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

Office of Rural Health Policy
Community Based Division

Rural Health Care Services Outreach Program

Announcement Type: New
Announcement Number: HRSA-15-039

Catalog of Federal Domestic Assistance (CFDA) No. 93.912

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2015

Application Due Date: November 14, 2014

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

Release Date: September 4, 2014

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Authority: Public Health Service Act, Section 330A(e) (42 U.S.C. 254c(e)), Public Law 113-76.

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Office of Rural Health Policy (ORHP) is accepting applications for Fiscal Year (FY) 2015 Rural Health Care Services Outreach program. The purpose of this grant program is to expand delivery of health care services in local and regional rural communities.

Funding Opportunity Title:	Rural Health Care Services Outreach Program
Funding Opportunity Number:	HRSA-15-039
Due Date for Applications:	November 14, 2014
Anticipated Total Annual Available Funding:	$16,000,000
Estimated Number and Type of Award(s):	Up to 80 grants
Estimated Award Amount:	Up to $200,000 per year
Cost Sharing/Match Required:	No
Project Period:	May 1, 2015- April 30, 2018 (3 years)
Eligible Applicants:	• Located in a rural county or eligible rural census tract; **and**; • Public and non-profit entities including faith-based and community organizations, and tribal governments and organizations; ***and;*** • In a consortium with at least two additional organizations. These two other organizations can be rural, urban, non-profit or for-profit. The consortium must include at least three or more health care providers. [See Section III-1 of this funding opportunity announcement (FOA) for complete eligibility information.]

All applicants 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 funding opportunity announcement to do otherwise. A short video for applicants explaining the new *Application Guide* is available at http://www.hrsa.gov/grants/apply/applicationguide/.

Technical Assistance Webinar

The Office of Rural Health Policy will hold a technical assistance webinar on Wednesday, September 24, 2014 from 1:00-2:30pm EDT to assist applicants in preparing their applications. The Technical Assistance Webinar is open to the general public. The purpose of the webinar is to go over the funding opportunity announcement, and to provide any additional or clarifying information that may be necessary regarding the application process. There will be a Q&A session at the end of the webinar to answer any questions. While the webinar is not required, it

is highly recommended that anyone who is interested in applying for the Outreach Program plan to listen to the webinar. It is most useful to the applicants when the funding opportunity announcement is easily accessible during the call and if questions are written down ahead of time for easy reference.

Call-in number (for audio): 888-282-9630 // passcode: 1632772
URL (for web): https://hrsa.connectsolutions.com/fy15_outreach_foata/

Prior to joining, please test your web connection:
https://hrsa.connectsolutions.com/common/help/en/support/meeting_test.htm.

Note: You must dial into the conference line to hear the audio portion of the webinar. No registration is required. To access the webinar recording, visit http://www.hrsa.gov/ruralhealth/about/community/careservicesoutreach.html.

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I. Funding Opportunity Description

1. Purpose

This announcement solicits applications for the Rural Health Care Services Outreach Grant Program (Outreach Program).

ORHP's Outreach Program is a community-based program targeted to improve outreach and service delivery in local and regional rural communities. The goals for the Outreach Program are the following:

1. Expand the delivery of health care services to include new and enhanced services exclusively in rural communities
2. 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
3. Utilize and/or adapt an evidence-based or promising practice model(s) in the delivery of health care services
4. Improve population health, demonstrate health outcomes and sustainability

Proposed projects will have an outcomes-oriented approach that will enhance and sustain the delivery of effective health care in rural communities. Proposed projects will be grounded in an evidence-based or promising practice model(s) in order to avoid "reinventing the wheel". Projects based on an evidence-based or promising practice model have shown to be effective in addressing the community's need, improving the health status of its residents and sustaining the project beyond Federal funding. Outreach projects can take the framework or methodology of an evidence-based or promising practice model and tailor it to their community's need and organization.

Evidence-based programs are those that are developed from scientific evidence and/or have been found to be effective based on the results of rigorous evaluations.[1] "A 'promising model' is defined as one 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".[2] 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.

Programs funded have varied greatly and have brought care to at least two million rural citizens across the country who would otherwise not receive care or have access to care. The community served must be involved in the development and ongoing operations of the program in order to appropriately address the needs of the target population. Through consortia of local providers and others, rural communities have managed to develop innovative approaches to challenges related to enhancing access to services, adapting to changes in the health care environment, and improving the health of their communities. This includes projects focused on the full range of needs in rural communities from workforce, post-acute care services, long-term care services,

[1] *National Opinion Research Center (NORC) Walsh Center for Rural Health Analysis, "Promising Practices for Rural Community Health Worker Programs", ORHP 330A Grant Issue Brief, Y series-No.1 (January 2011)*
[2] *Department of Health and Human Services Administration for Children and Families Program Announcement. Federal Register, Vol. 68, No. 131, (July 2003), p. 40974*

public health enhancement, and care coordination. As health care increasingly moves toward a focus on enhancing value in health care delivery, applicants are encouraged to develop innovative approaches to help their rural communities improve the health of their local population. Applicants should think about how their proposed project addresses the goals of the Outreach grant program and how their project addresses a community need (which should be based on a community needs assessment). The Outreach funding can help rural communities obtain the start-up funding needed to test out and prove the merit of new approaches to addressing long-standing issues as well as emerging challenges in rural communities.

As a recipient of a grant for the Outreach Program, grantees may be offered targeted technical assistance throughout the three years of the grant period to assist in achieving the project's desired outcomes and ensure program sustainability after the grant is over. This additional support is provided at no extra cost to grantees as this is an investment made by ORHP to assist in the success of the grantee projects. ORHP has found that most grantees benefit greatly from the one-on-one support provided through this technical assistance. If an applicant is funded, the grantee will learn more about the targeted technical assistance (if offered).

2. Background

This program is authorized by Section 330A(e) of the Public Health Service (PHS) Act (42 U.S.C. 254c(e)), Public Law 113-76, as amended to "promote rural health care services outreach by 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 categorical nature of discretionary grants and limitations in block grants. These types of grants require organizations to fulfill certain requirements and identify specific needs before they can qualify for funding. As a result, categorical funding defines the community's need rather than the need defining the response. Since the creation of the Outreach Program, the non-categorical funding mechanism has enabled rural communities to take advantage of government resources in the design and implementation of projects that are specifically tailored to meet their populations' unique health needs.

The Outreach Program supports projects that demonstrate creative or effective models of outreach and service delivery in rural communities. Funding can be used to meet a broad range of health care needs from health promotion and disease prevention to expanding oral and mental health services to case management for rural HIV patients. These projects 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. All projects are responsive to any unique cultural, social, religious, and linguistic needs of the target population.

Projects based on demonstrated community need as identified by the target population are more successful at achieving targeted goals and sustaining the project post grant funding. Furthermore, projects based on an evidence-based or promising practice model have been shown to be effective in addressing the community's need, improving the health status of its residents and sustaining the project beyond Federal funding. Applicants that propose an evidence-based model will not be scored higher than those that propose a promising practice model and vice versa.

ORHP recognizes that there are currently very few literature and resources around evidence-based or promising practice models targeted to rural communities. Applicants may find some evidence-based tookits (ex: care coordination, mental health and substance abuse, etc.) and program models at http://www.raconline.org/communityhealth/. Additional resources can be found in the "Methodology" section of this announcement.

In addition to projects utilizing or adapting an evidence-based or promising practice model, another important program element is the requirement of consortiums to deliver health care services. Consortiums bring together rural providers and other agencies and community organizations to address health care problems that are not easily solved by a single entity. Some of the characteristics ORHP has found among the most successful consortiums in the Outreach Program include involvement of all consortium members in the planning process and clearly defined roles for each consortium member.

