

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

Federal Office of Rural Health Policy
Community Based Division

***Delta States Rural Development Network
Grant Program***

Announcement Type: New
Funding Opportunity Number: HRSA-16-020

Catalog of Federal Domestic Assistance (CFDA) No. 93.912

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2016

Application Due Date: April 4, 2016

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

Release Date: February 4, 2016

Issuance Date: February 4, 2016

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Authority: Public Health Service Act, Section 330A(f) (42 U.S.C. 254c(f)), as amended. P.L.
114-53

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Federal Office of Rural Health Policy (FORHP) is accepting applications for fiscal year (FY) 2016 Delta States Rural Development Network Grant Program. The purpose of the program as stated in 42 U.S.C. 254c(f) is to promote, through planning and implementation, the development of integrated health care networks that have combined the functions of the eligible entities participating in the networks in or to: (i) achieve efficiencies; (ii) expand access to, coordinate, and improve the quality of essential health care services; and (iii) strengthen the rural health care system as a whole. This program will fund organizations located in the eight Delta States.

Funding Opportunity Title:	Delta States Rural Development Network Grant
Funding Opportunity Number:	HRSA-16-020
Due Date for Applications:	April 4, 2016 Note: negotiated due date generally must be at least 60 days after the FOA release/posting date.
Anticipated Total Annual Available Funding:	\$10,080,000.00
Estimated Number and Type of Award(s):	12 grants anticipated
Estimated Award Amount:	Applicants may apply for a ceiling amount of \$45,000 per eligible County, per year.
Cost Sharing/Match Required:	No
Project Period:	August 1, 2016 through July 31, 2019 (3 years)
Eligible Applicants:	Shall be a rural public or rural nonprofit private entity; shall represent a network composed of participants which include 3 or more health care providers; and shall not previously have received an award under this subsection (other than a grant for planning activities) for the same or a similar project. [See Section III-1 of this funding opportunity announcement (FOA) for complete eligibility information.]

Application Guide

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 FOA to do otherwise. A short video for applicants explaining the *Application Guide* is available at <http://www.hrsa.gov/grants/apply/applicationguide/>.

Technical Assistance

The Federal Office of Rural Health Policy will hold a technical assistance webinar on Wednesday, February 24, 2016 at 2:00 PM – 3:00 PM Eastern Time to assist applicants in preparing their applications.

The Adobe Connect webinar and call-in information is as follows:

Conference line (for audio): 800-619-4542

Participant passcode: 6803316

URL (for web): <https://hrsa.connectsolutions.com/delta-srdnp-foa-webinar/>

(Please enter as a “guest”)

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. Following entry of your passcode, please provide the required details when prompted.

No pre-registration is required.

For your reference, the Technical Assistance call will be recorded and available for playback within one hour of the end of the call and will be available until April 01, 2016 at 10:59 PM Central Time. The phone number to hear the recorded call is 866-370-3634 passcode: 3261.

The Technical Assistance call is open to the general public. The purpose of the call is to review the FOA 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 call to answer any questions. While the call is not required, it is highly recommended for any organization interested in applying for the Delta States Rural Development Network Grant Program.

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I. Program Funding Opportunity Description

1. Purpose

This announcement solicits applications for the Delta States Rural Development Network Grant Program (Delta Program). The purpose of the Delta Program is to fund organizations located in the eight Delta States that promote, through planning and implementation, the development of integrated health care networks that have combined the functions of the eligible entities participating in the networks in or to: achieve efficiencies; expand access to, coordinate, and improve the quality of essential health care services; and strengthen the rural health care system as a whole. The Delta Program provides resources to help rural communities develop partnerships to jointly address health problems that could not be solved by single entities working alone. A goal of the Federal Office of Rural Health Policy is to fund programs that have demonstrated a level of evidence through improved health outcomes.

For FY 16, the program will require applicants to focus efforts around diabetes, cardiovascular disease, obesity and acute ischemic stroke. The program will also place an emphasis on population health. Population health is defined as the health outcomes of a group of individuals, including the distribution of such outcomes within the group. The groups may be geographic populations or other groups such as employees, ethnic groups, adolescents, school aged children, or any other defined group. The health outcomes of these groups may help in informing policy decisions on a national and local level.

In addition, it is anticipated that recipients will coordinate the services and activities related to chronic disease management. These efforts may include the appropriate utilization of healthcare resources such as efforts resulting in a reduction of unnecessary emergency department encounters, hospital admissions, or 30-day readmissions for target populations as a significant in the coordination of services. This goal should be accomplished through improved disease management and care coordination in one of the following focus areas: 1) diabetes; 2) cardiovascular disease; 3) obesity; or 4) acute ischemic stroke. An important component of integrated care is the ability of the primary care provider to properly screen patients for behavioral health conditions. Because individuals who live with a chronic disease are at risk for having depression etc., as comorbidity, applicants are also encouraged to incorporate mental health services for effective and efficient program implementation.

- All recipients are required to adopt an evidence-based or promising practice approach that has been proven to demonstrate improved outcomes and may be replicable in other communities. Evidence-based practices 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

¹ National Opinion Research Center (NORC) Walsh Center for Rural Health Analysis, “Promising Practices for Rural Community Health Worker Programs”, FORHP 330A Grant Issue Brief, Y series-No.1 (January 2011)

and settings.”² An example of a promising practice would be a small-scale pilot program that has generated positive outcome evaluation results that justify program expansion to new access points and/or to new service populations. Applicants are required to propose multi-County/multi-parish projects that address delivery of preventive or clinical health services for individuals with, or at risk of developing chronic health diseases which disproportionately affect rural Delta communities. Due to the high disparities in the region³ applicants are required to propose a program based on one of the following focus areas: 1) diabetes; 2) cardiovascular disease; 3) obesity; or 4) acute ischemic stroke; or 5) mental including related behavioral health and target the program to the services. Rural counties or parishes with the highest unmet needs and more hard to reach communities that are underserved must be specifically targeted in need the application. Initiatives can be in programs focused on prevention, self-management, care coordination, clinical care, or population health, but must be outcomes oriented. For example, the programs should include activities focused on producing changes in one or more of the following areas: Knowledge (e.g. understanding of effective self-management strategies, understanding of key disease risk factors or prevention strategies)

- Attitudes (e.g. increased self-efficacy in prevention or self-management strategies)
- Behaviors (e.g. increase in level of physical activity, increase intake of fruits and vegetables)
- Clinical biometrics (e.g. BMI, weight, A1C, blood pressure)
- Policies and procedures (e.g. improved health care services delivery model, changes to school physical activity and/or cafeteria policies)
- Systems (e.g. improved coordination among health and social services agencies)
- Appropriate utilization of healthcare resources

Many of the largest drivers of health care costs fall outside the clinical care environment. In addition to the required key focus area(s), grantees may devote a percentage of grant funds toward another issue which may be of need in the service area. This addition may help develop and strengthen the health care networks through the coordination of services and the improvement in the quality of health care services. For example, applicants could work with the target population to connect those in need with resources related to issues that align with the broader determinants of health.

Other issue areas may include areas such as pharmacy assistance, electronic health record management (funds should not go toward implementation, but rather towards enhancing the system in place), oral health, cancer screening, women’s health, or child poverty, etc. Applicants should demonstrate the need of this additional topic area, as well as how it will improve the project and the population being served.

