U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Federal Office of Rural Health Policy
Community-Based Division

Rural Health Care Services Outreach Program

Funding Opportunity Number: HRSA-21-027
Funding Opportunity Type: New
Assistance Listings (CFDA) Number: 93.912

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2021

Application Due Date: December 1, 2020

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

Issuance Date: September 29, 2020

Alexa Ofori, MPH
Public Health Analyst, Federal Office of Rural Health Policy
Telephone: (301) 945-3986
Email: RuralOutreachProgram@hrsa.gov

Authority: 42 U.S.C. 254c(e), Public Law 116-136.

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2021 Rural Health Care Services Outreach Program. The purpose of this program is to expand the delivery of health care services in rural areas.

Funding Opportunity Title:	Rural Health Care Services Outreach Program
Funding Opportunity Number:	HRSA-21-027
Due Date for Applications:	December 1, 2020
Anticipated Total Annual Available FY 2021 Funding:	$ 12,750,000
Estimated Number and Type of Awards:	Up to 60 grants total: Regular Outreach Track: Approximately 45 awards Healthy Rural Hometown Initiatives (HRHI) Track: Approximately 15 awards
Estimated Award Amounts:	Regular Outreach Track: Up to $200,000 per year Healthy Rural Hometown Initiative (HRHI) Track: Up to $250,000 per year
Cost Sharing/Match Required:	No
Period of Performance:	May 1, 2021 through April 30, 2025 (4 years)

Eligible Applicants:	To be eligible to receive a grant under this subsection, an entity – (A) 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** (B) Shall represent a network composed 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 percent (two-thirds) of network members located in a HRSA-designated rural area[1] ; **and** (C) Shall not previously have received a grant 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 See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.

[1] For more information on HRSA-designated rural areas, visit the Rural Health Grants Eligibility Analyzer.

Application Guide

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

Technical Assistance

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Tuesday, October 13, 2020
Time: 3 – 4:30 p.m. ET
Call-In Number: 1-888-282-1677
Participant Code: 2385833
Weblink:
https://hrsa.connectsolutions.com/rural_health_care_services_outreach_program_nofo/
Playback Number: 1-866-461-2738
Passcode: 101320

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Rural Health Care Services Outreach Program (Outreach Program).

The Outreach Program is a community-based grant program aimed towards promoting rural health care services by enhancing health care delivery to rural underserved populations in the local community or region. Through consortia of local health care and social service providers, communities can develop innovative approaches to challenges related to the specific health needs in rural areas that expand clinical and service capacity in rural communities.

The overarching goals for the Outreach Program are to:

- Expand the delivery of health care services to include new and enhanced services exclusively in rural communities;
- Deliver health care services through a strong consortium, in which every consortium member organization is actively involved and engaged in the planning and delivery of services;
- Utilize community engagement and evidence-based or innovative, evidence informed model(s) in the delivery of health care services; and
- Improve population health, and demonstrate health outcomes and sustainability

In addition to funding Outreach programs through the Regular Outreach track, in FY 21, FORHP will also afford applicants a unique opportunity to take part in a national effort that targets rural health disparities through a second track called the "Healthy Rural Hometown Initiative." In 2019, the U.S. Department of Health and Human Services (HHS) Rural Health Task Force developed the Healthy Rural Hometown Initiative (HRHI). The HRHI is an effort that seeks to address the underlying factors that are driving growing rural health disparities related to the five leading causes of avoidable death (heart disease, cancer, unintentional injury/substance use, chronic lower respiratory disease, and stroke). A 2019 Centers for Disease Control and Prevention (CDC) report states that in 2017, approximately 61 percent of all deaths in the United States were related to the five leading causes of death and the number of potentially excess deaths from the five leading causes in rural parts of the country was higher than those in urban areas.[2]

Even though FORHP created the HRHI track to empower rural communities to address the long-standing rural health disparities noted by the CDC, it is important to note that rural racial and ethnic minority populations face even more challenges in terms of access to care and

[2] Garcia MC, Rossen LM, Bastian B, et al. Potentially Excess Deaths from the Five Leading Causes of Death in Metropolitan and Nonmetropolitan Counties — United States, 2010–2017. MMWR Surveill Summ 2019;68(No. SS-10):1–11. DOI: http://dx.doi.org/10.15585/mmwr.ss6810a1externalicon.

related health care challenges that are often overlooked.[3] Recognizing the link between health disparities and the five leading causes of death in rural communities, the HRHI track is ideal for applicants who want to identify and bridge the gap between social determinants of health and other systemic issues that contribute to achieving health equity with regards to excess death. For this reason, given the past success of Outreach grants, FORHP strongly encourages applicants to pursue the HRHI track, if it aligns with their community needs. FORHP intends to fund approximately 15 HRHI applicants and HRSA will select top ranked applications from the HRHI track and the Regular Outreach track when making funding decisions.

The goal of the HRHI track is to demonstrate the collective impact of projects that better manage conditions, address risk factors and focus on prevention that relate to the leading causes of death (See Background Section). Applicants to the HRHI track will be required to meet specific guidelines outlined in this notice. FORHP expects HRHI projects to show improvements in health outcomes over time that can be attributed to the project intervention(s). Applicants to the HRHI track will be required to use the first year of the four-year project as a planning year to focus on planning activities, which may include, but is not limited to, conducting a Community Assessment in coordination with HRSA. Conversely, Regular Outreach track applicants are expected to focus on the delivery of health care services during all four years of the program and will be required to complete a strategic plan and assessment plan during the first year of the performance period. Please reference **Appendix D** for a side-by-side comparison of the Regular Outreach track and the HRHI track.

Lastly, all award recipients will have the opportunity to work closely with technical assistance (TA) providers throughout the four-year period of performance. The targeted TA will assist award recipients with achieving desired project outcomes, sustainability and strategic planning, and will ensure alignment of the awarded project with the Outreach Program goals. The TA is provided to award recipients at no additional cost. This support is an investment made by FORHP in order to ensure the success of the awarded projects. FORHP has found that most award recipients benefit greatly from the support provided through these collaborations. If funded, award recipients will learn more about the targeted technical assistance and evaluation support.

2. Background

This program is authorized by 42 U.S.C. 254c(e) and Public Law 116-136, to "promote rural health care services outreach by improving and expanding the delivery of health care services to include new and enhanced services in rural areas."

The Outreach program was created in 1991 because of the rigid nature of discretionary grants and limitations in block grants. Since the creation of the Outreach Program, the flexible funding mechanism has enabled rural communities to take advantage of federal resources in the design and implementation of projects that are specifically tailored to meet their

[3] James, C. V., R. Moonesinghe, S. M. Wilson-Frederick, J. E. Hall, A. Penman-Aguilar, and K. Bouye. 2017. "Racial/Ethnic Health Disparities Among Rural Adults - United States, 2012-2015." *MMWR Surveill Summ* 66 (23): 1-9. https://doi.org/10.15585/mmwr.ss6623a1.

populations' unique health needs. Funding can be used for a broad range of health care services and are based on demonstrated community need.

Due to the flexible nature of the Outreach program, rural health priorities, such as those outlined in the HRHI, complement the goals of the Outreach program. The HRHI provides rural communities with the tools and resources needed to reduce health disparities at the community level and allows them to directly tackle rural health disparities related to potentially preventable deaths from the five leading causes in the United States: heart disease, cancer, unintentional injury/substance use, chronic lower respiratory disease, and stroke. The risk of developing or dying from one of the cardiovascular conditions (heart disease, stroke, and chronic lower respiratory disease) increases with the use of tobacco. Furthermore, the prevalence of cigarette smoking among adults residing in rural counties is higher than urban counties, making tobacco use likely a leading cause of the difference in mortality between rural and urban areas.[4] Despite the overall cancer-related age-adjusted death rate decrease, rates declined less in rural areas compared to urban areas.[5] To address this disparity, evidence-based and promising practice approaches that adopt the cancer continuum (etiology, prevention, early detecting, diagnosis, treatment, survivorship, and end of life) are needed to reduce risk associated with potentially excess deaths from cancer in rural communities.[6] Finally, several factors are attributed to the gap in rural-urban death rates from unintentional injuries; high speed motor vehicle traffic-related deaths; rates of opioid misuse and overdose deaths; behavioral factors (e.g., alcohol impaired driving, seatbelt use, and opioid prescribing); and delayed access to treatments due to geography for trauma and drug poisoning cases.[7]

The Outreach Program supports and encourages creative projects that aim to confront these key public health crises as evidence-based projects that address the needs of a wide range of population groups including, but not limited to, low-income populations, the elderly, pregnant women, infants, adolescents, rural minority populations, and rural populations with special health care needs. Projects may take the framework or methodology of an evidence-based or promising practice model (please see **Appendix B** for definitions) and tailor the model to effectively address the needs of their community with respect to the organization's capacity. You may find evidence-based toolkits (e.g., obesity prevention, care coordination, mental health and substance use disorder, etc.) and program models at https://www.ruralhealthinfo.org/community-health. Additional resources can be found in **Appendix C** section of this notice.

[4] Meit M, Knudson A, Gilbert T, et al. The 2014 update of the Rural-Urban Chartbook. Grand Forks, ND: Rural Health Reform Policy Research Center; 2014. https://ruralhealth.und.edu/projects/health-reform-policy-research-center/pdf/2014-rural-urban-chartbook-update.pdf

[5] Moy E, García MG, Bastian B, et al. Leading causes of death in nonmetropolitan and metropolitan areas—United States, 1999–2014. MMWR Surveill Summ 2017;66(No. SS-1).

[6] US Department of Health and Human Services. Cancer control continuum. Washington, DC: US Department of Health and Human Services, National Cancer Institute; 2015. https://cancercontrol.cancer.gov/OD/continuum.html

[7] Garcia MC, Faul M, Massetti G, et al. Reducing Potentially Excess Deaths from the. MMWR Surveill Summ 2017;66(No. SS-2):1–7. DOI: http://dx.doi.org/10.15585/mmwr.ss6602a1

FORHP has been investing in Outreach projects for more than 20 years and recognizes that there is limited literature and resources surrounding evidence-based and promising practice models targeted towards rural communities. FORHP acknowledges that a selected model may need to be tailored to address the unique nature of an individual community. Outreach projects also utilize consortiums to deliver health care services. Consortiums bring together rural providers, agencies and community organizations to address health care problems that are not easily solved by a single entity.

Previously funded Outreach programs have brought care to over 2 million rural citizens across the country who often face difficulty gaining access to care, and the non-categorical nature of the program brings distinct value to rural communities working to address their specific health needs including those that directly address rural health disparities. To view the project descriptions for the FY18 Outreach cohort, please visit the Rural Health Information Hub website at: https://www.ruralhealthinfo.org/assets/3422-13890/2018-2021-rural-health-care-services-outreach-program-directory.pdf

To view the abstracts of previous Outreach award recipients, visit HRSA's Data Warehouse: https://data.hrsa.gov/tools/find-grants

For instructions on how to access abstracts, please view Appendix C: Useful Resources.

