

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

Federal Office of Rural Health Policy
Office for the Advancement of Telehealth

Regional Telehealth Resource Center Program

Announcement Type: New, Competing Continuation

Announcement Number: HRSA-17-015

Catalog of Federal Domestic Assistance (CFDA) No. 93.211

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2017

Application Due Date: May 2, 2017

Ensure your Grants.gov registration and passwords are current immediately!

Deadline extensions are not granted for lack of registration.

Registration may take up to one month to complete.

Issuance Date: February 28, 2017

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Authority: §330l(d)(2) of the Public Health Service Act (42 U.S.C. 254c-14(d)(2), as amended and P.L. 114-254.

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Federal Office of Rural Health Policy, Office for the Advancement of Telehealth (OAT), is accepting applications for fiscal year (FY) 2017 Regional Telehealth Resource Center (RTRC) Program. The purpose of the RTRCs is to provide expert and customized telehealth technical assistance across the country. RTRCs are located regionally to facilitate grant activities at the local level and to ensure that resources are geographically distributed. The RTRCs will provide training and support, disseminate information and research findings, promote effective collaboration, and foster the use of telehealth technologies to provide health care information and education for health care providers who serve rural and medically underserved areas and populations. It is expected that RTRCs will share expertise through individual consultations, training, webinars, conference presentations, and a significant web presence. The program seeks entities with proven, successful records in operating, sustaining, or providing technical assistance in the development of telehealth programs.

Funding Opportunity Title:	Regional Telehealth Resource Center Cooperative Agreement
Funding Opportunity Number:	HRSA-17-015
Due Date for Applications:	May 2, 2017
Anticipated Total Available Funding:	\$3,900,000
Estimated Number of Awards:	Up to twelve (12) regional cooperative agreements
Estimated Award Amount:	Up to \$325,000 per year
Cost Sharing/Match Required:	No
Project Period:	September 1, 2017 – August 31, 2020 (three (3) years)
Eligible Applicants:	Eligible applicants include public and private non-profit entities, including faith-based and community organizations, as well as federally-recognized Indian tribal governments and organizations. [See Section III-1 of this FOA for complete eligibility information.]

Application Guide

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

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

Technical Assistance

The Federal Office of Rural Health Policy will host a technical assistance webinar regarding this funding opportunity announcement on **Tuesday March 21, 2017** from **3:00-4:00 PM Eastern Standard Time**. The webinar will address the purpose and requirements of the Regional Telehealth Resource Center Program and will provide some tips on how to apply.

You can join the webinar at <https://hrsa.connectsolutions.com/sbtelehealth/>.

Toll-free call in number (for audio): **888-790-3360**

Participant Passcode: **4662613**

A recording of the call will be available approximately one hour after the call ends. To access the recording call:

Toll-free call in number: 800-835-4610

Passcode: 2287

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I. Program Funding Opportunity Description

1. Purpose

This announcement solicits applications for the Regional Telehealth Resource Center Program (RTRC). RTRCs assist health care organizations, health care networks, and health care providers in the implementation of cost-effective telehealth programs to serve rural and medically underserved areas and populations. This funding opportunity announcement (FOA) will support twelve RTRCs that focus on state-wide and regional telehealth activities as shown below. RTRCs will serve as focal points for advancing the effective use of telehealth technologies in their respective communities and states.

Northeast Region	Southeast Region	Upper Midwest Region	Northwest Region
Connecticut	Alabama	Illinois	Alaska
Maine	Florida	Indiana	Idaho
Massachusetts	Georgia	Michigan	Montana
New Hampshire	South Carolina	Ohio	Oregon
New Jersey*			Utah*
New York	South Region	North Central Region	Washington
Rhode Island	Arkansas	Iowa	Wyoming
Vermont	Mississippi	Minnesota	
	Tennessee	Nebraska	West Region
Mid-Atlantic Region		North Dakota	California
Delaware	South Central Region	South Dakota	
District of Columbia	Kansas	Wisconsin	Pacific Region
Kentucky	Missouri		American Samoa
Maryland	Oklahoma	Southwest Region	Guam
New Jersey*		Arizona	Hawaii
North Carolina	West Central Region	Colorado	Northern Mariana Is.
Pennsylvania	Louisiana	Nevada	
Virginia	Texas	New Mexico	
West Virginia		Utah*	

* Historically, two regions serve New Jersey and Utah in this program. Post-award, successful applicants in these regions will be required to provide HRSA with a written plan outlining how New Jersey and Utah will be divided to ensure that services are not duplicated.

The Office for the Advancement of Telehealth (OAT) expects all RTRCs to fully collaborate with each other, to share and combine expertise and resources to create a unified telehealth technical assistance capability with effective and efficient educational tools, consulting and support capabilities. In addition to the RTRCs, HRSA expects to fund two National Telehealth Resource Centers (NTRCs), focused on policy and technology respectively, with which RTRCs will share expertise and resources. The NTRCs are intended to assist the work of RTRCs in advancing telehealth by providing a

collective resource for information on telehealth policy and technology. RTRC applicants are encouraged to review the NTRC announcement (HRSA-17-108) to understand the distinction between RTRCs and NTRCs. The technical assistance provided by RTRCs will focus on meeting needs of telehealth networks, practitioners or organizations in their region. Awards are expected to be used for salaries, equipment, and operating or other expenses related to:

- (A) Providing technical assistance, training (including travel expenses) and support for health care providers and entities planning or providing telehealth services;
- (B) Disseminating information or research findings related to telehealth services;
- (C) Supporting effective collaboration among telehealth resource centers ;
- (D) Conducting evaluations to determine the best utilization of telehealth technologies to meet health care needs;
- (E) Supporting the integration of technologies used in clinical information systems with other telehealth technologies;
- (F) Fostering the use of telehealth technologies to provide health care information and education for health care providers and consumers in a more effective manner; and
- (G) Implementing special projects or studies.