The Outreach Program requires the target population served be involved in the development and ongoing operations of the project to ensure that the project is responding to their needs. Involving the target population in the planning phase to identify the needs and develop activities increases the likelihood of the project's success by creating ownership and buy-in. Some methods for obtaining input from the target population include surveys, one-on-one interviews and focus groups.

Seventy-one grantees were funded for the fiscal year 2012-2014 cohort. To learn more about previous and currently funded Rural Health Care Services Outreach grant projects:

a) The Rural Health Care Services Outreach Directory is developed at the *beginning* of a project period and provides a brief description of each grantee's project. To view the Outreach directory for the 2012-2014 funding cycle, please visit http://www.raconline.org/pdf/2012outreach_directory.pdf. To view the Outreach directory for previous funding cycles, please visit the Rural Assistance Center website (http://www.raconline.org) and search for 'Outreach Directory'.

b) The Rural Health Care Services Outreach Sourcebook is developed at the *end* of a project period and provides a description and outcomes of each grantee's project. The Sourcebook for the 2012-2014 funding cycle is anticipated to be available Summer 2015. To view the Sourcebook for the 2009-2012 funding cycle, please visit http://www.raconline.org/pdf/sourcebook2009_2012.pdf. To view the Outreach Sourcebook for previous funding cycles, please visit the Rural Assistance Center website (http://www.raconline.org) and search for 'Outreach Sourcebook'.

II. Award Information

1. Type of Award

Funding will be provided in the form of a grant.

2. Summary of Funding

This program will provide funding during Federal fiscal years 2015-2017. Approximately $16,000,000 is expected to be available annually to fund eighty (80) awardees. The actual amount available will not be determined until enactment of the final FY 2015 Federal budget. This program announcement is subject to the appropriation of funds and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds can be awarded in a timely manner. Applicants may apply for a ceiling amount of up to $200,000 per year. The project period is three (3) years. Funding beyond the first year is dependent on the availability of appropriated funds for the Outreach Program in subsequent fiscal years, satisfactory awardee performance, and a decision that continued funding is in the best interest of the Federal Government.

The period of support for these grants may not exceed three years. All proposed project activities must be completed within this time frame.

III. Eligibility Information

1. Eligible Applicants

A) Ownership and geographic requirements for lead applicant

i) The lead applicant organization must be a rural non-profit or rural public entity that represents a consortium/network of three or more health care providers. Federally-recognized tribal governments and organizations are eligible to apply as long as they are located in a rural area. The applicant organization must be located in a non-metropolitan county or in a rural census tract of a metropolitan county and all services must be provided in a non-metropolitan county or rural census tract.

Applicant organizations with headquarters located in a metropolitan county that serve non-metropolitan or metropolitan counties are not eligible solely because of the areas they serve. In addition, applicant organizations located in a metropolitan county with branches in a non-metropolitan county are not eligible to apply if they are eligible only because of the areas or populations they serve.

To ascertain rural eligibility, please refer to http://datawarehouse.hrsa.gov/RuralAdvisor/RuralHealthAdvisor.aspx. This webpage allows potential applicants to search by county or street address to determine their rural eligibility. The applicant organization's county name must be entered on the SF-424 Face Page in Box 8, Section d. Address. If the applicant is eligible by census tract the census tract number must also be included next to the county name.

If the applicant organization is owned by or affiliated with an urban entity or health care system, the rural component may still apply as long as the rural entity has its own Employer Identification Number (EIN) and can directly receive and administer the grant funds in the rural area. The rural entity must be responsible for the planning, program management, financial management and decision making of the project and the urban parent organization must assure the Office of Rural Health

Policy in writing that, for the grant, they will exert no control over or demand collaboration with the rural entity. This letter must be included in **Attachment 1**.

ii) In addition to the 50 States, applicants can be 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, and the Republic of Palau.

iii) Faith-based and community-based organizations are eligible to apply for these funds, as long as they are located in a rural area (see Section III(1)(A)(i) to ascertain rural eligibility). For-profit or urban based organizations are not eligible to be the lead applicant but can participate in the consortium.

iv) If the applicant organization is a non-profit entity, one of the following documents must be included in **Attachment 2** to prove non-profit status (not applicable to state, local and tribal government entities, not counted in the page limit):

- A letter from the IRS stating the organization's tax-exempt status under Section 501(c)(3);
- A copy of a currently valid IRS Tax exemption certificate;
- Statement from a state taxing body, state attorney general or other appropriate state official certifying that the applicant organization has a nonprofit tax status and that none of the net earnings accrue to any private shareholders or individuals;
- A certified copy of the organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization; or
- If the applicant is an affiliate of a parent organization, a copy of the parent organization's IRS 501(c) (3) Group Exemption letter; and if owned by an urban parent a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.

v) If the applicant organization is a public entity the proof of non-profit status is not necessary. The applicant organization must, however, submit an official signed letter on city, county, state, or tribal government letterhead identifying them as a public entity and in **Attachment 2**. (Applicants may include supplemental information such as documentation of the law that created the organization or documentation showing that the State or a political subdivision of the State controls the organization.) Tribal government entities should verify their Federally-recognized status via the Bureau of Indian Affairs website: http://www.bia.gov.

Applications from organizations that do not meet the above eligibility criteria will not be considered under this funding opportunity announcement.

B) Consortium requirements

i) As stated in Section 330A(e) of the Public Health Service Act (42 U.S.C. 254c(e)), a consortium composed of at least three or more health care providers will be required to be eligible for this funding opportunity announcement. 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. Only one consortium member will serve as the applicant of record and that applicant organization is required to meet the ownership or geographic requirements stated in Section III(1)(A). Other consortium members do not have to meet the ownership and geographic eligibility requirements.

ii) For-profit organizations are not eligible to be the applicant organization but are eligible to be consortium members. Nonprofit organizations that support the delivery of health care are eligible consortium members and are eligible applicants. Examples of eligible consortium member entities include black lung clinics, 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, churches and other faith-based organizations, and civic organizations.

iii) 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 3**.

iv) For the purposes of this grant 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 organizational members throughout the entire project period.

C) Management Criteria

The lead applicant (if awarded, this will be the grantee of record) must have financial management systems in place and must have the capability to manage the grant. The applicant organization must:

- Exercise administrative and programmatic direction over grant-funded activities;
- Be responsible for hiring and managing the grant-funded staff;
- Demonstrate the administrative and accounting capabilities to manage the grant funds;
- Have at least one permanent staff at the time a grant award is made; and
- Have an Employer Identification Number (EIN) from the Internal Revenue Service.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

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

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

Multiple applications from an organization are not allowable.

Outreach program funds under this announcement may not be used to purchase or acquire real property or for construction or major renovation or alteration of any space (See 42 U.S.C. 254c(h));

Notifying your State Office of Rural Health
Applicants are required to notify the State Office of Rural Health (SORH) of their intent to apply to this program. A list of the SORHs can be accessed at http://nosorh.org/nosorh-members/nosorh-members-browse-by-state/ Applicants must include in **Attachment 4** a copy of the letter or email sent to the SORH, and any response received to the letter that was submitted to the SORH describing their project.

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

Applicants located in 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, and the Republic of Palau do not have a designated State Office of Rural Health. Therefore, applicants from these areas can request an email or letter confirming the contact from NOSORH. The email address is: donnap@nosorh.org.

Current and former grantees of any ORHP community-based grant programs are eligible to apply if the proposed project is a new proposal (entirely new project) or an expansion or enhancement of the previous grant project (per PHS Act, § 330A(e)(2)(C)). The project should not supplant an existing program. The proposal should differ significantly from the previous projects by expanding the service area of the project, serving a new population, providing a new service or expanding the scope of the previous grant activities. Please provide a 1-page synopsis for any and all previously funded ORHP grant projects in **Attachment 5**.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA ***requires*** applicants for this funding opportunity announcement to apply electronically through Grants.gov. Applicants must download the SF-424 application package associated with this funding opportunity following the directions provided at Grants.gov.

