

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



Health Resources & Services Administration

Federal Office of Rural Health Policy
Community Based Division

Rural Health Network Development Program

Funding Opportunity Number: HRSA-20-025

Funding Opportunity Type: New

Assistance Listings (CFDA) Number: 93.912

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2020

Application Due Date: November 25, 2019

*Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!
HRSA will not approve deadline extensions for lack of registration.
Registration in all systems, including SAM.gov and Grants.gov,
may take up to 1 month to complete.*

Issuance Date: August 14, 2019

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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 (HRSA) is accepting applications for fiscal year (FY) 2020 Rural Health Network Development 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 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.

The FY 2020 President’s Budget does not request funding for this program. This notice is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds in a timely manner. You should note that this program may be cancelled prior to award.

Funding Opportunity Title:	Rural Health Network Development Program
Funding Opportunity Number:	HRSA-20-025
Due Date for Applications:	November 25, 2019
Anticipated Total Annual Available FY 2020 Funding:	\$13,800,000
Estimated Number and Type of Awards:	Up to 46 grants
Estimated Award Amount:	Up to \$300,000 per year subject to the availability of appropriated funds
Cost Sharing/Match Required:	No
Period of Performance:	July 1, 2020 through June 30, 2023 (3 years)
Eligible Applicants:	<p>To be eligible to receive an award under this subsection, an entity – (A) shall be a rural public or rural nonprofit private entity; (B) shall represent a network composed of participants – (i) that include 3 or more health care providers; and (ii) that may be nonprofit or for-profit entities; and (C) shall not previously have received an award under this subsection (other than an award for planning activities) for the same or a similar project.</p> <p>See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.</p>

Application Guide

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

Technical Assistance

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Thursday, October 3, 2019

Time: 2:30 - 4 p.m. E.T

Call-In Number: 1- 888-831-6080

Participant Code: 9895049

Weblink: <https://hrsa.connectsolutions.com/rhn-development/>

Playback Number: 1-800-234-4804

Passcode: 111419

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Rural Health Network Development (RHND) program. The purpose of this program is to support integrated rural health care networks that have combined the functions of the entities participating in the network, including skilled and experienced staff and a high functioning network board, in order to address the health care needs of the targeted rural community. Recipients will combine the functions of the entities participating in the network to address the following legislative aims: (i) achieve efficiencies; (ii) expand access, coordinate, and improve the quality of essential health care services; and (iii) strengthen the rural health care system as a whole.

The RHND Program encourages innovative solutions to local health care needs identified by local communities and supports rural communities in preparing for changes within the health care environment. Furthermore, the program creates an opportunity for rural health networks to collaboratively address the key priorities of the U.S. Department of Health and Human Services (HHS): mental health, substance use disorder, and value-based care.

The overarching goals for the RHND Program are to:

- Improve access and quality of health care in rural areas through sustainable health care programs created as a result of network collaboration;
- Prepare rural health networks for the transition to value-based payment and population health management;
- Demonstrate improved health outcomes and community impact;
- Promote the sustainability of rural health networks through the creation of diverse products and services;
- Utilize and/or adapt an evidence-based or promising practice model(s) in the delivery of health care services.

Broad network membership that includes traditional and non-traditional health care partners and have extensive collaborative experience with one another is essential for the transition to value-based care and is fundamental to improving population health. Delivery system reform over the upcoming years will strengthen this collaboration, as payment models for reimbursement will require participation and quality improvement across diverse clinical and community sectors influencing population health. Diverse network partners may include behavioral health organizations, critical access hospitals, rural health centers, community and social service organizations, and tribal organizations.

Networks applying to this program are encouraged to position themselves for this change while addressing the local health care need supported by the statutory charges (i, ii, and iii), outlined in the authorizing legislation.

2. Background

This program is authorized by Section 330A(f) of the Public Health Service (PHS) Act, as amended (42 U.S.C. 254c(f)). This authority directs the Federal Office of Rural Health Policy (FORHP) to support awards 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.

Rural areas face a range of challenges in the provision of health care services. They face limited economies of scale in rural communities, making it hard to offer and sustain new services. There are additional challenges of a limited clinical and workforce infrastructure and ongoing issues related to low patient volume and geographic isolation. Historically, rural providers have worked together to address these challenges by creating networks that foster collaboration and coordination and the potential to address the structural challenges inherent in rural health care delivery.

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. The RHND Program is designed to assist rural health care providers in acclimating to the evolving health care environment by addressing relevant health care needs identified by the rural community. It will also enable rural health networks to continue to be a locus of innovation and to maximize limited rural health resources in times of economic hardship and decreased access to health care services. Programs created through this funding are intended to be replicable in other rural communities.

II. Award Information

1. Type of Application and Award

Type of applications sought: New

HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA estimates approximately \$13,800,000 to be available annually to fund up to 46 recipients. The actual amount available will not be determined until enactment of the final FY 2020 federal appropriation. You may apply for a ceiling amount of up to \$300,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. The FY 2020 President's Budget does not request funding for this program. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds in a timely manner. The period of performance is July 1, 2020 through June 30, 2023 (3 years). Funding beyond the first year is subject to the availability of appropriated funds for Rural Health Network

Development in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

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

III. Eligibility Information

1. Eligible Applicants

Applicants for the Rural Health Network Development program must meet all of the eligibility requirements stated below.

A. Ownership and Geographic Requirements:

Applicants for the Rural Network Development Program must meet the ownership and geographic requirements provided 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 recipient of record and only that organization needs to meet the eligibility criteria.)

- i. The applicant organization must be a public or private nonprofit 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 determine rural eligibility of the applicant organization and the population served through this funding, please refer to: <https://data.hrsa.gov/tools/rural-health> to search by county or street address. The applicant organization's county name must be filled out on the SF-424 Box 8, Section d. address. If the applicant is eligible by census tract, the census tract number must also be included next to the county name. A network serving rural communities, but whose applicant organization is not in a designated rural area, will not be considered for funding under this notice.
- ii. In addition to the 50 U.S. states, only organizations in Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, the U.S. Virgin Islands, the Federated State of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau may apply. If you are located outside the 50 states, you must still meet the rural eligibility requirements.
- iii. Faith-based and community-based organizations are eligible to apply for these funds. Tribes and tribal organizations are eligible to apply for these funds. Eligible organizations include state, local, and tribal governments, institutions of higher education, other nonprofit organizations (including faith-based, community-based, and tribal organizations), and hospitals.
- iv. If the applicant is a nonprofit entity, one of the following documents must be included in **Attachment 5** to document nonprofit status (not applicable to state, local, and tribal government entities; tribal organizations, however, must provide one of the following):