² Department of Health and Human Services Administration for Children and Families Program Announcement. *Federal Register*, Vol. 68, No. 131, (July 2003), p. 40974

⁴ CDC Division for Heart Disease and Stroke Prevention State Heart Disease and Stroke Prevention Program Evaluation Guide: Writing SMART Objectives, http://www.cdc.gov/dhdsp/programs/spha/evaluation_guides/docs/smart_objectives.pdf

On May 20th, the White House released a report entitled: Opportunity for All: Fighting Rural Child Poverty (May 2015 Report)

https://www.whitehouse.gov/sites/default/files/docs/rural_child_poverty_report_final_non-embargoed.pdf . The report documents the 1.5 million children who continue to live in poverty in rural America. In support of the subsequent initiative to combat rural childhood poverty, applicants are encouraged to focus an aspect of their project in this area.

Sustainability of program activities beyond the funding period is a goal of the Federal Office of Rural Health Policy. Under health services delivery programs, HRSA funding may support recipients' efforts to develop necessary capabilities and the ability to obtain funding from non-Federal sources. It is anticipated that applicants will provide a sustainability plan with the application.

2. Background

This program is authorized by the Public Health Service Act, Section 330A(f) (42 U.S.C. 254c(f)), as P.L. 114-53.

In an effort to expand access to care, coordinate and improve the equality of essential health care services and strengthen rural health care system, the Delta States Rural Development Network Grant Program supports projects that demonstrate evidence based and/or promising approaches around cardiovascular disease, diabetes, obesity, and acute ischemic stroke, in order to improve health status in rural communities throughout the Delta Region. Key features of the program include collaboration, adoption of an evidence-based approach, demonstration of health outcomes in the targeted population, program replication and sustainability. Health indicators may include changes in knowledge, behavior, attitudes, clinical biometrics (e.g. weight, Body Mass Index, (BMI), blood pressure etc.), as well as healthcare resource utilization data such as hospital ER utilization and 30-day readmissions, and should be selected based on their ability to demonstrate health status improvement in rural Delta communities over time. Proposed Delta programs may take the framework of an evidence-based approach or promising practice and tailor it to their community's need and organization.

Delta grants are intended to implement collaborative programs that address health disparities, and for network development to engage defined population groups in multi-County/multi-parish rural areas. A primary objective of the program is to foster the development of collaborative efforts for program implementation and to encourage creative and lasting relationships among service providers and health system partners in rural areas. Each organization participating in the consortium or multi-County network must significantly contribute to the project and must have clearly defined roles and responsibilities. Furthermore, the multi-County networks should be specifically identified and proposal submissions must identify these partners and their services areas for each year of funding.

As a recipient of a grant for the Delta States Rural Development Network Grant Program, organizations will be offered targeted technical assistance throughout the three years of the grant period to assist in achieving the project's desired outcomes and to ensure that the program can be sustained after the grant is over. This additional support will be provided at no extra cost to recipients, as this is an investment made by FORHP to assist in the success of the

project. FORHP has found that recipients benefit greatly from the one-on-one support provided through this technical assistance.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New

Funding will be provided in the form of a grant.

2. Summary of Funding

This program will provide funding during Federal fiscal years 2016 – 2019. It is anticipated approximately \$10,080,000.00 will be available annually to fund 12 recipients. Applicants may apply for a ceiling amount of up to \$45,000 per eligible County, per year. This program announcement is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds can be awarded in a timely manner. The project period is three (3) years. Funding beyond the first year is dependent on the availability of appropriated funds for the Delta States Rural Development Network Grant Program in subsequent fiscal years, on satisfactory recipient performance, and on a decision that continued funding is in the best interest of the Federal Government.

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

III. Eligibility Information

1. Eligible applicants

To be eligible to receive a grant, an applicant:

- Shall be a rural public or rural nonprofit private entity;
- Shall represent a network composed of participants-
 - That includes 3 or more health care providers (e.g., hospital, clinic, behavioral health, etc.)
 - That may be nonprofit or for-profit entities;
- Shall not previously have received a grant under this subsection (other than a grant for planning activities) for the same or a similar project.

All projects should be responsive to any unique cultural, social, religious, sex/gender differences, and linguistic needs of the target population. Faith-based and community-based organizations

are eligible to apply for these funds. Tribes and Tribal Organizations are eligible to apply for these funds.

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

Geographic Eligibility Requirements

The applicant organization for the Delta States Rural Development Network Grant Program must meet geographic requirements. (Note: the award will be made to only one member of the consortium, the applicant organization, which will serve as the recipient of record. Only the applicant organization is required to meet the geographic requirements.)

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.

*To ascertain rural eligibility, please refer to
<http://datawarehouse.hrsa.gov/RuralAdvisor/RuralHealthAdvisor.aspx>.

This Web page allows potential applicants to search by County or street addresses and determines their eligibility. If the applicant 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 Federal Office of Rural Health Policy in writing that, for the grant, they will exert no control over or demand collaboration with the rural entity. The urban parent may, through the request of the rural entity, assist with direct service delivery; provide expertise or health care personnel that would not otherwise be available.

**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, 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.*

In determining eligibility for this funding, the Federal Office of Rural Health Policy (FORHP) realizes there are some Metropolitan Areas that would otherwise be considered non-Metropolitan if the core, urbanized area population count did not include Federal and/or State prison populations. Consequently, FORHP has created an exceptions process whereby applicants from Metropolitan counties in which the combined population of the core urbanized area is more than 50,000 can request an exception by demonstrating that through the removal of Federal and/or State prisoners from that count, they would have a population total of less than 50,000. Those applicants must present documented evidence of total population for the core urbanized area and demonstrate through data from the Census Bureau and State or Federal Bureaus of Prisons or Corrections Departments that show the total core urbanized area population (which is not the

County or town population), minus any the State and/or Federal prisoners, results in a total population of less than 50,000. Any data submitted that does not take the total core urbanized area population into consideration will not be eligible. For further information, please visit: <https://www.census.gov/geo/reference/ua/urban-rural-2010.html>. Prisoners held in local jails cannot be removed from the core urbanized area population.

This exception is only for the purpose of eligibility for FORHP programs. To find out if you are eligible for a reclassification, please contact Steve Hirsch at 301-443-7322. If eligible, you will be required to request the exception and present the data in **Attachment 14** which will be verified by FORHP.

Please contact the Federal Office of Rural Health Policy with any questions or further clarification.

Regional Service Areas

During this grant cycle, all of the Delta States will have Regional service areas. These service areas are based upon natural geographic as well as State Public Health System Regional formations. **Alabama, Illinois, Kentucky and Tennessee** have single-service regions that encompass all their Delta counties. Due to the higher number of counties/parishes located in the States of **Arkansas, Louisiana, Mississippi and Missouri** in relation to their Delta States counterparts, these States will have two Regional service areas. The Regional service areas will allow the Delta Grant Program to sustain greater and more efficient impact across a larger geographical distance, wherein multiple recipients will be awarded to address prevalent health care issues and disparities.