2. Content and Form of Application Submission

Section 4 of HRSA's *SF-424 Application Guide* provides instructions for the budget, budget justification, 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. All applicants are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide* except where instructed in the funding opportunity announcement to do otherwise.

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

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

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

i. Project Abstract
See Section 4.1.ix of HRSA's *SF-424 Application Guide.* In addition, the abstract must include:

- A brief description of the community and community need(s).
- A brief description of the target population group(s) to be served and target service area(s).
- The focus area(s) of the project (ex: project will focus on diabetes education).
- A brief description of the proposed services.
- The number of consortium members involved in the project and those who have signed a Memorandum of Understanding/Agreement.
- The title/name of the evidence-based or promising practice model(s) that the applicant will be adopting and/or adapting. If the model was tailored for the proposed project, please briefly describe how it was modified.
- A brief description on the expected outcome(s) of the proposed services.
- **Please place request for funding preference at the bottom of the abstract.** The applicant must explicitly request a qualifying funding preference and cite the qualification that is being met (see 42 U.S.C. 254c(h)(3)). ORHP highly recommends that the applicant include this language: *"**Applicant's organization name** is requesting a funding preference based on **qualification X**. County Y is in a designated HPSA"* at the bottom of the abstract if requesting funding preference so as to minimize confusion as to whether the applicant is certainly requesting funding preference. If applicable,

the applicant needs to provide supporting documentation in **Attachment 6**. Please refer to Section V.2 for further information.

ii. Project Narrative

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

Use the following section headers for the Narrative:

- *INTRODUCTION -- Corresponds to Section V's Review Criterion #1 (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 their 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. There is no need to provide extensive details on the evidence-based or promising practice model in this section. Details about the evidence-based or promising practice model must be explained in the "Methodology" section. Please see "Methodology" section for further instructions.

  Applicants are required to utilize ORHP Outreach program-specific measures (also commonly referred to as Performance Improvement Measurement System (PIMS) measures) to help monitor their project (as appropriate and relevant to the proposed project) (see Appendix A for draft PIMS measures). Applicants are also required to develop their own grant project specific measures that they can track throughout the grant period that would demonstrate health status improvement and include baseline data for each corresponding project specific measure. List the proposed ORHP specific and grant 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. 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 needs of your community for the proposed project and how the local 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).

  Please use the following five sub-headings in responding to this section: Target Population Details, Program Development/Target Population Involvement, Barriers/Challenges, Target Service Area Details and Health Care in Service Area.

  A list of resources is found at the end of this section that may be helpful for applicants as they develop this section of their project narrative.

1. ***Target Population Details***
    a. Disparities based on race, ethnicity, gender identity, sexual orientation, geography, socioeconomic status, disability status, primary language, health literacy, and other relevant dimensions should be considered. Applicants should also consider people with disabilities; non-English speaking populations; lesbian, gay, bisexual, and transgender populations; people with limited health literacy; or populations that may otherwise be overlooked when identifying their target population.

    b. Describe the target population of your proposed grant project and its unmet health needs (if funded, this is the population you will be monitoring and tracking). The population description may include information about the incidence and prevalence of specific conditions such as chronic diseases or about the age or socioeconomic status of the target population. Include social determinants of health and health disparities impacting the population or communities served and unmet health needs. Demographic data should be used and cited whenever possible to support the information provided. Describe the entire population of the service area and its demographics in relation to the population to be served.

    c. Compare local data to State and Federal data where possible to highlight the local community's or region's unique needs. For example, the rate of uninsurance in Community A is 75 percent whereas the State rate of uninsurance is 60 percent and the national rate is 20 percent. 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.

2. ***Program Development/Target Population Involvement***
    a. The Outreach Program requires the target population being served to be involved in the development and ongoing operations of the project to ensure that the project is responding to their needs. Involving the target population in the planning phase to identify the needs and develop activities increases the likelihood of success of the project by creating ownership and buy-in. A description of how the needs of the target population were identified and the role that they played should be provided.

    b. Discuss the manner and degree to which target population was included in planning for the activities of the project. Provide details (frequency, number of participants, etc.) about the tools and methods (e.g., needs assessments, focus groups, questionnaires/surveys, etc.) that were used to identify special needs 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.

3. ***Barriers/Challenges***
    a. Discuss any relevant barriers in the service area 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, other barrier(s) and 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 provided address the cultural, linguistic, religious, and social differences of the target populations.

4. <u>Target Service Area Details</u>

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

b. Every project is located in an area that is bound geographically in some way. There may be important physical features to the landscape that are important for reviewers to understand. In order to fully depict the environment of the service area, a description of geographical features of the area must be included in this section.

c. A map must also be included that clearly shows the entire target service area(s), to be used as a reference by reviewers. The map does not have to be "tailor made" for this application but it will help reviewers visualize and understand the scope of the proposed activities. It can be a copy or portion of an existing map that has been altered, by hand if necessary, to show where the project activities will be provided and where pertinent geographical barriers may be located (e.g., mountainous terrain). **Please be sure that any maps included will photocopy clearly in black and white, as this is what reviewers will see. Color maps will not be helpful for the reviewers.** Please include any maps in **<u>Attachment 14</u>**.

5. <u>Health Care in Service Area</u>

a. Describe the health care services available in or near your service area. It is important for reviewers to understand the number and type of relevant health and social service providers that are located in and near the service area of the project and how they relate to the project. How does the proposed project complement the current services in the community? Or does the proposed project duplicate services that are already available to the community?

b. Applicants should also 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.

c. 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 grant program is the best and appropriate opportunity/avenue to address this gap.

Helpful Resources

Your local health department may be a valuable resource in acquiring data in responding to this section.

Also, ORHP provides funding to the following entities that can help applicants in responding to this section:

Rural Assistance Center (RAC)
The Rural Assistance Center is supported by funding from ORHP and helps rural communities and other rural stakeholders access the full range of available programs, funding, and research that can enable them to provide quality health and human services to rural residents. Please visit RAC's website at: http://www.raconline.org .

RAC also provides free customized assistance that can provide support in gathering data, statistics and general rural health information. Applicants can contact RAC and information specialists can provide the information that applicants need in responding to this section. To utilize RAC's free customized assistance, please call 1-800-270-1898 or email them at info@raconline.org.

Within the Rural Assistance Center is the Rural Community Health Gateway (Community Health Gateway). The Community Health Gateway showcases program approaches that can be adapted to fit a community's need. There are several evidence-based toolkits available including a care coordination toolkit, mental health and substance abuse toolkit, and oral health toolkit. Applicants may also access program models that have shown to be effective. The Rural Community Health Gateway can be accessed at http://www.raconline.org/communityhealth/.

Rural Health Research Gateway
The Rural Health Research Gateway website provides easy and timely access to all of the research and findings of the ORHP-funded Rural Health Research Centers. The site can be used to find abstracts of both current and completed research projects, publications resulting from those projects, and information about the research centers themselves as well as individual researchers.

The Rural Health Research Gateway website is hosted at the University of North Dakota Center for Rural Health with funding from ORHP. Its intent is to help move new research findings of the Rural Health Research Centers to various end users as quickly and efficiently as possible. Please visit their website at: http://www.ruralhealthresearch.org

- *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 funding opportunity announcement.

  Please use the following four sub-headings in responding to this section: Goals and Objectives, Program Goals and Healthy People 2020 Initiative, Evidence-Based/Promising Practice Model and Sustainability Approach.

