

U.S. Department of Health and Human Services



Health Resources & Services Administration

NOTICE OF FUNDING OPPORTUNITY

Federal Office of Rural Health Policy

Hospital State Division

Delta Health Systems Implementation Program

Funding Opportunity Number: HRSA-23-128

Funding Opportunity Type(s): New

Assistance Listings Number: 93.912

Fiscal Year 2023

Application Due Date: May 18, 2023

Ensure your [SAM.gov](https://sam.gov) and [Grants.gov](https://grants.gov) registrations and passwords are current immediately!

HRSA will not approve deadline extensions for lack of registration.

Registration in all systems may take up to 1 month to complete.

Issuance Date: March 24, 2023

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See [Section VII](#) for a complete list of agency contacts.

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

508 COMPLIANCE DISCLAIMER

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

EXECUTIVE SUMMARY

Funding Opportunity Title:	Delta Health Systems Implementation Program (DSIP)
Funding Opportunity Number:	HRSA-23-128
Assistance Listing Number:	93.912
Due Date for Applications:	May 18, 2023
Purpose:	The purpose of the Delta Health Systems Implementation Program is to improve healthcare delivery in rural areas by implementing projects that will improve the financial sustainability of hospitals and allow for increased access to care in rural communities. These projects focus on financial and operational improvement, quality improvement, telehealth, and workforce development in hospitals in the rural counties and parishes of the Delta region.
Program Objective(s):	<p>Improve health care in rural areas by improving financial stability in small rural hospitals through projects focused on:</p> <ul style="list-style-type: none"> • Financial and operational improvements; • Implementation of quality improvement initiatives; • Expansion of telehealth services and; • The development of new service lines to address the needs of the community, including populations in the community that have been historically underserved.
Eligible Applicants:	<p>Eligible applicants include domestic public or private, non-profit entities. Domestic faith-based and community-based organizations, tribes, and tribal organizations are also eligible to apply.</p> <p>See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.</p>
Anticipated Total Annual Available FY 2023 Funding:	\$2,020,000

Estimated Number and Type of Award(s):	Up to 5 grant awards
Estimated Annual Award Amount:	Up to \$404,000 per award for the two-year period of performance. Award recipients will receive the full award amount in the first year of the period of performance and are required to allocate it across the two-year period of performance.
Cost Sharing/Match Required:	No
Estimated Notice of Award Date:	September 30, 2023
Period of Performance:	September 30, 2023, through September 29, 2025 (2 years)
Who to contact for questions:	<p><i>For overall Program questions/technical assistance:</i> Suzanne Snyder, MSW Public Health Analyst, Federal Office of Rural Health Policy Email: ssnyder1@hrsa.gov</p> <p><i>For information regarding business, administrative or fiscal issues:</i> Eric Brown, MS Grants Management Specialist, Division of Grants Management Operations Office of Federal Assistance Management Email: ebrown@hrsa.gov</p>

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in [HRSA's SF-424 Application Guide](#), available online, except where instructed in this NOFO to do otherwise. Visit HRSA's How to Prepare Your Application page at <https://www.hrsa.gov/grants/apply-for-a-grant/prepare-your-application> for more information.

Technical Assistance

HRSA has scheduled the following **two** webinars:

NOTE: Both webinars will provide the same information.

1) Day and Date: Wednesday, April 5, 2023

Time: 2 p.m. – 3 p.m. ET

Weblink: <https://hrsa.gov.zoomgov.com/j/1604924333?pwd=VmMzYm55cDRiY3JaZ01zMG9IM3pUUT09>

2) Day and Date: Thursday, April 13, 2023

Time: 1 p.m. – 2 p.m. ET

Weblink: <https://hrsa.gov.zoomgov.com/j/1604924333?pwd=VmMzYm55cDRiY3JaZ01zMG9IM3pUUT09>

Attendees without computer access or computer audio can use the dial-in information below:

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

Passcode: 50755362

Participants also have the option of using VOIP (Computer Audio).

HRSA will record the webinars. Please contact ssnyder1@hrsa.gov to request playback information 48 hours after the live event.

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I. Program Description

1. Purpose

This notice announces the opportunity to apply for funding under the Delta Health Systems Implementation Program (DSIP). The purpose of this program is to improve healthcare delivery in rural areas by implementing projects that will improve the financial sustainability of hospitals and allow for increased access to care in rural communities. These projects focus on financial and operational improvement, quality improvement, telehealth, and workforce development in hospitals in the in the rural counties and parishes of the Delta region.

The DSIP provides funding to support critical access hospitals, small rural hospitals (inpatient prospective payment system facilities with up to 100 beds) in the Delta region that have received previous technical assistance (TA) through the [Delta Region Community Health Systems Development Program](#) or another similar TA program within the last five years.

Program Objective:

Improve health care in rural areas through projects in these focus areas:

- Financial and operational improvements;
- Implementation of quality improvement initiatives;
- Expansion of telehealth services and financial/operational systems enhancements; and
- The development of new service lines to address the needs of the community, including populations in the community that have been historically underserved.