The service areas for single service region States is defined as follows:

Alabama: (18 designated counties)

Service Region A

Barbour, Bullock, Butler, Choctaw, Clarke, Conecuh, Dallas, Escambia, Greene, Hale, Macon, Marengo, Monroe, Perry, Pickens, Sumter, Washington, Wilcox

Illinois: (16 designated counties)

Service Region A

Alexander, Franklin, Gallatin, Hamilton, Hardin, Jackson, Johnson, Massac, Perry, Pope, Pulaski, Randolph, Saline, Union, White, Williamson

Kentucky: (20 designated counties)

Service Region A

Ballard, Caldwell, Calloway, Carlisle, Christian, Crittenden, Fulton, Graves, Hickman, Hopkins, Livingston, Lyon, Marshall, McCracken, McLean, Muhlenberg, Todd, Trigg, Union, Webster

Tennessee: (20 designated counties)

Service Region A

Benton, Carroll, Chester, Crockett, Decatur, Dyer, Fayette, Gibson, Hardeman, Hardin, Haywood, Henderson, Henry, Lake, Lauderdale, McNairy, Madison, Obion, Tipton, Weakley

The service areas for multi-service region States is defined as follows:

Arkansas:

Service Region A (19 designated counties)

Arkansas, Ashley, Bradley, Calhoun, Cleveland, Chicot, Dallas, Desha, Drew, Grant, Jefferson, Lee, Lincoln, Lonoke, Monroe, Phillips, Ouachita, St. Francis, Union

Service Region B (20 designated counties)

Baxter, Clay, Cross, Fulton, Greene, Independence, Izard, Jackson, Lawrence, Marion, Mississippi, Poinsett, Prairie, Randolph, Searcy, Sharp, Stone, Van Buren, White, Woodruff

Louisiana:

Service Region A (20 designated counties)

Caldwell, E Carroll, Franklin, Grant, Jackson, La Salle, Lincoln, Madison, Morehouse, Natchitoches, Rapides, Richland, St. Helena, Tangipahoa, Tensas, Union, Washington, West Carroll, West Feliciana, Winn

Service Region B (21 designated counties)

Acadia, Allen, Ascension, Assumption, Avoyelles, Catahoula, Concordia, Evangeline, Iberia, Iberville, Jefferson, Lafourche, Point Coupee, Plaquemines, St. Bernard, St. Charles, St. James, St. John the Baptist, St. Landry, St. Martin, West Baton Rouge

Mississippi:

Service Region A (21 designated counties)

Attala, Benton, Bolivar, Carroll, Coahoma, Holmes, Grenada, Lafayette, Leflore, Marshall, Montgomery, Panola, Quitman, Sunflower, Tallahatchie, Tate, Tippah, Tunica, Union, Washington, Yalobusha

Service Region B (20 designated counties)

Adams, Amite, Claiborne, Copiah, Covington, Franklin, Humphreys, Issaquena, Jefferson, Jefferson Davis, Lawrence, Lincoln, Marion, Pike, Sharkey, Simpson, Walthall, Warren, Wilkinson, Yazoo

Missouri:

Service Region A (16 designated counties)

Carter, Crawford (except in Sullivan City), Dent, Douglas, Howell, Iron, Oregon, Ozark, Phelps, Reynolds, Ripley, Shannon, Texas, Wright, Butler, Wayne

Service Region B (13 designated counties)

Bollinger, Cape Girardeau, Dunklin, Madison, Mississippi, New Madrid, Pemiscot, Perry, St. Francois, St. Genevieve, Scott, Stoddard, Washington

Applicants in **Arkansas, Louisiana, Mississippi and Missouri** must choose to apply for either Region A, or Region B only. Applicants in these States may not apply for both regions.

Applicants may only apply for **one** service region for this funding opportunity, which includes the County in which it is located. Therefore, the applicant organization must be located in its specified service region.

For those States with multiple service regions, the applicant organization that will submit a proposal for Service Region A for instance, may not be the lead applicant **or** be a part of the consortia for Service Region B or vice versa.

The remaining States (**Alabama, Kentucky, Illinois and Tennessee**) have only one defined service region for the Delta program, which encompasses all of the eligible rural Delta counties within that State. Applicants from these States **must** apply for the entire service region as defined above.

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

2. Cost Sharing/Matching

Cost Sharing/Matching is not required for this program.

3. Other

Network or Consortium Requirements:

The consortium must have a permanent project director or established an interim project director at the time of the application. The project director must be capable of overseeing the consortium's administrative, fiscal, and business operations during the grant period. The project director must be a full time employee (1.0 FTE) of the applicant organization to ensure successful management and sustainability of the grant program.

The applicant organization 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; and
- Have at least one permanent staff at the time a grant award is made.

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.

NOTE: Multiple applications from an organization are not allowable.

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

Notifying your State Office of Rural Health

Applicants are required to notify the State Office of Rural Health (SORH) of their intent to apply to this program. A list of the SORHs can be accessed at <http://nosorh.org/nosorh-members/nosorh-members-browse-by-state/>. Applicants must include in **Attachment 3** 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 State Office of Rural Health. The FORHP recommends contacting the SORH entity early in the application process to advise them of your intent to apply. The SORH may be able to provide some consultation to applicants including information on model programs, data resources, technical assistance for consortiums, evaluation, introductions to partner organizations, or support of information dissemination activities. Applicants should make every effort to seek consultation from the SORH at least three weeks in advance of the due date, and as feasible provide the SORH a simple summary of the proposed project. If no response is received, please include the original letter of intent requesting the support.

It is also highly recommended that applicants provide a letter of support from the Delta Regional Authority. Contact info <http://dra.gov/>

Current and former recipients of any FORHP 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 project. 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 FORHP grant projects in **Attachment 11**.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA *requires* applicants for this FOA to apply electronically through Grants.gov. Applicants must download the SF-424 application package associated with this FOA 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 FOA to do otherwise.

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

Application Page Limit

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

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

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](#).

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.

Applicants are required to propose multi-County/multi-parish projects that address delivery of preventive or clinical health services for individuals with, or at risk of developing chronic health diseases which disproportionately affect rural Delta communities. Due to the high disparities in the region applicants are required to propose a program based on one of the following focus areas: 1) diabetes; 2) cardiovascular disease; 3) obesity; or 4) acute ischemic stroke; or 5) mental including related behavioral health and target the program to the services. Rural counties or parishes with the highest unmet needs and harder to reach communities that are underserved must be specifically targeted in need the application. Initiatives can be in programs focused on prevention, self-management, care coordination, clinical care, or population health, but must be

outcomes oriented. For example, the programs should include activities focused on producing changes in one or more of the following areas:

- Knowledge (e.g. understanding of effective self-management strategies, understanding of key disease risk factors or prevention strategies)
- Attitudes (e.g. increased self-efficacy in prevention or self-management strategies)
- Behaviors (e.g. increase in level of physical activity, increase intake of fruits and vegetables)
- Clinical biometrics (e.g. BMI, weight, A1C, blood pressure)
- Policies and procedures (e.g. improved health care services delivery model, changes to school physical activity and/or cafeteria policies)
- Systems (e.g. improved coordination among health and social services agencies)
- Appropriate utilization of healthcare resources

Use the following section headers for the Narrative:

▪ *INTRODUCTION -- Corresponds to Section V's Review Criterion (Need) #1*

This section should briefly describe the purpose of the proposed project. It should summarize your project's goals and expected outcomes. Applicants are required to propose a project based on an evidence-based approach or on a promising practice which fits with their community's need and with the selected foci of the Delta States Network Development Program: cardiovascular disease, diabetes, obesity, or acute ischemic stroke. Where feasible, applicants with hospitals as part of the consortium should demonstrate that they have used available hospital utilization data, such as ER utilization and 30-day readmission data, to determine the population which they are proposing to target their intervention.

In addition applicants may propose allocating a percentage of grant funds to a second program area which has been found to be of high priority in the service area as demonstrated by needs assessment data. Applicants are encouraged to consider implementing an initiative which addresses childhood poverty as a secondary focus area.