1. ***Goals and Objectives***

   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.

2. ***Program Goals and Healthy People 2020 Initiative***

   The goals of the grant-funded activities must be consistent with the Healthy People 2020 initiative. Please visit: http://www.healthypeople.gov/2020/default.aspx for more information about Healthy People 2020 initiative. The applicant should clearly describe how specific project goals relate to the Healthy People 2020 initiative. Please see Section 2 of HRSA's *SF-424 Application Guide* for more information.

3. ***Evidence-Based/Promising Practice Model(s)***

   Applicants 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.

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

   a. The title/name of the evidence-based or promising practice model that it will be adopting and/or adapting. The applicant **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 and an explanation to demonstrate a clear link to how the evidence-based or promising practice model will be effective in meeting your community's need and improving the health status of your participants.

   c. A justification on how the applicant selected these evidence-based practice or promising practice model(s). ORHP recognizes that there are few evidence-based or promising practice models targeted to rural communities. Given that rural communities differ across the country, applicants can use a non-rural specific evidence-based or promising practice model's framework/methodology and tailor it to their proposed project. Include rationale of how this framework/methodology is appropriate and relevant to your community's need and target population. Explain the extent to how the model is tailored and/or modified to your proposed project. Describe 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.

   Note: applicants 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.

The Rural Assistance Center (RAC), Rural Community Health Gateway and Rural Health Research Gateway can be valuable resources in responding to this section. Please refer to the "Needs Assessment" section for details about these three resources.

Other resources that applicants may use in identifying an appropriate and effective evidence-based or promising practice framework for their communities by various topic areas are:

a. AHRQ'S Innovation Exchange
   http://www.innovations.ahrq.gov/
b. CDC's Guide to Community Preventive Services
   http://www.thecommunityguide.org
c. Promising Practices Network
   http://www.promisingpractices.net/
d. Center for Effective Collaboration and Care's Systems of Care: Promising Practices in Children's Mental Health
   http://cecp.air.org/promisingpractices/
e. SAMHSA's A Guide to Evidence-Based Practices (EBP) on the Web
   http://www.samhsa.gov/ebpWebguide/
f. SAMHSA's National Registry of Evidence-Based Programs and Practices (NREPP)
   http://nrepp.samhsa.gov/
g. NACCHO Promising Practice Model Database
   http://www.naccho.org/topics/modelpractices/database/index.cfm
h. Cochrane Collaboration
   http://www.cochrane.org/about-us/evidence-based-health-care
i. Association of State and Territorial Health Officials
   http://www.astho.org/Programs/Prevention/
j. Partnership for Prevention
   http://www.prevent.org/

4. Sustainability Approach:

a. ORHP characterizes sustainability as "programs or services that continue because they are valued and draw support and resources".[3] The applicant should describe the anticipated sustainability of the program funded by the Outreach grant.

b. Funding from the Outreach grant provides an initial source of support to awardees and their consortia to establish or expand programs that positively impact rural communities. While ORHP understands that ongoing support for these initiatives may be challenging in rural communities, awardees should consider how their Outreach funded programs can be sustained beyond the three-year grant period. The prospect for having a long-term impact from your Outreach grant is greatly increased if the potential for sustainability is considered during the planning phase of the project. ORHP recommends that applicants think about ways to diversify funding sources (instead of depending solely on Federal funding). The applicant should describe the strategies that will be utilized to achieve the desired sustainability of the project.

[3] *Georgia Health Policy Center (GHPC) Formative Assessment Tool (2011)*

c. Past grantees have experienced a sustainable impact from their Outreach grant 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 which may include absorption of some activities by consortia partners (i.e., a partner/s take on a grant funded activity beyond the grant period as part of their standard practice), earned income through third-party reimbursement or fees for services rendered, other grants and charitable contributions, and other approaches. The applicant 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. ORHP understands that the sustainability approach 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. The applicant should describe how realistic and feasible the proposed sustainable approach is for their project.

Note: As part of receiving the grant, awardees are required to submit a final Sustainability Plan during the third year of their grant period. Further information will be provided upon receipt of the award.

- *WORK PLAN- Corresponds to Section V's Review Criteria #2 (Response) and #4 (Impact)* Describe the activities or steps that will be used to achieve each of the activities proposed during the entire project period in this section. Use a timeline that includes each activity and identifies responsible staff. 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.

  Please use the following four sub-headings in responding to this section: Work Plan, Impact, Replicability, and Dissemination Plan.

  1. <u>Work Plan</u>

  a. Applicants must submit a work plan which will describe the activities or steps that will be used to achieve each of the activities proposed during the entire project. Use a timeline that includes each activity and identifies 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.

  b. Applicants should provide clear and coherent work plan that is aligned with the project's goals and objectives. To accomplish this, applicants 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 three years of the grant**. The work plan for the second and third year of the grant may be somewhat less detailed. ORHP is aware that the work plan may change as the project is implemented. However, a project's 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 for its patients and the applicant has an objective of reaching 100 patients at the end of year 1, then the applicant will need to come up with an appropriate and feasible performance indicator or benchmark for that activity to help monitor their progress.

Note: As part of receiving the grant, awardees will be required to submit a Five-Year Strategic Plan during the first year of their grant period. The strategic plan will provide guidance for program development throughout the grant period and beyond. It will be a step by step guide, created by your consortium, for reaching your goals and objectives. Essentially, the strategic plan provides a "recipe" of how to achieve a stated vision for the chosen community need, target area and target population, and how the consortium will provide the services and serve the community effectively. It 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.

2. <u>Impact</u>

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 ORHP recognizes that it is a challenge to directly relate the effects of an activity or program to the long-term impact of a project because of the other (external) influences on the target audience or community which occur over time, applicants should still describe the expected or potential long-term changes and/or improvements in health status as a result of 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. reductions in social and economic burdens associated with uninsured status, and/or
    v. mitigation in access to care barriers

3. ***Replicability***

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

4. ***Dissemination Plan***

   Describe the plans and methods for dissemination of project results. Applicants must articulate a clear approach for widely disseminating information regarding results of their project. 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.

- *RESOLUTION OF CHALLENGES - Corresponds to Section V's Review Criterion #2 (Response)*
  a. 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.
  b. The applicant should discuss any challenges that could be encountered with keeping the consortium actively engaged throughout the project period, and approaches that will be used to resolve such challenges.
  c. The applicant should 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.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY - Corresponds to Section V's Review Criteria #3(Evaluative Measures) and #5(Resources/Capabilities)*
  Describe current experience, skills, and knowledge, 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 and impact/outcomes, with different cultural 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 four sub-headings in responding to this section: Logic Model, Project Monitoring, Project Assessment, and Resources/Capabilities.

1. ***Logic Model***
   a. Applicants are required submit a logic model that illustrates the inputs, activities, outputs, outcomes and impact of the project. A logic model is a simplified picture of a program, initiative, or intervention in response to a given situation. It shows the logical relationships among the resources that are invested, the activities that take place, and the benefits or changes that result. An "outcomes approach" logic model attempts to logically connect program resources with desired results and is useful in designing effective assessment results and strategies. Include the project's logic model and narrative description in **Attachment 8**.
   b. The logic model must clearly include these elements: inputs, outputs, short-term and long-term outcomes, and impacts. Only charts may be generated in 10-pitch fonts.