- A letter from the IRS stating the organization's tax-exempt status under Section 501(c)(3) or 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 a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.
- v. If the applicant organization is a public entity, proof of nonprofit status is not necessary. The applicant organization must, however, identify themselves as a public entity and submit an official signed letter on city, county, state, or tribal government letterhead in **Attachment 5** (applicants may include supplemental information such as documentation of the law that created the organization or documentation showing that the state or a political subdivision of the state, controls the organization.) Tribal government entities should verify their federally-recognized status via the Bureau of Indian Affairs website: <http://www.bia.gov>.
- vi. Funding provided through this program must be used for programs that serve populations residing in HRSA designated rural areas. Please confirm that your service area and recipients of this award reside in a HRSA designated rural area by visiting: <https://data.hrsa.gov/tools/rural-health?tab=StateCounty>.
- vii. If your organization is owned by, or affiliated with, an urban entity or health care system, the rural component may still apply as long as the rural entity has its own Employer Identification Number (EIN) and can directly receive and administer the funds in the rural area. The rural entity must be responsible for the planning, program management, financial management and decision making for the project, and the urban parent organization must assure HRSA in writing that, for the award, they will exert no control over or demand collaboration with the rural entity. This letter must be included in **Attachment 6**.

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

any the state and/or federal prisoners, results in a total population of less than 50,000. Any data submitted that does not take the total core urbanized area population into consideration will not be eligible. For further information, please visit: <https://www.census.gov/programs-surveys/geography.html> Prisoners held in local jails cannot be removed from the core urbanized area population. This exception is only for the purpose of eligibility for FORHP award programs. To find out if you are eligible for a reclassification, please contact Steve Hirsch at 301-443-7322 or SHirsch@hrsa.gov. If eligible, you will be required to request the exception and present the data in **Attachment 14**. Eligibility will be verified by FORHP. Please contact HRSA with any questions or further clarification.

viii. Foreign entities are not eligible for this HRSA award.

B. Network Requirements

Applicants must meet the following network requirements:

- i. The network must be composed of at least three members that are separate, existing health care provider entities, which have their own EIN number. Health care provider entities include, but are not limited to: black lung clinics, hospitals, public health agencies, home health providers, mental health centers and providers, substance abuse service providers, rural health clinics, primary care providers, oral health providers, social service agencies, health profession schools, local school districts, emergency services providers, community health centers/federally qualified health centers, tribal health programs, churches, and civic organizations that are providing health care services.
- ii. The applicant organization must be a nonprofit in a HRSA designated rural area. Network members may be for-profit or nonprofit and may be in a rural or urban area. However, all services and activities conducted by the network and paid for through this funding must serve rural populations. Please verify rurality at <https://data.hrsa.gov/tools/rural-health?tab=StateCounty>. If necessary, new members may be added to the network for this specific project. 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.
- iii. **Tribal exception:** HRSA is aware that tribes and tribal governments may have an established infrastructure without separation of services recognized by filing for EINs. In case of tribes and tribal governments, only a single EIN located in a HRSA designated rural area is necessary for eligibility. Tribes and tribal entities under the same tribal governance must still meet the network criteria of three or more entities committed to the proposed approach, as evidenced by a signed letter of commitment that delineates the expertise, roles, responsibilities, and commitments of each consortium member.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

HRSA will consider any application that exceeds the ceiling amount non-responsive and will not consider it for funding under this notice.

HRSA will consider any application that fails to satisfy the deadline requirements referenced in [Section IV.4](#) non-responsive and will not consider it for funding under this notice.

NOTE: Multiple applications from an organization are not allowable.

If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates) an application is submitted more than once prior to the application due date, HRSA will only accept 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.

Current and former recipients of any FORHP community-based award programs are eligible to apply if the proposed project is a new proposal (entirely new project) or an expansion or enhancement of the previous award. The proposal should differ from the previous projects by expanding the service area of the project, serving a new population, providing a new service or expanding the scope of the previous award activities. In order to apply, if the applicant organization has a history of receiving funds under the Rural Health Network Development Planning award, they must propose a project that is different from what the previously funded project and have two (2) new network members. Applicants must submit abstracts from previous Rural Health Network Development Planning awards in **Attachment 7**.

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 <https://nosorh.org/nosorh-members/nosorh-members-browse-by-state/>. Applicants must include in **Attachment 12** a copy of the letter or email sent to the SORH describing their project and any response to the letter received.

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

Applicants located in the Commonwealth of Puerto Rico, the Northern Mariana 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 do not have a designated SORH. 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: donna@nosorh.org.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA **requires** you to apply electronically. HRSA encourages you to apply through [Grants.gov](http://www.grants.gov) using the SF-424 workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at <http://www.grants.gov/applicants/apply-for-grants.html>.

The NOFO is also known as “Instructions” on Grants.gov. You must provide your email address when reviewing or preparing the workspace application package in order to receive notifications including modifications and/or republications of the NOFO on Grants.gov before its closing date. Responding to an earlier version of a modified notice may result in a less competitive or ineligible application. *Please note you are ultimately responsible for reviewing the [For Applicants](#) page for all information relevant to desired opportunities.*

2. Content and Form of Application Submission

Section 4 of HRSA’s [SF-424 Application Guide](#) provides instructions for the budget, budget narrative, 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. You are responsible for reading and complying with the instructions included in HRSA’s [SF-424 Application Guide](#) except where instructed in the NOFO to do otherwise. You must submit the application in the English language and in the terms of U.S. dollars (45 CFR § 75.111(a)).

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

Application Page Limit

The total size of all uploaded files may not exceed the equivalent of **80** pages when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this NOFO. Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Indirect Cost Rate Agreement and proof of nonprofit status (if applicable) do not count 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 this notice.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- 1) You, on behalf of the applicant organization certify, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).
- 3) Where you are unable to attest to the statements in this certification, an explanation shall be included in **Attachment 15: Other Relevant Documents**.