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 $12,750,000 to be available annually to fund 60 recipients. Of the 60 awards, HRSA aims to award approximately 15 to HRHI applicants. You may apply for a ceiling amount of up to $200,000 (Regular Outreach) or $250,000 (HRHI) total cost (includes both direct and indirect, facilities and administrative costs) per year.

You may submit one application to request funding through only **one** of the following funding tracks:

Track	Required Focus Area	Estimated Total Funding Available	Funding per Award
Regular Outreach	None	Approximately $9,000,000	Up to $200,000 for approximately 45 awards
Healthy Rural Hometown Initiative (HRHI)	Five leading causes of death (heart disease, cancer, unintentional injury/substance use, chronic lower respiratory disease, and stroke)	Approximately $3,750,000	Up to $250,000 for approximately 15 awards

This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately. The period of performance is May 1, 2021 through April 30, 2025 (4 years). Funding beyond the first year is subject to the availability of appropriated funds for the Outreach Program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

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

III. Eligibility Information

1. Eligible Applicants

Eligible applicants shall be domestic public or private, non-profit or for-profit entities, including faith-based, community-based, tribes and tribal organizations. The applicant organization may be located in a rural or urban area, but must have demonstrated experience serving, or the capacity to serve, rural underserved populations. Applicants should list the rural areas (counties) that will be served. Proposed counties should be fully rural, but if counties are partially rural counties, please include the rural census tract(s) in the **Project Abstract**. The applicant organization should also describe their experience and/or capacity serving rural populations in the **Project Abstract** section of the application. **It is important that applicants list the rural counties (or rural census tract(s) if the county is partially rural) that will be served through their proposed project, as this will be one of the factors that will determine the applicant organization's eligibility to apply for this funding.**

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.

A. The applicant organization shall represent a consortium composed of three or more health care provider organizations, including the applicant organization. For the purpose of this funding opportunity, a consortium can also be a network. 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. Urban applicants should ensure a collaborative consortium with shared local control from the partnering rural communities. 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**, as defined by the Rural Health Grants Eligibility Analyzer. When the applicant organization and consortium members are located in an urban area, the activities and services of the consortium must be provided in a non-metropolitan county or rural census tract. Proposed rural counties should be fully rural. For partially rural counties, please include the rural census tract(s) in the **Project Abstract**.

B. 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. 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. The applicant organization must have demonstrated experience serving, or the capacity to serve, rural underserved populations, and describe the experience and/or capacity in the **Project Abstract**.

C. If the applicant organization shares the same EIN as its parent organization or organizations within the same consortium are proposing different projects, and the applicant is eligible, then the applicant may request an exception in **Attachment 14**. Please see section VI below (Multiple EIN exception) for additional details.

D. In addition to the 50 U.S. states, only organizations in the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, the U.S. Virgin Islands, the Federated State of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau may apply. If you are located outside the 50 states, you must still meet the eligibility requirements.

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

Consortium Requirements

A. As stated in 42 U.S.C. 254c(e)(2)(B)(i), a consortium composed of at least three or more health care providers (Appendix B for definition) will be required to be eligible for this notice of funding opportunity.

B. Only one consortium member will serve as the applicant of record.

C. Both non-profit and for-profit rural or urban organizations that support the delivery of health care are eligible applicants and eligible consortium members. Examples of eligible consortium member entities include hospitals, public health agencies, home health providers, mental health centers, primary care service providers, oral health service providers, substance abuse service providers, rural health clinics, social service agencies, health professions schools, local school districts, emergency services providers, community and migrant health centers, black lung clinics, churches and other faith-based organizations, and civic organizations.

D. Each consortium member must demonstrate substantial involvement in the project and contribute significantly to the goals of the project. The roles and responsibilities of each consortium member must be clearly defined in a Memorandum of Understanding/Agreement (MOU/A). The MOU/A must be signed by all consortium members and submitted as **Attachment 2**.

E. For the purposes of this program, a consortium is defined as an organizational arrangement among at least three separately owned local or regional health care providers in which each member has their own EIN number and has a substantial role in the project. The consortium must maintain at least three separate and different health care provider organizational members throughout the entire period of performance.

   For large health systems that share an EIN across multiple rural and/or urban sites, you must request an exception in **Attachment 14**.

F. While consortium members may be located in rural or urban areas, we recognize that rural-urban partnerships can sometimes lead to the underrepresentation of rural needs. Therefore to encourage rural issues to remain programmatic priorities, HRSA requires that **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**, as defined by the Rural Health Grants Eligibility Analyzer.

G. Faith-based organizations, community-based organizations, federally recognized tribes and tribal organizations are eligible to apply for these funds. For-profit or urban-based organizations are eligible to be the applicant organization and can participate in the consortium. All services and activities must be provided in a non-metropolitan county or rural census tract.

Exceptions

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 case of tribes and tribal governments, only a single EIN located in a HRSA-designated rural area is necessary to meet the consortium requirements. Tribes and tribal entities under the same tribal governance must still meet the consortium 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 14** 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 consortium who are proposing different projects are eligible to apply by requesting an exception. Please refer to **Attachment 14** for information on how to request an exception to this policy.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

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

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

NOTE: Multiple applications from an organization are not allowable. HRHI applications will be evaluated and considered for participation in the HRHI track only. Applications will not be considered for both the HRHI track and Regular Outreach track.

NOTE: Applications associated with the same DUNS number or EIN should be independently developed and written. HRSA reserves the right to deem applications that provide insufficient information in **Attachment 14** or are nearly identical in content, to be ineligible. In this instance, assuming all other eligibility criteria are met, 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
By statute, all applicants are required to notify their State Office of Rural Health (SORH) or equivalent (state appropriate entity) of their intent to apply to this program. A list of the SORHs can be accessed at: https://nosorh.org/nosorhmembers/nosorh-members-browse-by-state/. Applicants must include in **Attachment 1** a copy of the letter or email sent to the SORH, and any response received to the letter, which was submitted to the SORH describing their project.

Each state has a SORH, and HRSA recommends making every effort to contact the SORH entity early in the application process to advise them of your intent to apply. The SORH may be able to provide consultation to you regarding model programs, data resources, and

technical assistance for consortiums, evaluation, partner organizations, or support of information dissemination activities. If you do not receive a response, please include the original letter of intent requesting the support.

Applicants located in Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, or the Republic of Palau that do not have the functional equivalent of a SORH are nevertheless eligible to apply.

SORHs responding to this notice as the applicant organization must provide an attestation in **Attachment 1** that there is no conflict of interest and other applicants were not prejudiced. This attestation must clearly show that their application was independently developed and written and that they have not knowingly duplicated efforts or project ideas of non-SORH applicants within their state.

IV. Application and Submission Information

1. Address to Request Application Package

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

The NOFO is also known as "Instructions" on Grants.gov. You must 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, and abstract. You must submit the information outlined in the Application Guide in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide* except where instructed in the NOFO to do otherwise. You must submit the application in the English language and in the terms of U.S. dollars (45 CFR § 75.111(a)).

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

Application Page Limit
The total size of all uploaded files included in the page limit may not exceed the equivalent of 80 pages when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this NOFO. Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Please note: If you use an OMB-approved form that is not included in the workspace application package for HRSA-21-027, 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.**

Applications must be complete, within the 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 15:** Other Related Documents.

See Section 4.1 viii of HRSA's *SF-424 Application Guide* for additional information on all certifications.

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

i. Project Abstract
See Section 4.1.ix of HRSA's *SF-424 Application Guide*.

ABSTRACT HEADING CONTENT

Applicant Organization Information

Organization Name, Address (street, city, state, zip code), Facility/Entity Type (e.g., CAH, FQHC, RHC, public health department, etc.), and Website Address (if applicable)

Designated Project Director and other Key Staff Information

Project Director Name & Title, Contact Phone Number(s), and E-Mail Address
Key Staff Name & Title, Contact Phone Number(s), and E-Mail Address

Project Track

Regular Outreach Track **or** HRHI Track

- NOTE: **It is imperative that applicants clearly state the track that they are applying for, as it will impact the process of the review of their application.**

Focus Area(s)

(e.g., Care Coordination)

- NOTE: HRHI applicants should choose at least one of the five focus areas (heart disease, cancer, unintentional injury/substance use, chronic lower respiratory disease, and stroke).

Proposed Service Region

(e.g., states, cities, counties *(required)*)

- NOTE: Proposed rural counties should be fully rural. For partially rural counties, include rural census tract(s).

ABSTRACT BODY CONTENT

Target Population

Brief description of the target population group(s) to be served.

Consortium Partnerships

Provide the organization name and total number and facility/entity type of partner(s) comprising the consortium who have signed a Memorandum of Understanding/Agreement or Letters of Commitment.

- HRSA requires an attestation that 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, as defined by the Rural Health Grants Eligibility Analyzer

Evidence-Based or Promising Practice Model(s)

Provide the title/name of the evidence-based or promising practice model(s) that you will be adopting and/or adapting. If the model was tailored for the proposed project, please briefly describe how it was modified.

Expected Outcome(s)

Provide a brief description on the expected outcome(s) of the proposed services.

Capacity to Serve Rural Underserved Populations

- Applicants must demonstrate their experience serving or the capacity to serve, rural underserved populations. Please describe your capacity to serve rural underserved populations. Examples to show this capacity may include a history or ability to:
    - 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.

Funding Preference

Please place request for funding preference at the bottom of the abstract. You must explicitly request a qualifying funding preference and cite the qualification that is being met (see 42 U.S.C. 254c(h)(3)); additional information can be found in Section V.2. Funding Preference. FORHP highly recommends that you include this language:

"(Your organization's name) is requesting a funding preference based on qualification X. County Y is in a designated Health Professional Shortage Area."

If applicable, you need to provide supporting documentation in **Attachment 12**. 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, 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 of health care redesign, with a focus on transforming the health care delivery into a patient and value-based driven system. This includes, but is not limited to, supporting the current health care landscape to improve outcomes, reduce costs, ensure access and efficient transitions of care, and promote innovative approaches.

Note: On January 31, 2020, the Secretary of the U.S. Department of Health and Human Services declared a public health emergency in response to COVID-19. In response to this public health emergency, you may include COVID-19 related activities. Please note that COVID-19 related activities may continue only as long as the public health emergency is still enacted. Activities include, but are not limited to: establishing testing sites, purchasing test kits, implementing telehealth strategies/activities, purchasing personal protective equipment (PPE) and other supplies, and training health care providers and other health care personnel for planning efforts to provide care for COVID-19 patients.

