpage allows you to search by county or street address and determine rural eligibility.

Urban applicants should describe how they will ensure a high degree of local rural control in the project. This should include a description that empowers rural consortia members and reflects a shared decision-making structure and capacity. The intent is to avoid a top-down approach that fails to vest authority with the communities to be served.

Outline the roles and responsibilities within the consortium for each consortium member while addressing the capacity to carry out program goals. Describe the relationship between your organization and the other proposed consortium members. Describe the proposed consortium composition and identify those proposed consortium members that may be non-conventional partners (for example, neighboring hospitals, primary referral hospitals and tertiary facilities). Explain why each of the proposed consortium members are appropriate, and what expertise they bring to the consortium. Include information on the consortium member's experience serving or the capacity to serve rural underserved populations in the rural NBRC service area. Elaborate on how their abilities and/or experience can successfully accomplish project activities. If appropriate, provide specific examples on the consortium member's experiences working in rural communities (e.g., describe a specific project, outcomes of project initiative, barriers and solutions to overcome barriers). Finally, explain why other key groups were not included. Describe how the members will contribute to the program requirements and meet program expectations.

Describe the relationship of the consortium with the community/region it serves. If appropriate, describe the extent to which the consortium and/or its members engage the community in its planning and functions. Applicants need to demonstrate how the rural underserved populations in the local community or region to be served will benefit from and be involved in the development, ongoing operations and evaluation of the consortium.

Provide at least two letters of support from entities such as local clinics and providers, regional health systems, county officials, and area businesses. Upload Letters of Support in **Attachment 9**.

- *BUDGET AND BUDGET NARRATIVE -- Corresponds to Section V's Review Criterion 6: Support Requested*

Provide a complete, consistent, and detailed budget presentation for an 18-month period of performance through the submission of the SF-424A budget form and a Budget Narrative that justifies the appropriateness of the requested funds. See [Section IV.2.ii](#) for more information regarding the Budget section.

The budget should be reasonable in relation to the objectives, the complexity of the activities, the anticipated results, and if applicable, the proposed travel, contractual services, and other. The budget narrative should logically and clearly document how and why each line item request (such as personnel, travel, equipment, supplies, contractual service, etc.) supports the goals and activities of the proposed award-funded activities.

iii. Budget

The directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov. Follow the instructions in Section 4.1.iv of HRSA's [SF-424 Application Guide](#) and the additional budget instructions provided below. A budget that follows the Application Guide will ensure that, if HRSA selects the application for funding, you will have a well-organized plan and, by carefully following the approved plan, may avoid audit issues during the implementation phase.

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

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

iv. Budget Narrative

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

In addition, the Rural Northern Border Region Planning program requires the following:

Travel: Please allocate travel funds for one (1) program staff to attend a one-and-a-half (1.5) day award recipient meeting at a location to be determined and include the cost of this as a budget line item. To determine estimated travel costs to Washington, DC, applicants should refer to the U.S. General Services Administration (GSA) per diem rates for FY2020. Per diem rates can be found on GSA's website: <https://www.gsa.gov/travel-resources>.

Contractual: You are responsible for ensuring that your organization or institution has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts. Consistent with 45 CFR 75, you must provide a clear explanation of the purpose of each contract, how the costs were estimated, and the specific contract deliverables.

Other: The purpose of this program is to fund planning activities. Applications that propose to use award funds to pay for the direct provision of clinical health services will be deemed unresponsive and will not be considered for funding under this notice.

Please provide a budget narrative that explains the amounts requested for each line item in the budget. The budget narrative should specifically describe how each item will support the achievement of proposed objectives. The budget period is for 18 months. Line item information must be provided to explain the costs entered in the SF-424A. Thoroughly describe how each item in the “other” category is justified. The budget narrative **MUST** be concise. Do **NOT** use the budget narrative to expand the project narrative.

Rural Northern Border Region Planning Program award recipients will receive the full award amount in the first year, but must allocate the funding across an 18-monthly period of performance.

