

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

Office of Rural Health Policy
Rural Health Network Development Program

Rural Health Network Development (RHND) Grant Program

Announcement Type: New
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FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2014

Application Due Date: December 6, 2013

*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.*

*10/23/13- Deadline Extended to 12/6/13 & Updated Technical Assistance Conference Call
Information (Page 28)*

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration, Office of Rural Health Policy (ORHP) is accepting applications for fiscal year (FY) 2014 Rural Health Network Development Grant Program. The purpose of this grant program is to: support rural integrated health care networks that have combined the functions of the entities participating in the network in order 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.

Funding Opportunity Title:	Rural Health Network Development Grant Program
Funding Opportunity Number:	HRSA-14-044
Due Date for Applications:	December 6, 2013
Anticipated Total Available Funding:	\$4,500,000
Estimated Number of Awards:	15
Estimated Award Amount:	Up to \$300,000 per year
Cost Sharing/Match Required:	No
Length of Project Period:	3 years
Project Start Date:	May 1, 2014
Eligible Applicants:	<p>The lead applicant organization must be a public or private non-profit entity located in a rural area. The network must be formal and composed of at least 3 separate, existing health care providers.</p> <p>[See Section III-1 of this FOA for complete eligibility information.]</p>

All applicants are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide*, available online at <http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf>, except where instructed in this funding opportunity announcement to do otherwise. A short video for applicants explaining the new *Application Guides* is available at <http://www.hrsa.gov/grants/apply/applicationguide/>.

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I. Funding Opportunity Description

1. Purpose

This announcement solicits applications for the Rural Health Network Development (RHND) Program. The purpose of this program is to support rural integrated health care networks that have combined the functions of the entities participating in the network.

The RHND Program supports established health oriented networks with a history of collaboration to develop and maintain collaborative relationships to integrate systems of care administratively, clinically and financially.

Networks must consist of at least three health care providers that are separately owned entities. Each member of the network must sign a memorandum of agreement or similar formal collaborative agreement. For purposes of this grant program, a rural health network is defined as a formal organizational arrangement among at least three separately owned health providers that come together to develop strategies for improving health services delivery systems in a rural community. A network in this context is not a large health system whereby multiple health care providers or organizations are owned and/or created by the same overarching entity to collaborate and achieve a particular goal.

2. Background

This program is authorized under Section 330A(f) of the Public Health Service (PHS) Act, as amended (42 U.S.C. 254c (f)). This authority directs the Office of Rural Health Policy (ORHP) to support grants for eligible entities to promote, through planning and implementation, the development of integrated health care networks that have combined the functions of the entities participating in the networks in order 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.

A rural health network is defined as “a formal organizational arrangement among rural health care providers (and possibly insurers and social service providers) that uses the resources of more than one existing organization and specifies the objectives and methods by which various collaborative functions are achieved.”¹ This definition of a rural health network is a valid definition although the focus was primarily for networks composed solely of hospitals (horizontal networks). Newer networks created in more recent years are not only hospital networks but networks that may be composed of hospitals, physicians, health departments, school systems and/or other community organizations (vertical networks).

The RHND Program was created in response to the need for rural providers to address changes taking place in the health care sector in order to better serve their rural communities. During the time that the RHND Program was created, there were changes to the underlying system of health

¹ Strengthening the Rural Health Infrastructure: Network Development and Managed Care Strategies: Summary of a Workshop for State and Local Health Officials. Asheville, N.C., November 19 – 21, 1997. <http://www.ahcpr.gov/news/ulp/ulpstren.htm>.

care financing and delivery, including: a move from fee-for-service payments to capitation and other risk-sharing payment methods, the implementation of market-based strategies for containing costs, an increase in integrated health care organizations, and a move towards more managed care. Similarly, the current health care environment is significantly changing and rural communities and their providers will need to adapt. The current, evolving health care environment displays an environmental shift or change in the following areas: increasing the quality of care by focusing on patient value as opposed to patient volume, implementation of medical homes and care coordination, utilization of health information technology and an increased focus on access to care and health outcomes. The RHND Program is designed to assist rural health care providers acclimate to the evolving health care environment by addressing relevant topics to the health care environment as identified by the rural community. It will also enable rural health networks to continue to be a locus of innovation in maximizing limited rural health resources in times of economic hardship and decreased access to health care services that can be modeled in other communities, both rural and urban.

The authorizing legislation states three primary charges for integrated health care networks: achieve efficiencies; expand access to, coordinate and improve the quality of essential health care services; and strengthen the rural health care system as whole. ***Applicants to the Rural Health Network Development Program will be required to select at least one activity from a prescribed topical area from one legislative charge outlined by the authorizing legislation.*** The prescribed topical areas are described in detail below.

Legislative Charge: Achieve Efficiencies

Topical Area #1: Integrated health networks will focus on integrating health care services and/or health care delivery of services to achieve efficiencies and improve rural health care services. Networks will focus on integrating their individual systems of care to achieve the following goals:

- Implement a common system finance that will reduce costs;
- Improve quality and delivery of health care services; and
- Improve medical oversight.

Grantees will be required to choose one of the activities from the following areas:

- Integrating behavioral health in primary care settings;
- Integrating primary care in behavioral health care settings;
- Integrating oral health in primary care settings;
- Integrating primary care in oral health settings; and
- Integrating emergency medical services (EMS) in hospital settings.

Anticipated outcomes may include, but are not limited to:

- Grantees will create and implement the same clinical protocols that will assist in the improvement of the delivery of healthcare services for EMS, primary care and mental/behavioral health services;
- Rural/frontier EMS systems will integrate services with local health care providers, specialty centers, local/regional public safety and emergency management responders and volunteer and paid EMS providers to improve rural health care services;

- Improve quality of services delivered through the implementation of the same quality measurements and improvement projects; and
- Improve primary care services in behavioral health settings by integrating primary care services to improve access to primary care, prevent serious and/or chronic illnesses and have early identification and intervention to reduce incidence of serious physical illness.

Legislative Charge: Expand access to, coordinate and improve the quality of essential health care services

Topical Area#1: Integrated health networks will collaborate to expand access to and improve the quality of essential health care services by focusing on projects and/or network activities directly related to the evolving health care environment. The new healthcare environment has a large emphasis on improving/transforming quality of hospital care by realigning hospitals financial incentives. Networks can achieve efficiencies and increase economic and provider financial viability through projects that focus on payment and care reform.

Grantees will be required to choose at least one activity from the following areas:

- Improving performance on quality measures for hospitals, skilled nursing facilities, home health agencies, and/or ambulatory surgical facilities;
- Networks will work to improve the quality and safety of health care by improving care transitions from hospital to other settings and reducing hospital readmissions;
- Improving coordination of services;
- Consumer Assistance Programs/Patient Navigation for facilitating enrollment in health insurance marketplace;
- Collaboration of Essential Community Providers (ECPs) for leveraging competitive negotiations and contracts with Qualified Health Plans (QHPs);
- Implementing innovative alternative payment and delivery models;
- Creating initiatives to increase attention to quality health care for Medicare beneficiaries in Critical Access Hospitals (MBQIP) or other similar measures for non-Critical Access Hospitals (Hospital-Compare); and
- Implementing programs to increase primary care workforce in rural areas.