The specific program requirements of the Regular Outreach track and the HRHI track are outlined below:

Program Requirements – for Regular Outreach Track

Regular Outreach track award recipients must use Outreach program funds for the following activities:

1. Develop a program aimed toward promoting health care services by enhancing health care delivery to rural and underserved population based on the needs of the community or region.
2. Establish a consortium of at least three other organizations (including the applicant organization).
3. Focus on the delivery of health care services during all years of the four-year program.
4. Complete a four-year strategic plan and assessment plan during the first year of the performance period.

Program Requirements – for HRHI Track

HRHI track award recipients must use Outreach program funds for the following activities:

1. Focus program design on addressing at least one for the five leading causes of death in the rural United States (heart disease, cancer, unintentional injury/substance use, chronic lower respiratory disease, and stroke).
2. Establish a consortium of at least three other organizations (including the applicant organization). Applicants are strongly encouraged to consider including a regional or state partner as one of their consortium members prior to the start of the period of performance. Some examples of a regional or state partner include, but are not limited to, a state Medicaid office, a regional managed care association or regional health care foundation.
3. Use the first year of the program as a planning year that will focus on conducting a Community Assessment.
4. Create a care model that has the ability to track the same set of individuals throughout the four-year period. This model should allow the award recipients to collect data and assess clinical and behavior changes during the period of performance.
5. Develop a project with sustainable outcomes that has the potential to be replicated in other rural communities. Some examples of sustainable outcomes include, but are not limited to, policy changes, workforce development or program generated revenue.
6. Report on additional data measures other than the Performance Improvement Measures System (PIMS). These measures will be related to the five leading causes of death in rural and will be determined in coordination with HRSA.
7. Propose, test and refine a cost-savings model unique to the proposed focus area(s) and service region.

The HRHI track differs from the Regular Outreach track in that it will include increased and more rigorous data reporting frequency and capacity, data infrastructure, evaluation participation, and follow-up after the federal funding has ended. Due to the rigor of the HRHI track, HRHI applicants can apply for up to $250,000 for each year of the four-year period of performance. Regular Outreach track applicants can apply for up to $200,000 for each year of the four-year period of performance. Please consider this when determining your capacity to participate in the HRHI track. Please reference **Appendix D** for a side-by-side comparison of the Regular Outreach track and the HRHI track.

HRHI track applications must contain all the information below (*including* the HRHI specific elements). Regular Outreach track applications will contain all the information below *except* for the HRHI specific elements. All eligible applications will be reviewed based upon the track the applicant has identified in their **Project Abstract** and **Attachment 10**.

Please use the following section headers for the narrative:

INTRODUCTION -- Corresponds to Section V's Review Criterion 1: NEED

This section should briefly describe the purpose of the proposed project. It should summarize the project's goals and expected outcomes as well as explicitly state the evidence-based or promising practice model the proposed project will adopt and/or adapt to meet your community's need. Briefly describe the modification or deviation from the actual model (if any) in making it suitable and appropriate for the proposed project. Further details about the evidence-based or promising practice model must be explained in the "Methodology" section. Please see "Methodology" section for further instructions.

You are required to utilize Federal Office of Rural Health Policy Outreach Program measures (also commonly referred to as Performance Improvement Measurement System (PIMS) measures) to help monitor your project (as appropriate and relevant to the proposed project) (see **Appendix A** for PIMS measures). You are also required to develop your own project specific measures that you can track throughout the period of performance. These measures would demonstrate health status improvement and include baseline data for each corresponding project specific measure. Baseline PIMS data will be reported 90 days after the project start date.

Entities applying for the HRHI must ensure that they will utilize the provided PIMS measures (**Appendix A**), and incorporate project-specific measures. Applicants should list the proposed FORHP-specific and project-specific measures and the projected impact in this section. Details about the proposed measures must be explained in the "Evaluation and Technical Support Capacity" section of the Project Narrative. Please see "Evaluation and Technical Support Capacity" section for further instructions.

- *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion 1: NEED*

  This section outlines the community's need for the proposed project, and how the rural community or region to be served will be involved in the ongoing operations of the project. Describe how the target population was involved in determining the need and relevant barriers the project intends to overcome, and provide a geographical snapshot of the targeted service area(s). A list of resources is located at the end of this section.

  HRHI Applicants: You are also required to provide this information as it relates to your specific project.
  In order to design effective interventions that specifically address the underlying causes of poor health and disparities in a sustainable way, it is important to take into account how needs, in health status, as well as in the system of care and broader environment,

have evolved over time. Descriptions of need in this section should reflect trends in key data points over multiple years. You should specifically address the needs of the communities in the following key areas.

Please use the following four sub-headings for this section:

- Target Population Details
- Program Development/Target Population Involvement
- Barriers/Challenges
- Health Care in Service Area

Target Population Details

A. Describe the target population. Consider disparities based on race, ethnicity, gender identity, sexual orientation, geography, socioeconomic status, disability status, primary language, health literacy, and other relevant elements. You should also consider people with disabilities; non-English speaking populations; minority populations; people with limited health literacy; or populations that may otherwise be overlooked when identifying target populations.

B. Based on your target population, describe how the population you propose to serve includes subpopulations who have historically suffered from poorer health outcomes, health disparities, and other inequities among the target population. These populations may include, but are not limited to: people/persons experiencing homelessness, racial and ethnic minorities, pregnant women, adolescents and youth, etc.

C. Within your proposed service area, identify and describe the presence of any racial and ethnic minority subpopulations. Explain how your project will meet the needs of these populations in terms of racial and ethnic health disparities and barriers (social, cultural, infrastructure etc.) that affect their health status. If your organization has not historically served the identified racial and ethnic minority subpopulations in your proposed service area, describe the vehicles, data points and/or partnerships needed to make the project successful.

   If your service area does not include any racial and ethnic minority subpopulations, describe your population demographics and any unique disparities they face.

D. Describe the target population of the proposed project and the associated unmet health needs (if funded, this is the population that will be monitored and tracked). The population description may include information about the incidence and prevalence of specific conditions, such as chronic diseases, or about regarding age and socioeconomic status of the target population.

   HRHI Applicants: Describe the target population as it relates to risk for the five leading causes of death in the rural United States. Also, include information regarding the social determinants of health and health disparities impacting the

population or communities served. Demographic data should be used and cited when possible. Describe the entire population of the service area and its demographics in relation to the population to be served.

E. Compare local data to state and federal data where possible in order to highlight the population's unique needs. For example, the uninsured rate in Community A is 75 percent whereas the state uninsured rate is 60 percent and the national rate is 20 percent. When possible, incorporate any national and/or local rankings data to aid in illustrating the community's need. Cite data for factors that are relevant to the project, such as specific health status indicators, age, etc. Insurance information, poverty, transportation, and statistics regarding crime, drug abuse and other social problems may be relevant and should be included. This section should help reviewers understand the target population that will be served by the proposed project.

Program Development/Target Population Involvement

A. Describe how the needs of the target population were identified. Further, describe the involvement of the target population in the project development and future plans to ensure the project is responding to the target population's needs.

B. Discuss the manner and degree to which the target population was included in planning for the activities of the project. Describe how consortium/network partners were involved in identifying the needs of the target population.

C. Discuss the capacity of the target population to be continuously involved in the proposed project.

HRHI Applicants: Include information regarding the process for involving the target population throughout the varying stages of the project. Provide details (frequency, number of participants, etc.) regarding the tools and methods (e.g., initial needs assessments, focus groups, questionnaires/surveys, etc.) that were utilized to identify the need of the target population. Also, describe the involvement of representatives of local, regional, tribal and/or state government that were involved in the planning process, as well as the involvement of local non-government organizations.

Barriers/Challenges

A. Discuss any relevant barriers in the service area that the project hopes to overcome.

HRHI Applicants: You must include barriers relevant to the five leading cause of death in the rural United States. Any pertinent geographic, socioeconomic, linguistic, cultural, ethnic, workforce, policy, and other barrier(s) along with a plan to overcome those barriers should be discussed in this section.

B. All projects that will primarily serve multiple ethnic or racial groups must describe specific plans for ensuring the services can be provided despite any cultural, linguistic, religious, or social difference that may exist.

Health Care in Service Area

A. Identify the target service area(s) for the proposed project.

B. Describe any relevant geographical features of the service area that impact access to health care services.

C. Describe the health care services available in or near the target service area. If applicable, be sure to identify factors associated with access to care and health care utilization among racial and ethnic minorities in the service areas as well. Keep in mind that it is important for reviewers to understand the number and types of relevant health and social service providers that are located in and near the service area of the project as well as their relation to the project. How does the proposed project complement the current services in the community? Alternatively, does the proposed project duplicate services that are already available to the community?

   HRHI Applicants: You must address any activities in the service area that resemble the proposed project activities and explain how your project activities could be integrated and/or leveraged with preexisting services.

D. Describe the potential impact of the project on existing providers who are not part of the project (e.g., changes in referral patterns, practice patterns, provider reimbursement impact, etc.) and the community (e.g., economic impact etc.). Any potential adverse effect is particularly important, as well as estimates of how the project might augment and enhance any existing capabilities in the service area.

E. Describe how this project will address a health gap in the community that would not otherwise have been addressed if it were not for this grant. Justify how other grant programs and/or resources would not have been able to fulfill this gap and that this program is the best and appropriate opportunity/avenue to address this gap.

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

  In narrative format, propose methods that will be used to meet each of the previously described program requirements and expectations in this notice of funding opportunity.

  HRHI Applicants: You must describe how the project will focus on at least one of the five leading causes of death in the rural United States and how the program design will lend itself to the goals of the HRHI including the accompanying reporting requirements (i.e., HRHI Specific Measure(s) and additional performance measures).

Please use the following four sub-headings in responding to this section:

- Goals and Objectives
- Program Goal and Healthy People 2030 Initiative
- Evidence-Based/Promising Practice Model
- Sustainability Approach

Goals and Objectives

A. Define the specific goals and objectives of the proposed project. These goals and objectives should directly relate to the information presented in the "Needs Assessment" section. The stated goals and objectives should be specific, measurable, realistic, and achievable in a specific timeframe.

B. Using the data and information provided in the "Needs Assessment" section of the Project Narrative, describe the methods by which your project will address the health access and outcome disparities experienced by vulnerable populations (populations (including but not limited to people/persons experiencing homelessness, racial and ethnic minorities, pregnant women, adolescents and youth, etc.) within your target rural service area. Elaborate on how these methods align with the goals and objectives of the proposed project. You are encouraged to utilize the methods outlined in the National Culturally and Linguistically Appropriate Services Standards.