NARRATIVE GUIDANCE	
To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria. Any attachments referenced in a narrative section may be considered during the objective review.	
<u>Narrative Section</u>	<u>Review Criteria</u>
Introduction and Needs Assessment	(1) Need
Methodology	(2) Response
Work Plan	(2) Response and (4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures
Organizational Information	(5) Resources/Capabilities
Budget and Budget Narrative	(6) Support Requested - the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

v. Attachments

Provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit.** Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit. Clearly label each attachment.

Attachment 1: Areas of Impact

Include a list of the NBRC areas, counties and cities that will be impacted by this project. If an organization is located in a rural census tract of an urban county, the rural census tract(s) **must** be clearly identified here as well as the county and census tract(s) of the consortium partners.

NOTE: All activities supported by this program must exclusively target populations residing in HRSA-designated rural counties or rural census tracts within the NBRC rural service area.

Attachment 2: Map of Service Area

Include a legible map that clearly shows the location of consortium members, the geographic area that will be served by the consortium and any other information that will help reviewers visualize and understand the scope of the proposed planning activities. **Note:** Maps should be legible and in black and white.

Attachment 3: Work Plan

Attach the work plan for the program that includes all information detailed in [Section IV.2.ii. Project Narrative](#). The work plan should illustrate the consortium goals, strategies, activities, and measurable progress and outcome measures. The work plan must outline the individual or organization responsible for carrying out each activity and include a timeline for the period of performance.

Attachment 4: Staffing Plan and Job Description for Key Personnel (see Section 4.1. of HRSA’s SF-424 Application Guide)

Keep each job description to one-page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed program staff to run the project, and specifically to accomplish the proposed planning grant project. Include the qualification levels for the program staff and rationale for the amount of time that is requested for each staff position. Staffing needs should be explained and should have a direct link to activities proposed in the Project Narrative and budget sections of the application. Staffing plan should include in-kind personnel to the program. Your staffing plan should demonstrate supporting and key personnel that total **at least one FTE** at the time of application.

Include the role, responsibilities, and qualifications of proposed program staff as it relates to the Rural Northern Border Region Planning Program. For the purposes of this application, key personnel are individuals who are funded by this award or person(s) conducting activities central to this program.

Attachment 5: Biographical Sketches of Key Personnel

Include biographical sketches for persons occupying the key positions described in **Attachment 4**, not to exceed **two pages** in length per person. In the event that a biographical sketch is included for an identified individual not yet hired, include a letter of commitment from that person with the biographical sketch. If the project director (PD) serves as a PD for other federal awards, please list the federal awards as well as the percent FTE for each respective federal award.

Attachment 6: Organizational Chart and Member Information

Provide a **one-page** organizational chart of the consortium that includes how decisions will be made and how communication will flow. Provide a list of all consortium members that includes:

- the organization’s name and type (e.g., community health center, hospital, health department, etc.) and full address;

- indicate next to the full address if the address is located in a rural or urban county; To ascertain rural service areas, please refer to <https://data.hrsa.gov/tools/rural-health>
- the name of the key person from the organization that will be working on the program;
- organization contact information;
- anticipated role and responsibility in the Rural Northern Border Region Planning Grant program; and
- current role in the health care system; and
- **the Employee Identification Number (EIN) of each proposed consortium member.**

If a consortium member is serving as the applicant organization on behalf of the consortium, they must also include a one-page organizational chart of the applicant organization.

NOTE: HRSA requires at least sixty-six percent (66%), or two-thirds of the consortium composition involved in the proposed project be located in a HRSA-designated rural area. Applicants **must** include separate EIN numbers (unless otherwise included in **Attachment 10**) and addresses for each consortium member, including the applicant organization in **Attachment 6**.