Awardees are required to explain the amount of free technical assistance available to anyone contacting a RTRC to provide complete transparency about the intent of services provided through the award.

2. Background

Authorization for the Regional Telehealth Resource Center Cooperative Agreement comes from section 330I(d)(2) of the Public Health Service Act (42 U.S.C. 254c-14(d)(2), as amended and P.L. 114-254. RTRCs support the availability of expert technical assistance and advisory services in the development of telehealth services and leveraging the experience of mature telehealth programs. They are located regionally to facilitate grant activities at the local level and to ensure that resources are geographically distributed. For this program, telehealth services are defined as the use of electronic information and telecommunications technologies to support and promote, at a distance clinical health care, patient and professional health-related education, health administration, and public health.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New, Competing Continuation.

Funding will be provided in the form of a cooperative agreement. A cooperative agreement is an award instrument of financial assistance where substantial involvement is anticipated between HRSA and the recipient during performance of the project. However, specific HRSA involvement is not required for awardees to independently or collectively plan or conduct proposed activities.

As a cooperative agreement, **HRSA program involvement will include:**

- Participating in conference calls or meetings with awardees;
- Identifying special projects or studies;
- Supporting effective collaboration among National and Regional TRCs;
- Involvement and assistance with RTRC contacts with other HRSA programs or federal agencies involved with telehealth relevant to the function of TRCs;
- Ongoing review of activities and suggestions on content, presentation approach, or selection of products/publications; and
- Providing input and background on current and future issues.

The cooperative agreement recipient's responsibilities will include:

- Adherence to HRSA guidelines pertaining to acknowledgement and disclaimer on all products produced by HRSA award funds;
- Completion of activities proposed by the applicant except as modified in consultation with HRSA;
- Participation in conference calls or meetings with HRSA;
- Collaboration with HRSA in ongoing review of activities;
- Timely response to requests for technical assistance regarding the provision of telehealth;
- Coordination with other TRC awardees to avoid duplication of effort and provide a unified approach to advancing telehealth;
- Assessment of the market to understand how to best identify and reach target audiences;
- Identification of appropriate professional meetings at which to exhibit each year; and
- Establishment of evaluation metrics and tracking of related data to assist in measuring the success of the cooperative agreement in advancing telehealth.

2. Summary of Funding

Approximately \$3,900,000 is expected to be available annually to fund twelve (12) recipients. You may apply for a ceiling amount of \$325,000 per year. The actual amount available will not be determined until enactment of the final FY 2017 federal budget. This program announcement is subject to the appropriation of funds and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds can be awarded in a timely manner. The project period September 1, 2017 through August 31, 2020. Funding beyond the first year is dependent on the availability of appropriated funds for the Regional Telehealth Resource Center Cooperative Agreement in subsequent fiscal years, satisfactory recipient performance, and 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 are subject to the Uniform Guidance [2 CFR part 200](#) as codified by HHS at [45 CFR part 75](#), which supersede the previous administrative and audit requirements and cost principles that govern federal funds.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants are nonprofit entities. Faith-based and community-based organizations, Tribes, and tribal organizations are eligible to apply.

You must provide proof on non-profit status using one of the following documents (Attachment 7):

- a) A copy of a currently valid IRS Tax exemption certificate;
- b) A statement from a state taxing body, state Attorney General or other appropriate state official certifying that the applicant organization has a non-profit tax status and that none of the net earnings will be accrued for any private shareholders or individuals.

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.

Consultation with the State Office of Rural Health

Per Sec. 330I(g) of the PHS Act, to be eligible to receive an award, an entity, in consultation with the appropriate state Office of Rural Health or another appropriate state entity, shall prepare and submit an application, containing the following:

- (A) A description of the project that the eligible entity will carry out using the funds provided under the award;
- (B) A description of the manner in which the project funded under the award will meet the health care needs of rural or other populations to be served through the project, including improving the access to services, and quality of the services received by those populations;
- (C) Evidence of local support for the project, and a description of how the areas, communities, or populations to be served will be involved in the development and ongoing operations of the project;
- (D) A plan for sustaining the project after federal support for the project has ended;
- (E) Information on the source and amount of non-federal funds the entity will provide for the project; and
- (F) Information demonstrating the long-term viability of the project and other evidence of your institutional commitment to the project.

Consortium applications

RTRCs can be collaborative organizations of more than one entity, but only one entity is the official applicant. All other organizations may be members of the consortium or network. For-profit entities may be part of a consortium, but cannot be the official applicant. Consortium members must have a proven history of collaboration on common projects.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

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

Any application that fails to satisfy the deadline requirements referenced in Section IV.4 will be considered non-responsive and will not be considered for funding under this announcement.

Applicants may only apply to serve one region. You must specify which region you intend to serve. This funding cycle will support up to twelve RTRCs, with one award per

region as listed above. RTRCs will serve as focal points for advancing the effective use of telehealth technologies in their respective communities and states.