Applicants should list the proposed measures and the projected impact as well as clearly state the evidence-based approach or promising practice on which the project is based. Applicants should briefly describe the modification or deviation from the actual model (if any) in making it suitable and appropriate for the proposed project and target population. There is no need to provide extensive details on the evidence-based or promising practice model and proposed baseline measures in this section. Details about the evidence-based approach or promising practice must be explained in the 'Methodology' 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(Need) #1*

This section will outline the unmet health care needs of your community for the proposed project. A description of the target population to be served by the proposed project and relevant barriers to health care that will be addressed should be included. Other factors that may impact the project, such as a description of the specific Delta geographic service area and

the health care services available, should be described in this section. When addressing need, the applicant should keep in mind the key foci of 1) diabetes; 2) cardiovascular disease; 3) obesity; or 4) acute ischemic stroke.

In order to design effective interventions that specifically address the underlying causes of poor health and disparities in a sustainable way, it is important to take into account how needs, in health status, as well as in the system of care and broader environment, have evolved over time. Descriptions of need in this section should reflect trends in key data points over multiple years. Applicants should specifically address the needs of the communities in the following key areas.

Target Population Details

The target population and its unmet health needs must be described and documented. The population description may include information about the prevalence of specific conditions such as chronic diseases, or about the age or socioeconomic status of the target population. The target population should be high utilizers of healthcare resources. Include social determinants of health and health disparities impacting the population or communities served and unmet. 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. Local data, which is particularly important if available, should be used to document high utilization of healthcare resources or unmet health needs in the target population. This data should be compared to State and National data. Use factors that are relevant to the project, such as specific health status indicators, age, etc. Insurance information, poverty, transportation, 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 which will be served by the proposed project.

Program Development/Target Population Involvement

The Delta States Rural Development Network Grant 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 the role that the target population played in project development must be provided. Describe the manner and the 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. 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.

It is strongly recommended that the applicant collaborates with the State and/or local health department to identify critical areas of unmet need. A description of the role that the health department played in either identifying the focus area of the proposed project or in the actual planning of the project should be described.

Health Care in Service Area

Identify the health care services available in or near your service area. Describe 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. Describe the potential impact of the project on existing providers (e.g., changes in referral patterns, practice patterns, provider reimbursement impact, etc.) who are not part of the project. 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. 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 project. Justify how other programs and/or resources have not have been able to fill this gap and why the Delta States Rural Development Network Grant Program is the best and appropriate opportunity/avenue to address this gap.

The local health departments may be a valuable resource in acquiring data in responding to this section.

■ *METHODOLOGY -- Corresponds to Section V's Review Criterion (Response) #2*

Applicants must explain how this proposal incorporates elements of health care redesign, with a focus on transforming the health care delivery into a patient and value-driven system. This includes, but is not limited to, the implementation of the Affordable Care Act (ACA) to improve outcomes, reduce costs, ensuring access and ensuring efficient transitions of care, and promoting innovative approaches. Please address the following key areas; Goals and Objectives, Evidence-Based/Promising Practice Model, and Sustainability Approach.

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.

Evidence-Based/Promising Practice Model

Applicants are required to propose a health service project based on an evidence-based approach or promising practice around one of the key focus areas of the Delta States Rural Development Network Grant Program: cardiovascular disease, diabetes, obesity, acute or ischemic stroke. The evidence based approach must have been shown to be effective in addressing gaps and needs in a community setting and to improve the health status of participants. A clear description of the evidence-based approach or promising practice must be included in this section. Include an explanation and demonstrate a clear linkage as to how the evidence-based approach or promising practice will be effective in meeting your community's need and improving the health status of your participants, which will in turn create a long-lasting health impact. Applicants may present a past Delta States Rural Development Network Grant Program as a promising practice if their evaluation data demonstrates that the program is meeting community need, and that the program is having an impact on targeted indicators.

Applicants should include justification on how they selected the evidence-based approach or promising practice. FORHP 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 and tailor it to their proposed project. Applicants should provide appropriate and valid citations for their chosen approach. Include rationale to describe how this framework is appropriate and relevant to your community's need and target population. Explain the extent to which the approach is tailored and/or modified to your proposed project. Describe how the tailored/modified evidence-based approach or promising practice will be effective in fulfilling your community's unmet needs and improving the health status. Consider the following questions when selecting an evidence-based approach or a promising practice:

- What is the scope and nature of the rural health problem?
- Are there effective interventions to address the problem?
- What information is available locally to help decide if an intervention is appropriate?
- Is there an intervention that has been used successfully to address the health problem given the local context?
- Which intervention(s) provide the greatest leverage to generate and sustain the desired changes?
- What is the target population?

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:

- CDC's Guide to Community Preventive Services www.thecommunityguide.org
- Promising Practices Network <http://www.promisingpractices.net/>
- Center for Effective Collaboration and Care's Systems of Care: Promising Practices in Children's Mental Health <http://cecp.air.org/promisingpractices/>
- SAMHSA's A Guide to Evidence-Based Practices (EBP) on the Web <http://www.samhsa.gov/ebpWebguide/>
- SAMHSA's National Registry of Evidence-Based Programs and Practices (NREPP) <http://nrepp.samhsa.gov/>
- NACCHO Promising Practice Model Database <http://www.naccho.org/topics/modelpractices/database/index.cfm>
- Cochrane Collaboration <http://www.cochrane.org/about-us/evidence-based-health-care>
- Association of State and Territorial Health Officials <http://www.astho.org/Programs/Prevention/>
- Partnership for Prevention <http://www.prevent.org/>
- Rural Community Health Gateway - Rural Assistance Center <https://www.raconline.org/communityhealth>
- Rural Health Information Hub-Planning for Sustainability- <https://www.ruralhealthinfo.org/sustainability>

Sustainability

The Delta States Rural Development Network Grant Program provides funding to awardees and their consortia to establish or expand programs that positively impact rural communities in the Delta. While FORHP understands that ongoing support for these initiatives may be challenging, awardees should consider how programs can be sustained beyond the three-year grant period. The prospect of having a long-term impact from your Delta States Rural Development Network Grant Program is greatly increased if sustainability is considered during the planning phase of the project.

Applicants are required to submit a draft Sustainability plan which will describe the strategies that will be utilized to achieve the sustainable impact and identify potential sources of support. Sources of support could be financial, in-kind, or the absorption of activities by consortia partners, among others. The draft plan should be realistic and feasible. This plan may be modified over time and recipients are required to submit a final Sustainability plan during the third year of their grant period.

- **WORK PLAN -- Corresponds to Section V's Review Criteria (Response) #2 and (Impact)# 4**
Applicants must submit a work plan that is aligned with the project's goals and objectives and describes the activities or steps that will be used to achieve each of the activities proposed during the entire project. Applicants located in multi-service region States should clearly identify its service region – i.e., Missouri, Service Region A or Mississippi, Service Region B, etc. This stipulation does not restrict cross Regional collaboration.

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 the extent to which these contributors reflect the cultural, racial, linguistic and geographic diversity of the populations and communities served.

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. Below is a summary of how each of these components is defined:

Goal (as defined in CDC's Division for Heart Disease and Stroke Prevention State Heart Disease and Stroke Prevention Program Evaluation Guide: Writing SMART Objectives): Provide a goal statement that explains what the project wishes to accomplish. It sets the fundamental, long-range direction. Typically, goals are broad general statements⁴ for example: Improve control of high blood pressure in (State).