See Section 4.1 viii of HRSA’s [SF-424 Application Guide](#) for additional information on all 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 narrative, staffing plan and personnel requirements, assurances, certifications, and abstract), include the following:

i. Project Abstract

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

Please provide a brief abstract with the following information:

ABSTRACT HEADING CONTENT
Applicant Organization Information Organization Name, Address, Facility/Entity Type and Website Address <i>(if applicable)</i>
Designated Project Director Information Project Director Name & Title, Contact Phone Numbers <i>(Voice, Fax)</i> and E-Mail Address
Rural Health Network Development Project: Project Title and Goal
ABSTRACT BODY CONTENT
Target Patient Population Brief description of the service area and target patient population the project proposes to serve and track.
Network Members <ul style="list-style-type: none"> ○ Brief description of the name and purpose of the network ○ Total number and facility/entity type of network members
Network Project Activities/Services Brief description of the proposed project activities and/or services provided through the network collaboration.
Expected Outcomes Brief description of the proposed project’s expected outcomes.

Funding Preference

If requesting a funding preference, ***please place request for funding preference at the bottom of the abstract.*** Applicants must explicitly request a qualifying funding preference and cite the qualification that is being met (see 42 U.S.C. 254c(h)(3)). HRSA highly recommends you include this language: “***Applicant’s organization name*** is requesting a funding preference based on ***qualification X. County Y is in a designated HPSA***” at the bottom of the abstract if requesting funding preference. If applicable, you need to provide supporting documentation in [Attachment 9: Funding Preference](#). Please refer to [Section V.2](#) for further information.

ii. Project Narrative

Your project narrative provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory, consistent with forms and attachments, and well organized so that reviewers can understand the proposed project.

When writing, please keep in mind the following network definitions and guidelines:

- i. A network organization is considered formal if the network has a signed Memorandum of Agreement (MOA), Memorandum of Understanding (MOU), or other formal collaborative agreements, including signed and dated by-laws. A signed MOA or MOU must be included in **Attachment 3**.
- ii. The network has a governing body that includes representation from all network member organizations and ensures that the governing body, rather than an individual network member, will make financial and programmatic decisions. An advisory board is not considered a governing body if it only provides advice. An already-existing nonprofit board of individuals convened for providing oversight to a single organization is not an appropriate board structure. You are required to depict the governing body’s relationship to the network within **Attachment 4**.
- iii. The network must have a permanent network director (i.e., network executive director) or have established an interim network director capable of overseeing the network’s administrative, fiscal, and business operations at the time of the application. Applicants should note that the network director role is different from the project director role

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

▪ **INTRODUCTION -- Corresponds to Section V's Review Criterion 1: NEED**

Briefly and clearly describe the purpose of the proposed activity and how it supports legislative aims i, ii, and iii (please refer to the *Purpose* section for a detailed explanation). A description of how the project will meet the healthcare needs of the rural underserved population in the local community or region to be served. Include a brief description of the activities/types of services to be provided, collaborating network members, expected program outcomes, and community impact. Where possible, you should explain how the proposed program and network collaboration will support population health management and value-based care. The *Introduction* should be succinct, self-explanatory and well organized so that reviewers can understand the proposed project.

Programs are encouraged to utilize evidence-based practices or models to promote successful program implementation. Models can be found at <https://www.ruralhealthinfo.org/project-examples/evidence-levels/evidence-based>.

▪ **NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion 1: NEED**

This section outlines the needs of the community and/or network. Help reviewers understand the rural community and/or entities served by the proposed project. Address the following items within the needs assessment.

- 1) Provide evidence of the health care need(s) related to the specific healthcare activity that the network proposes to address, including quantifiable data on the lack of existing services and/or programs within the targeted rural community. You must use appropriate data sources (e.g., local, state, federal) in their analysis of the environment in which the network project will be implemented, including:
 - a. A description of the target population includes the estimated size of the target population and the number of counties that will be served by the network project, as well as the unmet health needs of the population. If the selected topic area focuses specifically on the needs of the network members (e.g., establishing quality metrics, implementation of a health information technology program) then describe how addressing the network member needs will directly support 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. Provide information on socio-cultural determinants of health and health disparities affecting the target population. In addition, discuss how this program and network collaboration ameliorate the disparities identified
 - c. Include a map within the narrative that shows the location of network members, the rural geographic area served by the network, and any other information that will help reviewers visualize and understand the scope of the proposed activities.

- 2) You must describe relevant services already available in or near the area of program implementation. Describe the potential impact of the network's activities on providers, programs, organizations and other network and non-network entities in the community. Identify gaps in existing services and the activities that the network can perform to fill that gap.
- 3) You must demonstrate the need for federal funding by describing the environment in which the network has developed and why federal funds are appropriate at this point in time.
- 4) You must demonstrate how and why there is a need for a network collaboration to address the population health need (supported by the proposed health care activity) in a manner that individual facilities would not be able to do on their own.

▪ *METHODOLOGY -- Corresponds to Section V's Review Criterion 2: Response*

Propose methods that the applicant will use to meet each of the previously described program requirements and expectations in this funding notice, such as to:

- 1) Define the specific goals and objectives of the proposed network program and the activities that the network will conduct to achieve these goals and objectives. Explain the network's collaborative strategy to meet the goals and objectives. Goals and objectives should directly relate to the information presented in the *Needs Assessment* section and be aligned with the selected health care activity.
- 2) Discuss the network's communication plan and the communication tool that will be implemented to update members on work plan progress, evaluation data, and other network activities. Include the approach, frequency of meetings, and communication tools used by the network. Please describe the medium used to conduct network meetings and the justification for that choice (i.e., if network meetings are virtual or face-to-face).
- 3) Describe the methodology that will be in place to ensure progress on work plan activities and desired evaluation outcomes. Describe plans for routine progress monitoring and how network members will collectively decide upon new program strategies, if needed.
- 4) Outline the collaboration of the network using the following factors:
 - a. Briefly illustrate the level of collaboration of network members in the network.
 - b. Describe types of collaboration activities funded through the RHND program.
 - c. Explain how a network approach efficiently achieves the anticipated outcomes related to the topic.
 - d. Describe any anticipated challenges to the collaboration activities described previously. Suggest solutions to the challenges described above.

- 5) Describe how the local community or region served will be involved in the development and ongoing operations of the project.
- 6) Demonstrate a cohesive plan for sustaining the project after federal funding has ended. This preliminary sustainability plan should detail how the network will document the value of the network programs and services to its members and how the network plans to continue to work together and integrate the proposed program into the routine workflow of the network members so that it will sustain after the project period ends.
 - a. Briefly describe the mechanism for assessing continued need for the programs and services provided by the network for the community.
 - b. Describe the anticipated plan to sustain and maintain activities and services created from the RHND Program.
 - c. Describe plans for sustaining the network after award funding ends, including how it will generate revenue from network products and services, as well as financial commitments from the members in order to support ongoing network activities.
 - d. Describe how the network will document and communicate the value of its programs and services to network members.