Note: Multiple applications from an organization are not allowed and an organization cannot apply as both a RTRC (HRSA-17-015) and as a NTRC (HRSA-17-108).

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

IV. Application and Submission Information

1. Address to Request Application Package

HRSA **requires** 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 <http://www.grants.gov/applicants/apply-for-grants.html>.

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 [SF-424 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 including biographical sketches (biosketches), and letters of commitment and support required in HRSA's [SF-424 Application Guide](#) and this FOA. Standard OMB-approved forms that are included in the application package are NOT included in the page limit (Reminder: biosketches do count in the page limit). Indirect Cost Rate Agreement and proof of non-profit status (if applicable) will not be counted in the page

limit. **We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.**

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

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- 1) The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Where the prospective recipient is unable to attest to any of the statements in this certification, such prospective recipient shall attach an explanation to this proposal.

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

Program-specific Instructions

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

i. Project Abstract

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

In addition to the requirements in the SF-424 Application Guide, please provide the following:

GOAL(S) AND OBJECTIVES: Identify the major goal(s) and objectives for the project period.

METHODOLOGY: Describe the programs and activities proposed to attain the objectives. Comment on innovation, cost, and other characteristics of the methodology.

COORDINATION: Describe the coordination planned with appropriate National, Regional, state and/or local health agencies and/or organizations in the area(s) served by the project.

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 reviewers can easily understand the proposed project.

Use the following section headers for the Narrative:

- **INTRODUCTION** -- *Corresponds to Section V's Review Criterion #1 (Need)*
This section should briefly describe the purpose of the proposed project. You must clearly describe how you propose to establish or operate a RTRC that provides technical assistance to existing or developing telehealth networks. Identify the region and states to be served and briefly describe the demand for technical assistance and a summary of the services proposed. If you are proposing a consortium, explain why a consortium is necessary.

- **NEEDS ASSESSMENT** -- *Corresponds to Section V's Review Criterion #1 (Need)*
This section outlines the needs of the population groups/states that could be addressed through enhanced telehealth services in rural areas, frontier communities, and medically underserved areas, and for medically underserved populations. The target population and its unmet health needs should be described and documented.

You must clearly address how the RTRC will demonstrate how telehealth technologies could be used to: (1) expand access to, coordinate, and improve the quality of health care services; (2) improve and expand the training of health care providers; and (3) expand and improve the quality of health information available to health care providers, and patients and their families, for decision-making. This could include an analysis of the demand for and scope of services needed from the community, end users, and potential beneficiaries; a plan to track and assess changes in demand; and a description of barriers that telehealth projects face in the region. This section should help reviewers understand the need for telehealth technical assistance to be addressed by each proposed project.

- **METHODOLOGY** -- *Corresponds to Section V's Review Criteria #2 (Response) and #4 (Impact)*
You must describe your plan to provide technical assistance to rural communities, including how you will address the breadth of requests for services. You must identify the mechanisms by which you will identify organizations in need of assistance. This will include the ability to identify the method of initial contact from communities and clients, (e.g., through the web site, toll free number, or contact at a meeting or conference), and clearly track the outcome of the technical assistance (e.g., a new site or service was established).

A strategy to share information, including lessons learned and best practices, should be included. You should clearly indicate how you have and will collaborate and share expertise with new and/or existing providers of telehealth services at the national, regional, State and local levels.

You should discuss your plans for the following:

- (A) Providing technical assistance, training, and support, and providing for travel expenses, for health care providers and a range of health care entities that provide or will provide telehealth services;
- (B) Effectively communicating and disseminating information and research findings related to telehealth services;
- (C) Conducting evaluations and special projects under the direction of OAT, to determine effective telehealth applications;
- (D) Identifying key strategies and tools to support the integration of technologies used in clinical information systems with other telehealth technologies;
- (E) Fostering the use of telehealth technologies to provide health care information and education for health care providers and consumers in an effective manner; and
- (F) Tracking the outcomes of the technical assistance provided (i.e., did the technical assistance result in a new telehealth site or service). Clearly describe the methodology to be used to track value added service utilization including categorizing the types of service, types of organizations requesting assistance and quantitative documentation of outcomes of technical assistance.

Delivery Modes for Sharing Expertise: You must identify the means by which clients will contact your organization for technical assistance and the ways in which you will share expertise. Examples of potential delivery modes include:

- **One-to-One:** One or more RTRC staff members interact directly with an individual or a group of individuals representing a single organization.
- **Peer-to-Peer:** Arranging for an entity with a particular expertise to provide assistance to another organization or individual that requested technical assistance from the RTRC.
- **One-to-Many:** One or more RTRC staff members interacting directly and simultaneously with a group of entities made up of individuals representing different organizations or organizational units.

For each approach, you should specify the way you plan to deliver the services and how you will track the volume of services provided, the products of the service, and, where appropriate, the outcome of the service.

Outreach Tools: Describe the specific tools you will develop to share expertise (e.g., webinars, toolkits, workshops, focus groups, conferences), and tools developed for industry adoption and sale. Lists of prior clients may be included (with benefits gained from tools, especially if benefits take a year or more to develop after a service was delivered).

Specific Programmatic Services: You must refer to the types of services or products to help a provider or a community with its strategic development or expansion of a telehealth program. The proposed services should be clearly linked to the needs/demand identified above and must be consistent with the resources available.