Strategies/objectives (as defined in CDC's Division for Heart Disease and Stroke Prevention State Heart Disease and Stroke Prevention Program Evaluation Guide: Writing SMART Objectives): Describe objectives that break the goal down into smaller parts and provide

⁴ CDC Division for Heart Disease and Stroke Prevention State Heart Disease and Stroke Prevention Program Evaluation Guide: Writing SMART Objectives, http://www.cdc.gov/dhdsp/programs/spha/evaluation_guides/docs/smart_objectives.pdf

specific, measurable actions by which the goal can be accomplished. Objectives define the results the applicant expects to achieve in the project.⁵

Activities and Process measures (as defined in CDC's *Workplace Health Promotion Evaluation*): Describe all the steps and activities taken in implementing the project and the outputs generated, such as the number and type of educational materials for a stress management class that are developed and given to employees. The activities and process measures should describe how they will determine if project implementation met the quality and other standards to which the applicant aspired. Describe the process that will be taken if it is determined that the project is not achieving its intended outcomes. Describe how process measures will assess issues such as the cost of operating the project, the numbers of employees reached, the most successful project locations, or comparisons of the project's design and activities to others.⁶

Outcome measures (as defined in CDC's *Workplace Health Promotion Evaluation*): Describe the outcomes – events or conditions – that will indicate project effectiveness. Provide short, intermediate, or long-term outcomes. For example, in the context of workplace health promotion, long-term measures typically relate to things like reductions in disease or injury and the costs associated with them. Long-term measures may be similar to the goals of the program, and these may take years to observe. Short and intermediate term measures, by contrast, should relate to the intermediate steps and “drivers” necessary to achieve the long-term outcomes, such as individual employee reductions in healthy lifestyle risks such as tobacco use, or process changes such as implementing a new health-related policy or benefit at the organizational level that supports lifestyle changes.⁷

The work plan must outline the individual and/or organization responsible for carrying out each activity and includes a timeline for all three years of the grant. The work plan should include goals, strategies/objectives, activities, outputs/outcomes, evaluation methods (i.e. how is the output measured), performance period and responsible organization or person. It may be on a tabular format for ease of readability. FORHP is aware that the work plan may change as the project is implemented.

Recipients will be required to submit a Five-Year Strategic Plan during the first year of their grant period.

Impact

Applicants must describe the expected impact of the program on the target population, as well as the potential for replication in communities with similar needs. Describe the potential impact of the selected the evidence-based approach or promising practice that was used in the

⁵ CDC Division for Heart Disease and Stroke Prevention State Heart Disease and Stroke Prevention Program Evaluation Guide: Writing SMART Objectives,
http://www.cdc.gov/dhdsdp/programs/spha/evaluation_guides/docs/smart_objectives.pdf

⁶ CDC Workplace Health Promotion Evaluation
<http://www.cdc.gov/workplacehealthpromotion/evaluation/index.html#4>

⁷ CDC Workplace Health Promotion Evaluation
<http://www.cdc.gov/workplacehealthpromotion/evaluation/index.html#4>

design and development of the proposed project. Although, FORHP 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 describe the expected or potential long-term changes and/or improvements in health status anticipated as a result of the project. Examples of potential long-term impact include changes in morbidity and mortality, reductions in hospital admissions or readmissions for target population, long-term maintenance of desired behavior etc.

■ *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion(Response) #2*

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

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

■ *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criterion(Evaluative Measures) #3*

Technical Support Capacity

Describe current experience, skills, and relevant knowledge of an evaluator working on the project. Include materials published, and previous work experience 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.

Logic Model

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 evaluation results and

strategies. A logic model's narrative description typically includes a description of logic model components; the assumptions under which the program or intervention operates; and any contextual factors that may influence the program, either positively or negatively.

Include the project's logic model and narrative description in **Attachment 7**. The logic model must clearly include the elements inputs, outputs, short-term and long-term outcomes, impacts. 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>

Project Monitoring

Applicants must describe measures to be implemented for assuring effective performance of the proposed grant funded activities. The applicant 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 with the potential health impact. It is expected that recipients will be able to articulate the outcomes of their project justified by these measures at the end of the 3-year grant period.

Applicants must propose baseline evaluative health data that they can monitor and track throughout the grant period in order to demonstrate the effectiveness of the intervention and to determine the replication of the project to other rural communities. Baseline measures are a subset of the process or outcomes measures which need to be collected from the very start of the intervention. The need for baseline measures is one key reason for designing the evaluation plan before implementation begins because they establish a starting place and frame of reference for the program. Baseline measures determine where the community or target population currently is on a given health problem (e.g., the 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 measures can also be used to describe the current level of program activities and allow measurement of the program's progress (e.g., process measures) over time such as the number of new physical activity classes offered to employees or the establishment of a new health benefit.⁸

Applicants are required to include selected Performance Improvement System (PIMS) measures which are appropriate and relevant to the proposed project as baseline measures. Applicants must also include additional baseline measures that are not included among the PIMS measures, but which are relevant to their proposed project. All applicants are required to submit indicators around diabetes, cardiovascular disease or obesity.

List all proposed baseline measures as **Attachment 8**. Organize your proposed baseline measures in a tabular format differentiating between baseline measures taken from PIMS (if

⁸ *CDC Workplace Health Promotion Evaluation*
<http://www.cdc.gov/workplacehealthpromotion/evaluation/index.html#4>

any) and additional baseline measures (not PIMS measures) when listing them in **Attachment 8**. 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.

Evaluation

Applicants are required to submit an overview of the project evaluation approach that includes a list of key measures that will be used to evaluate project progress and a brief description of how they will be collected. The description of the evaluation approach is not meant to be a fully developed evaluation plan, but rather is meant to set forth the logic behind the applicant's evaluation approach and demonstrate how the evaluation will clearly demonstrate outcomes and impacts.

The applicant should identify a staff person who will be responsible for data collection during the project planning process and at the time of application. A biographical sketch or resume in **Attachment 6** must be included in addition to a position description detailing the role and responsibilities of the data collection staff person.

■ **ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criteria (Response) #2 and (Resources and Capabilities) # 4**

Provide information on the applicant organization's current mission and structure, scope of current activities, and an organizational chart. Describe how these components each contribute to the ability of the organization to conduct the program requirements and meet program expectations. Please include a description of financial and accounting management systems in place and a description of the applicant's ability to exercise administrative and programmatic direction over the grant project.

Management Criteria

The applicant organization must have financial management systems in place and must have the capability to manage the project. The applicant organization must:

- 1) exercise administrative and programmatic direction over the grant project;
- 2) be responsible for hiring and managing the grant project staff;
- 3) demonstrate the administrative and accounting capabilities to manage the grant funds;
- 4) have permanent staff at the time the award is made;
- 5) have its own Employer Identification Number (EIN) from the Internal Revenue Service (IRS) and;
- 6) have proof of nonprofit status at the time of application. All private organizations must include documentation of nonprofit status. The letter documenting nonprofit status should be placed in **Attachment 2** and should be numbered appropriately within the application. Public entities, such as State and local government agencies, do not need to include proof of taxing status. In place of the letter documenting nonprofit status, public entities should indicate their type of public entity (State or local government) on a separate sheet of paper and include it **Attachment 2**.

Resources/Capabilities

Applicants should describe a clear coherent plan for staffing that includes requirements necessary to run the project. Specifically, the following should be addressed:

- the number and types of staff (include job title) , qualification levels, and FTE equivalents
- 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.

Staffing needs should have a direct link to the activities proposed in the project narrative and budget portion of the application.