Please include your preliminary sustainability plan in **Attachment 13**.

- 7) Promising Practices/Evidence-Based Practices/Evidence Informed Practices: Programs are encouraged to utilize evidence-based practices or models to promote successful program implementation. Models can be found at <https://www.ruralhealthinfo.org/project-examples/evidence-levels/evidence-based>. If portions of the proposed methodology that address a selected topic area(s) are based upon a project or program that was successful in another community or network, please describe that program and include an abstract of the program in **Attachment 10**. If applicable, describe why the selected approach will succeed in your community and how you will tailor your approach to meet the needs of your community.

- *WORK PLAN -- Corresponds to Section V's Review Criterion 2: Response and Review Criterion 4: Impact*

Describe the process to achieve each of the activities proposed in the methodology section. Use a time line that includes completion dates for each activity and identifies responsible staff. This section should clearly demonstrate that the completion of work plan activities utilize a collaborative approach with all network members. This section should also provide clear evidence that the network has the capacity to begin the rollout and implementation of the proposed activities immediately. Address the following in this section:

- 1) A work plan narrative description that discusses, at minimum:
 - a. Proposed plans for project implementation (including actions steps for implementation);
 - b. Timeframes assigned for execution of the work plan for each year of the three-year period of performance;

- c. 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 percent of the award budget. The direct service activities should not be the primary focus of the award but should enhance collaboration and/or serve as a component for business planning and sustainability to the network.
- d. Key personnel and/or partners responsible for implementing project activities;
- e. Performance benchmarks for measuring progress and success of project implementation; and
- f. A clear description of how to measure the work plan output.

Note: Use of a tabular format that uses rows and columns to display this information is strongly encouraged to applicants for effective organization of the work plan information. The table should include, and clearly illustrate the:

- a. project’s goals, objectives, strategies, activities, outputs and outcomes, performance benchmarks for measuring progress of each activity and for measuring project outputs/outcomes,
- b. information on how project outputs will be measured,
- c. timeframes assigned for work plan execution during project implementation, and
- d. individuals, organizational representatives, etc. responsible for carrying out each work plan activity.

All work plans are required to **include a timeline for all three years of the period of performance.**

All work plans should clearly and coherently align with the proposed project goals and objectives and be time-bound, assigning appropriate timelines for project activity implementation for each year of the three-year period of performance. Identify responsible staff and/or consortium members on the work plan for each project activity and/or activities. Include a description of any meaningful support and/or collaboration with key stakeholders in planning, designing and implementing all activities, the development of the application and the extent to which these contributors reflect the cultural, racial, linguistic and geographic diversity of the populations and communities served. The narrative description provided in response to this section should clearly align with the descriptions provided in response to your application’s Methodology narrative section.

- 2) Discuss how the implementation of the work plan activities will be a collaborative and sustainable effort across network members:
 - a. Describe the roles, shared responsibilities and collaboration across network members in carrying out work plan activities.
 - b. Describe the integration of work plan activities into network member’s organizational activities.

- c. Describe the frequency, communication plan, and method by which work groups will meet to track progress on work plan activities, as well as the mode and frequency of communication that will occur to report progress updates on work plan activities to the network.
- 3) Describe measures monitored by the program for effective performance on the proposed award-funded activities. Describe the 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 or activities for reaching a network goal turns out to be ineffective, the applicant describes the measures in place to identify and address this situation.

It is an expectation that all yearly reporting requirements be completed on time and that an overall satisfactory level of progress on work plan activities will be accomplished by the end of each award year. The accomplishment of these activities will factor into the decision to fund subsequent fiscal years. Additionally, HRSA requires all recipients to submit several reporting requirements throughout the three-year period of performance. Please see "Reporting" under Section VI. Award Administration Information, for more information.

- 4) Include a description of the short term and long term impact that will result from the implementation of the proposed program and supporting work plan, including:
 - a. Expected impact on the identified target population;
 - b. Expected impact on service area health care delivery and services; and
 - c. Expected impact or implications for rural community service area (local, state and national impacts/implications may also be included here).

Although HRSA recognizes the influence of external factors when attributing the effects of an activity or program to the long-term health outcome of a community, applicants should still describe the expected or potential long-term changes and/or improvements in health status due to the program. Examples of potential long-term impact could include, but are not limited to:

- Changes in morbidity and mortality;
- Maintenance of desired behavior;
- Policy implications;
- Reductions in social and/or economic burdens;
- Mitigation to access to care barriers; and/or
- Improvements to the quality and delivery of care, among others.

- 5) Describe how the proposed program and its intended impact on population health management may serve as a model for use in similar communities with comparable needs. Include any project results that may be nationally relevant and/or have relevant local or state implications regarding replicability.

- 6) Describe the methods for disseminating project results and strategies to varying audiences and stakeholders, including information on the types of platforms, mediums, or conferences that will be utilized to share program information so that other rural and non-rural communities may benefit from the program.
- 7) You must provide a description of the anticipated impact the proposed project will have on the local rural economy.

Please note that all award recipients will be required to report on the proposed projects' economic impact at the end of the three-year period of performance using the [Economic Impact Analysis Tool](#) (EIA) as part of the annual PIMS reporting requirement. Using specially designed calculations of categories such as project spending, populations served and service locations, the EIA tool is able to provide an estimate for the impact of project spending. If awarded, all recipients will be required to apply the use of this tool to their respected project for successful completion of this reporting requirement. Additional guidance will be provided upon receipt of the award.

- 8) Provide an "outcomes approach" logic model for designing and managing the project. This one-page diagram presents the conceptual framework for the proposed project and clearly illustrates the inputs, activities, outputs, short-term and long-term outcomes, and the impact of the proposed RHND activities. The logic model should clearly provide a basis for the work plan and support the measures proposed in the evaluation plan. Illustrate how the logic flow relates to customers (people served), network members, and the community. Include the following information:
 - a. Goals and objectives of the project.
 - b. Inputs and resources utilized to implement the proposed activities to address the selected topic area(s).
 - c. Activities or key interventions that will achieve the goals and objectives of the program and topic area.
 - d. Outputs, outcome measures, and the population health impact resulting from achievement of the goals and objectives of the program activity(s).
 - e. Provide a narrative explaining the logic model (i.e., presumed effects of the RHND Program).