In addressing technical assistance and training, you should specifically address your plans to provide services in the following areas and identify the ways the planned outreach according to the specified delivery modes (e.g., one-to-one, peer-to-peer, and one-to-many). If you lack expertise in an area of need, please explain how collaboration with other organizations (especially other RTRCs and NTRCs) might address those areas. You should also address how you may coordinate with or avoid duplicating services from other public resources that advance the practice of telehealth. Examples of areas in which RTRCs have historically provided technical assistance include:

- (A) Developing organizational capacity to build telehealth networks;
- (B) Developing and implementing telehealth programs including operations and development, business models, return on investment (ROI), best practices, strategic planning, provider coordination, and working with communities to establish telehealth services;
- (C) Expanding the range of clinical services using telehealth, including critical and emergency care, inpatient, nursing home, residential and home care, and chronic disease management;
- (D) Integrating telehealth and health information systems;
- (E) Supporting distance education and training including creation or operation of technology-enabled collaborative learning and capacity models;
- (F) Understanding or selecting telecommunications and telehealth technologies;
- (G) Using mHealth – mobile devices;
- (H) Planning or understanding telehealth regulation, policy, licensure, credentialing or reimbursement;
- (I) Evaluating telehealth programs and information collection; and
- (J) Maintaining a public access map or registry of telehealth providers, through contact or self-reporting of telehealth networks or providers.

RTRCs must collaborate with other HRSA-funded Regional and National Telehealth Resource Centers to leverage each other's expertise to provide telehealth technical assistance as efficiently as possible across the nation.

- *WORK PLAN -- Corresponds to Section V's Review Criteria # 2 (Response), #4 (Impact) and #5 (Resource/Capabilities)*

Describe the activities or steps that will be used to achieve each of the activities proposed during the project period in the Methodology section. Use a timeline that includes each activity and identifies responsible staff. As appropriate, identify meaningful support and collaboration with key participants in planning, designing and implementing all activities, including development of the application.

You must also describe in detail, the technical assistance services you plan to provide, to whom you intend to provide it, and the available tools and resources to be used in providing those services. In addition, you must clearly address how you will assess the demand for your services and how you will track changes in this demand over time. Provide the estimated volume of services anticipated in the first year.

It is anticipated that successful applicants will demonstrate that they are capable of not only conducting the project, but also completing a thorough evaluation in the time period proposed to assess the impact of your services on improving access to telehealth services, the quality of those services, or reducing barriers to implementing those services. You must present an implementation schedule that identifies major project tasks and milestones. In addition, you must describe in detail the technical approach employed in the project and how the various components will be organized and work together. You must explain how you will track utilization of your services, including the number of programs/providers that have used specific RTRC services and the outcomes of those services (i.e., additional telehealth sites and/or services) **or** other evidence of advancing the state of telehealth and documenting how the NRTC was involved).

In order to understand how you will build on existing resources, you must describe the expertise, resources, and services currently available to meet the project's objectives of providing technical assistance on a wide range of telehealth issues related to your project goals. With respect to dissemination, you must demonstrate plans and capability for sharing best practices and lessons learned from your successes and failures.

You must describe current experience, skills, and knowledge, including those of individuals on staff, in providing technical assistance to health care providers and entities, evaluation, telehealth policy activities in your region and state, educational outreach and information dissemination, and other relevant experience. Describe specific strengths that make you uniquely qualified to work with the regions or states identified in the application. You are encouraged to reference materials published and previous work of a similar nature.

You must demonstrate the experience necessary to provide an understanding of technological, clinical, educational, and administrative aspects of relevant telehealth services. You must provide specific strategies for sharing lessons

learned and collaborating with providers of telehealth services. Demonstrated ability to solve difficult challenges at the health care provider or network level for both start-up and advanced programs should be detailed.

You must demonstrate knowledge of and be able to assist programs with diverse funding sources, including Federal, state and local governments, reimbursement from health insurance organizations, awards from private non-profit organizations, and supported by private donors.

RESOLUTION OF CHALLENGES Corresponds with review Criterion #2, (Response) in Section V.

Discuss challenges likely to be encountered in designing and implementing the activities described in the work plan and approaches to resolve such challenges.

EVALUATION AND TECHNICAL SUPPORT CAPACITY Corresponds with Review Criterion #3 (Evaluative Measures)

In an effort to maximize allocation of award funds towards project activities, you are not required to conduct a formal evaluation but rather a self-assessment at the end of your project period. The self-assessment will provide information to identify your project's strengths and areas for improvement. Specifically, the self-assessment should include, but is not limited to, the following elements:

- (A) Outcomes focused: Ensure that the goals and objectives of the project are assessed.
- (B) Data collection: Illustrates accuracy and consistency of data collected, producing results that are as objective as possible. Ensure that data collection methods are feasible for the project and data are collected in a timely manner. Explain how sustainability data will be used to help inform quality improvement strategies and future efforts.
- (C) Sustainability: Identify factors and strategies that will lead to viability and sustainability after federal funding ends.

ORGANIZATIONAL INFORMATION Corresponds with Review Criterion #5 (Resources/ Capabilities) in Section V.