Attachment 7: Letters of Commitment

Provide a scanned, signed copy of a letter of commitment from each of the consortium members. Letters of commitment must be submitted with the application and must clearly identify the organizations' roles and responsibilities in the consortium and project, the activities they will be included in, and how that organization's expertise is pertinent to the planning grant project. The letter must indicate understanding of the benefits that the consortium will bring to the members and to the community encompassed by the consortium (service area). The letter must also include a statement indicating that the proposed partner understands that the award funds be used for health care development and are not to be used for the exclusive benefit of any one (1) consortium partner or to provide clinical services.

Attachment 8: Previous Grants (if applicable)

If the applicant organization has received any HRSA funds within the last 5 years, the grant number and the abstract from the previous award should be included. Please only provide the grant number(s) and abstract(s).

Attachment 9: Letters of Support

Letters of support should be from entities that would be affected by the program for which you are requesting funding. A support letter may be written by a public official, a community group, a nonprofit, or any number of other entities. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.). The letters of support are different from letters of commitment outlined in **Attachment 7**.

Attachment 10: Exceptions Request (If Applicable)

For Tribal Exceptions and Multiple EIN Exception requests, the following **must** be included:

- Names, titles, email addresses, and phone numbers for points of contact at each of the applicant organizations and the parent organization;
- Proposed project focus and service area for each applicant organization with the same EIN (these should not overlap);
- Justification for why each applicant organization must apply to this funding opportunity separately as the applicant organization, as opposed to serving as consortium members on other applications;
- Assurance that the applicant organizations will each be responsible for the planning, program management, financial management, and decision making of their respective projects, independent of each other and/or the parent organization; and
- Signatures from the points of contact at each applicant organization and the parent organization.

Attachment 11-15: Other Related Documents (Optional)

Include here any other documents that may be relevant to the application (e.g., Indirect Cost Rate Agreement)

3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number Transition to the Unique Entity Identifier (UEI) and System for Award Management (SAM)

You must obtain a valid DUNS number, also known as the Unique Entity Identifier (UEI), and provide that number in the application. In April 2022, the *DUNS number will be replaced by the UEI, a “new, non-proprietary identifier” requested in, and assigned by, the System for Award Management (SAM.gov). For more details, visit the following pages: [Planned UEI Updates in Grant Application Forms](#) and [General Service Administration’s UEI Update](#).

You must also register with SAM and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless 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)).

If you are chosen as a recipient, HRSA would not make an award until you have complied with all applicable DUNS (or UEI) and SAM requirements and, if you have not fully complied with the requirements by the time HRSA is ready to make an award, you may be deemed not qualified to receive an award and use that determination as the basis for making an award to another applicant.

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

Currently, the Grants.gov registration process requires information in three separate systems:

- Dun and Bradstreet (<http://www.dnb.com/duns-number.html>)
- System for Award Management (SAM) (<https://www.sam.gov>)
- Grants.gov (<http://www.grants.gov/>)

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

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

In accordance with the Federal Government's efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized federal-wide. Effective January 1, 2020, the forms themselves are no longer part of HRSA's application packages and the updated common certification and representation requirements will be stored and maintained within SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through SAM located at [SAM.gov](#).

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

4. Submission Dates and Times

Application Due Date

The due date for applications under this NOFO is *June 14, 2021 at 11:59 p.m. ET*.

HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's [SF-424 Application Guide](#) for additional information.

5. Intergovernmental Review

The Rural Northern Border Region Planning Program is a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

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

6. Funding Restrictions

You may request funding for a period of performance of up to 18 months, at no more than \$190,000 per year (inclusive of direct and indirect costs).

The General Provisions in Division H of the Consolidated Appropriations Act, 2021 (P.L. 116-260) apply to this program. Please see Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Note that these or other restrictions will apply in the following fiscal years, as required by law.

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

- To build or acquire real property or for construction or major renovation or alteration of any space; or
- To pay for the direct provision of clinical health services. For the definition of direct health services, please see **Appendix C**.

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on use of funds for lobbying, executive salaries, gun control, abortion, etc. Like those for all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

Be aware of the requirements for HRSA recipients and subrecipients at 2 CFR § 200.216 regarding prohibition on certain telecommunications and video surveillance services or equipment. For details, see the [HRSA Grants Policy Bulletin Number: 2021-01E](#).