Include the project's Work Plan and Logic Model in **Attachment 1**. You can find additional information on developing logic models at the following website: <http://www.acf.hhs.gov/sites/default/files/fysb/prep-logic-model-ts.pdf>.

▪ **RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion 2: Response**

Discuss challenges that are likely to be encountered designing and implementing the activities described in the Work Plan and the approaches that will be used to resolve such challenges.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criterion 3: Evaluation Measures and Review Criterion 5 : Resources/Capabilities*

In this section, include an approach for evaluating the network's progress towards achieving the desired outcomes and describes how to track, measure, evaluate, and communicate progress toward meeting award-funded goals. Explain any assumptions made in developing the project work plan and provides baseline and targeted outcome data of the award-funded activities. Describe the process and frequency of evaluation data collection, analysis, and communication. Explain how you will use the data to inform program development and service delivery. Both outcome and process measures may be used to assess the progress of efforts. Describe the process you will use to create a robust evaluation plan. A preliminary evaluation plan should be included in **Attachment 11**.

Identify and track baseline measures associated with the selected activity(s) in the evaluation plan throughout the duration of the award. The baseline measures must align with the goals and objectives of the proposed project. Recipients will report on the outcomes and impact of their project by utilizing these baseline measures.

NOTE: The Evaluation Plan provided in the application will serve as a "self-assessment" for programs to assess progress towards meeting program goals and objectives. You are also required to utilize Federal Office of Rural Health Policy Rural Health Network Development Program measures (Performance Improvement Measurement System (PIMS) measures) to help monitor your project (as appropriate and relevant to the proposed project). See *Appendix D: Performance Measures* for more information on these measures.

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion 5 : Resources/Capabilities*

Describe the organizational capacity of network members (i.e., leadership, management, history of successful collaboration, and member expertise) to successfully implement your project. Also, describe the alignment of the network's collective mission and vision with the goals of the program.

- 1) The applicant organization must have financial management systems in place and must have the capability to manage the award. Briefly explain how the applicant organization is able to:
 - a. Exercise administrative and programmatic direction over award-funded activities.
 - b. Be responsible for hiring and managing the award-funded staff.
 - c. Demonstrate the administrative and accounting capabilities to manage the award funds.
 - d. Have at least one permanent key staff (network director, project director, etc.) at the time an award is made.

HRSA strongly encourages award recipients to:

- devote 1.0 full time equivalents (FTE) to the project director position;
- devote 1.0 FTE to the network director position
- have at least one permanent staff at the time an award is made; and
- have a minimum total equal to 2.0 FTE allocated for implementation of project activities, met across two or more staffing positions, including the project director and network director positions

2) You must provide information on network members, identifying the types of partners included in the network, the value the members bring to the network, and the organizational structure of the network.

- a. This section identifies and describes each of the network members and should include each partner's organization name, address, EIN number, primary contact person and contact information, and current role in the community/region. A table may be used to present this information and must be included with **Attachment 4**. (NOTE: List the network members that are 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.**
- b. Provide a one page organizational chart of the network that depicts the relationship between the network members and includes the network governing board. The governing board must be composed of representatives in the organizations participating in the network. If a network member is serving on behalf of the network, they must also include a one page organizational chart of the organization. Upload the organizational chart(s) as **Attachment 4**.
- c. Explain why each of the network members are meaningful collaborators to the proposed project, the value and expertise they bring to the network and the identified health needs of the community, and, if relevant, note why other key groups were not included. This section should demonstrate how the network has thought broadly about the membership of the network and the inclusion of traditional and non-traditional health care entities, such as community and social service organizations, educational institutions, faith-based organizations, federally-recognized tribal organizations, etc. to advance population health.

- d. If applicable, you 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 award project. Upload letters of Support in **Attachment 9**.
 - e. If partner organizations are participating in the implementation of the proposed award project, the applicant should explain the reasoning for their selection and what they will contribute to the network and the selected award project.
- 3) The applicant clearly describes that it has an effective governance structure in place to support the operations and sustainability of the network.
- a. Describe the governance structure of the network that demonstrates there is effective, collaborative, independent network-driven leadership in place. You *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 shall be primarily made up of representatives of the organizations participating in the network to ensure they control decisions regarding network activities, implementation and oversight of the proposed program, and the network's budget. Depict the governing body's relationship to the network in **Attachment 4**. In addition, describe how and why the governing body members were selected.
 - b. Obtain a Memorandum of Agreement or Memorandum of Understanding (MOA/MOU) that is 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. Please obtain electronic signatures whenever possible to verify commitment. Include the MOA/MOU and any letters of commitment in **Attachment 3**. Note: The applicant organization will keep the original signed and dated MOA/MOU. Any additional evidence, such as by-laws and letters of incorporation may be included in **Attachment 3** or referenced and made available upon request if awarded.
 - c. Briefly describe the personnel, FTE, and financial policies and procedures in place to run the network.
 - d. Describe the income sources to finance operations of the network (i.e., member dues, sales of network services, etc.).

Please note: The network should have 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.

- 4) The applicant describes the network's history of successful collaboration, including its collective vision, effective leadership, and ability to respond to challenges. If the applicant received FORHP funding in the past five years, please include an abstract of the prior project(s) as well as a brief statement describing how the current project is different from previously awarded FORHP award projects in **Attachment 7**.
 - a. Describe how the network has a collective vision and mission aligned with the goals of the proposed program. Explain how the members of the network are engaged in the program and will contribute to program activities in order to achieve the intended program outcomes collectively.
 - b. Explain the leadership of the network and how the network's leadership will be engaged to promote the success of the network in meeting program goals, moving the network and its member organizations towards value-based care and population health management, as relevant, and program sustainability. Describe how leadership engages collective decision making across network members.
 - c. Provide examples that illustrate the level of collaboration of the network members, including but not limited to examples of successful prior network collaboration to address the health needs of the community, collective decisions made by the network, etc.
 - d. Describe a challenge or situation in which the network and its members have demonstrated the ability to collaborate and demonstrate effective governance to overcome a difficult situation.
- 5) A clear and coherent staffing plan is required in **Attachment 2**. Specifically, the following should be addressed:
 - a. The number and titles of all staff positions, qualification levels for key staff, and FTE equivalents necessary to support the network and complete work plan activities. Provided staffing should indicate the program has the capacity to begin the immediate rollout of the program.
 - 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 upon receipt of award.
 - c. Staffing needs should have a direct link to the activities proposed in the project narrative and budget portion of the application.