Consortium and Multi-County Network Requirements

The Delta program requires the establishment of a consortium to encourage creative and lasting relationships among service providers in rural areas. The program requires applicants to clearly identify their partners and/or multi-County networks which will be responsible for implementing key project activities throughout the target counties/parishes. It is strongly encouraged that the consortium includes organizational partners from each County since all the counties are expected to be served under this award. Only one consortium member will serve as the applicant of record. The applicant organization is required to meet the requirements for eligibility. The applicant organization may include itself as one of the consortium members. For-profit organizations and nonprofit organizations located in non-rural census tracts are not eligible to be the applicant organization, but are eligible to be consortium members.

Applicants must specifically identify how it will work with its consortia partners and other entities (i.e. multi-County networks) located within its specified service region of choice. Applicants must explain in detail how it will deliver services to the region through its consortia.

All consortium members must provide a significant contribution to the project; they each must have an identifiable role, specific responsibilities, and a realistic reason for being a consortium member. 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 4) help ensure the sustainability of the project. The roles and responsibilities of each consortium member must be outlined in a Letter of Commitment or Memorandum of Agreement and must be submitted with the application as Attachment 1.

Discuss the strategies employed for creating and defining the consortium. The applicant should identify when each of the consortium members became or will become involved in the project, and must detail the nature and extent of each consortium member's responsibilities and contributions to the project. Explain why each of the consortium partners are appropriate collaborators, and what expertise they bring to the project. The roles and responsibilities for each of the organizations in the consortium must be clearly defined in the application. 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.

Provide a consortium member list and organizational chart for the consortium under **Attachment 4** as well. The consortium member list should include the following for each consortium member: organization name, contact person(s), full address, phone number (s), fax number and email address. 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.

Consortium Communication and Coordination

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.

Address how communication and coordination will occur between the project director and consortium members and how often communication is expected to take place. 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.

Applicants must submit a Letter of Commitment (LOC) or a Memorandum of Agreement (MOA) with the application as **Attachment 1**. A LOC or a MOA represents a promise to provide the specified organizational resources for the success of the project. The LOC or MOA must be signed and dated by all consortium members. Please note that a Letter of Commitment is not the same as a Letter of Support. A LOC/MOA is from a consortium member organization providing substantial commitment and support to the project. A letter of support is from a non-consortium organization and indicates awareness and acceptance of the proposed project. The applicant is not required to include actual letters of support in the application.

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

iii. Budget (corresponds to Section V’s Review Criteria (6) Support Requested)

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

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

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

iv. **Budget Justification Narrative**

See Section 4.1.v. of HRSA's [SF-424 Application Guide](#). In addition, the Delta Program requires the following:

v. **Attachments**

Please provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, all 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: Letters of Commitment (LOC)/Memorandum of Agreement (MOA)***
Include a LOC from each consortium member and/or a MOA (signed and dated by all consortium members) which explicitly states the consortium member organization's commitment to the project activities and which includes the specific roles, responsibilities and resources (cash or in-kind) to be contributed by that organization providing substantial commitment and support to the project. This **will count** against the 80-page limit.
- ***Attachment 2: Proof of Non-profit Status***
The applicant must include a letter from the IRS or eligible State entity that provides documentation of profit status. This may either be: 1) a reference to the applicant organization's listing in the most recent IRS list of tax-exempt organizations, as described in section 501(c)(3) of the IRS Code; 2) a copy of a current and valid IRS tax exemption certificate; 3) a 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; 4) a certified copy of the applicant organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization; or 5) any of the above documents from a State or national parent organization with a statement signed by that parent organization affirming that the applicant organization is a local nonprofit affiliate. In place of the letter documenting nonprofit status, public entities may indicate their type of public entity (State or local government) and include it here. This **will not count** against the 80 page limit.
- ***Attachment 3: State Office of Rural Health Letter or other Appropriate State Government Entity Letter***
All applicants are required to notify their State Office of Rural Health (SORH) or other appropriate State government entity early in the application process to advise them of intent to apply and to involve them in the program planning process. The SORH can often provide technical assistance to applicants. Applicants should request an email or letter confirming the contact and which describes the level of collaboration between the applicant and the SORH. 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 3](#). In the case that you do not receive a response from the SORH, submit a copy of your request for consultation to the SORH. This **will count** against the 80 page limit.

- ***Attachment 4: Applicant Organization's Organizational Chart and Consortium Members' organizational chart and information***
 Provide organizational chart of the applicant organization. Also, provide a consortium member list and organizational chart for the consortium. 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. The consortium member list should include the following for each consortium member: organization name, contact person(s), full address, phone number (s), fax number and email address. A list of each of the consortium member organizations' roles, responsibilities and contributions to the project should be included. The list and charts **will count** against the 80-page limit.
- ***Attachment 5: 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. This information **will count** against the 80-page limit.
- ***Attachment 6: Biographical Sketches for Key Personnel***
 Include biographical sketches for persons occupying the key positions, 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. The biographical information of the program evaluator should be included. In addition, please include the biographical information for the person who will be responsible for data collection. These documents **will count** against the 80-page limit
- ***Attachment 7: Logic Model and Narrative***
 Applicants are required submit a logic model and narrative that illustrates the inputs, activities, outputs and outcomes and impact of the project. This **will count** against the 80-page limit.
- ***Attachment 8: Baseline Measures***
 List all proposed baseline measures. Organize your proposed baseline measures to differentiate between baseline measures taken from PIMS (if any) and additional baseline measures (not PIMS measures). This **will count** against the 80 page limit.
- ***Attachment 9: Evaluation Plan***
 Applicants are required to submit an evaluation plan in their application. This plan should address both process and outcome measures. It should include: evaluation questions; data sources; evaluation methods (e.g., review of documents, interviews with project staff and participants, surveys of participants, etc.); and how the evaluation findings will be shared throughout the project. This **will count** against the 80 page limit.

- ***Attachment 10: 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 VI.2. This attachment will count against the 80-page limit.

- ***Attachments 11-15: Other Relevant Documents, as necessary***

Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.) List all other support letters on one page. These **will count** against the 80 page limit.

3. Dun and Bradstreet Universal Numbering System Number and System for Award Management

Applicant organizations must obtain a valid DUNS number and provide that number in their application. Each applicant must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which it has an active Federal award or an application or plan under consideration by an agency (unless the applicant is an individual or Federal agency that is exempted from those requirements under 2 CFR 25.110(b) or (c), or has an exception approved by the agency under 2 CFR 25.110(d)).

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

If an applicant/recipient organization has already completed Grants.gov registration for HRSA or another Federal agency, confirm that the registration is still active and that the Authorized Organization Representative (AOR) has been approved.

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

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

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

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

4. Submission Dates and Times

Application Due Date

The due date for applications under this FOA is April 4, 2016 at 11:59 P.M. Eastern Time.

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

5. Intergovernmental Review

The Delta States Rural Development Network Grant 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](#).

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

6. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to number three (3) years, at no more than \$45,000 per eligible County, per year. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project’s objectives, and a determination that continued funding would be in the best interest of the Federal Government.

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

(1) To build or acquire real property or for construction or major renovation or alteration of any space (See 42 U.S.C. 254c(h));

Based on past experience, grant applicants typically spend 40% or less on equipment; therefore, applicants seeking 40% or more will be considered unreasonable.

Minor renovations and alterations are allowable.

The General Provisions in Division H of the Consolidated Appropriations Act, 2016 (P.L. 114-113) apply to this program. Please see Section 4.1 of HRSA’s SF-424 Application Guide for additional information. Note that these or other restrictions will apply in FY 2017, as required by law. All program income generated as a result of awarded funds must be used for approved project-related activities.