Implementation projects could include, but are not limited to increasing inpatient and swing bed volume, increasing outpatient services, developing new service lines, reducing readmissions, improving transitions of care and discharge planning, optimizing emergency department operations, implementing revenue cycle best practices to increase point of service collections, expanding telehealth services, implementing performance measurement systems, utilizing data analytics, enhancing cybersecurity, clinical documentation integrity training, simulation training for clinicians, leadership training such as rounding to improve patient and employee satisfaction, and implementing new technology to increase clinical efficiency.

HRSA will work with recipients of this grant to identify the appropriate measures to show improvement in financial sustainability and the impact of their specific implementation projects.

2. Background

The Delta Health Systems Implementation Program is authorized by 42 U.S.C. 912(b) (§ 711(b) of the Social Security Act).

This program supports HRSA's collaboration with the Delta Regional Authority (DRA) to enhance healthcare delivery in the rural counties and parishes of the Delta region.

This collaboration is supported through the [Delta Region Community Health Systems Development Program](#) that provides intensive, multi-year TA to health care facilities located in the Delta region. The National Rural Health Resource Center is the TA provider for the Delta Region Community Health Systems Development Program and will provide support to award recipients or targeted small rural hospitals of the DSIP. Applicants can reach out to drchsd-program@ruralcenter.org for more information on the Delta Region Community Health Systems Development Program.

HRSA's collaboration with the DRA is also supported through the [Delta Region Rural Health Workforce Training Program](#) that trains health professionals in Delta region in critical administrative support occupations such as medical coding and billing, claims processing, information management, and clinical documentation.

The DSIP is an extension of the Delta Region Community Health Systems Development Program that provides funding to critical access hospitals, small rural hospitals (inpatient prospective payment system facilities with up to 100 beds) that have previously received technical assistance to implement projects based in part on the recommendations from technical assistance consultations.

II. Award Information

1. Type of Application and Award

Type of applications sought: New

HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA estimates approximately \$2,020,000 to be available to fund approximately 5 recipients over a two-year period of performance. You may apply for a ceiling amount of up to \$404,000 total cost (reflecting direct and indirect costs) per year.

The period of performance is September 30, 2023, through September 29, 2025 (2 years). Award recipients will receive the full award amount in the first year of the two-year period of performance and must allocate funding across the two years. Applicants must submit a budget and budget narrative that includes both years of the period of performance. While you must distribute the funding across the two years, the budget does not need to be evenly split across the two-year period of performance and can vary based on the hospital's needs.

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

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include domestic public or private, non-profit entities. Domestic faith-based and community-based organizations, tribes, and tribal organizations are also eligible to apply.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

HRSA may not consider an application for funding if it contains any of the non-responsive criteria below:

- Exceeds the ceiling amount
- Fails to satisfy the deadline requirements referenced in [Section IV.4](#)

Multiple Applications

Multiple applications from an organization with the same [Unique Entity Identifier](#) (UEI) are not allowed.

HRSA will only accept your last validated electronic submission before the Grants.gov application due date as the final and only acceptable application.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA **requires** you to apply electronically. HRSA encourages you to apply through [Grants.gov](#) using the SF-424 workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at [Grants.gov: HOW TO APPLY FOR GRANTS](#). If you use an alternative electronic submission, see [Grants.gov: APPLICANT SYSTEM-TO-SYSTEM](#).

The NOFO is also known as “Instructions” on Grants.gov. You must select “Subscribe” and provide your email address for HRSA-23-128 in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the [For Applicants](#) page for all information relevant to this NOFO.*

2. Content and Form of Application Submission

Application Format Requirements

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

See Section 8.5 of the HRSA *SF-424 Application Guide* for the Application Completeness Checklist.

Application Page Limit

The total number of pages that count toward the page limit shall be no more than **40 pages** when we print them. HRSA will not review any pages that exceed the page limit. Using the pages within the page limit, HRSA will determine eligibility using [Section III. Eligibility Information](#) of the NOFO.

These items don't count toward the page limit:

- Standard OMB-approved forms you find in the NOFO's workspace application package
- Abstract (standard form (SF) "Project_Abstract Summary")
- Indirect Cost Rate Agreement
- Proof of non-profit status (if it applies)

If there are other items that don't count toward the page limit, we'll make this clear in Section IV.2.vi [Attachments](#).

If you use an OMB-approved form that isn't in the HRSA-23-128 workspace application package, it may count toward the page limit. We recommend you only use Grants.gov workspace forms related with this NOFO to avoid going over the page limit.

Applications must be complete and validated by Grants.gov under HRSA-23-128 before the deadline.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- 1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

- 2) Failure to make required disclosures can result in any of the remedies described in [45 CFR § 75.371](#), including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3354).
- 3) If you are unable to attest to the statements in this certification, you must include an explanation in *Attachment 6: Other Relevant Documents*.