Program Goal and Healthy People 2030 Initiative

The goals of the grant-funded activities must be consistent with the Healthy People 2030 initiative. Please visit the following website for more information about Healthy People 2030 initiative: https://health.gov/healthypeople. You should clearly describe how specific project goals relate to the Healthy People 2030 initiative.

Evidence-Based/Promising Practice Model

You are required to propose a health service project based on an evidence-based or promising practice model(s) that has been shown to be effective in addressing gaps and needs in a community setting and improve the health status of participants.

HRHI Applicants: Please describe how the evidence-based or promising practice model is appropriate for the leading cause of death that you chose as the focus area(s) for your project. Discuss the replicability and scalability of the evidence-based or promising practice model for other rural communities.

In this sub-section, you must include the following:

A. The title and/or name of the evidence-based or promising practice model that it will be adopting and/or adapting. You must cite the source of the evidence-based or promising practice model(s) and provide any supporting documentation that shows the effectiveness (or potential effectiveness) of this model in **Attachment 7**.

B. A clear description of the evidence-based or promising practice model. Include an explanation that clearly demonstrates how the evidence-based or promising practice model will be effective in meeting the target population's need and how it will ultimately improve health status.

C. A justification on how you selected the evidence-based practice or promising practice model. FORHP recognizes that there are few evidence-based or promising practice models specific to rural communities. Given that rural communities differ across the country, you can use a non-rural specific evidence-based or promising practice model's framework and/or methodology and tailor it to the proposed project. Include thorough rationale regarding how this framework is appropriate and relevant to the community's need and target population. Explain the extent to how the model is tailored and/or modified to the proposed project. Describe how the tailored evidence-based or promising practice model can be effective in fulfilling the community's unmet needs and improving health status.

Note: You can use either an evidence-based or promising practice model. Applications that propose a project based on an evidence-based practice model will not be scored higher than those that propose a project based on a promising practice model and vice-versa.

Sustainability Approach

A. You must describe a plan for sustaining the program funded by the Outreach grant beyond the period of federal funding.

B. While FORHP understands that ongoing support for these initiatives may be challenging in rural communities, award recipients must consider how their Outreach funded programs will be sustained beyond the 4-year performance period. The prospect for having a long-term impact from your Outreach award is greatly increased if the potential for sustainability is considered during the planning phase of the project. FORHP recommends that you think about ways to diversify funding sources (instead of depending solely on federal funding). You should describe the strategies that will be utilized to achieve the desired sustainability of the project as a result of the Outreach funding.

HRHI Applicants: Describe how your project will aim for sustainable outcomes when it comes to policy changes and/or workforce development.

C. Past award recipients have experienced a sustainable impact from their Outreach award through the continuation of activities and services, the ongoing work of consortia partners, policy change, changes in practice and culture within health institutions and communities, and the continued use of assets (such as HIT equipment, curricula) purchased with Outreach funding, among other strategies. Most successful sustainability strategies include a variety of sources of support and do not depend on federal funding to maintain program activities.

Historically, successful award recipients have incorporated diverse strategies that include absorption of some activities by consortia partners (i.e., a partner takes on a grant funded activity beyond the period of performance as part of their standard practice), earned income through third-party reimbursement or fees for services rendered, and other grants and charitable contributions. You should describe some of the potential sources of support for achieving sustainability. Sources of support could include but are not limited to financial, in-kind, or the absorption of activities by consortium members.

D. FORHP understands that the sustainability plan may evolve as the project is implemented. However, the prospect of being financially able to continue the project is increased if strategies for sustainability are identified during the planning stages of the project. You should describe how realistic and feasible the proposed sustainability plan is for your project.

Note: As part of receiving an award, the award recipient is required to submit a final sustainability plan during the fourth year of the performance period. Further information will be provided upon receipt of the award.

- *WORK PLAN -- Corresponds to Section V's Review Criterion 2 and 4: RESPONSE and IMPACT*

Please use the following sub-headings in responding to this section:

- Work Plan
- Impact
- Replicability
- Dissemination Plan

Work Plan

Note: A work plan is required as **Attachment 4**. It is recommended that the work plan be submitted in tabular format. The work plan should illustrate the consortium's 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.

A. You must submit a detailed work plan that describes the planned activities and steps necessary to accomplish each of the proposed project goals. Use a timeline that includes each activity and identifies the responsible staff and/or consortium member. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including development of the application and, further the extent to which these contributors reflect the cultural, racial, linguistic, and geographic diversity of the populations and communities served. Your work plan should incorporate processes for reducing health access and outcomes disparities within the target rural service area.

HRHI Applicants: **The first year of your four-year work plan will be used as a planning year and should be centered on conducting a Community Assessment** in the proposed service region. This assessment should be specific to the proposed focus area(s) and done along with the consortium partners. This assessment will also include elements of strategic planning and assessment planning. You must describe the activities that will be used to capture the required additional measures and information. HRHI applicants must also describe how the consortium will address plans in fulfilling these activities.

B. You should provide a clear and coherent work plan that aligns with the project's goals and objectives. To accomplish this, you are strongly encouraged to present a matrix that illustrates the project's goals, strategies, activities, and measurable process and outcome measures.

C. The work plan must outline the individual and/or organization responsible for carrying out each activity and include a timeline for all four years of the award. HRSA is aware that the work plan may change as the project is implemented. However, a project's likelihood of success is increased if there is a thorough and detailed work plan in the planning stages.

D. This work plan should include goals, strategies/objectives, activities, outputs/outcomes, assessment methods (i.e., how is the output measured), performance period, and responsible organization or person. It can be on a tabular format for ease of readability. Where appropriate, the work plan should also contain performance benchmarks to help monitor progress for each activity. For example, if one of the proposed activities is to conduct tobacco cessation classes and you have an objective of reaching 100 patients at the end of year 1, the work plan should include an appropriate and feasible performance indicator or benchmark for that activity to help monitor progress.

Note: As a program deliverable, Regular Outreach track award recipients will be required to submit a 4-year strategic plan during the first year of the period of performance. The strategic plan will provide guidance for program development throughout the period of performance and beyond. This will include strategies aimed at effectively addressing the identified community. It will be a systematic guide, created by the consortium, for reaching project goals and objectives. The plan will set expectations and define the roles and responsibilities of each of the consortium members. Further information regarding the submission of the strategic plan will be provided upon receipt of the award.

Furthermore, HRHI award recipients will be required to submit a Community Assessment during the first year of the performance period that is specific to the pre-identified focus area(s) (e.g., cancer). This collaborative process should be done with consortium partners and key community members of the proposed service area. Based on the outcome of the needs assessment, HRHI award recipients will then be able to update their work plans accordingly. Further information will be provided upon receipt of the award.

Impact

A. Describe the expected impact on the target population.

B. Describe the potential impact of the selected evidence-based or promising practice model/s that was used in the design and development of the proposed project.

C. Although FORHP recognizes the influence of external factors when attributing the effects of an activity or program to the long-term health outcome of a community, you should still describe the expected or potential long-term changes and/or improvements in health status due to the program. Examples of potential long-term impact could include:
   i. Changes in morbidity and mortality
   ii. Maintenance of desired behavior
   iii. Policy implications
   iv. Reeducation in social and economic burdens associated with uninsurance status,
   v. Mitigation in access to care barriers

Replicability

Describe the expected impact from the project on the target population and the extent of the project's value to similar communities with comparable needs. You must describe the extent to which project results may be national in scope. You must describe the degree to which the project activities are replicable to other rural communities with similar needs.

HRHI Applicants: You must include how your project may be replicated among organizations attempting to address one of the five leading cause of death in the rural United States.

Dissemination Plan

Describe the plans and methods for dissemination of project results. You must articulate a clear approach for widely disseminating information regarding results of your project. You must include a plan that describes how the information collected throughout the project will be shared with varying stakeholders. A dissemination plan must be outlined describing strategies and activities for informing respective target audiences and stakeholders (i.e., policymakers, research community, etc.), including the general public.

HRHI Applicants: You must describe how your data and project results will be tailored to appropriate audiences so it can be disseminated effectively as it relates to no more than two of the leading cause of death in the rural United States.

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

  Describe any relevant barriers that the project hopes to overcome. In some instances, there is a general problem of access to particular health services in the community. In other cases, the needed services may be available in the community, but they may not be accessible to all who need them. In many rural communities, health care personnel shortages create access barriers. Any pertinent geographic, socioeconomic, linguistic, cultural, ethnic, workforce, or other barrier(s) and a plan to overcome those barriers should be discussed in this section. All projects that will primarily serve multiple ethnic or racial groups must describe specific plans for ensuring the services provided address the cultural, linguistic, religious, gender and social differences of the target populations.

  - 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.

    HRHI Applicants: You must include anticipated challenges associated with tracking the same individuals over the period of performance and transitioning from the "start-up" phase to the service delivery between the first and second year of the four-year project.

  - Discuss any challenges that could be encountered with keeping the consortium actively engaged throughout the period of performance, and approaches that will be used to resolve such challenges.

  - Discuss any challenges that could be encountered with staffing turnover and the approaches that will be used to ensure proper staff coverage in the interim.

  - Include any challenges that are anticipated in making policy, systems or environmental changes and approaches that will be used to resolve such challenges.

  - If applicable, non-rural applicant organizations should discuss any anticipated challenges related to working in a rural community and approaches that will be used to resolve such challenges. These challenges could include, but are not limited to, community support and reediness for the project, data collection and sharing between partners, and communication between consortium members.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criterion 3 and 5: EVALUATIVE MEASURES and RESOURCES/CAPABILITIES*

  Describe current experience, skills, and knowledge base, including individuals on staff, materials published, and previous work of a similar nature. As appropriate, describe the data collection strategy to collect, analyze, and track data to measure process, impact,

and outcomes, with different groups (e.g., race, ethnicity, language) and explain how the data will be used to inform program development and service delivery.

Please use the following two sub-headings in responding to this section:

- Project Monitoring
- Evaluation

Project Monitoring

A. You must describe measures to be implemented for assuring effective performance of the proposed award funded activities. You must include outcome and process measures (including baseline measures) that will be tracked throughout the period of performance. These measures must align with the goals and objectives of the proposed project and with the potential health impact. It is expected that recipients will be able to articulate the outcomes of the project justified by these measures at the end of the 4-year period of performance.

B. You must propose baseline evaluative health data that they can monitor and track throughout the period of performance in order to demonstrate the effectiveness of the intervention and to determine the replication of the project to other rural communities. Baseline measures are a subset of the process or outcomes measures, which need to be collected from the very start of the intervention. The need for baseline measures is one key reason for designing the evaluation plan before implementation begins because they establish a starting place and frame of reference for the program. Baseline measures determine where the community or target population currently is on a given health problem (e.g., the number of sites delivering depression screenings) or issue (e.g., the percent of employees who are aware of recommended physical activity guidelines) and inform the benchmarks/targets against which program managers and decision makers will assess program performance. Baseline measures can also be used to describe the current level of program activities and allow measurement of the program's progress (e.g., process measures) over time such as the number of new physical activity classes offered to employees or the establishment of a new health benefit.