V. Application Review Information

1. Review Criteria

Procedures for assessing the technical merit of applications have been instituted to provide for an objective review of applications and to assist 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 Delta States Rural Development Network Grant Program has six (6) review criteria:

Criterion 1: NEED (15 points)

Items under this criterion address the Introduction and Needs Assessment sections of the Program Narrative

1. The extent to which the applicant demonstrates the problem and associated contributing factors to the problem. The focus area(s) must be cardiovascular disease, obesity, diabetes, and acute ischemic stroke. (3 points)
2. The applicant clearly identifies and establishes the unmet health care needs of the target population as evidenced by (7 points):
 - a) The quality of data provided regarding the prevalence in the target population through demographic information, and other specific health status indicators (social determinants of health, health disparities etc.) relevant to the project.
 - b) 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.
 - c) The level and quality of involvement the target community in identifying the needs of the population and in planning the project activities
 - d) 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 involvement of the target population.
 - e) The strength of the level of involvement of representatives of local, Regional, Tribal and/or State government in the planning process, as well as the involvement of local non-government organizations.

3. The extent to which the applicant demonstrates a thorough understanding of the relevant health services currently available in the targeted service area including(5 points):
 - a) The potential impact of the project on current providers (especially those that are not included in the proposed project).
 - b) Any other potential adverse effect (if any), the feasibility of estimates regarding how the project might augment and enhance any existing capabilities in the service area.
 - c) The extent to which the applicant describes 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.
 - d) The degree to which the applicant describes how other grant programs and/or resources would not have been able to fulfill this unmet health need and that this grant program is the best and appropriate opportunity/avenue to address this need.

Criterion 2: RESPONSE (25 points)

Items under this criterion address the Methodology, Work Plan and Resolution of Challenges sections of the Program Narrative

1. The extent to which(5 points) :
 - a) The proposed goals and objectives have a clear correlation to addressing the identified need, as well as barriers. The proposed objectives are measurable, realistic, and achievable in a specific timeframe.
 - b) The proposed activities are capable of addressing the problem and attaining the project objectives.
 - c) The applicant has explained how this proposal incorporates elements of health care redesign, with a focus on transforming the health care delivery into a patient and value-driven system. This includes, but is not limited to, the implementation of the ACA to improve outcomes, reduce costs, ensuring access and ensuring efficient transitions of care, and promoting innovative approaches.
2. The degree to which the applicant proposes a health service project based on an evidence-based approach, promising practice, or on past Delta States Rural Development Network Grant Program data that indicates a promising practice that has been shown to be effective in addressing gaps and needs in a community setting, and which has shown to improve the health status of participants, including(7 points):
 - a) The strength of the evidence-based approach or promising practice that the project is based on is evidenced by appropriate and valid citations for their chosen model/approach.
 - b) The appropriateness of the evidence-based practice approach or promising practice selected for the project and evidence that this framework is appropriate and relevant to their community's need and target population.
 - c) The extent to which the model/approach is tailored and/or modified to the proposed project and how the tailored/modified evidence-based model/approach

or promising practice can be effective in fulfilling their community's unmet needs and improving the health status.

- d) The strength and feasibility of the following:
 - i. The overall draft plan for project sustainability after the receipt of Federal funds.
 - ii. The proposed strategies to achieve the desired sustainable impact.
 - iii. Potential sources of support for achieving sustainability.
- 3. 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, strategies/objectives, activities and process measures, and outcome measures. (5 points)
- 4. The extent to which the work plan addresses and resolves identified challenges and anticipated barriers and the quality of approaches to resolve such challenges including (8 points):
 - a) Any pertinent geographic, socio-economic, linguistic, cultural, ethnic, religious, work force, or other barrier to access to health care in the target population and community.

Criterion 3: EVALUATIVE MEASURES (15 points)

Items under this criterion address the Evaluation and Technical Support Capacity section of the Program Narrative

For the purposes of this FOA, the applicant will not support a program evaluation. The evaluation of the Delta States Rural Development Network Grant program will be conducted externally and uniformly across all recipients. In responding to this criterion, the applicant should not propose project monitoring and evaluation but rather a self-assessment. This self-assessment will provide information to help identify the projects strengths and areas for improvement.

The effectiveness of the method proposed to monitor and evaluate the project results. Evaluative 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.

- 1. 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 project and the target population that it serves as described in logic model in **Attachment 7**. (2 points)
- 2. Strength of the evidence that progress toward meeting grant-funded goals will be tracked, measured, and evaluated. (4 points)
 - a. 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 replication of the project to

other rural communities. These measures must align with the goals and objectives of the proposed project and the potential health impact.

3. The strength of proposed on-going quality assurance/quality improvement strategies that will assist in the early identification and modification of ineffective efforts. (3 points)
4. The strength of the process by which data/information for these measures will be collected and analyzed, including an approach for evaluating the project's progress in relation to its proposed outputs and outcomes. (2 points)
5. The strength of the proposed evaluation questions; data sources; evaluation methods (e.g. review of documents, interviews with project staff and participants, surveys of participants etc.); and how the evaluation findings will be shared throughout the project as evidenced in the evaluation plan.(2 points)
6. The extent to which the evaluation strategy engages project staff and key stakeholders in the design and implementation of evaluation as evidenced in the evaluation plan. (2 points)

Criterion 4: IMPACT (20 Points)

Items under this criterion address the Work Plan section of the Program Narrative

1. The extent to which the proposed project will impact the target population and the extent to which the project may be replicated in other communities with similar needs.
2. The extent to which the applicant describes the potential long-term impact of the selected the evidence-based approach or promising practice that was used in the design and development of the proposed project.

Criterion 5: RESOURCES/CAPABILITIES (15 Points)

Items under this criterion address the, Evaluation and Technical Support Capacity and Organizational Information sections of the Program Narrative

1. 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. (3 points)
2. 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 including: the number and types of staff, the current experience, skills, knowledge, and experience with previous work of a similar nature of key staff, the requirements established to fill other key positions if the grant is received including the identification of an evaluator and of a staff person for data collection. The consortium must have a permanent project director or established an interim project director at the time of the application. The project director must be capable of overseeing the consortium's administrative, fiscal, and business operations during the grant period. The project director must be a full time employee (1.0 FTE) of the applicant organization to ensure

successful management and sustainability of the grant program the applicant organization 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. (5 points)

3. The strength of the consortium as evidenced by(3 points):
 - a. Effective strategies employed for creating and defining the consortium.
 - b. The nature and extent of each consortium member's responsibilities and contributions to the project.
 - c. The extent to which the consortium partners are appropriate collaborators and the expertise they bring to the project.
 - d. The extent to which the applicant 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.
 - e. The ability of each organization participating in the consortium to deliver the services, contribute to the consortium, help ensure sustainability of project and otherwise meet the needs of the project.
4. The strength of the proposed strategies for communication and coordination of the consortium members as evidenced by (2 points):
 - a. 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.
 - b. The plan for communication and coordination between the project director and consortium members, including how often communication is expected.
 - c. 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.
 - d. The strength and feasibility of the proposed process for periodic feedback and program modification as necessary.
5. The strength of the proposed indicators to assess the effectiveness of the communication and coordination of the consortium and its timely implementation. 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. (2 points)

Criterion 6: SUPPORT REQUESTED (10 points)

Items under this criterion address the Budget and Budget Narrative

The budget forms 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.