- 6) State whether the applicant has a permanent network director 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.). The network director role should be 1.0 FTE. If the network director role has historically not been 1.0 FTE, please explain 1) why this has occurred, 2) other staff positions, if any, that assume some of the network director roles described below and 3) how the director is able to fulfill the network leader responsibilities at a reduced FTE level without compromising the network.

For the purpose of the RHND Program, the network director position fulfills the following role: **Network Director** – An individual designated to direct the network and is capable of overseeing the network’s administrative, fiscal, and business operations. The network director reports to the network governing body.

- a. Briefly discuss how the network director’s role contributes to successfully achieving the goals of the selected topic 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.
- 7) At the time of the award, the network must have a project director in place to oversee the daily functions and coordination of activities that support the RHND award. This position should be 1.0 FTE. If there is not currently a permanent project director on the program, 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.)

For the purpose of the RHND Program, the project director fulfills the following roles: **Project Director** – The individual responsible for managing an award project at the strategic level. The project director is typically the award project's point person, managing resources and overseeing finances to ensure that the project progresses on time and on budget. The director reviews regular progress reports and makes staffing, financial, or other adjustments to align the developing project with the broader outcome goals.

NARRATIVE GUIDANCE	
To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria. Any attachments referenced in a narrative section may be considered during the objective review.	
<u>Narrative Section</u>	<u>*Review Criteria</u>
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response
Work Plan	(2) Response and (4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures
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. Follow the instructions included in the Application Guide and the additional budget instructions provided below. A budget that follows the Application Guide will ensure that, if HRSA selects the application for funding, you will have a well-organized plan that will avoid audit issues during the implementation phase if carefully followed.

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 Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245), Division B, § 202 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.” See Section 4.1.iv Budget – Salary Limitation of HRSA’s [SF-424 Application Guide](#) for additional FY information. Note that these or other salary limitations may apply in the following FY, as required by law.

iv. Budget Narrative

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

v. Attachments

Provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit.** Indirect cost rate agreements and proof of nonprofit status (if applicable) will not count toward the page limit. **You must clearly label each attachment.**

Attachment 1: Work Plan and Logic Model

Attach the work plan for the project that includes all information detailed in [Section IV.2.ii. Project Narrative](#). Also, include the required logic model in this attachment. This attachment **will count** towards the 80-page limit.

Attachment 2: Staffing Plan, Job Descriptions, and Biographical Sketches of Key Personnel (see Section 4.1. of HRSA's [SF-424 Application Guide](#))

See Organizational Information section for staffing plan requirements. Keep each job description to one page in length as much as is possible. Include the role, responsibilities, FTE, and qualifications of proposed project staff. Include biographical sketches for persons occupying the key positions and do not exceed two pages in length per person. In the event that a biographical sketch is included for an identified individual not yet hired, include a letter of commitment from that person with the biographical sketch. This attachment **will count** towards the 80-page limit

Attachment 3: Memoranda of Understanding/Agreement

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. Please include additional evidence such as by-laws and letter of incorporation in this attachment. This attachment **will count** towards the 80-page limit.

Attachment 4: Project Organizational Chart

Provide a one-page figure that depicts the organizational structure of the project. Depict the governing body's relationship to the network in this chart. This attachment **will count** towards the 80-page limit.

Attachment 5: Proof of Nonprofit Status

The applicant must include a letter from the IRS or eligible state entity that provides documentation of nonprofit 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. This attachment **will not count** towards the 80-page limit.

Attachment 6: Letter from Urban Parent Organization (if applicable):

If an urban parent owns the applicant organization, the urban parent must assure HRSA in writing that they will exert no control over the rural organization for this project. If applicable, submit a letter stating this in *Attachment 2*. This attachment **will count** towards the 80-page limit.

Attachment 7: Federal Office of Rural Health Policy Funding History Information

Current and former recipients of any FORHP community-based award programs are eligible to apply if the proposed project is a new proposal (entirely new project) or an expansion or enhancement of the previous award. The proposal should differ from the previous projects by expanding the service area of the project, serving a new population, providing a new service or expanding the scope of the previous award activities. Current and former FORHP award recipients must include: dates of any prior award(s) received; award number assigned to the previous project(s); a copy of the abstract or project summary that was submitted with the previously awarded funding application(s); description of the role of the applicant and/or consortium member in the previous award; and a brief statement of how the current proposal is different (i.e., expansion, new population, new service or expanded scope) from the previously awarded FORHP award(s). This attachment **will count** towards the 80-page limit.

Attachment 8: Request for Funding Preference

To receive a funding preference, include a statement that you are eligible for a funding preference and identify the preference. Include documentation below of this qualification. See [Section V.2](#). The printout or screenshot of HPSA designation can also be found at: <https://data.hrsa.gov/tools/shortage-area/hpsa-find> and; MUAS/P designation can also be found at: <https://data.hrsa.gov/tools/shortage-area/mua-find>. This attachment **will count** towards the 80-page limit.

Attachment 9: Letters of Support, if applicable

Applicants 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 award project. This attachment **will count** towards the 80-page limit.

Attachment 10: Evidence-Based Practice/Promising Practice Abstract, if applicable

If portions of the proposed methodology to address a selected topic area(s) are based upon a project or program that has worked in another community or network, include an abstract of that practice. This attachment **will count** towards the 80-page limit.

Attachment 11: 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.); targeted outcome measures, and how they will communicate the evaluation findings throughout the project. This attachment **will count** towards the 80-page limit.

Attachment 12: 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. Offices of Rural Health 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 the case that you do not receive a response from the SORH, submit a copy of your request for consultation to the SORH. This attachment **will count** towards the 80-page limit.

Attachments 13: 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. ii. Project Narrative for more information. This attachment **will count** towards the 80-page limit.

Attachment 14: Exception Request (if applicable)

Applicants from Metropolitan counties in which the combined population of the core urbanized area is more than 50,000 that request an exception by demonstrating that through the removal of federal and/or state prisoners from that count, they would have a population total of less than 50,000. Provide the required documentation for this attachment. This exception is only for the purpose of eligibility for FORHP award programs. To find out if you are eligible for a reclassification, please contact Steve Hirsch (SHirsch@hrsa.gov). This attachment **will count** towards the 80-page limit.

Attachment 15: Other Relevant Documents (if applicable)

Applicants with additional information not provided in previous attachments may provide this information here. This attachment **will count** towards the 80-page limit.

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 the applicant is an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the agency under 2 CFR § 25.110(d)).

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

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

The Grants.gov registration process requires information in 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](#).