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

Program Requirements and Expectations

This program is intended improve health care in rural areas by supporting critical access hospitals or small rural hospitals (inpatient prospective payment system facilities with up to 100 beds) located in a rural county or parish in one of the eight states in the Delta Regional Authority (DRA) region. The DRA region includes 252 counties and parishes located across eight states - Alabama, Arkansas, Illinois, Kentucky, Louisiana, Mississippi, Missouri, and Tennessee. To view service area maps for each state, visit <https://dra.gov/about-dra/map-room/>. If the applicant is not a small rural hospital within the DRA region, the applicant must include an MOU from the small rural hospital outlining how the applicant will support the hospital to meet the intended goals of the program.

Applicants that are small rural hospitals must have received previous TA through the Delta Region Community Health Systems Development Program or another similar TA program within the last five years. Applicants that are working with small rural hospitals in the DRA region must demonstrate that such hospitals received previous TA through the Delta Region Community Health Systems Development Program or another similar TA program within the last five years.

To determine if the small rural hospital is in a rural area refer to <https://www.ruralhealthinfo.org/am-i-rural>. This webpage allows you to search by county or street address and determine rural eligibility. Include a printout of the small rural hospital's location as **Attachment 3**.

Include documentation of previous TA as **Attachment 4**. Documentation should be from the past five years and be one of the following items: recommendations from TA consultations, a recommendations report, or a letter from the Delta Region Community Health Systems Development Program confirming previous participation in TA. Reach out to the [HRSA program contact](#) if you have questions on what documentation would be appropriate.

Program-Specific Instructions

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

i. Project Abstract

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

NARRATIVE GUIDANCE

To ensure that you fully address the review criteria, the table below provides a crosswalk between the narrative language and where each section falls within the review criteria. Any forms or attachments referenced in a narrative section may be considered during the objective review.

Narrative Section	Review Criteria
Need	(1) Need
Response	(2) Response
Impact	(3) Evaluative Measures
Organizational Information	(4) Resources and Capabilities
Budget	(5) Support Requested

ii. Project Narrative

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

NEED -- Corresponds to Section V’s Review Criterion 1 [Need](#)

Community and Hospital Demographics

- Describe the larger health care system beyond the small rural hospital, including other providers in the community or distance from the hospital to other providers.
- Describe the community health status and challenges that affect health care in the service area (e.g., poverty, uninsured or underinsured, chronic disease burdens, social determinants of health). Use and cite data, when possible, to support the information.
- Describe the rural population to be served and any rural underserved communities including those who suffer from poorer health outcomes, health disparities, and other inequalities. These populations include but are not limited to: Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of

religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; and persons otherwise adversely affected by persistent poverty or inequality.

Hospital Improvement Opportunities

- Discuss recent technical assistance the hospital has received from outside subject matter experts or consultants.
- Describe the recommendations suggested for areas for improvement. Areas of focus could include financial or operational improvement, quality improvement, implementation of telehealth, implementing activities or service lines to address the needs of the community.

RESPONSE-- Corresponds to Section V's Review Criterion 2 [Response](#)

- Provide details on how you propose to serve the target population and service area based on the technical assistance recommendations as aligned with the [DSIP program objectives](#).
- Clearly outline your implementation plan based on recommendations during the hospital's technical assistance consultations. State which focus area(s) your plan will address.
- Include a timeline that outlines each expected activity with connected goals and objectives. Identify responsible staff for each activity. As appropriate, identify meaningful support and collaboration with key stakeholders and/or consultants in planning, designing, and implementing all activities.

IMPACT -- Corresponds to Section V's Review Criterion 3 [Impact](#)

- Describe the short and long-term impacts of the proposed project on the hospital, target population, and service area.
- Describe the strategy to collect, analyze, and track data to measure progress and impact/outcomes.

ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion [Resources Capabilities](#)

- Describe your organization's current mission, structure, and scope of current activities, and how these elements all contribute to your ability to implement the DSIP requirements and meet the DSIP expectations.
- Discuss your organization's ability to implement the proposed improvements based on recommendations from the hospital's technical assistance consultations. Include evidence of successful implementation of previous technical assistance recommendations. Note if the technical assistance was funded by HRSA.

- Include a Letter of Commitment indicating your organization's Board of Directors' understanding of and commitment to the requirements of this grant for the two-year period of performance, if awarded, as **Attachment 5**.
- Discuss your organization's ability to properly account for the federal funds and document all costs to avoid audit findings.
- Include a staffing plan and job descriptions for key personnel. HRSA recommends including a project director of at least 0.25 FTE capable of overseeing the program's administrative, fiscal, and business operations for the entirety of the project as **Attachment 1**. Include an organizational chart in **Attachment 2**.

iii. **Budget**

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

Additional Budget Instructions:

Subawards/subcontracts

A detailed line-item budget form is required for each subaward and should be uploaded to the Subaward Budget Attachment(s) Form. NOTE: These additional line-item budget forms for subawards will not count against the page limit. However, any additional budget justifications ARE included in the page limit.