C. You are required to include selected Performance Improvement Measures System (PIMS) that are appropriate and relevant to the proposed project as baseline measures. You must also include additional baseline measures that are not included among the PIMS measures, but which are relevant to their proposed project. All applicants are required to submit indicators specific to their proposed project.

   List all proposed baseline measures as **Attachment 11**. Organize your proposed baseline measures in a tabular format differentiating between baseline measures taken from PIMS (if any) and additional baseline measures (not PIMS measures) when listing them in **Attachment 11**. In addition, describe on-going quality assurance/quality improvement strategies that will assist in the early identification and modification of ineffective efforts.

HRHI Applicants: In addition to the PIMS measures, you are required to report on a series of HRHI specific information on cost-savings due to the implementation of this initiative that will be determined in coordination with FORHP upon award.

Evaluation

A. You are required to submit an overview of the project evaluation approach that includes a list of key measures that will be used to evaluate project progress, and a brief description of how they will be collected. The description of the evaluation approach is not meant to be a fully developed evaluation plan, but rather is meant to set forth the logic behind your evaluation approach and demonstrate how the evaluation will clearly demonstrate outcomes and impacts. You should identify a staff person who will be responsible for data collection during the project planning process and at the time of application. A biographical sketch or resume in **Attachment 6** must be included in addition to a position description detailing the role and responsibilities of the data collection staff person.

   HRHI Applicants: You must include plans to thoroughly assess identified strategies aimed at prevention and treatment related to the one or two five leading causes of death in rural specific to your project. . Additionally, you must include details regarding allocated personnel responsible for capturing additional measures over the 4-year period of performance. This should also include the title and full-time equivalent (FTE) of each staff member responsible for collecting, inputting, and reporting performance data for the HRHI.

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion 5: RESOURCES/CAPABILITIES*

  Please use the following two sub-headings in responding to this section:
  - Applicant Organization
  - Project Staffing
  - Consortium Composition and Involvement

  Applicant Organization

  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
  - location relative to the targeted rural service area
  - 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 (if applicable, applicant organization should describe existing or prior collaboration and/or working experience within the targeted rural area).

Project Staffing

A. Identify the project director, as well as key personnel on the award, in the **Project Abstract** and **Attachment 5**. The project director will be responsible for project/program monitoring and carrying out the award activities. Applicants 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.

B. HRSA recommends the project director allot **at least 0.25 FTE** 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. 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 5**.

C. Describe key personnel roles and how they relate to the proposed 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 members are ready to integrate their functions.

Consortium Composition and Involvement

A. Provide information on each of the consortium partners and their experience serving or capacity to serve rural areas. Provide a one-page organizational chart and accompanying one-page description of the proposed consortium that clearly depicts the relationship between the consortium partners. A table may be used to present the following information on each partner: 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 partner**). This should be included in **Attachment 8**.

HRHI Applicants: In an effort to promote expanded or scaled impact, you are **strongly** encouraged to include a regional or state-based partner in your consortium. Ideally, this partner should be included in Memorandum of Understanding/Agreement (MOU/A) document submitted with your application.

B. Urban applicants should describe how they will ensure a high degree of local 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 rural communities to be served.

C. Discuss the strategies employed for creating and defining the consortium. Explain why each of the consortium partners are appropriate collaborators and, what expertise they bring to the project. You should identify when each of the consortium members became involved in the project and detail the nature and extent of each consortium member's responsibilities and contributions to the project. Explain the capacity of each consortium member to commit to the four-year project.

D. If applicable, describe the history of the consortium.

E. Applicants must submit a Memorandum of Understanding/Agreement (MOU/A) that is signed and dated by all consortium members as **Attachment 2**. A MOU/A is a written document that must be signed by all consortium members to signify their formal commitment as a consortium. An acceptable MOU/A should at least describe the consortium's purpose and activities; clearly specify each organization's role in the consortium, responsibilities, and any resources (cash or in-kind) to be contributed by the member to the consortium. For the purposes of this grant program, a letter of commitment is not the same as a MOU/A; a letter of commitment may represent one organization's commitment to the project but does not necessarily outline the roles and responsibilities that are mutually agreed upon among the consortium.

F. Provide details regarding how and when the consortium will regularly meet. Explain the proposed process for soliciting and incorporating input from the consortium for decision-making, problem solving, and urgent or emergency situations. Provide a plan for communication and discuss how coordination will work with the consortium members. Indicators should be included to assess the effectiveness of the communication and coordination of the consortium and its timely implementation. Discuss potential challenges with the consortium (e.g., consortium disagreements, personnel actions, expenditure activities, etc.) and identify approaches that can be used to resolve the challenges.

G. Address how communication and coordination will occur between the Project Director and consortium members and how often communication is expected. Discuss how frequently project updates will be provided to the consortium members and the extent to which the project director will be accountable to the consortium. You should identify a process for periodic feedback and program modification as necessary.

H. 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. If a consortium partner is a HRSA funded entity, please describe how the partner is working or will work with the applicant organization to advance the Outreach grant. You 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.

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.

In addition, the Rural Health Care Services Outreach program requires the following:

Travel: Please allocate travel funds for up to two (2) program staff to attend an annual 2.5-day technical assistance workshop in Washington, DC and include the cost in this budget line item.

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.

The Further Consolidated Appropriations Act, 2020 (P.L. 116-94), Division A, § 202 states, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." See Section 4.1.iv Budget – Salary Limitation of HRSA's *SF-424 Application Guide* for additional information. Note that these or other salary limitations may apply in the following fiscal years, as required by law.

iv. Budget Narrative

See Section 4.1.v. of HRSA's *SF-424 Application Guide*.

In addition, the Rural Health Care Services Outreach program requires the following:

- Budget for Multi-Year Award
  This notice is inviting applications for performance periods up to 4 years. HRSA will make the awards on a competitive basis for 1-year budget periods. Submission and HRSA approval of Progress Report(s) and any other required submission or reports is the basis for the budget period renewal and release of subsequent years' funds. Funding beyond the 1-year budget period is subject to availability of funds, satisfactory progress of the awardee, and a determination that continued funding would be in the best interest of the Federal Government. However, four separate and complete budgets must be submitted with this application.

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.

Narrative Section	**Review Criteria**
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response
Work Plan	(2) Response and (4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures and (5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities
Budget and Budget Narrative	(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: Required documentation from State Office of Rural Health

All applicants are required to notify their State Offices of Rural Health (SORH) early in the application process to advise them of their intent to apply. SORHs can often provide technical assistance to applicants. Please include a copy of the SORH's response to

your correspondence and/or the letter or email you sent to the SORH notifying them of your intent to apply. SORH's applying as the applicant organization must provide an attestation that their application was independently developed and written and that they have not knowingly duplicated efforts or project ideas of non-SORH applicants within their state. By statute, all applicants are required to notify their SORH or equivalent (state appropriate entity) in **Attachment 1**. However, if applicants from the U.S. territories do not have the functional equivalent of a SORH, this requirement does not apply and U.S. territories are still eligible to apply. This attachment **will count** towards the 80-page limit.

Attachment 2: Memorandum of Understanding/Agreement (MOU/A)

You must include a MOU/A (signed and dated by all consortium members). The MOU/A should at least clearly specify each organization's role in the consortium, each member's responsibilities, and any resources (cash or in-kind) to be contributed by the member to the consortium. This attachment will count towards the 80-page limit.

Attachment 3: 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 project activities. This attachment **will count** towards the 80-page limit. **Note**: Maps should be legible and in black and white.

Attachment 4: 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's 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. This attachment **will count** towards the 80-page limit.

Attachment 5: 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 consortium, and specifically to accomplish the proposed Outreach program 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. HRSA recommends supporting a project director with **at least 0.25 FTE** at the time of application.

Include the role, responsibilities, and qualifications of proposed program staff as it relates to the Outreach 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. This attachment **will count** towards the 80-page limit.

Attachment 6: Biographical Sketches of Key Personnel

Include biographical sketches for persons occupying the key positions described in **Attachment 5**, 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. This attachment **will count** towards the 80-page limit.

Attachment 7: Evidence-Based or Promising Practice Model(s)

You must cite the source of the evidence-based or promising practice model(s) and provide documentation that shows the effectiveness (or potential effectiveness) of this model. Documentation could include a peer-reviewed abstract of the model or a citation/description from a credible web source. This attachment **will count** towards the 80-page limit.

Attachment 8: Consortium Member List and Consortium Organizational Chart

Provide a consortium member list and organizational chart for the consortium. 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, and **the Employer Identification Number (EIN), which must be provided for each consortium member.** A list of each of the consortium member organizations' roles, responsibilities and contributions to the project should be included. This chart should denote all consortium partners who are HRSA-funded entities with an asterisk. The consortium organizational chart should depict the structure of the consortium for the project and should describe how authority will flow from your organization receiving the federal grant funds to the consortium members. This attachment **will count** towards the 80-page limit.

Provide a one-page figure that depicts the organizational structure of the project.

Attachment 9: Applicant Organization's Organizational Chart

Provide an organizational chart of your organization in this attachment that **will count** towards the 80-page limit.

Attachment 10: Healthy Rural Hometown Initiative (HRHI) Participation Statement (if applicable)

You must include a statement expressing interest in participating in the HRHI.

FORHP highly recommends that you include the following language: "*Your organization's name* is submitting an application for participation in the Outreach Program's Healthy Rural Hometown Initiative Track."

This statement should be towards the top of the page and should be the only statement on that page. This attachment **will count** towards the 80-page limit.

Attachment 11: Baseline Measures

Organize your proposed baseline measures in a tabular format differentiating between baseline measures taken from PIMS (if any) and additional baseline measures (not PIMS measures) when listing them. A list of the proposed PIMS measures in Appendix A. This attachment **will count** towards the 80-page limit.

Attachment 12: Request for a Funding Preference (if applicable)

If requesting a funding preference, the application must provide documentation that supports the funding preference qualification. Please indicate which qualification is being met also in Section IV.2.i Project Abstract. For further information on funding preferences and the required documentation, please refer to Section V.2. This attachment **will not count** towards the 80-page limit.

Attachment 13: 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). This attachment **will not count** towards the 80-page limit.

Attachment 14: 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.

This attachment **will not count** towards the 80-page limit.

Attachment 15: Other Related Documents (optional)

Include here any other documents that may be relevant to the application (e.g., letter of support from state or regional partners, Indirect Cost Rate Agreement). This attachment **will count** towards the 80-page limit.