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

V. Application Review Information

1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review and to assist you in understanding the standards against which your application will be reviewed. HRSA has critical indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation.

These criteria are the basis upon which the reviewers will evaluate and score the merit of the application. The entire proposal will be considered during objective review. Review criteria are used to review and rank applications. The Rural Northern Border Region Planning Program has six (6) review criteria. See the review criteria outlined below with specific detail and scoring points.

Criterion 1: NEED (20 points) – Corresponds to Section IV's Introduction and Needs Assessment

1. The extent to which the application clearly describes the purpose of the proposed project, the local/regional health care environment and how the community identified the need, expected outcomes, and the health care development focus area the Rural Northern Border Region Planning Program Grant project would support.
2. The extent to which the applicant clearly describes how the consortium will address unmet needs to serve and benefit the rural community.
3. The extent to which the application clearly describes the health care service environment of the service area and includes appropriate data sources (i.e., local, tribal, state, and/or federal) in the analysis of the environment in which the consortium is functioning.
 - a. The degree to which the application supports the need for the proposed program by identifying the population of the service area using demographic data whenever appropriate. The extent to which the application documents the unmet health needs/problems in the service area that the consortium proposes to address and how the Rural Northern Border Region Planning Program would help to meet the identified needs.
 - b. If applicable, the extent to which the application identifies the gaps of the existing health care service providers and the activities the consortium will perform to fill those gaps (that is, personnel, service delivery needs, shared resources, etc.). In this case, the application includes information on the population in relation to these health provider factors.
4. The extent to which relevant services currently available in or near the consortium service area are discussed as well as the potential impact of the consortium's activities on providers, programs, organizations, and other entities in the community. The extent to which the consortium provides clear examples and strategies describing how the program will benefit the area health providers' ability to improve access to health care and serve the community.
5. The extent to which the applicant describes why federal funds are appropriate to support planning grant activities in this service area at this time.
6. The extent to which the application depicts the location of consortium members, the geographic area that will be served by the consortium and any other information that will help visualize and understand the scope of the proposed planning activities (**see Attachment 2**).

Criterion 2: RESPONSE (30 points) – Corresponds to Section IV's Methodology, Work Plan, and Resolution of Challenges

Methodology (15 points)

1. The extent to which the application identifies the proposed goals and objectives of the project's program planning and includes a coherent strategy to carry out the activities to reach the proposed goals.

2. The extent to which the applicant describes an innovative approach to address new and emerging challenges likely to be encountered in designing and implementing the activities described in the work plan. Particularly, as it relates to helping underserved rural communities identify and better address their health care needs as well as improve health equity throughout the period of performance.
3. The extent to which the application identifies the expertise, composition, and capacity of each proposed member and how the expertise relates to the consortium's goals as evidenced by the proposed roles and responsibilities of each consortium member and the key person who will oversee the consortium activities for each member **(see Attachment 6)**.
4. The extent to which the application demonstrates any prior collaboration among the consortium partners and the potential impact on program implementation.
5. The extent to which the application describes the geographical relationship with the rural service population, as well as plans to ensure the rural population is served, if the applicant organization is located in an urban area. Urban applicants should describe how they will ensure a high degree of local rural control in the project.
6. The extent to which the consortium will impact their rural community and providers.
7. The extent to which the consortium will strengthen its relationship with the community/region it serves.
8. The clarity of the process for how the consortium will engage in strategic planning activities in order to develop a health plan, and if applicable, the identification of the models, evidence-based practices or promising practices used in relation to the proposed program.
9. The extent to which the expected outcomes this program will accomplish by the end of the period of performance.

Work Plan (10 points)

1. The extent to which the applicant clearly provides an outline of the work plan that aligns with the consortium's goals and objectives.

Resolution of Challenges (5 points)

1. The extent to which the applicant describes the challenges they are likely to face in implementing the activities described in the work plan and the approaches to solve those challenges.