You must provide information on your current mission and structure, scope of current activities, and an organizational chart (Attachment 6), and describe how these contribute to the ability of the organization to become or continue functioning as an RTRC. You must clearly describe the extent to which you involve representatives from the provider communities and/or populations in both the design and operation of the RTRC, including how you will engage in local and regional collaborations to pursue your objectives and overcome challenges.

If you are applying as a consortium you must provide information about how the various components will function, with the roles and responsibilities of all components specifically addressed in the application. Consortia applicants must clearly demonstrate that you have collaborated before on projects and have strong prior working relationships. You must also have standard protocols throughout the consortia/network for receiving, tracking, data collection and follow-up for all technical assistance requests. You must clearly describe your partnerships as an ongoing and integral part of project planning and operation, as appropriate. (A list of partners must be in Attachment 5). The applicant organization is responsible for all fiscal, administrative, and programmatic aspects of the application and award.

Equally important is your organization's ability to be structured as a separate and distinct center, to be an impartial source of technical assistance apart from telehealth service organizations with which you may be affiliated. You must emphasize your independence from any parent organization that provides telehealth services that may compete with organizations seeking assistance from the RTRC.

Given the spectrum and scope of work required, extensive organizational skills are an essential characteristic for a RTRC. You must provide information that demonstrates your ability and experience managing multiple projects, while addressing the details necessary for projects to run smoothly. You must demonstrate how you have previously met the needs of telehealth organizations in areas such as training, evaluation, and patient care, while also meeting demands for technical assistance and other services from the field. You should describe how you will continue to balance demands in the future. You must demonstrate your ability to track all technical assistance requests and document outcomes resulting from services provided.

Sustainability: You must outline steps taken to include and sustain the involvement of a variety of provider stakeholders. In addition, you must demonstrate the commitment of community partners to the long-term sustainability of the project after federal support has ended. Evidence of this commitment might be shown by including information about other funding sources for the RTRC, including in-kind resources, private donations, and other non-federal award funds at either the state or local levels.

You must submit a detailed strategic/financial plan as part of the proposal. The purpose of the strategic/financial plan is to demonstrate that your organization and its partners have evaluated their technical assistance reach to all states within their region. In addition, the plan will outline steps you will take to sustain the technical assistance program after the period of support has ended.

You must demonstrate your ability to provide technical assistance and leadership specifically to rural and underserved communities.

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 and (4) Impact
Work Plan	(2) Response, (4) Impact and (5) Resources/Capabilities
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures
Organizational Information	(5) Resources/Capabilities
Budget and Budget Narrative	(6) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

iii. Budget

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

Travel: Your travel budget should include funds for a maximum of two (2) staff members to attend an annual recipient meeting in Washington, DC.

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.” As of January 2017, the Executive Level II salary limitation is now \$187,000 (formerly \$185,100) and the HRSA Application Guide will be updated

accordingly in the near future. 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 may 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 RTRC program requires the following:

Consistent with section 3301 (l) prohibited use of funds include: (1) to acquire real property; (2) for expenditures to purchase or lease equipment, to the extent that the expenditures would exceed 40 percent of the total grant funds; (3) to pay for any equipment or transmission costs not directly related to the purposes for which the grant is awarded; (4) to purchase or install general purpose voice telephone systems; (5) for construction; or (6) for expenditures for indirect costs to the extent that the expenditures would exceed 15 percent of the total grant funds.

v. Attachments

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

Attachment 1: Consortium Agreement (if applicable)

If you are applying on behalf of a consortium of entities to be involved in the technical resource center, list the members, key contact, and contact information. Attach the detailed agreement among the participants signed by the appropriate authority (organizations CEOs or equivalent authority). The agreement must reflect the organizational relationships within the consortium, the defined organizational role of each member in the proposed RTRC, and the financial and personnel commitment of each member to the project. Consortium members must have a proven history of collaboration on projects.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of HRSA’s [SF-424 Application Guide](#)) (required)

Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff.

Attachment 3: Biographical Sketches of Key Personnel (required)

Include biographical sketches of personnel occupying the key positions described in Attachment 2, not to exceed two pages in length. In the event that a biographical sketch is included for an identified individual who has yet to be hired, include a letter of commitment from that person.

Attachment 4: Memoranda of Agreement (MOA) or Memoranda of Understanding (MOU) and Description(s) of Proposed/Existing Contracts/Sub-contracts. (If applicable)

Provide any documents that describe working relationships between your organization and other agencies and programs cited in the proposal. Documents that confirm actual or pending contractual agreements must clearly describe the roles of the contractors/subcontractors and any deliverables. Contracts and sub-contracts must describe contractor's roles, responsibilities, and qualifications. Salaries must be broken out, per person, with an identified person or persons responsible for oversight of the contractor. Memoranda of agreement must be dated and signed.

Attachment 5: List of Partners (If applicable)

Describe the agencies, organizations, or groups that are part of the project or consortia. Identify and define the work to be done by each agency supported by the project. Include name of organization, service(s) provided, number of clients served, and geographic areas served.

Attachment 6: Organizational Chart (required)

Provide a one-page figure that depicts the organizational structure of the project, including subcontractors and other significant collaborators.

Attachment 7: Proof of Non-Profit Status (required)

One of the following documents must be included to prove non-profit status:

- a) A copy of a currently valid IRS Tax exemption certificate;
- b) A statement from a state taxing body, state Attorney General or other appropriate state official certifying that your organization has a non-profit tax status and that none of the net earnings will be accrued for any private shareholders or individuals.