Below are resources on logic models:

- Kellogg Foundation http://www.wkkf.org/knowledge-center/resources/2006/02/WK-Kellogg-Foundation-Logic-Model-Development-Guide.aspx)
- University of Wisconsin Cooperative Extension http://www.uwex.edu/ces/pdande/evaluation/evallogicmodel.html
- CDC Program Evaluation Resources http://www.cdc.gov/healthyyouth/evaluation/pdf/brief2.pdf
- Innovation Network http://www.innonet.org/client_docs/File/logic_model_workbook.pdf

Although there are similarities, a logic model is not a work plan. A work plan is an "action" guide with a timeline used during program implementation; the work plan provides the "how to" steps. Information on how to distinguish between a logic model and work plan can be found at the following website: http://www.cdc.gov/healthyyouth/evaluation/pdf/brief5.pdf

2. Project Monitoring

a. There will be two different sets of measures an applicant will need to use and/or develop to monitor their project:

i. ORHP Outreach Program Specific Measures (PIMS measures)

1. ORHP will develop standard measures to assess the impact that ORHP programs have on rural communities and to enhance ongoing quality improvement. ORHP has incorporated these performance measures as a requirement for all ORHP grant programs in order to achieve the stated objectives. Grantees are required to report on the Performance Improvement Measurement System (PIMS) through HRSA's Electronic Handbook (EHB) after each budget period. Grantees will be required to provide data on these measures annually for continued funding. **Please see Appendix A for draft PIMS measures.** These PIMS measures are subject to change and final PIMS measures will be shared upon notice of award.
2. PIMS measures include measures that focus on a variety of issue areas (i.e., mental health, oral health, etc.). However, some proposed topics may not be included in these set of measures. Applicants are required to select the appropriate PIMS measures for their program and make it a part of their overall data collection strategy. If none of the PIMS measures are applicable to the proposed project, applicants will be required to include a different set of measures that are more specific and relevant to their proposed project. Applicants should also include baseline data for these PIMS measures in their application.

ii. Project Specific Measures (non-PIMS measures)

1. Because every project is unique, applicants must describe and develop measures to be implemented for assuring effective performance of the proposed grant-funded project activities. The

applicant must include outcome and process measures that will be tracked throughout the grant period. These measures are specific to the grant project and not to be confused with the general PIMS measures described in the previous section. These project specific measures must align with the goals and objectives of the proposed project and measure the potential health impact. It is expected that grantees will be able to articulate the outcomes of their project justified by these measures at the end of the three-year grant period.

2. Applicants must propose measures that they can monitor and track throughout the grant period in order to demonstrate the effectiveness of the intervention(s) and to determine the replicability of the project to other rural communities.

3. Applicants will need to establish baseline data for the project specific measures that they have developed. The need for baseline data is one key reason for designing the assessment plan before implementation begins because they establish a starting place and frame of reference for the program. Baseline data also helps determine where the community or target population currently is on a given health problem (e.g., the percent of employees who use tobacco) 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 data can also be used to describe the current level of program activities and allow measurement of the program's progress (i.e., process measures) over time such as the number of new physical activity classes offered to employees or the establishment of a new health benefit. [4]

b. List all proposed measures and corresponding baseline data in **Attachment 9**. Organize your proposed measures and corresponding baseline data in a tabular format differentiating between measures taken from PIMS (if any) and additional measures (non-PIMS measures) when listing them in **Attachment 9**.

c. In addition, the applicant must describe on-going quality assurance/quality improvement strategies that will assist in the early identification and modification of ineffective efforts.

3. Project Assessment

a. Applicants are required to periodically assess their individual project throughout the grant period.
b. Identify the strategies and measures that will be used to assess the project based on your logic model. Applicants should describe how progress toward meeting

[4] *CDC Workplace Health Promotion Evaluation*
http://www.cdc.gov/workplacehealthpromotion/evaluation/index.html#4

grant-funded goals will be tracked, measured, and assessed. Explain any assumptions made in developing the project work plan and discuss the anticipated outputs and outcomes of grant-funded activities. As previously stated, applicants must include outcome and process measures (including baseline measures) that will be tracked throughout the grant period. These measures must align with the goals and objectives of the proposed project and the potential health impact. Although ORHP recognizes that it may be challenging to demonstrate impact in three years, applicants' assessment should demonstrate how likely their proposed project contributed to the health improvement of their community.

c. As mentioned in the "Project Monitoring" section, ORHP has developed a broad range of performance measures based on past grantees' focus areas to assess the impact that ORHP programs have on rural communities and to enhance ongoing quality improvement. ORHP has incorporated these performance measures as a requirement for all ORHP grant programs in order to achieve the stated objectives. Grantees are required to report on the Performance Improvement Measurement System (PIMS) through HRSA's Electronic Handbook (EHB) after each budget period. Therefore, relevant and applicable measures on ORHP's PIMS must also be included in the project's assessment in addition to other measures applicants decide to include.
d. Applicants must describe the method by which data/information for identified measures will be collected and analyzed. Identification of the approach selected for use in assessing project progress in relation to proposed outputs and outcomes is required. Project assessment must be sound, thorough and meaningful that clearly demonstrates outcomes and impacts. This may be conducted internally.

Note: As part of receiving the grant award, awardees will also be required to submit a final Program Assessment Report at the end of their grant period that shows, explains and discusses their results and outcomes. Further information will be provided upon receipt of the award.

4. <u>Resources/Capabilities</u>

a. Applicants should describe a clear coherent plan for staffing detailing requirements necessary to run the project.
b. A staffing plan is required and should be included in **<u>Attachment 11</u>**. Specifically, the following should be addressed:
    i. the job descriptions for key personnel listed in the application.
    ii. the number and types of staff, qualification levels, and FTE equivalents
    iii. the information necessary to illustrate both the capabilities (current experience, skills, knowledge, and experience with previous work of a similar nature) of key staff already identified and the requirements that the applicant has established to fill other key positions if the grant is received. Resumes/biographical sketches of key personnel should be included in **<u>Attachment 10</u>**.
c. Staffing needs should have a direct link to the activities proposed in the project narrative and budget portion of the application.

- *ORGANIZATIONAL INFORMATION - Corresponds to Section V's Review Criteria #5 (Resources/Capability) & #6 (Support Requested)*
  This section describes the abilities and contributions of the applicant organization and the consortium member organizations.

  Please use the following three sub-headings in responding to this section: Applicant organization, consortium composition and consortium involvement.

  1) <u>Applicant organization</u>
  a) Provide a brief overview of the lead applicant organization that includes information such as their mission, structure, and current primary activities. The lead applicant should describe its ability to manage the grant project and personnel. It should also identify and describe financial practices and systems that assure the applicant organization has the capacity to manage Federal funds. Provide documentation that the lead applicant is a non-profit or public entity (**Attachment 2**).
  b) Provide an organizational chart of the applicant organization in **<u>Attachment 12</u>**.
  c) State whether the applicant has a Project Director in place, or an interim Project Director. If the applicant has an interim Project Director, discuss the process and timeline for hiring a permanent project director for this grant. The applicant should also describe the system/process it has in place to deal with staff turnover.
  d) Provide information on the individual who will serve as the Project Director (or interim) and be responsible for monitoring the project and ensuring the grant activities are carried out. It is preferable, but not required, that the applicant identifies a permanent Project Director prior to receiving grant funds. Provide evidence that the Project Director will allot adequate time to the project and has management experience involving multiple organizational arrangements. The applicant organization should have at least one paid full-time staff employed at the time of application.
  e) A description of the roles of key personnel and how their roles relate to the consortium and the proposed project (**<u>Attachment 11</u>**).