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

In addition, the DSIP requires the following:

Travel: Allocate travel funds for up to two (2) hospital staff to attend at least one national or regional rural health care conference focused on innovative approaches and solutions for rural hospitals and rural health care leadership. Examples include but are not limited to the National Rural Health Association (NRHA) Annual Rural Health Conference, NRHA CAH Conference, the American Hospital Association (AHA) Rural Health Care Leadership Conference, and the Delta Region Community Health Systems Development Program annual summit. To determine estimated travel costs, rates should refer to the U.S. General Services Administration (GSA) per diem rates for FY 2023. Per diem rates can be found on the GSA's website: <https://www.gsa.gov/travel-resources>. See **Appendix A** for an example of how to include this in the budget.

Executive Coach: To ensure the proposed project aligns with the purpose of this NOFO as well as strategic priorities for the hospital, allocate up to \$30,000 for one (1) qualified executive coach to support the Chief Executive Officer and hospital Board of Directors with coaching and strategic planning for the two-year period of performance. More details on selecting a coach will be provided in the Notice of Award. See **Appendix A** for an example of how to include this in the budget.

Equipment: You may allocate no more than \$100,000 to equipment purchases to include financial system enhancements or telehealth systems. Include a description of how equipment purchases meet the goals of your proposed project.

Personnel: HRSA recommends allocating funds for a project director with **at least 0.25 FTE** to the program. Ideally, the allocated time of the project director role should be filled by one individual, and not split amongst multiple project staff.

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

As required by the Consolidated Appropriations Act, 2023 (P.L. 117-328), “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.” Effective January 2023, the salary rate limitation is **\$212,100**. Note that these or other salary limitations may apply in the following fiscal years, as required by law.

iv. **Budget Narrative**

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

The budget narrative must describe all line-item federal funds (including subawards) proposed for this project. The budget justification narrative should:

- Clearly justify how you will use the DSIP funds requested over the two-year period of performance. The funding request should align with your line-item budget which supports the needs and activities you identified in the project narrative portion of your application.
- Clearly indicate how funds will be distributed across partner organizations (subawards), if proposed.

v. **Attachments**

Provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit.** Your indirect cost rate agreement and proof of non-profit status (if

applicable) will not count toward the page limit. **Clearly label each attachment.** You must upload attachments into the application. HRSA and the objective review committee will not open/review any *hyperlinked* attachments.

Attachment 1: Staffing Plan and Job Descriptions for Key Personnel

Keep each job description to one page in length. Include the role, responsibilities, and qualifications of proposed project staff. When creating the staffing plan, HRSA recommends including a project director of **at least 0.25 FTE** capable of overseeing the program's administrative, fiscal, and business operations for the entirety of the project. For the purposes of this application, key personnel are individuals who are funded by this award, or person(s) conducting activities central to this program. Also include a description of your organization's timekeeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

Attachment 2: Organizational Chart

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

Attachment 3: Proof of Location in a rural DRA county or parish (DOES NOT COUNT TOWARD PAGE LIMIT)

Include a printout of the small rural hospital's location in a rural DRA county or parish from <https://www.ruralhealthinfo.org/am-i-rural>. This webpage allows you to search by county or street address and determine rural eligibility.

Note: Printout should be legible and in black and white. You can receive up to one (1) priority point for this attachment. HRSA program staff reviews the printout and applies the priority point. HRSA program staff cross-checks <https://dra.gov/about-dra/map-room/> to confirm the county listed in the printout is in the DRA region. See [Section V.2 Review and Selection Process](#) for a full explanation of funding priorities and priority points.

Attachment 4: Proof of Previous Technical Assistance (DOES NOT COUNT TOWARD PAGE LIMIT)

Documentation should be from the past five years and be one of the following items: recommendations from TA consultations, a recommendations report, or a letter from the Delta Region Community Health Systems Development Program confirming previous participation in TA. Reach out to the [HRSA program contact](#) if you have questions on what documentation would be appropriate.

Note: You can receive up to two (2) priority points for this attachment. HRSA program staff reviews documentation and applies the priority points. See [Section V.2 Review and Selection Process](#) for a full explanation of funding priorities and priority points.

Attachment 5: Board of Directors Letter of Commitment

Include a letter of commitment indicating your organization's Board of Directors' understanding of, and commitment to, the requirements of this grant for the two-year period of performance. The letter of commitment must be dated and signed by the Board Chair.

Attachments 6–15: Other Relevant Documents

Include any other documents that are relevant to the application (e.g., letters of support, contracts, and Memoranda of Understanding). Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverable. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.).

3. Unique Entity Identifier (UEI) and System for Award Management (SAM)

Effective April 4, 2022:

- The UEI assigned by [SAM](#) has replaced the Data Universal Numbering System (DUNS) number.
- Register at [SAM.gov](#) and you will be assigned a UEI.

You must register with SAM and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless you are an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or you have an exception approved by the agency under 2 CFR § 25.110(d)). For your SAM.gov registration, you must submit a notarized letter appointing the authorized Entity Administrator.