Attachment 8: Proof of Consultation with State Office of Rural Health or Other Appropriate Entity (required)

Provide a letter signed by an official at the appropriate state Office of Rural Health (or other appropriate state entity) certifying that your organization consulted with them in preparation of the application.

Attachment 9: Summary Progress Report and Request for Funding Priority (if applicable)

ACCOMPLISHMENT SUMMARY (For Competing Continuations Only)

Applicants who document a successful record of prior performance as telehealth resource centers will receive Priority Points as explained in Section V.2 (Review and Selection Process). Therefore, you are advised to include previously stated goals and objectives in your application and emphasize the progress made in attaining these goals and objectives. The accomplishment summary should be a brief presentation of the accomplishments, in relation to the objectives of the program during the current project period. The report should include:

- (1) Period Covered – Provide the appropriate dates.
- (2) Specific Objectives - Briefly summarize the specific objectives of the project as actually funded. Because of peer review recommendations and/or budgetary modifications made by the awarding unit, these objectives may differ in scope from those stated in the competing application.
- (3) Results - Describe the program activities conducted for each objective. Include both positive and negative results or technical problems and lessons learned. The results should include baseline level numbers (qualitative/quantitative) for current activities and performance measures

Attachment 10: Request for Funding Preference and/or Funding Priority (if applicable)

In making awards under subsection 330 I(d)(2) for projects involving TRCs, the Secretary shall give preference to an eligible entity that meets requirements in Section V.2 (Review and Selection Process) below. To receive a funding preference, include a statement that you are eligible for a funding preference, and identify and request the preference and document your qualification of the preference in this attachment.

Attachment 11: Copy of Indirect Cost Rate Agreement (Required)

The Indirect Cost Rate Agreement must be dated and not expired.

Attachments 12-15: Other Relevant Documents (Optional)

Include 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.) Letters of agreement and support must be dated. List all other support letters on one page.

3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number and System for Award Management

You must obtain a valid DUNS number, also known as the Unique Entity Identifier, for your organization/agency and provide that number in the application. You 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 you have an active federal award or an application or plan under consideration by an agency (unless you are an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the agency under 2 CFR § 25.110(d)).

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

If you have already completed Grants.gov registration for HRSA or another federal agency, confirm that it 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://www.dnb.com/duns-number.html>)
- System for Award Management (SAM) (<https://www.sam.gov>)
- Grants.gov (<http://www.grants.gov/>)

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

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 May 2, 2017 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 Regional Telehealth Resource Center Cooperative Agreement 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

You may request funding for a project period of three (3) years, at no more than \$325,000 per year.

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.

You are required to have the necessary policies, procedures and financial controls in place to ensure that your organization complies with the all federal funding requirements and prohibitions such as lobbying, gun control, abortion, etc. The effectiveness of these policies, procedures and controls is subject to audit.

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

42 U.S.C. 254c-14(I) prohibits the use of awarded funds for the following purposes:

- (A) to acquire real property;
- (B) for expenditures to purchase or lease equipment to the extent that the expenditures would exceed 40 percent of the total award;
- (C) to pay for any equipment or transmission costs not directly related to the purposes for which the grant was awarded;
- (D) to purchase or install general purpose voice telephone systems;

- (E) for construction; or
- (F) for expenditures for indirect costs to the extent that the expenditures would exceed 15 percent of the total award.

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 you in understanding the standards against which your application will be judged. Critical indicators have been developed for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. 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 Regional Telehealth Resource Center Cooperative Agreement has six (6) review criteria:

Criterion 1: NEED (10 points) Corresponds to Section IV's Introduction and Needs Assessment

Reviewers will assess the extent to which the application displays a clear understanding of the needs of the region for telehealth technical assistance services. The review will consider the extent to which the application:

- Demonstrates knowledge of the availability and state of telehealth services in the proposed region.
- Provides sufficient evidence including quantitative data demonstrating the demand for the proposed RTRC technical assistance services from the community, end users, and potential beneficiaries in the proposed region.
- Adequately addresses the actual and potential relevant barriers that telehealth projects face in the region (e.g., specific legislative or regulatory issues, specific reimbursement challenges, technical infrastructure challenges, and organizational challenges).
- Demonstrates how you will track the regional changes in the demand for RTRC services.

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

Reviewers will assess the extent to which the applicant organization describes its response to the needs identified and the strategy to be used to provide technical assistance to rural health care providers and other telehealth service consumers. They will assess:

- The extent to which the proposed project displays a realistic, feasible approach to providing technical assistance, training, and support for health care providers that are planning or implementing telehealth services.
- The appropriateness of activities proposed in light of the technical assistance needs in the region and the specificity with which you identify and propose to address those needs. Illustrations should be given of ability to solve difficult challenges at the health care provider or network level. Assistance plans for both start-up and advanced programs should be detailed.
- The quality of the strategy proposed to identify and proactively target communities in need of technical assistance.
- The strength of the description of the outreach tools to provide technical assistance including webinars, toolkits, workshop, focus groups, conferences, etc.
- The strength, relevance and appropriateness of the data to document the unique qualifications of the applicant organization to meet the challenges to helping advance telehealth services in the region, including how the organization will address such challenges in consideration of current telehealth programs in the region.
- The ability of the proposed RTRC to assist providers and organizations to establish telehealth programs, and serve as a resource for existing telehealth programs regarding changes in technology, policies or other issues affecting telehealth services.
- The extent to which the application clearly and effectively address the challenges outlined in the “Resolution of Challenges” sections of this announcement.
- The quality of your organization’s experience and proposed strategies for sharing and disseminating lessons learned from the experience of existing or emerging telehealth programs and services.
- The specificity with which the application identifies partners and their qualifications, experience, and roles/responsibilities in the project.
- The extent to which the application describes a strategy to share lessons learned and best practices with new and/or existing telehealth programs and stakeholders.