SAM.GOV ALERT: For your SAM.gov registration, you must submit a [notarized letter](#) appointing the authorized Entity Administrator. The review process changed for the Federal Assistance community on June 11, 2018.

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

4. Submission Dates and Times

Application Due Date

The due date for applications under this NOFO is *November 25, 2019 at 11:59 p.m. ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's [SF-424 Application Guide](#) for additional information.

5. Intergovernmental Review

Rural Health Network Development is a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

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

6. Funding Restrictions

You may request funding for a period of performance of up to 3 years, at no more than \$300,000 per year (inclusive of direct **and** indirect costs). The FY 2020 President's Budget does not request funding for this program. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds in a timely manner. 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.

In previous years, FORHP Rural Health Network Development Program recipients allocated 30 percent or less of their federal share for each budget period on direct provision of clinical health care services. In order to use funds on direct health care services, they must directly relate to the goals, activities, and overall sustainability of the proposed Rural Health Network Development program.

The General Provisions in Division B of the Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245) are in effect at the time this NOFO is posted. Please see Section 4.1 of HRSA's SF-424 Application Guide for additional information. Awards will be made subsequent to enactment of the FY2020 appropriation. The NOA will reference the FY2020 appropriation act and any restrictions that may apply. Note that these or other restrictions may be updated, as required by law, upon enactment of a FY 2020 appropriations act.

You cannot use funds under this notice for the following purposes:

Award 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.

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on use of funds for lobbying, executive salaries, gun control, abortion, etc. Like those for all other applicable grants requirements, 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. The program income alternative applied to the award(s) under the program will be the addition/additive alternative. You can find post-award requirements for program income at [45 CFR § 75.307](#).

V. Application Review Information

1. Review Criteria

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

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

Review criteria are used to review and rank applications. The Rural Health Network Development program has six review criteria. See the review criteria outlined below with specific detail and scoring points.

Criterion 1: NEED (20 points) – Corresponds to Section IV’s Introduction and Needs Assessment

- 1) The extent to which the applicant describes the purpose of the proposed activity, how it supports the legislative aims (i, ii, and iii) and how the project will meet the healthcare needs of the rural underserved population. Clearly and succinctly submit information on the activities/types of services provided, collaborating network members, and expected program outcomes and community impact.
- 2) The degree to which the applicant demonstrates an appropriate use of data sources (e.g., local, state, federal) in their analysis of the environment and the target population. Presented data must include a description of the target population, size of the population, unmet health needs of the population, any socio-cultural determinants of health disparities, counties that will be served by the network project, and the degree to which this evidence substantiates the need for the network and the services/programs identified from the selected activity. If the activity selected is focused on the needs of the network, information on how addressing the network member needs will directly support the unmet health needs of the community is presented.
- 3) The degree to which the applicant provides quantifiable information on the lack of existing services and/or programs related to the identified health care need of the community/region. Extent to which the applicant clearly explains the service area, including network membership and existing programs/services related to the selected activity(s).
- 4) The applicant provides a map that details the location of network members and the rural area that will be served by the network program.
- 5) The extent to which the applicant uses data to describe a clear and logical relationship between the challenges impacting the rural community(s) and the need for the selected activity of the RHND Program.
- 6) The degree to which the applicant is able to describe existing services 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.
- 7) Manner and extent to which the proposed program will meaningfully fill gaps in existing services related to the selected activity(s) and healthcare need.
- 8) 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.
- 9) The extent to which the applicant demonstrates how the network will be able to collaboratively address the identified population health needs in a manner in which individual facilities would not be able to on their own.

Criterion 2: Response (25 points) – Corresponds to Section IV’s Methodology, Work Plan, and Resolution

Sub-criterion One: 8 points

Collaborative Strategy

- 1) The extent to which the applicant defines the specific goals and objectives of the award-funded activities and explains the network’s collaborative strategy for accomplishing them. Goals and objectives should directly relate to the information presented in the *Needs Assessment* section and be aligned with the program activities.
- 2) The applicant discusses an evidence-based or promising practice model that will be used to meet the healthcare needs of their target population.
- 3) The extent to which the applicant describes how the local community or region to be served will be involved in the development and ongoing operations of the project.
- 4) The extent to which the application includes a clear and coherent work plan that aligns with the logic model and the network’s goals, objectives, and strategies.
- 5) Appropriateness of the work plan in identifying responsible individual(s) and organization(s) and a timeline for each activity throughout the three years of the award, and where applicable, identified direct service activities.
- 6) The extent to which the applicant’s work plan displays an adequate timeline and provides feasible and relevant activities to achieve the intended goals and objectives. The number of activities provided in the work plan and assigned staffing to support completion of the activities should be reasonable based upon the scope of the program and intended outcomes.

Sub-Criterion Two: 9 points

Implementation of Work Plan

- 7) The extent to which the applicant describes the methodology that will be in place to ensure progress on work plan activities and desired evaluation outcomes.
- 8) The extent to which the applicant demonstrates that the completion of work plan activities is a collaborative approach across all network members, as demonstrated by the shared responsibilities of work plan activities and the integration of the activities within the network member’s operational activities.
- 9) The extent to which the applicant describes plans for routine progress monitoring and how the network members will collectively decide new program strategies, if needed.
- 10) The extent to which the applicant provides a clear description of how their work plan and corresponding network collaboration will improve anticipated outcomes.

- 11) The extent to which the applicant provides clear and strong evidence that the network has the capacity to immediately begin and effectively carry out the activities listed in the work plan.
- 12) Extent to which the application demonstrates a comprehensive understanding of potential challenges likely to be encountered designing and implementing the activities described in the Work Plan. Describe the strategies that will assist in early detection and modification of ineffective efforts and challenges.

Sub-Criterion Three: 8 points

Sustainability

- 13) The extent to which the applicant explains an effective communication plan and tool to update external audiences and network members on work plan progress, evaluation data, strategic planning, and other network activities necessary to meet the goals and objectives of the proposed program. This should include the approach, frequency of meetings, and communication tools used by the network.
- 14) The extent to which the applicant demonstrates a cohesive sustainability plan to sustain the network and the impact of the network programs and services created with RHND funding that demonstrates appropriateness and level of detail to:
 - a. Assess continued member and community need for the programs and services offered by the network;
 - b. To sustain and maintain activities created to address the selected topic area(s);
 - c. 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;
 - d. To acquire sustained financial commitment from its network members to support ongoing network activities; and
 - e. To document and communicate the value of the network to its members.