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

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

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

- System for Award Management (SAM) (<https://sam.gov/content/home> | [SAM.gov Knowledge Base](#))
- Grants.gov (<https://www.grants.gov/>)

Effective March 3, 2023, individuals assigned a SAM.gov Entity Administrator role must be an employee, officer, or board member, and cannot be a non-employee. This change is to ensure entities are in control of who has permission to control roles within their entity.

Here's what this means:

- Entity Administrators assigning roles to non-employees will only be able to assign a Data Entry role or lower.
- Any entities assigning Entity Administrator roles using an Entity Administrator Role Request Letter (formerly called “notarized letter”) will no longer be able to assign the Entity Administrator role to a non-employee.
- Entity Administrator roles assigned to non-employees will be converted to Data Entry roles. With a Data Entry role, non-employees can still create and manage entity registration data entry but cannot manage roles.

If you are an entity using a non-employee or if you are a non-employee working with an entity to manage registrations, please read (and share) [more about this change on the BUY.GSA.gov blog](#) to know what to expect.

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

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

4. Submission Dates and Times

Application Due Date

The due date for applications under this NOFO is **May 10, 2023, at 11:59 p.m. ET**. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Summary of emails from Grants.gov in HRSA's [SF-424 Application Guide, Section 8.2.5](#) for additional information.

5. Intergovernmental Review

The DSIP is subject to the provisions of [Executive Order 12372](#), as implemented by 45 CFR part 100.

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

6. Funding Restrictions

You may request funding for a period of performance of up to two years, at no more than \$404,000 total cost to be allocated across the two years (inclusive of direct **and** indirect costs).

The General Provisions in Division H of the Consolidated Appropriations Act, 2023 (P.L. 117-328) apply to this program. See Section 4.1 of HRSA's [SF-424 Application Guide](#) for additional information. Note that these or other restrictions will apply in following fiscal years, as required by law.

You cannot use funds under this notice to acquire real property, for construction, or to pay for equipment costs not directly related to the purposes of this award.

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on specific uses of funding. It is imperative that you review and adhere to the list of statutory restrictions on the use of funds detailed in Section 4.1 of HRSA's [SF-424 Application Guide](#). Like all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit

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

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

V. Application Review Information

1. Review Criteria

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

Reviewers will evaluate and score the merit of your application based upon these criteria.

Five review criteria are used to review and rank DSIP applications. Below are descriptions of the review criteria and their scoring points.

Criterion 1: NEED (30 points) – Corresponds to Section IV's [Need](#)

Community and Hospital Demographics (15 points)

- The extent to which the application clearly identifies the health care structure and systems of the applicant community.
- The extent to which the application clearly identifies the health care needs of the service area using demographic data from reliable and recent data sources.
- The extent to which the application clearly identifies the target population(s) to be serviced, including any rural underserved communities and those who suffer from poorer health outcomes, health disparities, and other inequalities.

Hospital Improvement Opportunities (15 points)

- The extent to which the application discusses recent technical assistance received from external subject matter experts or consultants
- The extent to which the application discusses the resulting recommendations for areas of improvement.

Criterion 2: RESPONSE (20 points) – Corresponds to Section IV's [Response](#)

- The extent to which the proposed project responds to the identified needs of the target population and service area based on technical assistance recommendations as aligned with the DSIP program objectives.
- The extent to which the application outlines the implementation plan based on technical assistant consultation recommendations, including the focus areas it will address.
- The extent to which the application includes a clear timeline of activities with connected goals and objectives and corresponding responsible staff.
- The strength of the proposed goals and objectives and their relationship to the identified project.
- The extent the application identifies meaningful support with stakeholders and/or consultants in planning, designing, and implementing activities, as appropriate.

Criterion 3: IMPACT (15 points) – Corresponds to Section IV's [Impact](#)

- The extent to which the proposed project has an impact on the small rural hospital, target population, and service area.
- The quality of the data collection strategy to measure progress and impact/outcomes.

Criterion 4: RESOURCES/CAPABILITIES (20 points) – Corresponds to Section IV's [Organizational Information](#)

- The extent to which the application includes description of the organization's current mission, structure, and scope of current activities.
- The extent to which the application provides evidence of the applicant organization's capability to fulfill the DSIP requirements and expectations.
- The abilities of the applicant organization to successfully implement the proposed improvements based on technical assistance consultation recommendations as evidenced by previous successful implementation of technical assistance recommendations.
- The extent to which the Letter of Commitment demonstrates the organization's Board of Directors' understanding of and commitment to the requirements of this grant for the two-year period of performance, if awarded
- The quality of discussion on the organization's ability to properly account for the federal funds and document all costs.
- The extent to which the staffing plan identifies all key personnel conducting activities central to this program, including a project director with adequate time to oversee the program's administrative, fiscal, and business operations for the entirety of the project.