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. Beginning in December 2020, 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: Planned UEI Updates in Grant Application Forms and General Service Administration's UEI Update page.

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 *December 1, 2020 at 11:59 p.m. ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's *SF-424 Application Guide* for additional information.

5. Intergovernmental Review

The Rural Health Care Services Outreach 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 4 years, at no more than $200,000 per year (inclusive of direct and indirect costs) for the Regular Outreach track and no more than $250,000 per year (inclusive of direct and indirect cost) for the HRHI track. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division A of the Further Consolidated Appropriations Act, 2020 (P.L. 116-94) apply to this program. Please see Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Note that these or other restrictions will apply in the following fiscal years, as required by law.

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

- To build or acquire real property or for construction or major renovation or alteration of any space (see 42 U.S.C. 254c(h)). Minor renovations and alterations are allowable.

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

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

V. Application Review Information

1. Review Criteria

HRSA has 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 Health Care Services Outreach program has six (6) review criteria. HRHI track applicants will be evaluated on all of the criteria including the HRHI specific criteria. Regular Outreach track applicants will only be evaluated on the general review criteria. See the review criteria outlined below with specific detail and scoring points. All eligible applications will be reviewed based upon the track the applicant has identified in their **Project Abstract** and **Attachment 10**.

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

Sub-Criterion One: 6 points

1. The clarity in which you describe the intended purpose of the proposed project.
2. The extent to which you clearly outline the project goals and anticipated outcomes of the project.
3. The extent to which you comprehensively describe the evidence-based or promising practice model incorporated in your project and your rationale for selecting your model.
4. The extent to which you thoroughly describe and demonstrate the health-related challenge faced by the community along with the associated contributing factors.

Sub-Criterion Two: 7 points

5. You clearly identify and establish the unmet health care needs of the target population as evidenced by:
    i. The data provided regarding the incidence (e.g., cardiovascular disease, diabetes, etc.) in the target population through demographic information and other specific health status indicators (e.g., social determinants of health, health disparities, etc.) relevant to the project.
    ii. The identification and description of any subpopulations who have historically suffered from poorer health outcomes, racial and ethnic health disparities, and other inequities among the target population. If you indicated that the target

population does not have any subpopulations, you clearly identified and described any subpopulations who might be impacted by the project.

iii. The identification and description of racial and ethnic subpopulations in the proposed service area. If you indicated that the proposed service area does not have any racial and ethnic subpopulations, you described the population demographics of the proposed service area and identified any disparities they face.

iv. The thoroughness in which you illustrate the demographics of the service area (outside of the target population). You provide detailed supporting local (e.g., county-level), state, and national data for the community and the target population. You compare local data versus state and national data to demonstrate disparity and need.

v. The strength and quality of the methodology used to identify the unique needs of the target population (e.g., frequency of needs assessments, modes of data collection).

6. The extent to which you described the level of involvement the target community and the consortium partners have held in identifying the needs of the population and in planning the project activities.

7. The extent to which you clearly describe the relevant barriers that you hope to overcome including:

   i. Any pertinent geographic, socio-economic, linguistic, cultural, ethnic, workforce, and/or other barrier(s) that prohibit access to health care in the target community.

      For *HRHI applicants*, detailed information regarding barriers associated with the particular leading cause(s) of death that you propose to target in your project.

   ii. Any anticipated linguistic, social, or religious barriers to health care of the target population.

Sub-Criterion Three: 7 points

8. The extent to which the target service area is clearly defined and described.

9. The extent to which you demonstrate a thorough understanding of the relevant health services currently available in the targeted service areas including:

   i. The potential impact of the project on current providers (especially those that are not included in the proposed project).

   ii. Any other potential adverse effect (if any), as well as estimates of how the project might augment and enhance any existing capabilities in the service area.

   iii. How your project will effectively address a health gap in the community that would not otherwise have been addressed if it were not for this grant funding.

   iv. How other grant programs and/or resources would not have been able to successfully address this unmet health need and how this grant program is the best and most appropriate opportunity to address this need.

Criterion 2: RESPONSE (30 points) – Corresponds to Section IV's Methodology

Sub-Criterion One: 9 points

1. The extent to which:
    i. The proposed project thoroughly responds to the "Purpose" included in the funding opportunity description and, if relevant, the intended purpose of the Healthy Rural Hometown Initiative in relation to "Needs Assessment" section of the program narrative.
    ii. The proposed activities are an effective approach for addressing the health-related challenge and for attaining the project objectives.
    iii. The proposed goals and objectives have a clear and relevant correlation towards addressing the identified need and associated barriers while remaining measurable, realistic, and achievable in a specific timeframe.
    iv. The quality and extent to which the applicant describes the methods by which their project will address the health access and outcome disparities experienced by vulnerable populations within their target rural service area and how these methods align with the propose project goals and objectives.
    v. Proposed activities ensure that possible cultural, linguistic, social, and religious differences of target populations are identified and addressed.

Sub-Criterion Two: 9 points

2. The degree to which you propose a health service project based on an appropriate and relevant evidence-based or promising practice model. The degree to which the model has been shown to be effective in addressing gaps and needs in a community setting and improve the health status of participants, including:
    i. The strength of the evidence-based or promising practice model that the project is based on as evidenced by appropriate and valid citations for the chosen model/s.
    ii. The extent to which the evidence-based practice or promising practice model selected for the project and evidence that this framework is appropriate and relevant to your community's need and target population.
    iii. The extent to which the model is tailored and/or modified to your proposed project and how the tailored/modified evidence-based or promising practice model can be effective in fulfilling your community's unmet needs and improving the health status.

Sub-Criterion Three: 6 points

3. The strength and feasibility of the following:
    i. The plan for project sustainability after the period of federal funding ends.
    ii. The sustainable impact of the program funded by grant.
    iii. The proposed strategies to achieve the desired sustainable impact.
    iv. Potential sources of support for achieving sustainability after the 4-year period of performance has ended.

Sub-Criterion Four: 6 points

4. The strength and feasibility of the proposed work plan that is logical and easy to follow. The clarity in which the work plan addresses the project activities, responsible parties, the timeline of the proposed activities, anticipated outputs, and the necessary processes associated with achieving project goals.

5. The extent to which the work plan addresses and resolves identified challenges and anticipated barriers.

6. The clarity in which you describe how your project goals are consistent with the Healthy People 2030 Initiative.

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

1. The effectiveness of the method proposed to monitor and assess the project results. Measures must be able to assess:
   i. The extent to which the program objectives have been met.
   ii. The extent to which these can be attributed to the project.

2. Thorough evidence that demonstrates that progress toward meeting grant-funded goals will be tracked, measured, and assessed.
   i. The extent to which the baseline (process and outcome) measures will be comprehensively monitored and tracked throughout the period of performance in order to demonstrate the effectiveness of the intervention and to determine the replicability of the project to other rural communities. These measures must align with the goals and objectives of the proposed project and the potential health impact.

3. The strength of proposed on-going quality assurance/quality improvement strategies that will assist in the early identification and modification of ineffective efforts.

4. The strength of the process by which data/information for these measures will be collected and assessed, including an approach for assessing the project's progress in relation to its proposed outputs and outcomes.

   For *HRHI Applicants* only, the clarity in which the proposed data collection plan accurately addresses anticipated processes for collecting data related to their proposed focus area(s).

5. The strength of the proposed assessment questions, indicators, data sources, assessment methods (e.g., review of documents, interviews with project staff and participants, surveys of participants, etc.), and how the assessment findings will be shared throughout the project as evidenced in the assessment plan.

6. The extent to which the assessment strategy engages project staff and key stakeholders in the design and implementation of the assessment as evidenced in the assessment plan.

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

1. The extent to which the proposed project will positively impact the target population and the extent to which the project may be replicable in other communities with similar needs.

2. The quality and extent to which the applicant incorporates processes for reducing health access and outcomes disparities within the target rural service area.

3. The extent to which you describe the potential impacts of the selected evidence-based or promising practice model/s that was used in the design and development of the proposed project.

4. The feasibility and effectiveness of the proposed approach for widely disseminating information regarding results of the project.

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

Sub-Criterion One: 15 points

1. Your organization's demonstrated experience serving, or the capacity to serve, rural underserved populations (if applicable, applicant organization should describe existing or prior collaboration and/or working experience within the targeted rural area with the target population.

2. The quality and appropriateness of the resources and the abilities of your organization and the consortium members in fulfilling program requirements and meeting program expectations.

3. Your capability to implement and fulfill the requirements of the proposed project based on the resources available and the qualifications of the project staff.

4. The extent to which your organization will ensure a high degree of local control in the project that details a shared decision-making structure and capacity.

Sub-Criterion Two: 5 points

5. The strength of the consortium as evidenced by:

i. Effective strategies employed for creating and defining the consortium.
ii. The nature and extent of each consortium member's responsibilities and contributions to the project.
iii. The extent to which the consortium partners are appropriate collaborators and the expertise they bring to the project.
iv. Clearly defined roles and responsibilities for each of the organizations in the consortium, and how authority will flow from your organization receiving the federal grant funds to the consortium members.
v. The ability of each organization participating in the consortium to deliver the services, contribute to the consortium, and otherwise meet the needs of the project.
vi. How grant funds will be distributed between partners.

Sub-Criterion Three: 5 points

6. The strength of the proposed strategies for communication and coordination of the consortium members as evidenced by:
    i. How and when the consortium will meet and the proposed process for soliciting and incorporating input from the consortium for decision-making, problem solving, and urgent or emergency situations.
    ii. The plan for communication and coordination between the project director and consortium members, including how often communication is expected.
    iii. The proposed frequency of project updates that will be given to the consortium members and the extent to which the project director will be accountable to the consortium.
    iv. The strength and feasibility of the proposed process for periodic feedback and program modification as necessary.

7. The strength of the proposed indicators to assess the effectiveness of the communication and coordination of the consortium and its timely implementation.

8. The degree to which you discuss potential challenges with the consortium (e.g., data sharing, consortium disagreements, personnel actions, expenditure activities, etc.) and identify approaches that can be used to resolve the challenges.

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

The SF-424A budget forms, along with the budget justification components of the itemized budget and budget narrative, are to be used in the review of this section. Together, they will provide reviewers with the information to determine the reasonableness of the support requested.

1. 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 grant-funded activities over the length of the 4-year period of performance.

2. The degree to which the estimated cost to the government for proposed grant-funded activities is reasonable.

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.

For this program, HRSA will use preferences.

Funding Preferences
This program provides a funding preference for some applicants, as authorized by 42 U.S.C. 254c(h)(3). 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 receive full and equitable consideration during the review process. HRSA staff will determine the funding factor and will grant it to any qualified applicant that demonstrates they meet the criteria for the preference(s) as follows:

Qualification 1: Health Professional Shortage Area (HPSA)
You can request funding preference if the service area of the applicant is located in an officially designated health professional shortage area (HPSA). Applicants must include a screenshot or printout from the HRSA Shortage Designation website, which indicates if a particular address is located in a HPSA: https://data.hrsa.gov/tools/shortage-area/by-address in **Attachment 12**.