  2) <u>Consortium composition</u>
  a) The applicant organization is encouraged to carefully consider the selection of participants for the consortium to ensure that the consortium positively contributes to the success of common project goals. The purpose of the consortium is to: 1) encourage creative and lasting collaborative relationships among health providers in rural areas; 2) ensure that the applicant organization receives regular input from relevant and concerned entities within the health sector; and 3) to ensure that the grant-funded project addresses the health needs of the identified community.
  b) 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. The applicant 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.
  c) If applicable, describe the history of the consortium.

d) Provide a list of the consortium members. 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) must be provided for each consortium member.** This should be included in **Attachment 13.**

e) The consortium organizational chart should depict the structure of the consortium for the project and should describe how authority will flow from the applicant organization receiving the Federal grant funds to the consortium members. This should be included in **Attachment 13.**

3) Consortium Involvement

a) All consortium members must provide a significant contribution to the project and be actively engaged in the project; each member must have an identifiable role, specific responsibilities, and a realistic reason for being a consortium member. The roles and responsibilities for each of the organizations in the consortium must be clearly defined in the application.

b) Provide evidence of the ability for each organization participating in the consortium to deliver the services, contribute to the consortium, and otherwise meet the needs of the project. Please note that each participating consortium member must have a substantive and vital role to the achievement of project goals. Applicants must submit a Memorandum of Understanding /Agreement (MOU/A) that is signed and dated by all consortium members as **Attachment 3**. 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.

c) Provide detail on how and when the consortium will meet and 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.

d) 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 given to the consortium members and the extent to which the project director will be accountable to the consortium. The applicant should identify a process for periodic feedback and program modification as necessary.

e) Describe the relationship of the consortium with the community/region it proposes to serve. If appropriate, the applicant should describe the extent to

which the consortium and/or its members engage the community in its planning and functioning.

iii. Budget

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

See Section 4.1.iv 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 announcement is inviting applications for project periods up to three (3) years. Awards, on a competitive basis, will be for a one-year budget period, although project periods may be for three (3) years. Submission and HRSA approval of the Progress Report(s) and any other required submission or reports is the basis for the budget period renewal and release of subsequent year funds. Funding beyond the one-year budget period but within the multi-year project period is subject to availability of funds, satisfactory progress of the awardee, and a determination that continued funding would be in the best interest of the Federal Government. However, three (3) separate and complete budgets must be submitted with this application.

In addition, ORHP would like to note the following:

1) Travel – Please allocate travel funds for up to two program staff to attend an annual 1.5 day technical assistance workshop in Washington, DC and include the cost in this budget line item.
2) Equipment – Up to 40 percent of Federal grant funds may be used for equipment for each budget period.
3) Funding restrictions – See Section IV(5)

The Consolidated Appropriations Act, 2014, Division H, § 203, (P.L. 113-76) states, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.". Please see Section 4.1.iv Budget – Salary Limitation of HRSA's *SF-424 Application Guide* for additional information. Note that these or other salary limitations will apply in FY 2015, as required by law.

iv. Budget Justification Narrative

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

v. Attachments

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

Attachment 1: *Letter from Urban Parent Organization*

If the lead applicant organization is owned by an urban parent, the urban parent must assure ORHP, in writing, that for this project, they will exert no control over the rural

organization. If applicable, a letter stating this should be submitted in this attachment. This attachment **will count** against the 80-page limit.

Attachment 2: *Proof of Non-profit/Public Status*

If the applicant organization is a non-profit entity, one of the following documents must be included in **Attachment 2** to prove non-profit status (not applicable to state, local and tribal government entities):

- A letter from the IRS stating the organization's tax-exempt status under Section 501(c)(3);
- A copy of a currently valid IRS Tax exemption certificate;
- Statement from a state taxing body, state attorney general or other appropriate state official certifying that the applicant organization has a nonprofit tax status and that none of the net earnings accrue to any private shareholders or individuals;
- A certified copy of the organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization; or
- If the applicant is an affiliate of a parent organization, a copy of the parent organization's IRS 501(c) (3) Group Exemption letter; and if owned by an urban parent a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.

If the applicant organization is a public entity the proof of non-profit status is not necessary. The applicant organization must, however, submit an official signed letter on city, county, state, or tribal government letterhead identifying them as a public entity and in **Attachment 2**. (Applicants may include supplemental information such as documentation of the law that created the organization or documentation showing that the State or a political subdivision of the State controls the organization.) Tribal government entities should verify their Federally-recognized status via the Bureau of Indian Affairs website: http://www.bia.gov.

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

Attachment 3: *Memorandum of Understanding/Agreement (MOU/A)*

The applicant 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** against the 80 page limit.

Attachment 4: *State Office of Rural Health Letter*

All applicants are required to notify their State Office of Rural Health (SORH) early in the application process to advise them of their intent to apply. The SORH can often provide technical assistance to applicants. Applicants should request an email or letter confirming the contact. State Offices of Rural Health also may or may not, at their own discretion, offer to write a letter of support for the project. Please include a copy of the letter or confirmation of contact in **Attachment 4**. In the case that you do not receive a response from the SORH, submit a copy of your request for consultation to the SORH as **Attachment 4**. This attachment **will count** against the 80-page limit.

Attachment 5: *Office of Rural Health Policy Funding History Information*

Current and former grantees of any ORHP community-based grant programs who apply must include: dates of any prior award(s) received; grant number assigned to the previous project(s); a copy of the abstract or project summary that was submitted with the previously awarded grant application(s); and description of the role of the applicant and consortium members in the previous grant. This attachment **will count** against the 80-page limit.

Attachment 6: *Proof of Funding Preference Designation/Eligibility*

If requesting a Funding Preference, include proof of funding preference designation/eligibility in this section. Include a printout or screenshot that displays the HPSA and/or MUC/P designation and respective score: http://datawarehouse.hrsa.gov/geoadvisor/ShortageDesignationAdvisor.aspx. The printout or screenshot of the HPSA designation can also be found at http://hpsafind.hrsa.gov/ and the MUC/P designation can also be found at http://muafind.hrsa.gov/.

For further information on Funding Preferences, please refer to Section V.2. This attachment **will count** against the 80-page limit.

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

The applicant 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** against the 80-page limit.

Attachment 8: *Logic Model and Narrative Description*

Applicants are required to submit a logic model and narrative that illustrates the inputs, activities, outputs, outcomes, and impact of the project. This attachment **will count** against the 80-page limit.

Attachment 9: *Baseline Measures*

List all proposed measures and corresponding baseline data in **Attachment 9**. Organize your proposed measures to differentiate between measures taken from PIMS (if any) and additional measures (non-PIMS measures) when listing them in **Attachment 9**. This attachment **will count** against the 80-page limit.

Attachment 10: *Biographical Sketches for Key Personnel*

Include biographical sketches for persons occupying the key positions (key positions as described in Attachment 12). Biographical sketches not to exceed two pages in length. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch. If an evaluator has been identified at the time of application, biographical information of the evaluator should also be included. This attachment **will count** against the 80-page limit

***Attachment 11**: Staffing Plan and Job Descriptions for Key Personnel*

Provide a staffing plan for the proposed project and the job descriptions for key personnel listed in the application. In the staffing plan, explain the staffing requirements necessary to complete the project, the qualification levels for the project staff, and rationale for the amount of time that is requested for each staff position. Provide the job descriptions for key personnel listed in the application that describes the specific roles, responsibilities, and qualifications for each proposed project position. Keep each job description to one page, if possible. For the purposes of this grant application, Key Personnel is defined as persons funded by this grant or persons conducting activities central to this grant program. If the Project Director (PD) serves as a PD for other Federal grants, please list the Federal grants as well as the percent FTE for that respective Federal grant. This attachment **will count** against the 80-page limit. Provide a table of contents for this attachment. (The table of contents will not count in the page limit.)

***Attachment 12:** Applicant Organization's Organizational Chart*

Provide an organizational chart of the applicant organization in **Attachment 12**. This attachment **will count** against the 80-page limit.