Anticipated Outcomes:

- Improve quality and health care delivery in rural areas through improved coordination and realignment of financial incentives;
- Reduce hospital readmissions;
- Increase primary care workforce in rural areas; and
- Increase the number of uninsured patients enrolled in marketplaces.

Legislative Charge: Strengthen the rural health care system as whole

Topical Area #1: Networks will improve population health by implementing promising practice, evidence-informed and/or evidence-based approaches to address health disparities in their communities. Population health can be defined as an approach that focuses on interrelated conditions and factors that influence the health of populations over the course of

their lives. The health outcomes and distribution of health outcomes in a population are studied and appropriate policies and interventions are created to address the health concern of that population. Many rural communities have specific health outcomes particular to their community alone. Therefore, networks may serve as an appropriate organization to address population health needs due to network attributes of integration, collaboration and community focus.

Topical Area #2: Integrated Health Networks will collaborate to achieve population health goals through the use of technology. Access to health care services, in particular specialized health care services, continues to be a challenge in rural communities. Telehealth provides a venue for the provision of certain services despite significant limitations caused by the lack of provider workforce and transport difficulties in rural communities. Similarly, Health Information Technology/Meaningful Use (HIT/MU) provides opportunities for rural health providers to better serve their population by having complete and accurate health information and better access to health information, and it will empower patients to take a more active role in their health.

Types of Telehealth services may include:

- Remote monitoring;
- Interactive Telehealth services;
- Store and forward Telehealth;
- Imaging services; and
- Specialist and primary care consultation.

Types of HIT/MU activities may include:

- E-prescribing and incorporating lab results into Health Information Exchange;
- Electronic transmission of patient care summaries across multiple settings;
- Patient access to self-management tools; and
- Patient access to comprehensive patient data through patient-centered HIE.

Anticipated Outcomes may include, but are not limited to:

- Increase access and improve care in rural communities.
- Improve chronic disease care delivery through the use of technology.

Successful networks have particular characteristics that enable them to sustain or operate over long periods of time. A survey of network leaders conducted by the National Cooperative of Health Networks in July 2010, identified having the following characteristics as imperative for a successful, sustainable network: an effective network director; a well-defined mission, vision and values; network flexibility to adapt to changing situations, practical strategic planning; effective communication system(s) and a formalized organizational structure.²

Sustainability is an important component of a network that oftentimes eludes rural health networks, although they may have the best intention to provide a needed service to their community. Sustainability of a network can be defined in various ways: sustaining the actual rural health network, sustaining network activities and services, sustaining community and

² Network Leadership Training conducted by State Health Foundation. National Cooperative of Health Networks, July 2010

population benefits and sustaining the assets created or purchased. Due to the unique characteristics of each network, factors that influence sustainability of a network vary. Important features of a rural health network that may influence the ability of a network to achieve sustainability include: 1) selection of appropriate leadership and network members for the network mission, 2) participants in the network having resources that are essential for performing activities to support the mission, 3) having clear and defined roles and responsibilities of network members, 4) conducting network activities that benefit both network and community needs, and 5) the network creating a diversified revenue stream. It is important for a network to consider a sustainability plan in their application development and this plan will be a required component of the application. ORHP will provide sustainability technical assistance to awarded grantees and it will be an emphasis throughout the grant period.

Evaluation is a very important component of the RHND Program. The collection of performance measures from past RHND cohorts and numerous rural health network case studies demonstrated positive outcomes. But, due to the lack of evidence and challenges using traditional quantitative methodologies to measure network outcomes, it is difficult to ascertain the significance and uniqueness of rural health networks that support positive health outcomes in rural communities. Project-level evaluations of RHND grantees will assist in determining and validating the reasons why rural health networks are an important strategy in the improvement of rural healthcare. A comprehensive evaluation approach should contain contextual, implementation and outcome evaluative components. And the process and result of evaluation should not only assist in the understanding of the benefits of rural health networks but be utilized in a manner that enhances and improves the functions and activities of the network.

II. Award Information

1. Type of Award

Funding will be provided in the form of a grant.

2. Summary of Funding

This program will provide funding during Federal fiscal years 2014 - 2016. Approximately \$4,500,000 is expected to be available annually to fund approximately 15 grantees. Applicants may apply for a ceiling amount of up to \$300,000 per year. The project period is 3 years. Funding beyond the first year is dependent on the availability of appropriated funds for Rural Health Network Development Program in subsequent fiscal years, grantee satisfactory performance, and a decision that continued funding is in the best interest of the Federal Government.

III. Eligibility Information

1. Eligible Applicants

a) Ownership and Geographic Requirements:

Applicants for the Rural Network Development Program must meet the ownership and geographic requirements stated below. (Note: If an incorporated network does not apply on behalf of its members, the award will be made to only one member of the network that will be the grantee of record and only that organization needs to meet the eligibility criteria.):

1) The lead applicant organization must be a public or private non-profit entity located in a rural area or in a rural census tract of an urban county, and all services must be provided in a rural county or census tract. The applicant's EIN number should verify it is a rural entity. To ascertain rural eligibility, please refer to: <http://datawarehouse.hrsa.gov/RuralAdvisor/> and enter the applicant organization's state and county. A network serving rural communities but whose applicant organization is not in a designated rural area will not be considered for funding under this announcement.

2) In addition to the several States, only the Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the Virgin Islands, American Samoa, Guam, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau may apply. If applicants are located outside the 50 states, they still have to meet the rural eligibility requirements.

Applicants may submit one of the following documents to prove non-profit status (not applicable to state and local government entities); the applicable documents must be included in

Attachment 6:

- A letter from the IRS stating the organization's tax-exempt status under Section 501(c)(3);
- A copy of a currently valid IRS Tax exemption certificate;
- Statement from a state taxing body, state attorney general or other appropriate state official certifying that the applicant organization has a nonprofit tax status and that none of the net earnings accrue to any private shareholders or individuals;
- A certified copy of the organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization; or
- If the applicant is an affiliate of a parent organization, a copy of the parent organization's IRS 501(c) (3) Group Exemption letter; and if owned by an urban parent a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.
- If the applicant organization is a city, county or state public entity this letter is not necessary and the applicant should identify themselves as such in **Attachment 6**.

b) **Network Requirements:** Applicants must meet the following requirements.

- 1) The network is composed of at least three members that are separate, existing health care providers entities which have their own EIN number. The applicant must be a non-profit in a rural area. But, the network members may be for-profit or non-profit and may be in a rural or urban area. Multiple health care providers owned by the same overarching entity or health system are not considered a separate entity. A formally established and incorporated (501(c) (3) network may apply on behalf of all network members.
- 2) The network organizational relationship is formal. A network organization is considered formal if the network has a signed Memorandum of Agreement or Memorandum of Understanding, or other formal collaborative agreement and signed and dated bylaws. Signed

Memorandum of Agreement or Memorandum of Understanding must be included in **Attachment 4**.

(c) Management Criteria:

The lead applicant 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; (2) Be responsible for hiring and managing the grant-funded staff; (3) Demonstrate the administrative and accounting capabilities to manage the grant funds; (4) Have at least one permanent staff at the time a grant award is made; and (5) Have an Employer Identification Number (EIN) from the Internal Revenue Service.