Criterion 5: SUPPORT REQUESTED (15 points) – Corresponds to Section IV's [Budget](#) and [Budget Narrative](#)

- The reasonableness of the proposed budget for each year of the period of performance in relation to the objectives, the complexity of the activities, and the anticipated results. This includes:
 - The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work;
 - The extent to which the budget includes required travel and executive coaching allocations;
 - The extent to which key personnel have adequate time devoted to the project to achieve project objectives; and
 - The extent to which subawards/subcontracts are clearly outlined and connected to project objectives.
 - The extent to which any included equipment costs align with the project objectives.

2. Review and Selection Process

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

For this program, HRSA will use:

Funding Priorities

This program includes a funding priority. A funding priority is the favorable adjustment of combined review scores of individually approved applications when applications meet specified criteria. HRSA staff adjusts the score by a set, pre-determined number of points. The DSIP has two funding priorities. You may apply for both priorities and be awarded up to three points total, as specified below.

Priority 1: Location of small rural hospital is in a rural county or parish of the DRA region (1 Point)

You will be granted a funding priority if: the small rural hospital is in a rural county or parish in one of the eight states in the Delta Regional Authority (DRA) region. The DRA region includes 252 counties and parishes located across eight states - Alabama, Arkansas, Illinois, Kentucky, Louisiana, Mississippi, Missouri, and Tennessee. To view service area maps for each state, visit <https://dra.gov/about-dra/map-room/>. Include this information in **Attachment 3**.

Priority 2: Proof of Prior Technical Assistance (2 Points)

You will be granted a funding priority if: documentation of previous TA at the small rural hospital is submitted as **Attachment 4**. Documentation should be from the past five years and be one of the following items: recommendations from TA consultations, a recommendations report, or a letter from the Delta Region Community Health Systems Development Program confirming previous participation in TA.

3. Assessment of Risk

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

HRSA reviews applications receiving a favorable objective review for other considerations that include past performance, as applicable; cost analysis of the project/program budget; assessment of your management systems, ensuring continued applicant eligibility; and compliance with any public policy requirements, including those

requiring just-in-time submissions. HRSA may ask you to submit additional programmatic or administrative information (such as an updated budget or “other support” information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that HRSA will make an award. Following review of all applicable information, HRSA’s approving and business management officials will determine whether HRSA can make an award, if special conditions are required, and what level of funding is appropriate.

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

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

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

VI. Award Administration Information

1. Award Notices

HRSA will release the Notice of Award (NOA) on or around the start date of September 30, 2023. See Section 5.4 of HRSA’s [SF-424 Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

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

If you are successful and receive an NOA, in accepting the award, you agree that the award and any activities thereunder are subject to:

- all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award,
- other federal regulations and HHS policies in effect at the time of the award or implemented during the period of award, and

- applicable statutory provisions.

Accessibility Provisions and Non-Discrimination Requirements

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS will be required to complete an [HHS Assurance of Compliance form \(HHS 690\)](#) in which you agree, as a condition of receiving the grant, to administer your programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, age, sex and disability, and agreeing to comply with federal conscience laws, where applicable. This includes ensuring that entities take meaningful steps to provide meaningful access to persons with limited English proficiency; and ensuring effective communication with persons with disabilities. Where applicable, Title XI and Section 1557 prohibit discrimination on the basis of sexual orientation, and gender identity. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See <https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html> and <https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html>.

- For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see <https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html> and <https://www.lep.gov>.
- For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and to provide effective communication, see <http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html>.
- HHS funded health and education programs must be administered in an environment free of sexual harassment, see <https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html>.
- For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see <https://www.hhs.gov/conscience/conscience-protections/index.html> and <https://www.hhs.gov/conscience/religious-freedom/index.html>.

Please contact the [HHS Office for Civil Rights](#) for more information about obligations and prohibitions under federal civil rights laws or call 1-800-368-1019 or TDD 1-800-537-7697.

The HRSA Office of Civil Rights, Diversity, and Inclusion (OCRDI) offers technical assistance, individual consultations, trainings, and plain language materials to supplement OCR guidance and assist HRSA recipients in meeting their civil rights obligations. Visit [OCRDI's website](#) to learn more about how federal civil rights laws and

accessibility requirements apply to your programs, or contact OCRDI directly at HRSACivilRights@hrsa.gov.

Executive Order on Worker Organizing and Empowerment

Pursuant to the Executive Order on Worker Organizing and Empowerment (E.O. 14025), HRSA strongly encourages applicants to support worker organizing and collective bargaining and to promote equality of bargaining power between employers and employees. This may include the development of policies and practices that could be used to promote worker power. Applicants can describe their plans and specific activities to promote this activity in the application narrative.

Requirements of Subawards

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

Health Information Technology (IT) Interoperability Requirements

Successful applicants under this NOFO agree that:

Where award funding involves:	Recipients and subrecipients are required to:
Implementing, acquiring, or upgrading health IT for activities by any funded entity	Utilize health IT that meets standards and implementation specifications adopted in 45 CFR part 170, Subpart B, if such standards and implementation specifications can support the activity. Visit https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-D/part-170/subpart-B to learn more.
Implementing, acquiring, or upgrading health IT for activities by eligible clinicians in ambulatory settings, or hospitals, eligible under Sections 4101, 4102, and 4201 of the HITECH Act	Utilize health IT certified under the ONC Health IT Certification Program, if certified technology can support the activity. Visit https://www.healthit.gov/topic/certification-ehrs/certification-health-it to learn more.