Qualification 2: Medically Underserved Community/Populations (MUC/MUPs)
You can request funding preference if the applicant is located in a medically underserved community (MUC) or serves medically underserved populations (MUPs). Applicants must include a screenshot or printout from the HRSA Shortage Designation website that indicates if a particular address is located in a MUC or serves an MUP: https://data.hrsa.gov/tools/shortage-area/by-address in **Attachment 12**.

Qualification 3: Focus on Primary Care, and Wellness and Prevention Strategies
You can request this funding preference if your program focuses on primary care and wellness and prevention strategies. You must include a brief justification (no more than 3 sentences) describing how your program focuses on primary care and wellness and prevention strategies in **Attachment 12**.

If requesting a funding preference, please indicate which qualification is being met in the **Project Abstract** and **Attachment 12**. HRSA highly recommends that the applicant include this language to identify their funding preference request:

"*Applicant 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*)."

Please provide documentation of funding preference and label documentation as "Proof of Funding Preference Designation/Eligibility." See **page 44** of the HRSA SF-424 Application Guide.

You 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

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.

HRSA is required to review and consider any information about your organization that is in the Federal Awardee Performance and Integrity Information System (FAPIIS). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider your comments, in addition to other information in FAPIIS in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed as described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

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

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award (NOA) prior to the start date of May 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*.

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) *Regular Outreach Recipients*: **Strategic Plan**. Award recipients will be required to submit a 4-year strategic plan during the first year of their period of performance. This strategic plan will provide guidance for program development throughout the period of performance and beyond. Further information will be provided upon receipt of award.

2) *Regular Outreach Recipients:* **Assessment Plan**. Award recipients will be required to submit an Assessment Plan during the first year of the period of performance. This assessment plan will provide guidance for program assessment throughout the period of performance and beyond. An assessment plan should address both process and outcome measures. It should include the following elements: assessment questions, indicators, data sources, assessment methods (e.g., review of documents, interviews with project staff and participants, surveys of participants, etc.), and how the assessment findings will be shared throughout the project. FORHP recognizes that this plan may change throughout project implementation. However, the likelihood of a project's success is increased if an assessment strategy is identified in the beginning phases of the project, project staff are engaged throughout the assessment process (in the design and implementation stages), and if feedback is provided to project staff and key stakeholders throughout the project to allow for any mid-course adjustments.

3) *HRHI Participants*: **Community Assessment**. Award recipients will be required to submit a Community Assessment during the first year of the period of performance that is specific to the pre-identified focus area(s) (e.g., cancer). This collaborative process should be done with consortium partners and key community members of the proposed service area. Based on the outcome of the assessment, HRHI award recipients will then be able to update their work plans accordingly. This assessment will have multiple components that will be submitted to HRSA at different points during the period of performance.

4) *HRHI Participants*: **Cost-Savings Estimation Plan**. As part of receiving the grant, award recipients are required to submit a Cost Savings Estimation Plan that will detail how their project will utilize data to estimate savings associated with program participation during the first year of the project. During subsequent years, award recipients have the opportunity to test and refine their approach to best fit the evolving needs of their program.

    a. Phase 1 – Due approximately 3 – 6 months after award start date
    b. Phase 2 – Due approximately 12 – 18 months after award start date
    c. Phase 3 – Due approximately 24 – 28 months after award start date

Further information will be provided upon receipt of the award.

5) *Regular Outreach and HRHI Recipients:* **Sustainability Plan**. As part of receiving the grant, award recipients are required to submit a final Sustainability Plan during the fourth year of their period of performance. Further information will be provided upon receipt of the award.

6) *Regular Outreach and HRHI Recipients:* **Progress Report**. Award recipients must submit a progress report to HRSA on an annual basis. *Submission and HRSA approval of your Progress Report(s) triggers the budget period renewal and release of subsequent year funds*. This report demonstrates award recipient progress on program-specific goals. Further information will be provided in the award notice.

7) *Regular Outreach and HRHI Recipients:* **Performance Measures Report**. A performance measures report is required after the end of each budget period in the Performance Improvement Measurement System (PIMS). Upon award, award recipients will be notified of specific performance measures required for reporting.

8) *Regular Outreach and HRHI Recipients:* **Final Program Assessment Report**. Award recipients are required to submit a final Program Assessment Report at the end of their period of performance that would show, explain and discuss their results and outcomes. Further information will be provided in the award notice.

9) *Regular Outreach and HRHI Recipients:* **Final Closeout Report**. A final report is due within 90 days after the period of performance ends. The final report collects program-specific goals and progress on strategies; core performance measurement data; impact of the overall project; the degree to which the award recipient achieved the mission, goal and strategies outlined in the program; award recipient objectives and accomplishments; barriers encountered; and responses to summary questions regarding the award recipient's overall experiences over the entire period of performance. Further information will be provided in the award notice.

VII. Agency Contacts

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

Benoit Mirindi, PhD.
Senior Public Health Analyst
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-3986
Email: BMirindi@hrsa.gov

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

Alexa Ofori, MPH
Public Health Analyst
Attn: Rural Health Care Services Outreach Program
Federal Office of Rural Health Policy
Health Resources and Services Administration
5600 Fishers Lane, Room 17N-172A
Rockville, MD 20857
Telephone: (301) 945-3986
Email: RuralOutreachProgram@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

HRSA has scheduled following technical assistance:

Webinar

Day and Date: Tuesday, October 13, 2020
Time: 3 – 4:30 p.m. ET
Call-In Number: 1-888-282-1677
Participant Code: 2385833
Weblink:
https://hrsa.connectsolutions.com/rural_health_care_services_outreach_program_nofo/
Playback Number: 1-866-461-2738
Passcode: 101320

Tips for Writing a Strong Application

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

Appendix A: Rural Health Care Services Outreach Program Specific Measures: Performance Improvement Measures System (PIMS) Sample

The measures below are required for all Outreach awardees (including those participating in the Healthy Rural Hometown Initiative Track)

ACCESS TO CARE (applicable to all awardees)

- Number of counties served in project
- Number of people in the target population (denotes the number of people in your target population but not the number of people who availed your direct services)
- Number of unique individuals who received direct services that were funded with this grant (Direct services are defined as a documented interaction between a patient/client and a clinical or non-clinical health professional that has been funded with this grant. Examples of direct services include but are not limited to patient visits, counseling and education)
- Number of individuals your organization reaches through indirect services (Indirect services are defined as outreach conducted through mass communication methods. Examples of mass communication include billboards, flyers, health fairs, mailings/newsletters).
- Type of new and/or expanded services provided through this grant

POPULATION DEMOGRAPHICS (applicable to all awardees)

- Number of people served by ethnicity:
    - Hispanic or Latino
    - Not Hispanic or Latino
- Number of people served by race:
    - American Indian or Alaska Native
    - Asian
    - Black or African American
    - Native Hawaiian or Other Pacific Islander
    - White
    - More than one race
- Number of people served by age group:
    - Children (0-12)
    - Adolescents (13-17)
    - Adults (18-64)
    - Elderly (65 and over)
    - Unknown
- Among the unique individuals who received direct services, what is the number of:
    - Uninsured people receiving preventative and/or primary care (Uninsured is defined as those without health insurance and those who have coverage under the Indian Health Service only)
    - People enrolled in public assistance (i.e., Medicare, Medicaid, SCHIP or any state-sponsored insurance)

- People who use third-party payments to pay for all or part of the services received (i.e., employer sponsored or private non-group insurance)
- People who pay out-of-pocket for the services rendered (Denotes the number of people who are uninsured, not enrolled in any public assistance, not enrolled in private third party insurance and do not receive health services free of charge)
- People who receive health services free of charge (i.e., no public or private third party payers)

NETWORK/CONSORTIUM (applicable to all awardees)

- Identify types and number of nonprofit organizations in the consortium
- Identify types and number of for-profit organizations in the consortium

SUSTAINABILITY (applicable to all awardees)

- List the annual program award
- List any annual program revenue made through the services offered by this grant
- List any additional funding secured to assist in sustaining the project
- Identify types of funding source(s) for sustainability
- Identify types of sustainability activities
- List the ratio for economic impact vs. HRSA program funding (use the HRSA's Economic Impact Analysis tool at https://www.ruralhealthinfo.org/econtool to calculate ratio)
- Will the network/consortium sustain, if applicable?
- Will any of the program's activities be sustained after the period of performance?

CHILDHOOD OBESITY (only applicable to projects that focus on childhood obesity)
This risk calculator collects BMI and BMI Percentile information for childhood obesity programs using the Centers for Disease Control BMI Percentile Calculator for Child and Teen. Please note, the calculator is meant to be used for children and teens, ages 2 through 19 years old.

- Calculate mean (average) of body mass index utilizing the CDC BMI Percentile Calculator for Child and Teen calculator: https://nccd.cdc.gov/dnpabmi/Calculator.aspx.

HEALTHY RURAL HOMETOWN INITIATIVE PROJECT MEASURES (only applicable to projects participating in the Healthy Rural Hometown Initiative)

The ASCVD Simulator collects information for programs participating in the HRHI that are focusing on **heart disease**, **stroke** and/or **chronic lower respiratory disease**. Please note, the ASCVD Risk Simulator is meant to be used for individuals 40 to 79 years old who have no history of cardiovascular disease (e.g., heart attack, stroke, peripheral artery disease, or heart failure).

- Number of participant enrolled in your heart disease, stroke and/or chronic lower respiratory disease HRHI that are between the ages of 40 to 79.

- Calculate mean (average) of 10-year risk utilizing the ASCVD Risk Simulator: http://tools.acc.org/ascvd-risk-estimator-plus/#!/calculate/estimate/.
- Calculate the mean (average) difference between the 10-year risk and the optimal risk using the ASCVD Simulator: http://tools.acc.org/ascvd-risk-estimator-plus/#!/calculate/estimate/

The following project measures collects information on program participating in the HRHI that are focused on **cancer**.

- Number of participants enrolled in your cancer HRHI.
- Number of individuals who received counseling about cancer risk factors and prevention.
- Number of individuals who received counseling about cancer screening consistent with current guidelines.
- Number of individuals screened for cancer.
- Number of individuals diagnosed with cancer who are referred to treatment.
- Number of individuals who receive programming focused on survivorship.

The following project measures collects information on program participating in the HRHI that are focused on **unintentional injury**.

- Number of participants enrolled in your unintentional injury HRHI.
- Number of individuals who received education on unintentional injury prevention.
- Number of new local policies that were implemented to help prevent unintentional injury.