- The clarity of the work plan that will be used to achieve each of the activities proposed including the timeline, activity, goals and responsible staff.
- For organizations that have previously served as an RTRC, the application describes any shifts in demand for telehealth technical assistance and how their services may change in response, if awarded further funding.

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

The review will consider:

- The appropriateness of the personnel completing program assessment and the effectiveness of the methods proposed to monitor and assess the project results.
- The extent to which the application demonstrates specific objectives to be achieved and measures by which the achievement can be measured.
- The extent to which the application describes obstacles and solutions to implementing the program assessment.
- The extent and creativity of the applicant organization in tracking the outcome of their services and determining if new telehealth sites or services are established due to their activities.

Criterion 4: IMPACT (20 points) Corresponds to Section IV's Methodology and Work Plan

The review will consider:

- The extent to which the application identifies specific approaches to assessing the impact of their services on improving access to telehealth services, the quality of those services, or reducing barriers to implementing those services.
- The strength of proposed methodology and/or work plan that demonstrates a realistic approach in addressing the breadth of requests for services and other challenges likely faced in establishing a RTRC.
- The clarity and feasibility of set milestones and timetables to establish the RTRC and implement proposed programs will be evaluated.
- The extent to which the applicant organization has provided strong analytic support, including quantitative data, with estimated volume of services anticipated in the first year.
- The extent to which the applicant organization identifies meaningful support and collaboration with key stakeholders in planning, designing and implementing all

activities, including the technical approach employed in the project and how the various components will be organized and work together.

- The strength of the specific strategies proposed for sharing lessons learned with new and/or existing telehealth programs.

Criterion 5: RESOURCES/CAPABILITIES (20 points) Corresponds to Section IV's Work Plan and Organizational Information.

The review will consider:

- The extent to which project personnel are qualified by training and experience to provide telehealth technical service.
- The resources and capabilities of the applicant organization to support the proposed services.
- The extent to which the applicant organization has demonstrated its ability to provide technical assistance and leadership to rural and underserved communities.
- The extent to which the applicant organization demonstrates experience in providing telehealth technical assistance services, as evidenced by the size of the program, their years of experience in providing services, and publications/documents demonstrating expertise.
- The extent to which the application outlines incentives to include and sustain the involvement of committed community stakeholders.
- The clarity and feasibility of standard protocols throughout the consortia/network for receiving, tracking, and following-up on technical assistance requests.
- The extent to which the application emphasizes independence from any parent organization that is a provider of telehealth services that may be a competitor of organizations seeking assistance from the RTRC.
- The extent to which the applicant organization demonstrates it has previously met needs of health care providers for training, evaluation, and patient care, while also meeting the increased demands of a RTRC for technical assistance and other services.

- The extent to which the organization has involved representatives from the providers or populations served in the design and operation of the RTRC.
- The degree to which the applicant organization will engage in local and regional collaborations to pursue its objectives and overcome challenges.
- The extent to which sustainability of the RTRC, once federal support for the project has ended, is incorporated into the award activities.
- The extent to which the application identifies current experience, skills, and knowledge, including those of individuals on staff, in providing technical assistance to other networks, business/strategic planning, evaluation, telehealth policy activities in their region and state, educational outreach and information dissemination, and other relevant experience.

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

The review will consider the reasonableness of the proposed budget for the three-year project period in relation to the objectives, complexity of activities, and anticipated results. The budget narrative should:

- Demonstrate that budgeted costs are realistic, necessary, and justified to implement and maintain the project and proposed activities, including the human and technical infrastructure.
- Demonstrate that the full-time equivalent (FTE) staffing expertise to implement and maintain the project is realistic, necessary, and justified.
- Provide complete and detailed narrative to support each line item on the SF424A budget form and the allocation of resources.
- Provide for best value technical costs of hardware, software, or other tangible items.

The review will be based on the applicant's budget information provided in Section IV.2.iii, including the Budget Justification in section IV.2iv.

2. Review and Selection Process

The objective review committee provides advice to the individuals responsible for making award decisions. The highest ranked applications receive priority consideration for award within available funding. In addition to the ranking based on merit criteria, HRSA approving officials may apply other factors in award selection, (e.g., geographical distribution), if specified in this FOA. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below.

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

For this program, HRSA will use funding priorities and funding preferences.

Funding Priority

A funding priority is defined as the favorable adjustment of combined review scores of individually approved applications when applications meet specified criteria. This program includes a funding priority for current TRC awardees that request the priority (Attachment 9), have previously successfully performed as a TRC, and do not have any outstanding conditions on their notice of award. This adjustment shall be 5 points. Eligibility for the adjustment will be determined by HRSA Staff and will be based on information included in the Summary Progress Report and Request for Funding Priority (Attachment 9).