Criterion 3: EVALUATIVE MEASURES (10 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity

1. The extent to which the applicant describes how the progress and impact in completing planning activities will be tracked, measured, and evaluated.
2. The extent to which the applicant identifies process and outcomes measures to monitor project process and impact relevant to program goals and activities.
3. The clarity and comprehensives of the applicants plan for collecting, monitoring, and analyzing process and outcomes indicators or other applicable data, including time frames and responsible individuals/entities, to determine if the project is proceeding appropriately and achieving state goals/objectives.

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

1. The clarity and appropriateness of the proposed goals and objectives the activities are supporting, and the extent to which program activities would result in achieving the proposed goals outlined in the program work plan.
2. The extent to which the application includes a clear work plan that is aligned with the consortium goals and objectives. The appropriateness of the work plan in identifying responsible individuals and organizations and a timeline for each activity throughout the 18-month period of performance.

Criterion 5: RESOURCES/CAPABILITIES (25 points) – Corresponds to Section IV's Organizational Information

1. The qualifications, appropriateness of the resources, and capability of the applicant organization to meet program and financial requirements. The extent to which the application demonstrates experience serving, or the capacity to serve, rural underserved populations in the rural NBRC service area, to accomplish project activities.
2. Demonstrate that the consortium composition reflects at least 66 percent, or two-thirds of consortium members are located in a HRSA-designated rural area.
3. Clarity of the roles and responsibilities for each consortium member within the consortium. The extent to which the consortium members demonstrate the strength of their mutual commitment in carrying out the planning activities.
4. Clarity of the proposed consortium composition and any proposed consortium members that may be non-conventional partners.
5. The clarity of prior collaboration, if any, among the consortium members and strategies for further development of the consortium. The extent to which the application explains why the proposed consortium members are appropriate, what expertise they bring to the consortium, and why other key groups were not included.
6. Strength of the relationship between the consortium and the community/region it serves. Degree to which the consortium is capable of collaborating with appropriate organizations in the community to fulfill the goals of the consortium and the Rural Northern Border Region Planning program.
7. Extent to which applicant demonstrates community support for committed involvement in consortium planning grant activities via letters entities such as, but not limited to, local clinics and providers, regional health systems, county officials, and area businesses.
8. The strength and appropriateness of the plans for development of a consortium governing board (clearly describe how and why the governing body members were selected, attest the governing board is chaired by an individual from the rural community, attest the consortium is rural-centric and not an urban-owned/run consortium).

9. Strength and qualifications of the project director (or the individual who will serve as the interim director) who will allot an appropriate amount of their time to the program and be responsible for monitoring the program and ensuring award activities are carried out. If the consortium /program has an interim director, the timeliness and feasibility of the process for hiring a director. The effectiveness of the application in clearly demonstrating how the project director's role contributes to the success of the consortium and how it will contribute to the planning activities.

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

The reasonableness of the proposed budget for each year of the period of performance in relation to the objectives, the complexity of the research activities, and the anticipated results. Items under this criterion will reference [Sections IV.2.iii](#) – Budget and Budget Narrative.

1. The extent to which the proposed budget is reasonable in relation to the objectives, the complexity of the activities, and the anticipated results.
2. The extent to which the proposed budget is reasonable in relation to travel.
3. The extent to which the proposed budget is reasonable in relation to contractual services and other, if applicable.
4. The extent to which the budget narrative logically and clearly 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.

2. Review and Selection Process

The objective review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. In addition to the ranking based on merit criteria, HRSA approving officials will apply other factors (e.g., geographical distribution) described below in selecting applications for award. See Section 5.3 of HRSA's [SF-424 Application Guide](#) for more details.

3. Assessment of Risk

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

HRSA reviews applications receiving a favorable objective review for other considerations that include past performance, as applicable, cost analysis of the project/program budget, assessment of your management systems, ensuring continued applicant eligibility, and compliance with any public policy requirements, including those requiring just-in-time submissions. HRSA may ask you to submit additional programmatic or administrative information (such as an updated budget or "other support" information) or to undertake certain activities (such as negotiation of an indirect

cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that HRSA will make an award. Following review of all applicable information, HRSA's approving and business management officials will determine whether HRSA can make an award, if special conditions are required, and what level of funding is appropriate.