WORKFORCE/ RECRUITMENT & RETENTION (only applicable to projects that focused on student/resident workforce recruitment and retention)

- Number of new students/residents recruited to work on the project
- Of the total number recruited, how many completed the training/rotation?
- Of the total number that completed the training/rotation, how many plan to practice in a rural area
- Identify the type(s) of trainee primary care focus area(s)
- Identify the type(s) of trainee's discipline
- Number of new trainings/rotations
- Identify the types and number of training sites

HEALTH PROMOTION AND DISEASE MANAGEMENT (only applicable to projects that had health promotion/disease management activities)

- Number of people who participated in the health promotion/disease management activities offered to the public through this grant
- Number of people referred to health care providers

MENTAL/BEHAVIORAL HEALTH (only applicable to projects that had mental/behavioral health activities)

- Number of unique people receiving mental and/or behavioral health direct services
- Number of network/consortium members integrating primary and mental health services

ORAL HEALTH (only applicable to projects that had oral health activities)

- Number of unique people receiving dental/oral health direct services
- Number of network/consortium members integrating primary and dental/oral health services
- Identify the types and number dental/oral health services provided:
    - Screenings/exams
    - Sealants
    - Varnish
    - Oral Prophylaxis
    - Restorative
    - Extractions

CLINICAL MEASURES (only applicable to projects in which direct outpatient care was provided)

- **Measure 1** – *Diabetes Short Term Complications Admissions Rate* (NQF #0272): The rate of admissions for a principal diagnosis of diabetes with short- term complications (ketoacidosis, hyperosmolarity, or coma) per 100,000 population, ages 18 years and older.

- **Measure 2 –** *Tooth loss* (Healthy People 2020 Objective): Percentage of adults with permanent tooth loss due to dental caries or periodontal disease.

- **Measure 3** - *Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan* (NQF #0418): Percentage of patients aged 12 years and older screened for clinical depression using an age appropriate standardized tool AND a documented follow-up plan.

- **Measure 4** - *Controlling High Blood Pressure* (NQF #0018): Percentage of adult patients, 18-85 years of age, who had a diagnosis of hypertension whose blood pressure, was adequately controlled during the budget period.

- **Measure 5** – *Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0 percent)* (NQF #0059): Percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent HbA1c level during the measurement year was greater than 9.0 percent (poor control) or was missing a result, or if an HbA1c test was not done during the measurement year.

- **Measure 6** - *Preventive Care & Screening: Tobacco Use: Screening and Cessation Intervention* (NQF #0028): Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation-counseling intervention if identified as a tobacco user

- **Measure 7** - *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents* (NQF #0024): Percentage of patients 3-17 years of age who had an outpatient visit with a primary care physician (PCP) or an OB/GYN and who had evidence of the following during the budget period:
    - Body mass index (BMI) percentile documentation
    - Counseling for nutrition
    - Counseling for physical activity

- **Measure 8** - Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up (NQF #0421): Percentage of patients aged 18 years and older with a documented BMI during the current encounter or during the previous 6 months AND when the BMI is outside of normal parameters, a follow-up plan is documented during the encounter or during the previous 6 months of the encounter

Appendix B: Rural Health Care Services Outreach Program Definitions

Social Determinants of Health – Social determinants of health (SDOH) include factors like socioeconomic status, neighborhood and physical environment, social support networks, community violence, and intimate partner violence. SDOH affect a wide range of health, functioning, and quality-of-life outcomes and risks. Addressing SDOH is a HRSA objective to improve health and well-being of individuals and the communities in which they reside.

Evidence-Based Programs – Evidence-based public health is defined as the development, implementation, and evaluation of effective programs and policies in public health through application of principles of scientific reasoning, including systematic uses of data and information systems, and appropriate use of behavioral science theory and program planning models.[8]

Health Care Provider – Health care providers are defined as entities such as black lung clinics, hospitals, public health agencies, home health providers, mental health centers and providers, 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 health centers/federally qualified health centers, tribal health programs, churches and civic organizations that are providing health related services.

Memorandum of Understanding/Agreement – The Memorandum of Understanding/Agreement (MOU/A) 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 MOU/A must describe the network purpose and activities in general; member responsibilities in terms of financial contribution, participation, and voting; and membership benefits.

Consortium - An association or agreement of at least three separately owned and governed entities (e.g., health care providers, nonprofit organizations, and educational institutions) formed to undertake an enterprise beyond the resources of any one member.

Network – A formal organizational arrangement among at least three separately owned health care providers or other entities that provide or support the delivery of health care services. The purpose of a network is to foster collaboration and integration of functions among network entities to strengthen the rural health care system.

[8] Brownson, Ross C., Elizabeth A. Baker, Terry L. Leet, and Kathleen N. Gillespie, Editors. Evidence-Based Public Health. New York: Oxford University Press, 2003. https://phpartners.org/tutorial/04-ebph/2-keyConcepts/4.2.2.html. Accessed April, 2017.

Promising Practice Model – A model with at least preliminary evidence of effectiveness in small-scale interventions or for which there is potential for generating data that will be useful for making decisions about taking the intervention to scale and generalizing the results to diverse populations and settings".[9] An example of a promising practice is a small-scale pilot program that generates positive outcome results and justifies program expansion to new access points and/or service populations.

[9] Department of Health and Human Services Administration for Children and Families Program Announcement. Federal Register, Vol. 68, No. 131, (July 2003), p. 40974.

Appendix C: Rural Health Care Services Outreach Program Useful Resources

Several sources offer data and information that will help you in preparing the application. You are especially encouraged to review the reference materials available at the following websites:

Academy for Health Services Research and Health Policy/ Robert Wood Johnson's Networking for Rural Health

- Reference material available at the website, which includes:
  - Principles of Rural Health Network Development and Management
  - Strategic Planning for Rural Health Networks
  - Rural Health Network Profile Tool
  - The Science and Art of Business Planning for Rural Health Networks
  - Shared Services: The Foundation of Collaboration
  - Formal Rural Health Networks: A Legal Primer

Website: http://www.academyhealth.org (click on search and enter rural health network)

Centers for Medicare and Medicaid (CMS) Services Value-Based Programs
Provides incentive payment rewards to health care providers for the value of care they provide to people with Medicare.
Website: https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/value-based-programs/value-based-programs.html

Community Health Systems Development team of the Georgia Health Policy Center
Offers a library of resources on topics such as collaboration, network infrastructure and strategic planning.
Website: http://ruralhealthlink.org/Resources/ResourceLibrary.aspx

Health Resources and Services Administration (HRSA)
Health Resources and Services Administration
Offers links to helpful data sources including state health department sites, which often offer data.
Website: http://www.hrsa.gov

HRSA Data Warehouse
View the abstracts of previous Outreach Program award recipients.
Website: https://data.hrsa.gov/tools/find-grants
Instructions: View Tools → Find Grants → Filter → Program Areas: Rural Health → Program Name: Rural Health Care Services Outreach Program (D04) → Click Submit

Kaiser Family Foundation
Resource for data and information.
Website: http://www.kff.org

Maternal and Child Health Data System
Offers data, sorted by state, on services to women and children.
Website: https://mchb.tvisdata.hrsa.gov/

National Association of County and City Health Officials (NACCHO):
Provides a guide that demonstrates how building partnerships among local health departments, community health centers, health care organizations, offices of rural health, hospitals, nonprofit organizations, and the private sector is essential to meet the needs of rural communities.
Website:
http://www.naccho.org/topics/infrastructure/mapp/framework/clearinghouse/upload/MobilizingCommunityPartnerships_7-29.pdf

National Center for Health Statistics
Provides statistics for the different populations.
Website: http://www.cdc.gov/nchs/

Rural Health Research Gateway
Provides access to projects and publications of the HRSA-funded Rural Health Research Centers, 1997-present.
Website: http://www.ruralhealthresearch.org/

Rural Health Value
This Value-Based Assessment Tool helps assess readiness for the shift of health care payments from volume to value.
Website: https://ruralhealthvalue.public-health.uiowa.edu/TnR/vbc/vbctool.php

Technical Assistance and Services Center
Provides information on the rural hospital flexibility and network resource tools.
Website: http://www.ruralcenter.org/tasc

Telehealth Resource Centers (TRCs)
The Federal Office of Rural Health Policy supports TRCs, which provide assistance, education and information to organizations and individuals who are actively providing or interested in providing medical care in remote areas.
Website: https://www.telehealthresourcecenter.org/

The Rural Health Information Hub (RHI Hub)
The RHI Hub is a national resource for rural health and human services information.
Website: https://www.ruralhealthinfo.org

- Rural Community Health Toolkit: https://www.ruralhealthinfo.org/toolkits/rural-toolkit

University of North Carolina - Cecil G. Sheps Center for Health Services Research
Resource for data and information on rural hospital closures.
Website: https://www.shepscenter.unc.edu/programs-projects/rural-health/rural-hospital-closure

Appendix D: Regular Outreach Track and Healthy Rural Hometown Initiative (HRHI) Track Comparison Table

Regular Outreach Track and Healthy Rural Hometown Initiative (HRHI) Track Comparison		
Program Name	Rural Health Care Services Outreach Program	
Track Name	Regular Outreach Track	HRHI Track
Goal	To promote health care services by enhancing health care delivery to rural and underserved population based on the needs of the community or region	Demonstrate the collective impact of programs that better manage conditions, address risk factors and focus on prevention that relates to the five leading causes of death
Funding per Award	Up to $200,000 per year	Up to $250,000 per year
Estimated Number of Awards	Approximately 45 awards	Approximately 15 awards
Required Focus Area(s)	None (focus areas should be based on the needs of the community)	At least one of the five leading causes of death (heart disease, cancer, unintentional injury/substance use, chronic lower respiratory disease, and stroke)
Consortium Partner Recommendation	None	HRSA recommends that consortium include at least one state or regional partner
Four-year Program Format	All four years should focus on proposed program activities	The first year (year one) of the program will be used as a planning year and years two, three and four will focus on the delivery of health care services to the target population
Data Collection and Reporting Expectations	Report on the PIMS and project specific measures	Have the capacity to track the same patients for the duration of the program to be able to report on HRHI specific PIMS (which may include cost savings analysis, risk reduction, etc.), project specific measures and program deliverables
Program Deliverables	• Strategic Plan • Assessment Plan • Sustainability Plan • Annual Performance Measure Report • Noncompeting Continuation Report • Final Program Assessment Report • Final Closeout Report	• Community Assessment • Cost-Savings Estimation Plan • Sustainability Plan • Annual Performance Measure Report • Noncompeting Continuation Report • Final Program Assessment Report • Final Closeout Report
Anticipated Post-Award Activities	None	Participation in post-award program evaluation