For the purposes of this grant, a rural health network consists of at least three organizations that are separately owned entities involved in a formal organizational arrangement, which is supported by signed and dated by-laws, and have collaborated on projects previously. If necessary, new members may be added to the network for this specific project. These entities can include, but are not limited to, hospitals, health care clinics, educational institutions, faith-based organizations, Federally-recognized tribal organizations, local government agencies, social service organizations, workforce investment boards, etc. The organization applying on behalf of the network must meet the eligibility requirements stated in Section III. Applicants may include profit-making organizations or organizations that are not located in a rural community in their networks; however, these profit-making organizations and non-rural organizations are not eligible to be the lead applicant. Additionally, the network should have a skilled and experienced staff as well as a highly functioning network board, and offer integrated products and services. Furthermore, it may engage in common resource planning and bring in revenue from diverse sources, thereby enabling it to build capital reserves and be financially self-sufficient.

2. Cost Sharing/Matching

Cost Sharing/Matching is not required for this program.

3. Other Eligibility Information

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

Current and former grantees of any ORHP community-based grant programs are eligible to apply if the proposed project is a new proposal (entirely new project) or an expansion or enhancement of the previous grant. The project should not supplant an existing program.

NOTE: Multiple applications from an organization are not allowable. An applicant may not be involved as a formal network member in different networks applying to this funding opportunity.

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://www.nosorh.org/regions/directory.php>. Applicants must include in **Attachment 13** a copy of the letter or email sent to the SORH, and any response to the letter that has been received, that was submitted to the SORH describing their project.

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

Applicants located in the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, the Territories of the Virgin Islands, Guam, American Samoa, the Compact Free Association Jurisdictions of the Republic of the Marshall Islands, the Republic of Palau, and the Federated States of Micronesia do not have a designated State Office of Rural Health. Therefore, applicants from these areas can request an email or letter confirming the contact from the National Organization of State Offices of Rural Health (NOSORH). The email address is: donnap@nosorh.org.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA *requires* applicants for this funding opportunity announcement to apply electronically through Grants.gov. Applicants must download the SF424 application package associated with this funding opportunity following the directions provided at Grants.gov.

2. Content and Form of Application Submission

Section 4 of HRSA's [SF-424 Application Guide](#) provides instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract. All applicants are responsible for reading and complying with the instructions included in HRSA's [SF-424 Application Guide](#) except where instructed in the funding opportunity announcement to do otherwise.

Application Page Limit

The total size of all uploaded files may not exceed the equivalent of 80 pages when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this FOA. Standard OMB-approved forms are NOT included in the page limit. **We strongly urge you to print your application to ensure it does not exceed the specified page limit.**

Applications must be complete, within the specified page limit, and submitted 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 Narrative

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

Use the following section headers for the Narrative:

- **INTRODUCTION** - *Corresponds to Section V's Review Criterion Need*
This section should briefly describe the purpose of the proposed project and the selected topical area of focus (please refer to the background section for detailed explanations of each topical area). It should be succinct, self-explanatory and well organized so that reviewers can understand the proposed project. **Please explicitly state the selected topical area(s) and activities of focus in this section.**
- **NEEDS ASSESSMENT** - *Corresponds to Section V's Review Criterion Need and Impact*
This section outlines the needs of your community and/or network. This section should help reviewers understand the rural community and/or entities that will be served by the proposed project. The following items must be addressed within the needs assessment.

(1) The applicant must provide evidence of the healthcare needs (those related to the specific topical area(s)) that the network proposes to address. The applicant must use appropriate data sources (e.g., local, State, Federal) in their analysis of the environment in which the network is functioning as follows:

- a. A description of the target population and its **unmet health needs and must** include the estimated size of the target population and the number of counties being addressed by the network project. If the selected topical area is focused specifically on the needs of the network members, describe how addressing the network member needs will directly correlate to the unmet health needs of the community. Compare local data to State and Federal data where possible to highlight the unique need of the local community or region.
- b. Appropriate **demographic data** should be used and cited to support the information provided, including the estimated number of people in the service area.
- c. Include a **map** that shows the location of network members, the geographic area that will be served by the network and any other information that will help reviewers visualize and understand the scope of the proposed activities. **Please be sure that any maps included will photo copy clearly in black and white, as this is what reviewers will see. Color maps will not be helpful for the reviewers.**

d. Identify Key challenges and barriers related to network functions as a whole and those related to the selected topical area.

(2) Applicant must describe **relevant services to the selected topical area currently available** in or near the service area of the network. The applicant should describe the potential impact of the network's activities on providers, programs, organizations and other network entities in the community. The applicant should identify gaps in existing service and activities that the network can perform to fill that gap.

(3) The applicant must demonstrate the need for federal funding to support RHND activities by describing the environment in which the network has developed and why federal funds are appropriate at this point in time.

(4) The applicant must demonstrate how and why there is a need for a network to collaboratively address a population or health need (as determined by the selected topical area) in a manner in which individual facilities would not be able to do on their own.

- *METHODOLOGY - Corresponds to Section V's Review Criterion Response*
Propose methods that the applicant will use to meet each of the previously described program requirements and expectations in this grant announcement, such as to:

(1) Define the specific goals and objectives of the network's proposed grant-funded activities. These goals and objectives should directly relate to the information presented in the Needs Assessment section.

(2) Explain the network's strategy for accomplishing the stated goals and objectives. The narrative should include a description of how the proposed grant-funded activities will specifically address the selected topical area(s). The narrative should include a description of how the proposed grant-funded activities will further the network's strategic plan and business plan.

(3) Describe the communication plan that will be used to communicate within the network. In addition, the applicant should describe the approach and frequency of network meetings. Please describe the medium used for network meetings and why the particular medium was chosen (i.e. If network meetings are virtual or face-to-face).

(4) Outline the collaboration of the network using the following factors (not to be confused with the criteria in section V),:

- a. Briefly illustrate the level of collaboration of network members in the network.
- b. Describe types of collaboration activities that will be funded through the RHND program.
- c. Explain how the anticipated outcomes related to the topical area(s) will be better met with a network approach.
- d. Describe any anticipated challenges to the collaboration activities described previously. Suggest solutions to the challenges described above.

(5) In this section, the applicant should demonstrate a cohesive plan for sustaining the impact of the network programs and services created with RHND funding. This preliminary sustainability plan should include how the network will document the value of network programs and services **and how the network plans to continue to work together once the project period ends.**

- a. Briefly describe a mechanism for assessing continued need for the programs and services provided to the network and to the community.
- b. Briefly explain how the network plans to disseminate information about the RHND Program to network members and their communities.
- c. Describe the anticipated plan to sustain and maintain activities and services created as a result of the RHND Program.
- d. The applicant should briefly describe plans for sustaining the network after grant funding ends.
- e. Describe how the networks will document the value of its programs and services.
- f. Describe how the network plans to acquire sustained financial commitment from its network members to support ongoing network activities.

Please include your preliminary sustainability plan in **Attachment 14**.

(7) Promising Practices/Evidence-Based Practices/Evidence Informed Practices: If portions of the proposed methodology to address a selected topical area(s) are based upon a project or program that has worked in another community or network, please describe that program or include an abstract of that practice in **Attachment 11**. If applicable, describe why the selected approach will succeed in your community, and what elements will be different in your community. (How will it be tailored?).