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

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award (NOA) prior to the start date of September 1, 2021. See Section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's [SF-424 Application Guide](#).

If you are successful and receive a Notice of Award, in accepting the award, you agree that the award and any activities thereunder are subject to all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award, other Department regulations and policies in effect at the time of the award, and applicable statutory provisions.

Accessibility Provisions and Non-Discrimination Requirements

Federal funding recipients must comply with applicable federal civil rights laws. HRSA supports its recipients in preventing discrimination, reducing barriers to care, and promoting health equity. For more information on recipient civil rights obligations, visit the HRSA Office of Civil Rights, Diversity, and Inclusion [website](#).

Requirements of Subawards

The terms and conditions in the NOA apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients under awards, and it is the recipient's responsibility to monitor the compliance of all funded subrecipients. See [45 CFR § 75.101 Applicability](#) for more details.

Data Rights

All publications developed or purchased with funds awarded under this notice must be consistent with the requirements of the program. Pursuant to 45 CFR § 75.322(b), the recipient owns the copyright for materials that it develops under an award issued pursuant to this notice, and HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for federal purposes, and to authorize others to do so. In addition, pursuant to 45 CFR §

75.322(d), the Federal Government has the right to obtain, reproduce, publish, or otherwise use data produced under this award and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes, e.g., to make it available in government-sponsored databases for use by others. If applicable, the specific scope of HRSA rights with respect to a particular grant-supported effort will be addressed in the NOA. Data and copyright-protected works developed by a subrecipient also are subject to the Federal Government's copyright license and data rights.

Human Subjects Protection

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

3. Reporting

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

1. **Strategic Plan.** A strategic plan is required during the period of performance in the EHB. The strategic plan should be used as a tool to help the consortium establish its goals and objectives identify priority areas and solutions. Further information will be provided upon receipt of the award
2. **State NBRC Rural Health Plan.** The State NBRC Rural Health Plan is required during the period of performance. Further information will be provided upon receipt of the award.
3. **Progress Report.** The recipient is required to submit one progress report to HRSA mid-way through the period of performance. Further information will be provided upon receipt of the award.
4. **Performance Measures Report.** A performance measures report is required during the budget period in the Performance Improvement Measurement System (PIMS). FORHP/HRSA developed a set of standard measures, PIMS, to assess the overall impact that FORHP programs have on rural communities and to enhance ongoing quality improvement. Recipients are required to collect, report and analyze data on PIMS through HRSA's Electronic Handbook (EHB) after each budget period. Data collected from PIMS will be aggregated by HRSA to demonstrate the overall impact of the program. Upon award, recipients will be notified of specific performance measures required for reporting.
5. **Self-Assessment.** A self-assessment is required during the period of performance in the EHB. Further information will be provided upon receipt of the award.

6. **Grantee Directory and Source Book.** A Grantee Directory and Source Book is required during the period of performance in the EHB. Further information will be provided upon receipt of the award.
7. **Preparation to implement and establish data collection and monitoring:**

Once the deliverables are complete, recipients should use the remaining time on the award to prepare to carry out their strategic plan, including establishing data collection and evaluation structures to monitor progress and impact. As a reminder, this award may not be used to provide direct services. Examples of possible activities include (but are not limited to):

 - a. Identifying additional reliable data sources, establishing a data collection protocol, establishing data use agreements;
 - b. Conducting community and health care provider trainings;
 - c. Recruiting health care workforce;
 - d. Building partnerships with key stakeholders at the state level, such as the State Office of Rural Health;
 - e. Creating a business plan to ensure sustainability of the project.
8. **Final Closeout Report.** A final report is due within 90 days after the project period ends. The final report collects program-specific goals and progress on strategic; core performance measurement data; impact of the overall project; the degree to which the award recipient achieved the mission, goal and strategies outlined in the program; award recipients objectives and accomplishments; barriers encountered; and responses to summary questions regarding the award recipients overall experiences over the entire project.