Funding Preferences

In making awards under subsection 330 I(d)(2) for projects involving Telehealth Resource Centers, the Secretary shall give preference to an eligible entity that meets at least one of the requirements below. 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. Qualification for the preference will be determined by HRSA Staff. To receive a funding preference, include a statement that you are eligible for a funding preference and identify and request the applicable preference. Include documentation of this qualification in Attachment 10.

Funding preference will be granted to any qualified applicant that specifically requests and demonstrates that they meet the criteria for preference(s) as follows:

Applicable funding preferences include:

- 1) Provision of Services: You have a record of success in the provision of telehealth services to medically underserved areas or medically underserved populations.

- 2) Collaboration of Sharing Expertise: You have a demonstrated record of collaborating and sharing expertise with providers of telehealth services at the national, regional, state, and local levels.
- 3) Broad Range of Telehealth Services: You have a record of providing a broad range of telehealth services, which may include:
 - A variety of clinical specialty services;
 - Patient or family education;
 - Health care professional education; and
 - Rural residency support programs.

Distribution of Awards

Per Section 330I(j) of the PHS Act, HRSA will ensure, to the greatest extent possible, that equitable distribution occurs among the geographic regions of the United States as identified in the Purpose section. HRSA provides for this provision by requiring that each application be for a specific region and that applicants must be an entity based in or with a significant presence in a state in that region. It is anticipated that one award will be made to serve each region.

3. Assessment of Risk and Other Pre-Award Activities

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](#)).

Applications receiving a favorable objective review that HRSA is considering for funding are reviewed for other considerations. These include, as applicable, cost analysis of the project/program budget, assessment of your management systems, ensuring continued applicant eligibility, and compliance with any public policy requirements, including those requiring just-in-time submissions. You may be asked to submit additional programmatic or awards information (such as an updated budget or "other support" information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that an award will be made. Following review of all applicable information, the HRSA will determine whether an award can be made, if special conditions are required, and what level of funding is appropriate.

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

Effective January 1, 2016, HRSA is required to review and consider any information about your organization 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 HHS Awarding Agency Review of Risk Posed by Applicants](#).

A determination that an applicant is not qualified will be reported by HRSA to FAPIIS ([45 CFR § 75.212](#)).

4. Anticipated Announcement and Award Dates

HRSA anticipates issuing/announcing awards prior to the start date of September 1, 2017.

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award prior to the start date of September 1, 2017. See Section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

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

3. Reporting

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

1) Progress Report(s). The recipient must submit a progress report to HRSA on a semi-annual basis. The Progress Report template will be provided by OAT and further information will be provided in the Notice of Award. A RTRC may consider a reasonable fee for continuing assistance (not in excess of Executive Level II as noted in Section 4.1.iv Budget – Salary Limitation of HRSA's SF-424 Application Guide) or refer the entity to paid consultants or other resources for ongoing assistance. Any fees received by RTRCs must be used to supplement the HRSA award activities and must be listed and the hours and level of effort related to those fees must be explained in progress and financial reports to OAT. Further information will be provided in the award notice.

2) PIMS (Performance Improvement Measurement System) Report.

As required by the Government Performance and Review Act of 1993 (GPRA), the awardee must submit a PIMS report to HRSA on a semi-annual basis. This report provides standardized performance measures to evaluate the Regional Telehealth Resource Center Cooperative Agreement recipients. More information will be made available to recipients after September 1, 2017.

3) Final Report. A final report is due within 90 days after the project period ends. The final report will collect information such as 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 online by recipients in the Electronic Handbooks system at <https://grants.hrsa.gov/webexternal/home.asp>. Further information will be provided upon receipt of award.

4) OAT Recipient Directory: Applicants accepting this award must provide information for OAT's Recipient Directory Profiles. Further instructions will be provided by OAT. The current directory is available online at: <https://www.hrsa.gov/ruralhealth/telehealth/index.html>

5) Integrity and Performance Reporting. The Notice of Award will contain a provision for integrity and performance reporting in [FAPIS](#), as required in [45 CFR part 75 Appendix XII](#).

VII. Agency Contacts

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

Patryce Peden
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, MSC 10N112F
Rockville, MD 20857
Telephone: (301) 443-2277
Fax: (301) 443-9810
Email: ppeden@hrsa.gov

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

Natassja Manzanero
Program Coordinator, Office for the Advancement of Telehealth
Attn: Regional Telehealth Resource Center Cooperative Agreement
Federal Office of Rural Health Policy
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 17W59-D
Rockville, MD 20857
Telephone: (301) 443-2077
Fax: (301) 443-2803
Email: NManzanero@hrsa.gov

You 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
Self-Service Knowledge Base: <https://grants-portal.psc.gov/Welcome.aspx?pt=Grants>

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

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

VIII. Other Information

Technical Assistance:

The Federal Office of Rural Health Policy will host a technical assistance webinar regarding this funding opportunity announcement on **Tuesday March 21, 2017** from **3:00-4:00 PM Eastern Standard Time**. The webinar will address the purpose and

requirements of the Regional Telehealth Resource Center Program and will provide some tips on how to apply.

You can join the webinar at <https://hrsa.connectsolutions.com/sbtelehealth/>.

Toll-free call in number (for audio): **888-790-3360**

Participant Passcode: **4662613**

A recording of the call will be available approximately one hour after the call ends. To access the recording call:

Toll-free call in number: 800-835-4610

Passcode: 2287

IX. Tips for Writing a Strong Application

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