- **WORK PLAN - Corresponds to Section V's Review Criterion Response and Impact**
Describe the activities or steps that will be used to achieve each of the activities proposed in the methodology section. Use a time line that includes each activity and identifies responsible staff. The following should be addressed in this section:

- (1) The applicant describes a clear and coherent work plan that is aligned with the network's goals and objectives. To accomplish this, applicants are strongly encouraged to present a matrix that illustrates the network's goals, strategies, activities, and measurable process and outcome measures. The work plan must outline the **individual or organization responsible** for carrying out each activity and **include a timeline** for *all* three years of the grant. If an activity is a direct service activity, please explicitly write "**direct service activity**" next to the activity. Note: The direct service activities can account for no more than 30% of the grant budget. The direct service activities should not be the primary focus of the grant. The direct service component should be utilized by the network to enhance collaboration and/or

serve as a component for business planning or modeling. The work plan for the second and third year of the grant may be somewhat less detailed.

(2) Project Monitoring: The applicant describes measures to be implemented for assuring effective performance of the proposed grant-funded activities. The applicant describes on-going quality assurance/quality improvement strategies that will assist in the early identification and modification of ineffective efforts. For example, if one of the network's key strategies for reaching a network goal turns out to be ineffective, the applicant describes the measures in place to identify and address this situation.

▪ *RESOLUTION OF CHALLENGES - Corresponds to Section V's Review Criterion Response*

(1) Describe challenges likely to be encountered in designing and implementing the activities described in the Work Plan. Include approaches that will be used to resolve identified challenges.

▪ *EVALUATION AND TECHNICAL SUPPORT CAPACITY - Corresponds to Section V's Review Criterion Evaluation Measures*

(1) Provide an "outcomes approach" **logic model** that clearly illustrates the inputs, activities, outputs, short-term and long-term outcomes, and the impact of the proposed RHND activities and clearly provides a basis for the work plan. Illustrate a logical flow and how it relates to customers (people served), network members, and the community at all social-ecological levels (intrapersonal/individual, interpersonal, organizational/institutional, community, and public policy). Include the following information:

- a. Inputs and resources utilized to implement the proposed activity to address the selected topical area(s).
- b. Outputs, outcomes, and impacts as related to the selected topical area(s) into rural communities.
- c. Provides a narrative explaining the logic model (i.e. presumed effects of the RHND Program).

Include the project's Logic Model in **Attachment 7**. Additional information on developing logic models can be found at the following website: <http://www.wkkf.org/knowledge-center/resources/2006/02/WK-Kellogg-Foundation-Logic-Model-Development-Guide.aspx> .

(**Note:** Although there are similarities, a logic model is not a work plan. A logic model is overarching and provides a visual depiction of the program's presumed effects. An "outcomes approach" logic model attempts to logically connect program resources with desired results and is useful in designing effective evaluation and reporting strategies. 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> .)

Additional information on the social-ecological model framework can be found at the following websites:

- <http://www.cdc.gov/cancer/crcp/sem.htm>
- http://www.cdc.gov/chronicdisease/pdf/community_health_promotion_expert_panel_report.pdf
- <http://heb.sagepub.com/content/15/4/351.full.pdf+html>

In this section, the applicant describes how progress toward meeting grant-funded goals will be tracked, measured, and evaluated. The applicant explains any assumptions made in developing the project matrix/work plan and discusses the anticipated outputs and outcomes of grant-funded activities. Both outcome and process measures may be used to assess the progress of efforts. A preliminary evaluation plan should be included in **Attachment 12**. Below are additional resources that may assist in the development of an evaluation plan:

- CDC Program Evaluation Resources
<http://www.cdc.gov/healthyouth/evaluation/resources.htm#4>
- Kellogg Foundation
<http://www.wkkf.org/knowledge-center/resources/2010/W-K-Kellogg-Foundation-Evaluation-Handbook.aspx>

The applicant describes the process by which data/information for these measures will be collected and analyzed, including an approach for evaluating the network's progress in relation to its proposed outputs and outcomes. The applicant describes the process they will use to create a robust evaluation plan. The applicant should provide details about the proposed approach for conducting an evaluation.

NOTE: ORHP will create specific performance measures that grantees will be required to report within the Performance Improvement System (PIMS) located in HRSA's Electronic Handbook (EHB). This data helps HRSA to determine the larger impact of its Rural Health Programs and in particular, will help determine the impact of the Rural Health Network Development Program. Performance measures can be process or outcome measures that allow grantees to track their progress toward meeting stated objectives. Grantees will be expected to track their performance over the life of their grant. Once these measures are finalized by ORHP, all RHND Program grantees will be required to use a subset of the approved measures, and to provide data on these measures annually for continued funding.

The applicant should identify baseline measures associated with the selected topical area(s), that will be tracked throughout the duration of the grant. The baseline measures must align with the goals and objectives of the proposed project. It is expected that grantees will be able to articulate the outcomes of their project by utilizing these baseline measures.

▪ **ORGANIZATIONAL INFORMATION**

- (1) The applicant must describe “the history of collaborative activities carried out by the participants in the network.” This section identifies and describes each of the network members and should include each partner’s organization name, address, primary contact person, and current role in the community/region. A table may be used to present this information, if helpful, and included with **Attachment 5**. (NOTE: List the network member(s) that is actively involved and their role in their organization, not the CEO/CFO of the organization if they do not regularly attend network meetings or actively participate in the network.) If a network is the applicant, the applicant makes clear that the network is comprised of at least three separate organizations; OR if there is no separate network entity, that the applicant is applying on behalf of at least three separate organizations. Please provide an EIN number for each organization.
- a. If applicable, the applicant may supply letters of support from informal network partner organizations that are not official members of the network, but may play a role in the implementation of the proposed grant project. Letters of Support should be uploaded in **and Attachment 10**.
- b. If partner organizations are participating in the implementation of the proposed grant project, applicant should explain the reasoning for their selection and what they will contribute to the network and the selected grant project.
- (2) Outline the roles and responsibilities, within the network, of each network member while addressing capacity to carry out program goals.
- a. Explain why each of the network members are meaningful collaborators, what expertise they bring to the network, and, if relevant, note why other key groups were not included.
- b. The applicant describes how the members all contribute to meeting the program requirements and expectations.
- c. Briefly describe the personnel and financial policies and procedures in place to run the network.
- d. Explain the benefits and risks members and partners may experience through participation in the network.
- (3) The applicant describes the extent of prior collaboration among network members that demonstrates an ability to accomplish set goals. Describe challenges that the network members overcame to accomplish previous objectives. If the applicant received ORHP funding in the past, please include an abstract of the prior project in **Attachment 9**.
- (4) Provide a brief overview of the applicant organization that includes information such as the mission and vision, structure (include in **Attachment 5**), and current primary activities.
- (5) Provide a one page organizational chart of the **network** that depicts the relationship between the network members and includes the network governing board. If a network

member is serving as the lead applicant on behalf of the network, they must **also** include a one page organizational chart of the **lead applicant organization**. The organizational chart(s) should be uploaded as **Attachment 5**.