If standards and implementation specifications adopted in [45 CFR part 170, Subpart B](#) cannot support the activity, recipients and subrecipients are encouraged to utilize health IT that meets non-proprietary standards and implementation specifications developed by consensus-based standards development organizations. This may include standards identified in the ONC Interoperability Standards Advisory, available at <https://www.healthit.gov/isa/>.

3. Reporting

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

- 1) **Progress Report.** The award recipient must submit quarterly progress reports to HRSA. The quarterly report will be used to demonstrate the award recipient's progress on activities within the quarter. Further information will be available in the NOA.
- 2) **Final Program Report.** A final report is due within 90 calendar days after the period of performance ends. The Final Report must be submitted online by recipients in the EHBs at <https://grants.hrsa.gov/webexternal/home.asp>. The Final Report is designed to provide HRSA with information required to close out a grant after completion of project activities. Recipients are required to submit a final report at the end of their project.

Note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at [2 CFR § 200.340 - Termination](#) apply to all federal awards effective August 13, 2020. No additional termination provisions apply unless otherwise noted.

VII. Agency Contacts

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

Eric Brown
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
phone: (301) 945-9844
Email: ebrown@hrsa.gov

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

Suzanne Snyder, MSW
Public Health Analyst,
Federal Office of Rural Health Policy
Health Resources and Services Administration
Telephone: (301) 443-0178
Email: ssnyder1@hrsa.gov

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

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International callers dial 606-545-5035)
Email: support@grants.gov
[Self-Service Knowledge Base](#)

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through [HRSA's Electronic Handbooks \(EHBs\)](#). Always obtain a case number when calling for support. For assistance with submitting in the EHBs, contact the HRSA Contact Center, Monday–Friday, 7 a.m. to 8 p.m. ET, excluding federal holidays at:

HRSA Contact Center
Telephone: (877) 464-4772 / (877) Go4-HRSA
TTY: (877) 897-9910
Web: <http://www.hrsa.gov/about/contact/ehbhelp.aspx>

The EHBs login process is changing May 26, 2023 for applicants, recipients, service providers, consultants, and technical analysts. To enhance EHBs' security, the EHBs will use **Login.gov** and **two-factor authentication**. Applicants, recipients, service providers, consultants, and technical analysts must create a Login.gov account by May 25, 2023 to prepare for the new login process. For step-by-step instructions on creating a Login.gov account refer to the [EHBs Wiki Help page](#).

VIII. Other Information

Technical Assistance

See [TA details](#) in Executive Summary.

Tips for Writing a Strong Application

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

Appendix A: Sample Budget Narrative

This is an example of how you can put together a Budget Narrative. You do not need to copy this exactly, but you should include all the budget categories.

We are requesting \$404,000 to improve healthcare delivery in the rural area by implementing our proposed projects that will improve the financial sustainability of our hospital.

Total Request: \$404,000

We anticipate utilizing our entire budget across our two-year period of performance. This budget narrative reflects two full planned years of funding at the full award amount of \$404,000.

Personnel total: \$ _____

We are requesting personnel funding for one (1) staff member to manage and support the implementation of this grant at .5 FTE. This staff member will be responsible for the overall management of the award and ensuring that we complete our activities in a timely manner.

Fringe Benefits total: \$ _____

Our fringe benefits include health and life insurance, retirement, and Workman's Compensation insurance and is calculated at 42% of salary costs. This cost element supports personnel resources for the implementation of the grant project.

Travel total: \$ _____

NRHA Annual Rural Health Conference, San Diego, CA
(The grant program requires attendance to one national or regional rural health conference.)

2 Hospital Staff Attending

Airfare: \$ ___ x 2 = \$ _____

Lodging: \$ ___ x 2 per day x 4 days = \$ _____

Meal: \$ ___ x 2 per day x 5 days = \$ _____

Registration: \$ ___ X 2 = \$ _____

Total: \$ _____

Delta Region Community Health Systems Development Program Summit, Memphis, TN

2 Hospital Staff Attending

Airfare: \$ ___ x 2 = \$ _____

Lodging: \$ ___ x 2 per day x 4 days = \$ _____

Meal: \$ ___ x 2 per day x 5 days = \$ _____

Total: \$ _____

Equipment total: \$_____

We are requesting \$_____ to purchase _____ to support the implementation of our new tele-psych service line addition. This cost will ensure we have the equipment necessary to implement this service line successfully.

*Equipment is any article of tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or \$5,000. (Uniform Guidance 45 CFR Part 75.2 Definitions). All items with an acquisition cost per unit less than the capitalization threshold are considered supplies. If a non-Federal entity chooses to define equipment using a lower threshold, it will appear as supplies for Federal purposes but as equipment in the non-federal entity records.