***Attachment 13:** Consortium Member List and Consortium Organizational Chart*

Applicants must 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) 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. The consortium organizational chart should depict the structure of the consortium for the project and should describe how authority will flow from the applicant organization receiving the Federal grant funds to the consortium members. This attachment **will count** against the 80-page limit.

***Attachment 14:** Map(s)*

A map must be included that clearly shows the entire target service area(s). Please be sure that any maps included will photocopy clearly in black and white. This attachment **will count** against the 80-page limit.

***Attachment 15:** Other Relevant Documents (Optional)*

Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate support to the project/program. This attachment **will count** against the 80-page limit.

3. Submission Dates and Times

Application Due Date

The due date for applications under this funding opportunity announcement is ***November 14, 2014 at 11:59 P.M. Eastern Time***.

4. 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 100. See Executive Order 12372 in the HHS Grants Policy Statement.

It is the applicant's responsibility to identify what is needed to be done within their state's intergovernmental review process. See Section 4.1 ii of HRSA's *SF-424 Application Guide* for additional information.

5. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to three (3) years at no more than $200,000 per year. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the grant-funded objectives, and a determination that continued funding would be in the best interest of the Federal government.

Funds under this announcement may not be used for the following purposes:

(1) To build or acquire real property or for construction or major renovation or alteration of any space;
(2) To purchase equipment above 40 percent of the Federal share of funding for each budget period; or
(3) To provide inpatient care.

Minor renovations and alterations are allowable.

The General Provisions in Division H, Title V of the Consolidated Appropriations Act, 2014 (P.L. 113-76), apply to this program. Please see Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Note that these or other restrictions will apply in FY 2015, as required by law.

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

V. Application Review Information

1. Review Criteria

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

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

Review Criteria are used to review and rank applications. The Rural Health Care Services Outreach program has six (6) review criteria:

CRITERION	Number of Points
1. Need	10
2. Response	25
3. Evaluative Measures	25
4. Impact	20
5. Resources/Capabilities	10
6. Support Requested	10
TOTAL POINTS	100

Criterion 1: NEED (10 points)- Corresponds to Section IV's Introduction and Needs Assessment
The extent to which the applicant demonstrates the problem and associated contributing factors to the problem.

a) The applicant clearly identifies and establishes the unmet health care needs of the target population as evidenced by:
   i. The data provided regarding the incidence in the target population through demographic information and other specific health status indicators (social determinants of health, health disparities etc.) relevant to the project.
   ii. The extent to which the applicant illustrates the entire population of the service area and its demographics in relation to the target population to be served. The applicant provides supporting local, State, and national data for the community and the target population and compares local data versus State and national data.
   iii. The level of involvement the target community has held in identifying the needs of the population and in planning the project activities
   iv. The strength and appropriateness of the details (frequency, number of participants, etc.) about the tools and methods (e.g., needs assessments, focus groups, questionnaires/surveys, etc.) that were used to identify special needs of the target population.

b) The extent to which applicant documents the relevant barriers that it hopes to overcome including:
   i. Any pertinent geographic, socio-economic, linguistic, cultural, ethnic, workforce, or other barrier(s) that prohibit access to health care in the target community.
   ii. Any anticipated linguistic, social, or religious barriers to health care of the target population.

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

d) The extent to which the applicant demonstrates a thorough understanding of the relevant health services currently available in the targeted service area 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 this project will address a health gap in the community that would not otherwise have been addressed if it were not for this grant.

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

Criterion 2: RESPONSE (25 points) – Corresponds to Section IV's Methodology, Work Plan and Resolution of Challenges

a) The extent to which:
   i. The proposed project responds to the "Purpose" included in the funding opportunity description and directly relates with the information presented in the "Needs Assessment" section of the program narrative.
   ii. The proposed activities are capable of addressing the problem and attaining the project objectives.
   iii. The proposed goals and objectives have a clear correlation to addressing the identified need as well as barriers and are measurable, realistic, and achievable in a specific timeframe.
   iv. Proposed activities ensure that possible cultural, linguistic, social, and religious differences of target populations are identified and addressed.

b) The degree to which the applicant proposes a health service project based on an evidence-based or promising practice model that 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 their chosen model/s.
   ii. The appropriateness of the evidence-based practice or promising practice model selected for the project and evidence that this framework is appropriate and relevant to their community's need and target population.
   iii. The extent to which the model is tailored and/or modified to their proposed project and how the tailored/modified evidence-based or promising practice model can be effective in fulfilling their community's unmet needs and improving the health status.

c) The strength and feasibility of the following:
   i. The plan for project sustainability after the receipt of Federal funds.
   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 three-year project period has ended.

d) The strength and feasibility of the proposed work plan that is logical and easy to follow, clearly addressing the project activities, responsible parties, the timeline of the proposed activities, anticipated outputs, and the steps that must be taken to achieve each of the project goals.

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

Criterion 3: EVALUATIVE MEASURES (25 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity

a) The effectiveness of the method proposed to monitor and assess the project results. Measures must be able to assess: 1) to what extent the program objectives have been met, and 2) to what extent these can be attributed to the project.

b) The strength of the logic model as evidenced by the inputs, activities, outputs, short-term and long-term outcomes, and the impact as it relates to the project and the target population that it serves as described in logic model in **Attachment 8**.

c) Strength of the evidence that progress toward meeting grant-funded goals will be tracked, measured, and assessed.

   i. The appropriateness of baseline (process and outcome) measures that will be monitored and tracked throughout the grant period 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.

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

e) 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.

f) 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.

g) 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 (20 Points) – Corresponds to Section IV's Work Plan

a.) 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.

b.) The extent to which the applicant describes 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.

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

Criterion 5: RESOURCES/CAPABILITIES (10 Points) – Corresponds to Section IV's Evaluation and Technical Support Capacity and Organizational Information.

a.) The quality and appropriateness of the resources and the abilities of the applicant organization and the consortium members in fulfilling program requirements and meeting program expectations.

b.) The capability of the applicant to implement and fulfill the requirements of the proposed project based on the resources available and the qualifications of the project staff.

c.) 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 defines the roles and responsibilities for each of the organizations in the consortium and how authority will flow from the applicant 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.

d.) 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.

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

f.) The degree to which the applicant discusses potential challenges with the consortium (consortium disagreements, personnel actions, expenditure activities, etc.) and identifies approaches that can be used to resolve the challenges.

Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV's Budget and Budget Justification.

The budget forms SF-424A, 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 requested support.

a) 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 three-year project period.

b) The degree to which the estimated cost to the government for proposed grant-funded activities appears reasonable.

2. Review and Selection Process

Please see Section 5.3 of the HRSA's *SF-424 Application Guide*.

Funding Preferences
The authorizing legislation (Section 330A(h) of the Public Health Service (PHS) Act (42 U.S.C. 254c(e))) provides a funding preference for some applicants. Applicants receiving the preference will be placed in a more competitive position among applications that can be funded. Applications that do not receive a funding preference will be given full and equitable consideration during the review process. The funding factor will be determined by the Objective Review Committee. The law provides that a funding preference be granted to any qualified lead applicant that specifically requests the preference and meets the criteria for the preference as follows:

Qualification 1: Health Professional Shortage Area (HPSA)
An applicant can request this funding preference if the service area of the applicant is located in an officially designated health professional shortage area (HPSA). Applicants should include a screenshot or printout from the HRSA Shortage Designation website which indicates if a particular address is located in a HPSA: http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx.

Qualification 2: Medically Underserved Community/Populations (MUC/MUPs)
An applicant can request this funding preference if the applicant is located in a medically underserved community (MUC) or serves medically underserved populations (MUPs). Applicants should include a screenshot or printout from the HRSA Shortage Designation website which indicates if a particular address is located in a MUC or serves an MUP: http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx.