- (6) Describe the governance structure for the network that demonstrates there is effective, collaborative, independent network-driven leadership in place. Applicants *must demonstrate* that the governing body, rather than an individual network member, will make financial and programmatic decisions. (Note: An already-existing non-profit board of individuals convened for providing oversight to a single organization is not an appropriate board structure. The network's board must be primarily made up of representatives of the organizations participating in the network to ensure they control decisions regarding network activities and budget. The governing body's relationship to the network must be depicted within **Attachment 5**.) In addition, describe how and why the governing body members were selected.
- (7) Describe the income sources to finance operations of the network (i.e. member dues, sales of network services, etc.).
- (8) Describe a challenge or situation by which the network has previously demonstrated ability to adapt to changing situations.
- (9) State whether the applicant has a network leader in place, or an interim director. If the network has an interim director, discuss the process and timeline for hiring a full-time director (i.e. the number of known candidates, the projected starting date for the position of full-time director, etc.). If the network director role has historically not been 1.0 FTE, please explain 1) why this has occurred, 2) the other staffing provisions, if any, and 3) how the director is able to fulfill the network leader responsibilities.
 - a. Briefly discuss how the network director's role contributes to successfully achieving the goals in the selected topical area for the RHND project.
 - b. Briefly describe how the network director has demonstrated abilities in facilitation, collaborative management, conflict resolution and planning.
 - c. Briefly describe the process for evaluating the network director.
- (10) The network must have a Memorandum of Agreement or Memorandum of Understanding (MOA/MOU), signed and dated by all network members. The MOA/MOU should prove the formality of the network as described in the eligibility section. The MOA/MOU should reflect the mutual commitment of all members. The document must provide the following information: the general purpose of the network; operating principles, membership, officers and terms, committees, staff and resources, frequency of meetings; and endorsements of members. Unless you are submitting a paper application, please obtain electronic signatures whenever possible to verify commitment. Include the MOA/MOU and LOC in **Attachment 4**. **Note: The original signed and dated MOA/MOU should be kept by the applicant organization. If the application is funded, the signed original will be required for submission to ORHP within 30 days of award.** Any additional evidence, such as by-laws and letters of

incorporation may be included in **Attachment 4** or referenced and made available upon request if awarded.

- (11) The applicant describes a clear coherent plan for staffing detailing requirements necessary to run the network and the RHND program. A staffing plan is required in Resumes/Biographies in **Attachment 2** and **Attachment 3**. Specifically, the following should be addressed:
- a. The number and types of staff, qualification levels, and FTE equivalents.
 - b. The information necessary to illustrate both the capabilities (current experience, skills, knowledge, experience with previous work of a similar nature, and materials published) of key staff already identified and the requirements that the applicant has established to fill other key positions if the grant is received.
 - c. Staffing needs should have a direct link to the activities proposed in the project narrative and budget portion of the application.

ii. Attachments

Please provide the following items in the order specified below to complete the content of the application. Please note that these are supplementary in nature, and are not intended to be a continuation of the project narrative. Unless otherwise noted, attachments count toward the application page limit. **Each attachment must be clearly labeled.**

Attachment 1: Work Plan

Attach the Work Plan for the project that includes all information detailed in Section IV. i. Project Narrative. The Work Plan should be presented in a matrix that illustrates the network's goals, strategies, activities, and measurable process and outcome measures. The work plan must outline the individual or organization responsible for carrying out each activity and include a timeline for all three years of the grant.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see section 4.1. of the HRSA's SF-424 Application Guide)

Provide a staffing plan that discusses the staffing requirements necessary to run the network and specifically to accomplish the proposed activities to address the selected topical area(s). Staffing needs should be explained, and should have a direct link to activities proposed in the project narrative and budget portion of your application. Provide the job descriptions for key personnel listed in the application. Keep each 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.

Attachment 3: Biographical Sketches of Key Personnel and Job Descriptions

Include biographical sketches for persons 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 is not yet hired, please include a letter of commitment from that person with the biographical sketch. If there is a key position without an identified individual, please include a detailed job description.

Attachment 4: Network Memorandum of Agreement/Understanding

The network must have a Memorandum of Agreement or Memorandum of Understanding (MOA/MOU) signed and dated by all network members, that reflects the mutual commitment of the members. Note: The original signed and dated MOA/MOU should be kept by the applicant organization. If the application is funded, the signed original will be required for submission to ORHP within 30 days of award. Any additional evidence, such as by-laws and letters of incorporation may be included in Attachment 4 as well. Refer to Section III. 1(b) Network Requirements for more information.

Attachment 5: Organizational Chart

Provide a one page organizational chart of the network that depicts the relationship between the network members and includes the network governing board. The organizational chart of the network should contain the EIN number of each organization depicted in chart. If a network member is serving as the lead applicant on behalf of the network, they must also include a one page organizational chart of the lead applicant organization. Refer to Section III. 1(b) Network Requirements for more information.

Attachment 6: Proof of Nonprofit Status

The applicant must include a letter from the IRS or eligible State entity that provides documentation of profit status. 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. Refer to Section III-1 for more information.

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. Refer to Section IV. i. Project Narrative for more information.

Attachment 8: Request for Funding Preference or Priority, if applicable

To receive a funding preference, include a statement that the applicant is eligible for a funding preference and identify the preference. Include documentation of this qualification. An example of the request would be: the network service areas included in the application are considered HPSAs or the applicant is a CHC. An example of the proof of designation would be a printout or screenshot that displays the HPSA designation and score to cite their HPSA score, etc, if applicable. The printout or screenshot of the HPSA designation can be found at <http://hpsafind.hrsa.gov/>.

Attachment 9: Office of Rural Health Policy Funding History Information

Current and former grantees of any ORHP community-based grant programs are eligible to apply if the proposed project is a new proposal (entirely new project) or an expansion or enhancement of the previous grant. The proposal should differ from the previous projects by expanding the service area of the project, serve a new population, provide a new service or expand the scope of the previous grant activities. Current and former grantees of any ORHP community-based grant programs grant programs who apply must include: dates of any prior award(s) received; grant number assigned to the previous project(s); a copy of the abstract or project summary that was submitted with the previously awarded grant application(s); and description of the role of the applicant and/or consortium member in the previous grant.

Attachments 10: Letters of Support, if applicable

Applicant should supply letters of support from informal network partner organizations that are not official members of the network, but may play a role in the implementation of the proposed grant project.

Attachment 11: Evidence-Based Practice/Promising Practice Abstract, if applicable

If portions of the proposed methodology to address a selected topical area(s) are based upon a project or program that has worked in another community or network, include an abstract of that practice in Attachment 11.

Attachment 12: Preliminary Evaluation Plan

Applicants are required to submit a preliminary evaluation plan. An evaluation 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. NOTE: A more robust detailed evaluation plan will be required by grantees 6 months after the grant is received.

Attachment 13: 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 their intent to apply. The SORH can often provide technical assistance to applicants. Applicants should request an email or letter confirming the contact. State Offices of Rural Health also may or may not, at their own discretion, offer to write a letter of support for the project. Please include a copy of the letter or confirmation of contact in Attachment 13. In the case that you do not receive a response from the SORH, submit a copy of your request for consultation to the SORH as Attachment 13.

Attachments 14: Preliminary Sustainability Plan

Applicants are required to submit a preliminary sustainability plan that demonstrates a cohesive plan for sustaining the impact of the network programs and services created with RHND funding. Refer to Section IV. i. Project Narrative for more information.