Please note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at [2 CFR § 200.340 - Termination](#) apply to all federal awards effective August 13, 2020.

VII. Agency Contacts

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

Bria Haley
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-3778
Email: Bhaley@hrsa.gov

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

Maribel Nunez
Public Health Analyst, Federal Office of Rural Health Policy
Attn: Rural Northern Border Region Planning Funding Program
Health Resources and Services Administration
5600 Fishers Lane,
Rockville, MD 20857
Telephone: (301) 443-0466
Email: MNunez@HRSA.gov

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

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

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

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

VIII. Other Information

Technical Assistance

Webinar

Day and Date: Thursday, May 20, 2021

Time: 2 – 3 p.m. ET

Call-In Number: 1-833-568-8864

Meeting ID: 160 350 9446

Participant Code: 47894982

Weblink: [https://hrsa-](https://hrsa.gov)

[gov.zoomgov.com/j/1603509446?pwd=WHN0dS9GQ085TTZlK25sQ3JleW02QT09](https://hrsa.gov/zoomgov.com/j/1603509446?pwd=WHN0dS9GQ085TTZlK25sQ3JleW02QT09)

NOTE: The webinar will be recorded and playback information can be requested at MNunez@hrsa.gov.

Tips for Writing a Strong Application

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

508 Compliance Disclaimer

Note: Persons using assistive technology may not be able to fully access information in this file. For assistance, please email or call one of the HRSA staff above in [Section VII. Agency Contacts](#).

Appendix A: Northern Border Regional Commission (NBRC) Service Area

The NBRC-designated service areas are composed of the following counties:

Maine: Androscoggin¹, Aroostook, Franklin, Hancock, Kennebec, Knox, Oxford, Penobscot¹, Piscataquis, Somerset, Waldo, and Washington counties

New Hampshire: Belknap, Carroll, Cheshire, Coös, Grafton, and Sullivan counties

New York: Cayuga, Clinton, Essex, Franklin, Fulton, Genesee, Greene, Hamilton, Herkimer¹, Jefferson¹, Lewis, Livingston¹, Madison¹, Montgomery, Niagara¹, Oneida¹, Orleans¹, Oswego¹, Rensselaer², Saratoga², Schenectady², Seneca, St. Lawrence, Sullivan, Washington¹, Warren¹, Wayne¹, and Yates¹ counties

Vermont: Addison, Bennington, Caledonia, Chittenden³, Essex, Franklin¹, Grand Isle³, Lamoille, Orange, Orleans, Rutland, Washington, Windham, and Windsor counties

¹Indicates Health Resources and Services Administration (HRSA) designated partially rural counties located in the NBRC service area.

²Rensselaer, Saratoga, and Schenectady Counties in New York are HRSA-designated non-rural (urban) counties.

³ Chittenden and Grand Isle County in Vermont are HRSA-designated non-rural (urban) counties.

NOTE: All other counties are HRSA-designated fully rural unless otherwise indicated.

Appendix B: Examples of Potential Consortium Members

Examples of consortium members (including but not limited to):

- State Offices of Rural Health
 - <https://nosorh.org/nosorh-members/nosorh-members-browse-by-state/>
- State Primary Care Associations
- State Rural Health Associations
- State Hospital Associations
- Educational institutions with a focus on rural health issues
- Key rural health stakeholders such as rural and Critical Access Hospitals, Rural Health Clinics and Federally Qualified Health Centers
- State NBRC delegates
 - ME: <https://www.nbrc.gov/content/maine>
 - NH: <https://www.nbrc.gov/content/new-hampshire>
 - NY: <https://www.nbrc.gov/content/new-york>
 - VT: <https://www.nbrc.gov/content/vermont>
- Philanthropic organizations in each state that have an interest in rural health
- Area Health Education Centers
- Mental and Behavioral Health Providers
- Oral Health Providers