Qualification 3: Focus on primary care and wellness and prevention strategies.
An applicant can request this funding preference if their project focuses on primary care and wellness, and prevention strategies. This focus must be evident throughout the project narrative.

If requesting a funding preference, please indicate which qualifier is being met in the **Project Abstract.** ORHP highly recommends that the applicant include this language*: "**Applicant's organization name** is requesting a funding preference based on **qualification X**. County Y is in a designated HPSA."*

If a funding preference is requested, documentation of funding preference must be placed in **Attachment 6**. Please label documentation as "Proof of Funding Preference Designation/Eligibility." If the applicant does not provide appropriate documentation in **Attachment 6**, the applicant will not receive the funding preference.

Applicants only have to meet one of the three qualifiers stated above to receive the preference. Meeting more than one qualifier does not increase an applicant's competitive position.

3. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of May 1, 2015.

VI. Award Administration Information

1. Award Notices

The Notice of Award will be sent prior to the start date of May 1, 2015. See Section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

2. Administrative and National Policy Requirements

See Section 2 of HRSA's *SF-424 Application Guide*.

3. Reporting

The successful applicant under this funding opportunity announcement must comply with Section 6 of HRSA's *SF-424 Application Guide* **and** the following reporting and review activities:

1) Submit a **Federal Financial Status Report (FFR).** A Federal Financial Report (FFR) is required at the end of each budget period. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically through EHB. More specific information will be included in the Notice of Award.

2) Submit a **Strategic Plan**. Awardees will be required to submit a Five-Year Strategic Plan during the first year of their grant period. This strategic plan will provide guidance for program development throughout the grant period and beyond. Further information will be provided upon receipt of the award.

3) Submit an **Assessment Plan**. Awardees will be required to submit an Assesment Plan during the first year of the grant period. This assessment plan will provide guidance for program assessment throughout the grant period and beyond. An assessment plan should address both process and outcome measures. It should include: 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. ORHP recognizes that this plan may change as the project is implemented. However, success of the project is enhanced if an assessment strategy is identified in the beginning phases of the project, project staff are engaged in the design and implementation of assessment, and if feedback is provided to project staff and key stakeholders throughout the project to allow for any mid-course corrections.

4) Submit a final **Sustainability Plan**. As part of receiving the grant, awardees are required to submit a final Sustainability Plan during the third year of their grant period. Further information will be provided upon receipt of the award.

5) Submit a **Progress Report**. Awardees 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 grantee progress on program-specific goals. Further information will be provided in the award notice.

6) Submit a **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, grantees will be notified of specific performance measures required for reporting.

7) Submit a **Final Assessment Report**. Awardees are required to submit a final Program Assessment Report at the end of their grant period that would show, explain and discuss their results and outcomes. Further information will be provided in the award notice.

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

VII. Agency Contacts

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

Inge Cooper
HRSA Division of Grants Management Operations, OFAM
Parklawn Building, Room 10W01D
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 594-4236
Fax: (301) 443-9810
E-mail: ICooper@hrsa.gov

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

Linda Kwon, MPH
Rural Health Care Services Outreach Program Coordinator
Attn: Rural Health Care Services Outreach Program
Office of Rural Health Policy, HRSA
Parklawn Building, Room 17W17A
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 594-4205
Fax: (301) 443-2803
E-mail: lkwon@hrsa.gov

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

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)
E-mail: support@grants.gov
iPortal: https://grants-portal.psc.gov/Welcome.aspx?pt=Grants

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

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

VIII. Other Information

A.Technical Assistance Webinar

The Office of Rural Health Policy will hold a technical assistance webinar on Wednesday, September 24, 2014 from 1:00-2:30pm EDT to assist applicants in preparing their applications. The Technical Assistance Webinar is open to the general public. The purpose of the webinar is to go over the funding opportunity announcement, and to provide any additional or clarifying information that may be necessary regarding the application process. There will be a Q&A session at the end of the webinar to answer any questions. While the webinar is not required, it is highly recommended that anyone who is interested in applying for the Outreach Program plan to listen to the webinar. It is most useful to the applicants when the funding opportunity announcement is easily accessible during the call and if questions are written down ahead of time for easy reference.

Call-in number (for audio): 888-282-9630 // passcode: 1632772
URL (for web): https://hrsa.connectsolutions.com/fy15_outreach_foata/

Prior to joining, please test your web connection:
https://hrsa.connectsolutions.com/common/help/en/support/meeting_test.htm

Note: You must dial into the conference line to hear the audio portion of the webinar. No registration is required. To access the webinar recording, visit http://www.hrsa.gov/ruralhealth/about/community/careservicesoutreach.html.

B. Logic Models:

Additional information on developing logic models can be found at the following website: http://www.cdc.gov/nccdphp/dnpao/hwi/programdesign/logic_model.htm.

Although there are similarities, a logic model is not a work plan. A work plan is an "action" guide with a timeline used during program implementation; the work plan provides the "how to" steps. Information on how to distinguish between a logic model and work plan can be found at the following website: http://www.cdc.gov/healthyyouth/evaluation/pdf/brief5.pdf.

IX. Tips for Writing a Strong Application

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

Appendix A

Rural Health Care Services Outreach Grant Program
DRAFT PIMS MEASURES

ACCESS TO CARE (applicable to all grantees)

- 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 grantees)

- 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)

STAFFING (applicable to all grantees)

- Number of new clinical staff recruited to work on this grant project (full time and/or part-time)
- Number of new non-clinical staff recruited to work on this grant project (full time and/or part time)

NETWORK/CONSORTIUM (applicable to all grantees)

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

SUSTAINABILITY (applicable to all grantees)

- 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 http://www.raconline.org/econtool to calculate ratio)
- Will the network/consortium sustain, if applicable?
- Will any of the program's activities be sustained after the grant period?

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 INFORMATION TECHNOLOGY (only applicable to projects that utilized health information technology)

- Identify the type(s) and number of health information technology implemented, expanded or strengthened through this project:
  - Computerized laboratory functions
  - Computerized pharmacy functions
  - Electronic clinical applications
  - Electronic medical records
  - Health information exchange
  - Patient/disease registry
  - Telehealth/telemedicine

QUALITY IMPROVEMENT (only applicable to projects that had quality improvement activities)

- Number of quality improvement clinical guidelines/benchmarks adopted by consortium
- Number of consortium members using shared standardized quality improvement benchmarks

PHARMACY (only applicable to projects that had pharmacy related activities)

- Number of people receiving prescription drug assistance annually
- Average amount of dollars saved per patient through prescription drug assistance annually

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)

- Screening for clinical depression: Percentage of patients aged 12 years and older screened for clinical depression using an age appropriate standardized tool and follow-up plan documented

- Controlling high blood pressure: Percentage of adult patients, 18-85 years of age, who had a diagnosis of hypertension whose blood pressure was adequately controlled during the measurement year

- Comprehensive diabetes care: Percentage of adult patients, 18-75 years of age with diabetes (type 1 and type 2) who had hemoglobin A1c less than 8.0%

- Comprehensive diabetes care: Percentage of adult patients, 18-75 years of age with diabetes (type 1 and type 2) whose most recent blood pressure reading is <140/90 mm Hg during the measurement year

- Weight assessment and counseling for nutrition and physical activity for children/adolescents: Percentage of patients, 3-17 years of age, who had an outpatient visit with a primary care physician or an OB/GYN and who had evidence of all of the following during the measurement year: body mass index percentile documentation, counseling for nutrition and counseling for physical activity

- Preventive care and screening – body mass index (BMI) screening and follow up: Percentage of patients age 18 years and older with a documented BMI during the current encounter or during the previous six months and when the BMI is outside of normal parameters, a follow-up plan is documented during the encounter or during the previous six months of the encounter