Attachments 15: Other documents, as necessary

Please include any other documents (not provided for elsewhere in this Table of Contents) that you chose to submit, as necessary. Be sure each additional attachment is clearly labeled. Other documents should be uploaded as consecutive Attachments.

3. Submission Dates and Times

Application Due Date

The due date for applications under this funding opportunity announcement is *December 6, 2013, at 11:59 P.M. Eastern Time.*

4. Intergovernmental Review

Rural Health Network Development Program is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

5. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to 3 years, at no more than \$300,000 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:

No more than 40 percent of the Federal share for each budget period may be spent on equipment. In order to purchase equipment, applicants must provide a strong justification that is directly related to the purpose, goals, and activities of the Rural Health Network Development Program and receive prior approval.

No more than 30 percent of the Federal share for each budget period may be spent to pay for direct provision of clinical health care services. The direct health care service must directly relate to the purpose, goals and activities of the Rural Health Network Development Program.

Grant funds may not be spent, either directly or through contract, to pay for the purchase, construction, major renovation or improvement of facilities or real property.

Grant funds may not be used to purchase vehicles.

Grant funds shall not be used to take the place of current funding for activities described in the application. The grantee must agree to maintain non-Federal funding for grant activities at a level that is not less than expenditures for such activities during the fiscal year prior to receiving the grant.

The General Provisions in Division F, Title V of the Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011 apply to this program. Please see Section 4.1 of HRSA's *SF-424 Application Guide* for additional information.

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

V. Application Review Information

1. Review Criteria

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

specific detail and scoring points Review Criteria are used to review and rank applications. The *Rural Health Network Development Program* has 6 review criteria:

Criterion 1: NEED (15 points) – Corresponds to Section IV’s Introduction and Needs Assessment

The extent to which the application demonstrates need and associated contributing factors in the following areas.

- (1) The extent to which the relationship is clear and logical between the challenges impacting the network’s rural community(ies) and the need for the selected topical area(s) for the RHND Program.
- (2) The demographic and network environmental data submitted by the applicant indicates the need for the selected topical area(s) identified as a part of the RHND program.
- (3) The degree to which the applicant provides quantifiable information on the lack of existing services and/or programs from the RHND topical area(s) in the applicant’s community/region. Extent to which the applicant clearly demonstrates the nature of geographical services area, including network membership and existing programs/services related to the selected topical area(s). Manner in which applicant will meaningfully contribute to fill gaps in existing services related to the selected topical area(s).
- (4) The applicant displays an appropriate use of data sources (e.g., local, State, Federal) in their analysis of the environment, health care and network needs, in which the network is functioning and degree to which this evidence substantiates the need for the network and the services/programs identified from the selected topical area(s).
- (5) The extent to which the applicant explains the need for federal funding to support network activities by describing the environment in which the network has developed and why federal funds are appropriate at this point in time.
- (6) The extent to which key challenges and barriers to network functions and implementation of the programs/activities to support the selected topical area(s) identified.
- (7) The quality with which the applicant demonstrates how their network will be able to collaboratively address the identified population and health needs in a manner in which individual facilities would not be able to on their own.

Criterion 2: RESPONSE (20 points) – Corresponds to Section IV’s Methodology, Work Plan and Resolution of Challenges

The extent to which the application responds to the “Needs Assessment” section and devises a Work Plan to address the network and its selected topical area(s) program goals, objectives and, solutions to potential challenges.

- (1) The extent to which the applicant defines the specific goals and objectives of the network’s proposed grant-funded activities and their direct relation to the information presented in the Needs Assessment section.

- (2) The extent to which the network's proposed strategy for accomplishing the stated goals and objectives will specifically address the selected topical area(s) and address the network's strategic and business priorities.
- (3) The extent to which the network explains the external and internal network communication plan and how effective the network meeting strategy will be in achieving the stated RHND program goals.
- (4) The extent to which the applicant describes the network level of collaboration, challenges associated with the collaboration activities and how appropriate the level of collaboration is to achieve the stated RHND program goals in relation to the selected topical area(s).
- (5) The extent to which the applicant demonstrates a cohesive plan for sustaining the impact of the network programs and services created with RHND funding, including how the network will document the value of network programs and services.
 - a. Extent to which applicant has developed a mechanism for periodic/ongoing planning and assessment of member and provider needs regarding the selected topical area(s).
 - b. Appropriateness and level of detail in the network's plans:
 - i. To sustain activities created to address the selected topical area(s);
 - ii. To build financial reserves, e.g., acquiring funds to meet both long- term operational and capital needs, by identifying alternative sources of network revenue, including an approach for diversifying sources of network revenue; and
 - iii. To acquire sustained financial commitment from its network members to support ongoing network activities.
- (6) Degree to which the application includes a clear and coherent work plan aligned with the network's annual goals, objectives, and strategies. Appropriateness of the work plan in identifying responsible individual(s) and organization(s) and a timeline for each activity. Appropriateness of associated process and outcome measures for each activity and respective goal.
- (7) Degree to which the applicant's Work Plan displays an adequate timeline to accomplish set program deliverables and proposed grant-funded activities.
- (8) Extent to which applicant's goals and objectives are clear, concise and appropriate for the network's proposed grant-funded activities. Degree to which these goals and objectives directly relate to the information presented in the Needs Assessment section.
- (9) Appropriateness of the network's strategy for accomplishing the stated goals and objectives.
- (10) Extent to which the applicant demonstrates how the network will monitor their project. Presence and appropriateness of specific measures to use for assuring effective performance of the proposed grant-funded activities and on-going quality assurance/quality improvement strategies that will assist in the early identification and modification of ineffective efforts.

- (11) Extent to which the application demonstrates a comprehensive understanding of potential challenges likely to be encountered in designing and implementing the activities described in the Work Plan. Appropriateness of proposed approaches to resolve the identified potential challenges.
- (12) Degree to which the application presents a clear and cohesive plan for how network activities will be communicated and, to the extent that it is appropriate and integrated into the individual network members' organizational activities?

Criterion 3: EVALUATIVE MEASURES (15 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity

The extent to which the proposed evaluation plan is thorough and linked to the Work Plan, logic model, and identified goals, objectives and process and outcome measures.

- (1) Degree to which the logic model strengthens the work plan as evidenced by the inputs, activities, outputs, short-term and long-term outcomes, and the impact of the project in Attachment 7. Logic model presents a rational flow that emphasizes a correlation between program components for students, network members, and the community at all social-ecological levels (intrapersonal/individual, interpersonal, organizational/institutional, community, and public policy).
- (2) Strength of evidence that progress towards meeting grant-funded goals will be tracked, measured, and evaluated. Feasibility and effectiveness of the identified outcome and process measures for assessing the progress of efforts.
- (3) Effectiveness of the process for collecting and analyzing data/information for evaluation measures and the approach for evaluating the network's progress in relation to proposed outputs and outcomes.
- (4) Effectiveness of the proposed method to create a robust evaluation. The strength of the preliminary evaluation plan included in **Attachment 12** in regards to the needs assessment, program goals, work plan, and sustainability.

Criterion 4: IMPACT (10 points) – Corresponds to Section IV's Needs Assessment, Work Plan and Organizational Information

The extent to which the potential impact that the network and its proposed approach to address the selected topical area(s) (discussed in the applicant's Work Plan and logic model) are feasible and effective and will affect the network members and the community served. The extent to which the applicant will disseminate the information regionally or nationally, including efforts by grassroots, faith-based or community-based organizations. Degree to which project activities are replicable and sustainable beyond Federal funding.