Appendix C: Common Definitions

For the purpose of this notice of funding opportunity, the following terms are defined:

Budget Period – An interval of time into which the period of performance is divided for budgetary and funding purposes

Equipment – Tangible nonexpendable personal property that has a useful life of more than one year and an acquisition cost of \$5,000 or more per unit or the capitalization threshold established by the recipient, whichever is less. See Section 45 CFR 75.320

Governing Board: A nonprofit board made up primarily of representatives of the organizations participating in the network, to ensure they control decisions regarding network activities, programmatic decisions, and finances. The body should include representation from **all** network member organizations. An already-existing nonprofit board of individuals convened for providing oversight to a single organization is **not** an appropriate board structure.

Health Care Provider – Health care providers are defined as: hospitals, public health agencies, home health providers, mental health centers, substance abuse service providers, rural health clinics, primary care providers, oral health providers, social service agencies, health profession schools, local school districts, emergency services providers, community and migrant health centers, federally qualified health centers, tribal health programs, churches, and civic organizations that are/will be providing health related services.

Health Information Technology – The electronic storage of records, electronic billing, electronic ordering of tests and procedures, and even a shared, interoperable network to allow providers to communicate with one another.

Hospital Closure – The cessation of general, short-term, acute inpatient care within the past three years.

Hospital Conversion – A former hospital that now provides a mix of health services, but no inpatient care. Converted facilities could provide urgent care, rehabilitation, primary care, skilled nursing care, etc.

Memorandum of Agreement – The Memorandum of Agreement (MOA) is a written document that must be signed by all network member CEOs, Board Chairs or tribal authorities to signify their formal commitment as network members. An acceptable MOA must describe the network purpose and activities in general; member responsibilities in terms of financial contribution, participation, and voting; and membership benefits.

Project Director – An individual designated by the award recipient institution to direct the project or program being supported by the award. The Project Director is responsible and accountable to the recipient organization officials for the proper conduct of the project or program. The entity (organization) is, in turn, legally responsible and accountable to Health Resources and Services Administration (HRSA) and Department of Health and Human Services (HHS) for the performance and financial aspects of the

award-supported activity. The interim Project Director may be employed by or under contract to the award recipient organization. The permanent Project Director may be under contract to the award recipient and the contractual agreement must be explained.

Nonprofit – Any entity that is a corporation or association of which no part of the net earnings may benefit private shareholders or individuals and is identified as nonprofit by the Internal Revenue Service (IRS).

Notice of Award – The legally binding document that serves as a notification to the recipient and others that grant funds have been awarded, contains or references all terms of the award and documents the obligation of federal funds in the HHS accounting system.

Program – All proposed activities specified in a grant application as approved for funding.

Period of Performance – The total time for which support of a discretionary project/program has been approved. A period of performance may consist of one or more budget periods. The total period of performance comprises the original period of performance and any extension periods.

Recipient – An entity, usually but not limited to non-federal entities, that receives a federal award directly from a federal awarding agency to carry out an activity under a federal program. The term recipient does not include sub recipients.

Rural – All counties that are not designated as parts of Metropolitan Areas (MAs) by the Office of Management and Budget (OMB) are considered rural. In addition, HRSA uses the Rural Urban Commuting Area Codes (RUCAs), developed by the WWAMI Rural Research Center at the University of Washington and the Department of Agriculture's Economic Research Service, to designate "Rural" areas within MAs.

<https://datawarehouse.hrsa.gov/tools/analyzers/geo/Rural.aspx>

Rural Hospital – Any short-term, general, acute, non-federal hospital that is not located in a metropolitan county, is located in a RUCA type 4 or higher, or is a Critical Access Hospital.

Telehealth – The use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health, and health administration. Technologies include video conferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communication.

Tribal Government – Includes all federally-recognized tribes and state-recognized tribes.

Tribal Organization – Includes an entity authorized by a tribal government or consortia of tribal governments.