1. The budget justification logically documents how and why each line item request (such as personnel, travel, equipment, supplies, information technology, and contractual services) supports the goals and activities of the proposed grant-funded activities over the length of the 3-year project period. (3 points)
2. The degree to which the estimated cost of the proposed activities appear reasonable. (2 points)
3. Funding is allotted for a full-time project director, an evaluator and for a staff person who will be responsible for data collection. (5 points)

2. Review and Selection Process

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

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Funding Preferences

The authorizing legislation (Section 330A(h) of the Public Health Service (PHS) Act (42 U.S.C. 254c(h) (3)) 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**. FORHP highly recommends that the applicant include this language: “**Applicant’s organization name** is requesting a funding preference based on **qualification X**. County Y is in a designated HPSA.”

If a funding preference is requested, documentation of funding preference must be placed in **Attachment 10**. Please label documentation as “Proof of Funding Preference Designation/Eligibility.” If the applicant does not provide appropriate documentation in **Attachment 10**, the applicant will not receive the funding preference. HRSA-16-020
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. Assessment of Risk

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

Effective January 1, 2016, HRSA is required to review and consider any information about the applicant that is in the Federal Awardee Performance and Integrity Information System (FAPIIS). An applicant may review and comment on any information about itself that a federal awarding agency previously entered. HRSA will consider any comments by the applicant, in addition to other information in FAPIIS in making a judgment about the applicant's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed by applicants as described in 45 CFR § 75.205 Federal Awarding Agency Review of Risk Posed by Applicants.

A determination that an applicant is not qualified will be reported by HRSA to FAPIIS.

The decision not to make an award or to make an award at a particular funding level, is discretionary and is not subject to appeal to any HHS Operating Division or HHS official or board.

4. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of August 1, 2016.

VI. Award Administration Information

1. Award Notices

The Notice of Award will be sent prior to the start date of August 1, 2016. See Section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

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

3. Reporting

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

1) **Progress Report(s).** The recipient 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 recipient progress on program-specific goals. Further information will be provided in the award.

2) **Integrity and Performance Reporting.** The Notice of Award will contain a provision for integrity and performance reporting in FAPIIS, as required in 2 CFR 200 Appendix XII.

3) Other required reports

A. In an effort to maximize allocation of grant funds towards project activities, the applicant is not required to conduct a formal evaluation but rather a self-assessment at the end of their project period. This self-assessment will provide information to help identify the project's strengths and areas for improvement. Specifically, this self-assessment should include, but not limited to, the following elements:

Outcomes focused: Ensures that the goals and objectives of the project are assessed. Outcomes should demonstrate improved health outcomes and impact to the community. The applicant should explain how resources are leveraged and utilized to enhance the community's health care delivery system.

Data collection: Illustrates accuracy and consistency of data collected, producing results that are as objective as possible. Ensures that data collection methods are feasible for the project and data are collected in a timely manner. FORHP developed a set of standard measures, called Performance Improvement Measurement System (PIMS), to assess the overall impact that FORHP programs have on rural communities and to enhance ongoing quality improvement. Recipients are required to collect, report and analyze data on PIMS through HRSA's Electronic Handbook (EHB) after each budget period. Data collected from PIMS will be aggregated by FORHP to demonstrate the overall impact of the program.

Sustainability: Identify factors and strategies that will lead to viability and sustainability after Federal funding ends. Utilizes tools and resources to illustrate the economic impact of the project throughout its project period. Explains how it will use sustainability data to help inform quality improvement strategies and future efforts.

Further guidance will be provided to all recipients upon receipt of award.

- B. 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. Your 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.

The plan also serves as a systematic, management tool for collaboration, identifying operational efficiencies, leveraging resources and producing desired outcomes. The goal is to integrate all aspects of the consortium's assets and resources into a mutually supportive system in order to successfully implement the program and achieve health status improvement in their communities. Further information will be provided upon receipt of the award.

4) **Audit Requirements**

Comply with audit requirements of Office of Management and Budget (OMB) Circular A-133. Information on the scope, frequency, and other aspects of the audits can be found on the Internet at http://www.whitehouse.gov/omb/circulars_default.

5) **Payment Management Requirements**

Submit a quarterly electronic Federal Financial Report (FFR) Cash Transaction Report via the Payment Management System. The report identifies cash expenditures against the authorized funds for the grant or cooperative agreement. The FFR Cash Transaction Reports must be filed within 30 days of the end of each calendar quarter. Failure to submit the report may result in the inability to access award funds. Go to <http://www.dpm.psc.gov> for additional information.

6) **Status Reports**

- A. **Federal Financial Report.** The Federal Financial Report (SF-425) is required according to the following schedule:
<http://www.hrsa.gov/grants/manage/technicalassistance/federalfinancialreport/ffrschedule.pdf>. 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 NoA.

B. **Final 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 recipient achieved the mission, goal and strategies outlined in the program; recipient objectives and accomplishments; barriers encountered; and responses to summary questions regarding the recipient's overall experiences over the entire project period. The final report must be submitted on-line by awardees in the Electronic Handbooks system at <https://grants.hrsa.gov/webexternal/home.asp>.

- 7) **Tangible Personal Property Report.** If applicable, the awardee must submit the Tangible Personal Property Report (SF-428) and any related forms. The report must be submitted within 90 days after the project period ends. Awardees are required to report all Federally-owned property and acquired equipment with an acquisition cost of \$5,000 or more per unit. Tangible personal property means property of any kind, except real property, that has physical existence. It includes equipment and supplies. Property may be provided by HRSA or acquired by the recipient with award funds. Federally-owned property consists of items that were furnished by the Federal Government. Tangible personal property reports must be submitted electronically through EHB. More specific information will be included in the NoA.

VII. Agency Contacts

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

LCDR Benoit Mirindi PhD(c), MPH, MPA
Sr. Public Health Analyst
HRSA Division of Grants Management Operations, OFAM
Parklawn Building,
5600 Fishers Lane, Room 10N108F
Rockville, MD 20857
Telephone: (301) 443-6606
Fax: (301) 443-6343
E-mail: BMirindi@hrsa.gov

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

Marcia Colburn
Program Management Specialist
Attn: Delta States Rural Development Network Grant Program
HRSA, Federal Office of Rural Health Policy
Parklawn Building, Room 17W13A
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-3261
Fax: (301) 443-2803

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

HRSA Contact Center

Telephone: (877) 464-4772

TTY: (877) 897-9910

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

VIII. Other Information

Technical Assistance:

The Federal Office of Rural Health Policy will hold a technical assistance webinar on Wednesday, February 24, 2016 at 2:00 PM – 3:00 PM Eastern Time to assist applicants in preparing their applications.

The Adobe Connect webinar and call-in information is as follows:

Conference line (for audio): 800-619-4542

Participant passcode: 6803316

URL (for web): <https://hrsa.connectsolutions.com/delta-srdnp-foa-webinar/>

(Please enter as a "guest")

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. Following entry of your passcode, please provide the required details when prompted.

No pre-registration is required.

For your reference, the Technical Assistance call will be recorded and available for playback within one hour of the end of the call and will be available until April 01, 2016 at 10:59 PM Central Time. The phone number to hear the recorded call is 866-370-3634 passcode: 3261.

The Technical Assistance call is open to the general public. The purpose of the call is to review the FOA 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 call to answer any questions. While the call is not required, it is highly recommended for any organization interested in applying for the Delta States Rural Development Network Grant Program.

IX. Tips for Writing a Strong Application

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