- (1) Clarity with which the application identifies how the local community or region to be served will benefit from the network as a result of the chosen approach to address the selected topical area(s) and the integration and coordination of activities carried out by the network, (e.g., will strengthen the viability of key providers, will help local providers achieve meaningful use objectives, etc.). And the degree of incorporation of community engagement strategies regarding the network.

- (2) Extent to which the applicant's program will impact a large rural service area and many rural health care providers.
- (3) Appropriateness and diversity of the applicant-specified groups to share information regarding the network's activity.

Criterion 5: RESOURCES/CAPABILITIES (30 points) – Corresponds to Section IV's Organizational Information

The extent to which the applicant describes current experience, skills, and knowledge of the network and network staff. The extent to which the current experience, skills, and knowledge of the network and network staff enable the applicant to fulfill the Rural Health Network Development Grant Program requirements and meet expectations. Please refer to **Attachments 1 – 5, and 8** for additional information.

- (1) Degree of collective strength of the network as evidenced by the extent to which each network member is identified and respective current roles are described. The applicant identifies and describes each of the network members and includes each partner's organization name, address, primary contact person, and current role in the community/region.
- (2) Extent by which prior collaborative history among network members corresponds with the proposed RHND program activities. Degree to which network members overcame challenges to accomplish previous objectives. Evidence that the network is highly functioning in its prior collaboration. Extent of the network's ability to immediately begin addressing the selected topical area(s) (refer to **Attachment 9**).
- (3) Strength of the relationship between the network and the community/region it serves. Degree to which the network is capable of partnering with appropriate organizations in the community to fulfill the goals of the network.
- (4) Extent to which the application demonstrates a strong and feasible staffing plan that incorporates requirements necessary to run the network and the proposed activities to address the selected topical area(s). The staffing plan and resumes establish and appropriately specifies:
 - a. The number and types of staff, qualification levels, and FTE equivalent;
 - b. The capabilities (current experience, skills, knowledge, experience with previous work of a similar nature, and materials published) of key staff already identified and the requirements that the applicant has established to fill other key positions if the grant is received; and
 - c. Staffing needs in relation to the activities proposed in the project narrative and budget portion of the application.
- (5) Extent of the applicant organization's and network's mission, structure, and current primary activities.

- (6) Extent to which network activities align with the network's mission and vision.
- (7) Extent to which evidence as to why each of the network members are appropriate collaborators and thorough indication of the expertise each member brings to the network. Appropriate rationale for excluding other key groups from the network and, if so, a reasonable justification.
- (8) Clarity of the roles and responsibilities, within the network, of each network member and evidence for a strong relationship between the applicant and the other network members.
- (9) Effectiveness of the governance structure for the network and the presence of an independent network-driven leadership in place. Clear demonstration that the governing body, rather than an individual network member, will make financial and programmatic decisions. Strength of the evidence that providers of care are or will be represented on the governing body. (Note: An already-existing non-profit board of individuals convened for providing oversight to a single organization is not an appropriate board structure. The network's board must be primarily made up of representatives of the organizations participating in the network to ensure they control decisions regarding network activities and budget.)
- (10) Extent to which the organizational chart(s) demonstrates a clear and distinct relationship between the network member organizations and provides evidence of a network governing board.
- (11) Qualifications of the network director in place or interim director. The application appropriately specifies that:
 - a. If the network has an interim director, the feasibility and timeliness for hiring a full-time director (i.e., the number of known candidates, the projected starting date for the position of full-time director, etc.).
 - b. If the network director role historically has not been 1.0 FTE, the applicant effectively explains 1) why, 2) what the other staffing provisions are, if any, and 3) how the director is able to fulfill the network leader responsibilities.
 - c. The network director's role in contributing to the success of the network.
- (12) The extent to which the network members demonstrate the strength of its network members' mutual commitment via bylaws and/or a Memorandum of Agreement or Memorandum of Understanding (MOA/MOU). The application appropriately specifies the following regarding the MOA/MOU:
 - a. If the network is signed and dated by all network members, and sufficient evidence of a strong mutual commitment from all network members (refer to **Attachment 4**).

- b. If the network displays evidence that all organizations will contribute to the ability of the network to conduct the program requirements and meet program expectations.

Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Budget

To the extent that the proposed budget in relation to the objectives, the complexity of the activities and the anticipated results is reasonable for each year.

- (1) Inclusion, clarity, and appropriateness of an itemized budget table or spreadsheet for each year of requested funding?
- (2) Extent to which the budget narrative abides by the funding restrictions described in Section V.
- (3) Extent to which the budget narrative (bullet points are acceptable), which the applicant will attach, provides a detailed justification for each item presented in the budget tables?
- (4) Degree to which 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.
- (5) Inclusion and appropriateness of the estimated costs to the government, outlined in the budget, for proposed grant-funded activities.

2. Review and Selection Process

Please see section 5.3 of the HRSA's *SF-424 Application Guide*.
<http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf>

Funding Preferences -

The authorizing legislation 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 law provides that a funding preference be granted to any eligible applicant that meets the criteria for the preference as follows:

Qualification 1: Health Professional Shortage Area (HPSA)

An applicant can request 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 an address is a HPSA: <http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.asp>.

Qualification 2: Medically Underserved Community/Populations (MUC/MUPs)

An applicant can request 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 an address is located in a MUC or serves an MUP:

<http://datawarehouse.hrsa.gov/geoadvisor/ShortageDesignationAdvisor.aspx>

If requested, documentation of funding preference and proof of designation/eligibility must be placed in **Attachment 8**. (Please indicate heading as “Proof of Funding Preference Designation/Eligibility”.)

An example of a request: “We are requesting a funding preference because the network service areas included in the application are considered primary care and mental HPSAs or the applicant is a CHC.”

3. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of May 1, 2014.

VI. Award Administration Information

1. Award Notices

The Notice of Award will be sent prior to the start date of May 1, 2014. 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 awardee must submit a progress report to HRSA on an **annual** basis. Further information will be provided in the award notice.

2) **Other required reports and/or products**.

- a. **Performance Measures**. A performance measures report is required after the end of each budget period in the Performance Improvement Measurement System (PIMS). Upon award, grantees will be notified of specific performance measures required for reporting.
- b. **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 grantee achieved the mission, goal and strategies outlined in the program; grantee objectives and accomplishments; barriers encountered; and responses to summary questions regarding the grantee’s overall experiences over the entire project period. The final report must be submitted on-line by awardees in the Electronic Handbooks system

at <https://grants.hrsa.gov/webexternal/home.asp>. Further information will be provided upon receipt of reward.