Supplies total: \$_____

We are requesting \$_____ for the purchase of _____ to support staff in _____ aspect of the implementation of this project.

Contractual total: \$_____

We are requesting \$_____ to contract one (1) qualified executive coach to support the Chief Executive Officer and hospital Board of Directors with coaching and strategic planning to implement our proposed projects. *(The grant program requires the inclusion of a qualified executive coach.)*

We are requesting \$_____ to contract with _____ to advise us on the implementation of our new tele-psych service line addition.

Construction: This category is not applicable

Other total: \$_____

We are requesting \$_____ to provide training opportunities for our hospital staff. These costs will also cover printing of educational materials and _____. It will also cover administrative charges related to the personnel assigned to manage this grant program, including telephone and internet service charges.

Indirect Charges total: \$_____

We are requesting the ten percent de minimis indirect cost rate.
(If indirect costs are included in the budget, you must include a copy of your federal negotiated indirect cost rate agreement. If you do not have an indirect cost rate agreement, but wish to include indirect costs, then you may use a rate of no more than 10 percent of modified total direct costs (MTDC).)

Appendix B: Application Completeness Checklist

- Have I read this NOFO thoroughly and referred to the SF-424 Application Guide where indicated?
- Have I included all the attachments listed in [Section IV.1.v.](#)?
- Am I applying to the correct funding opportunity number for the Delta Health Systems Implementation Program (HRSA-23-128)?
- Does my proposed project improve the financial sustainability of the small rural hospital through the implementation of projects focused on financial and operational improvement, quality improvement, telehealth, and workforce development as specified in this NOFO?
- Does my application request a total of \$404,000?
- Have I completed all forms and attachments as requested in [Section IV](#) of this NOFO and in the SF-424 Application Guide?
- Have I checked the page limit table in [Appendix C](#) to ensure my application meets the [page limit requirement](#) of 40 pages?
- Have I received confirmation emails from Grants.gov noting validation of successful submission?

Appendix C: Page Limit Worksheet

The purpose of this worksheet is to give you a tool to ensure the number of pages uploaded into your application is within the specified [page limit](#). (Do not submit this worksheet as part of your application.)

The Standard Forms listed in column 1 do not count against the page limit; however, attachments to the Standard Forms listed in column 2 do count toward the page limit. For example, the Budget Narrative Attachment Form does not count, however the attachment uploaded in that form does count against the page limit.

Standard Form Name (Forms themselves do not count against the page limit)	Attachment File Name (Unless otherwise noted, attachments count against the page limit)	# of Pages Applicant Instruction – enter the number of pages of the attachment to the Standard Form
Application for Federal Assistance (SF-424 - Box 14)	Areas Affected by Project (Cities, Counties, States, etc.)	<i>My attachment = ___ pages</i>
Application for Federal Assistance (SF-424 - Box 16)	Additional Congressional District	<i>My attachment = ___ pages</i>
Application for Federal Assistance (SF-424 - Box 20)	Is the Applicant Delinquent On Any Federal Debt?	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 1: Staffing Plan and Job Descriptions for Key Personnel	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 2: Organizational Chart	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 3: Proof of Rural Status	<i>(Does not count against the page limit)</i>
Attachments Form	Attachment 4: Proof of Previous Technical Assistance	<i>(Does not count against the page limit)</i>
Attachments Form	Attachment 5: Board of Directors Letter of Commitment	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 6	<i>My attachment = ___ pages</i>

Standard Form Name <i>(Forms themselves do not count against the page limit)</i>	Attachment File Name <i>(Unless otherwise noted, attachments count against the page limit)</i>	# of Pages <i>Applicant Instruction – enter the number of pages of the attachment to the Standard Form</i>
Attachments Form	Attachment 7	<i>My attachment = ____ pages</i>
Attachments Form	Attachment 8	<i>My attachment = ____ pages</i>
Attachments Form	Attachment 9	<i>My attachment = ____ pages</i>
Attachments Form	Attachment 10	<i>My attachment = ____ pages</i>
Attachments Form	Attachment 11	<i>My attachment = ____ pages</i>
Attachments Form	Attachment 12	<i>My attachment = ____ pages</i>
Attachments Form	Attachment 13	<i>My attachment = ____ pages</i>
Attachments Form	Attachment 14	<i>My attachment = ____ pages</i>
Attachments Form	Attachment 15	<i>My attachment = ____ pages</i>
Project/Performance Site Location Form	Additional Performance Site Location(s)	<i>My attachment = ____ pages</i>
Project Narrative Attachment Form	Project Narrative	<i>My attachment = ____ pages</i>
Budget Narrative Attachment Form	Budget Narrative	<i>My attachment = ____ pages</i>
# of Pages Attached to Standard Forms		Applicant Instruction: Total the number of pages in the boxes above.
Page Limit for HRSA-23-128 is 40 pages		My total = ____ pages