- c. **Strategic Plan.** Awardees will be required to submit a Five-Year Strategic Plan by month 12 of the first year of their grant period. This strategic plan will provide guidance for program development throughout the grant period and beyond. Further information will be provided upon receipt of the award.
- d. **Evaluation Plan.** Awardees will be required to submit a robust evaluation plan that will be used to evaluate the effectiveness of the network and program activities by month six of the first year of their grant period. Further information will be provided upon receipt of the award.
- e. **Business Model and Funding Plan.** Awardees will be required to define a business approach and document proposed RHND activities that illustrate how income will be generated for the pilot direct service activities by month nine of the second year of their grant period. Further information will be provided upon receipt of the award.
- f. **Final Sustainability Plan.** As part of receiving the grant, awardees are required to submit a final Sustainability Plan by month three of the third year of their grant period. This sustainability plan will be different and more robust in comparison to the plan submitted with the original application. Further information will be provided upon receipt of the award.
- g. **Final Evaluation Report.** Awardees are required to submit a final Program Evaluation Report three months after the end of their project period that will show, explain and discuss the results and outcomes of the project. Further information will be provided in the award notice.

VII. Agency Contacts

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

Attn.: Josephine Lyght, Grants Management Specialist
HRSA Division of Grants Management Operations, OFAM
Parklawn Building, Room 11-03
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-3569
Fax:(301) 443-6363
Email: JLyght@hrsa.gov

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

Leticia Manning

Public Health Analyst
Attn: Rural Health Network Development Program
Federal Office of Rural Health Policy, HRSA
Parklawn Building, Room 5A-05
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-8335
Fax: (301) 443-2803
Email: LManning@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: <http://grants.gov/iportal>

VIII. Other Information

1. Technical Assistance Conference Call

The Office of Rural Health Policy will hold a technical assistance webinar on **Thursday, October 31, 2013 at 2:00 PM Eastern Time** to assist applicants in preparing their applications. The Adobe Connect webinar and call-in information is as follows:

Meeting Name: **Rural Health Network Development Program**
To join the meeting as a guest: <https://hrsa.connectsolutions.com/ruralhealthnetwork/>
Toll-free call in number: **1-888-946-3811**
Participant Passcode for call in number: **Network**

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 **December 1, 2013**. The phone number to hear the recorded call is **866-463-4105, Passcode, 5246**.

The Technical Assistance call is open to the general public. The purpose of the call is to go over the grant guidance, 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 that anyone who is interested in applying for the Rural Health Network Development Program plan to listen to the call. It is most useful to the applicants when the grant guidance is easily accessible during the call and if questions are written down ahead of time for easy reference.

3. Logic Models

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

Below are resources on logic models:

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

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

4. Helpful Websites

Rural Eligibility List: <http://ruralhealth.hrsa.gov/funding/eligibilitytestv2.asp> or <ftp://ftp.hrsa.gov/ruralhealth/Eligibility2005.pdf>

State Office of Rural Health (SORH) List: <http://ruralhealth.hrsa.gov/funding/50sorh.htm>

Office of Rural Health Policy: <http://ruralhealth.hrsa.gov>

Rural Assistance Center (RAC): <http://www.raconline.org>

Hospital Strength Index: <http://www.hospitalstrengthindex.com/hospital-ratings/>

Hospital Compare: <http://www.medicare.gov/hospitalcompare/?AspxAutoDetectCookieSupport=1>

HealthCare.gov: <http://www.healthcare.gov/>

County Health Rankings & Road Maps: <http://www.countyhealthrankings.org/>

HRSA in Your State: <http://datawarehouse.hrsa.gov/FactSheetNavState.aspx>

SAMHSA’s National Registry of Evidence-based Programs and Practices: <http://www.nrepp.samhsa.gov/>

National Rural Health Resource Center: www.ruralcenter.org

SAMHSA-HRSA Center for Integrated Health Solutions: www.integration.samhsa.gov

Center for Medicare & Medicaid Innovation: www.innovations.cms.gov

Centers for Medicare & Medicaid Services: www.cms.gov

Centers for Disease Control and Prevention: www.cdc.gov

Agency for Healthcare Research & Quality: www.ahrq.gov

5. Common Definitions

For the purpose of this guidance, the following terms are defined:

Budget Period: An interval of time into which the project period is divided for budgetary and reporting purposes.

Formative: A formative network is in the start-up phase of becoming organized and typically has been in operation for less than two years. Usually the impetus for organizations to form a network is to address a particular problem faced within a community. A formative network typically focuses on systems analysis, understanding the needs of potential network partners, program and strategic planning, formalizing relationships among the network participants, and developing a strategic plan including performance measures and financial sustainability strategies.

Evolving: An evolving network typically has worked together for at least two or three years, may have begun to develop shared services, or developed joint community-based initiatives, and may have begun to integrate functions such as joint purchasing, information systems and shared staffing.

Mature: A mature network typically has been in existence for more than five years, has skilled and experienced staff as well as a highly functioning network board, and offers integrated products and services. It may engage in common resource planning and bring in revenue from diverse sources, thereby enabling it to build capital reserves and be financially self-sufficient.

Evidence-Based Practice: Evidence-based practices are approaches to prevention or treatment that are validated by some form of documented scientific evidence. Scientific evidence includes findings established through controlled clinical studies, research and other methods of establishing evidence.

Evidence-Informed Practice: Evidence-informed practice is the best available research and practice knowledge to guide program design and implementation. This informed practice allows for innovation while incorporating the lessons learned from the existing research literature.

Equipment: Durable items that cost over \$5,000 per unit and have a life expectancy of at least 1 year.

Health Care Provider: Health care providers are defined as: hospitals, public health agencies, home health providers, mental health centers, substance abuse service providers, rural health clinics, primary care providers, oral health providers, social service agencies, health profession schools, local school districts, emergency services providers, community and migrant health

centers, federally qualified health centers, Tribal health programs, churches and civic organizations that are/will be providing health related services.

Horizontal Network: A network composed of the same type of health care providers.

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

Medically Underserved Area (MUA): Refers to an area in which residents have a shortage of personal health services. A MUA may be a whole county, a group of contiguous counties, a group of county or civil divisions, or a group of urban census tracts.

Medically Underserved Populations (MUP): Refers to a group of persons who face economic, cultural or linguistic barriers to health care.

Memorandum of Agreement: The Memorandum of Agreement is a written document that must be signed by all network member CEOs or Board Chairs to signify their formal commitment as network members. An acceptable MOA must describe the network purpose and activities in general; member responsibilities in terms of financial contribution, participation, and voting; and membership benefits.

Nonprofit: Any entity that is a corporation or association of which no part of the net earnings may benefit private shareholders or individuals and is identified as nonprofit by the IRS.

Notice of Award: The legally binding document that serves as a notification to the recipient and others that a grant has been made contains or references all terms of the award and documents the obligation of Federal funds in the Health and Human Services accounting system.

Population Health: Population health is defined as the health outcomes of a group of individuals, including the distribution of such outcomes within the group. These groups are often geographic populations such as nations or communities, but can also be other groups such as employees, ethnic groups, disabled persons, prisoners, or any other defined group.

Project: All proposed activities specified in a grant application as approved for funding.

Project Period: The total time for which support of a discretionary project has been approved. A project period may consist of one or more budget periods. The total project period comprises the original project period and any extension periods.

Promising Practice: A promising practice has strong quantitative and qualitative data showing positive outcomes, but does not yet have enough research or replication to support generalizable positive public health outcomes.

Telehealth: The use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration.

Tribal Government: Includes all Federally recognized tribes and state recognized tribes.

Tribal Organization: Includes an entity authorized by a Tribal government or consortia of Tribal governments.

Vertical Network: A network composed of a variety of health care provider types, e.g., a hospital, rural health clinic and public health department.

IX. Tips for Writing a Strong Application

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