Criterion 3: EVALUATIVE MEASURES (10 points) – Corresponds to Section IV's Evaluation

- 1) The ability of the applicant to identify and incorporate measures that are aligned with the goals and objectives of the program and the supporting work plan activities.
- 2) Extent to which baseline and targeted outcome data provide a clear alignment to program activities and would indicate success or progress of the program in meeting program goals and objectives.
- 3) Extent to which the applicant provides evidence that evaluation data will be routinely be monitored, evaluated, and communicated across network members.

The applicant shall provide reasonable intervals of data collection and communication to inform network members and key staff of program progress and the need to reassess program activities.

- 4) The extent to which the applicant provides evidence that if evaluation targets are not met, there is a procedure in place to realign program activities or try new approaches necessary to get the desired data outcomes needed to achieve program goals and objectives.
- 5) Extent to which the applicant explains the feasibility of collecting data and how the data will be used to inform program development and service delivery.
- 6) Extent to which the applicant to proposes a method to create a robust evaluation plan that will demonstrate program impact and the success of the program in meeting the intended outcomes. The strength of the preliminary evaluation plan included in **Attachment 11** in regards to alignment with the needs assessment, logic model, program goals and objectives, work plan, and population health impact.

Criterion 4: IMPACT (10 points) – Corresponds to Section IV’s Work Plan

- 1) The extent to which the applicant provides a description of anticipated short and long term impact of the program and supporting work plan, including:
 - a. Expected impact on the identified target population;
 - b. Expected impact on service area health care delivery and services; and
 - c. Expected impact or implications for rural community service area (local, state and national impacts/implications may also be included here)
- 2) The extent to which the applicant describes the anticipated impact of the project on population health within the targeted population. The proposed impact should be directly aligned with the program’s goals and objectives.
- 3) The extent to which the applicant explains how the proposed program may be replicated or adapted in similar communities with comparable health needs. Information on project dissemination by program administrators, grassroots, faith-based or community-based organizations as well as the medium or platforms it will use to share the success and challenges of the program to a broad audience shall be presented.
- 4) The ability of the applicant to present the anticipated impact the proposed project will have on the local rural economy.
- 5) The degree to which the applicant’s logic model strengthens the work plan as evidenced by the rational flow of inputs and activities that support the program’s goals and objectives in **Attachment 1**. Strength of the logic model narrative in describing the presumed effects of the program on population health.

Criterion 5: RESOURCES/CAPABILITIES (25 points) – Corresponds to Section IV's Organizational Information and Work Plan

Sub-criterion One: 5 points

Network Member Roles and Organizational Chart

- 1) The extent to which the applicant organization demonstrates the following:
 - a. Ability to exercise administrative and programmatic direction over award-funded activities.
 - b. Ability to be responsible for hiring and managing the award-funded staff.
 - c. Has the administrative and accounting capabilities to manage the award funds.
 - d. Has at least one permanent key staff (network director, project director, etc.) at the time an award is made.
- 2) The ability of the applicant to describe the collective strength of the network, evidenced by the extent to which each network member is identified and respective current roles and value to the network are described. The applicant identifies and describes each of the network members and includes each partner's organization name, address, EIN number, primary contact person and their contact information and current role in the community/region.
- 3) The applicant's inclusion of the Network's Organizational Chart and Governing Board and the 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 composed of representatives in the organizations participating in the network.
- 4) The extent to which the applicant provides evidence that network members are meaningful collaborators to the proposed program, evidenced by the value and expertise they bring to the network and the health needs of the community. This section should demonstrate how the network has thought broadly about the inclusion of non-traditional health care entities such as community and social service organizations, educational institutions, faith-based organizations, federally-recognized tribal organizations, etc. in the network to promote population health management.
- 5) If partner organizations are participating in the implementation of the proposed award project the reasoning for their selection and what they will contribute to the network and the selected award project is provided.

Sub-criterion Two: 5 points

Effective Network Governance

- 1) The extent to which the applicant describes the effectiveness of the governance structure of the network and the presence of an effective, collaborative, and independent network-driven leadership is in place. Clear demonstration that the governing body, rather than an individual network member, will make financial and programmatic decisions. (Note: An already-existing nonprofit 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.)
- 2) The extent to which the applicant demonstrates the strength of the network members' mutual commitment via by-laws and/or a Memorandum of Agreement or Memorandum of Understanding (MOA/MOU). The application appropriately specifies the following regarding the MOA/MOU:
 - a. The MOA/MOU is signed and dated by all network members, and provides sufficient evidence of a strong mutual commitment from all network members (refer to Attachment 4).
- 3) The extent to which the applicant provides evidence of effective personnel, adequate FTEs, and financial policies and procedures in place to run the network and program operations, including a description of the income sources to finance the operations of the network (i.e., member dues, sales of network services etc.) are provided.

Sub-criterion Three: 15 points

Evidence of Effective Network Collaboration and Capacity to carry out the Program

- 1) The extent to which the applicant provides evidence that the network is highly functional and collaborative, with evidence of the alignment of the network's collective vision and mission with the healthcare needs of the proposed RHND Program. Evidence that network members will collectively work towards achieving the goals and objectives of the proposed program.
- 2) The extent to which the applicant provides evidence that the network's leadership will promote the success of the program and its ability to meet program goals, move the network and member organizations towards population health management, encourages collective decision making, and promotes program sustainability.
- 3) The extent to which the applicant provides evidence of successful prior network collaboration to address the health needs of the community, including examples of collective decisions that have been made, and demonstrated resiliency of the network during previously challenging situations or circumstances.

- 4) 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) if other staff roles are able to fulfill some of the roles and responsibilities of this position, and 3) how the director is able to successfully fulfill the network leader responsibilities at a lower FTE without compromising the network.
 - c. The network director's role in contributing to the success of the network.
 - d. A process is in place for evaluating the network director.

- 5) Qualifications of the project director in place to oversee the daily functions, coordination, and implementation of program activities.
 - a. The network should have a 1.0 FTE project director on the program.
 - b. If the network has an interim project director, the applicant describes the feasibility and timeliness for hiring a full-time project director (i.e., the number of known candidates, the projected starting date for the position of full-time director, etc.).
 - c. The project director's role in contributing to the success of the network and coordination of program activities, workgroups, and collaboration on program reporting requirements and deliverables (evaluation plan, strategic plan, business plan, etc.).

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

- a) The reasonableness of the proposed budget for each year of the period of performance in relation to the objectives, the complexity of the activities, and the anticipated results. This includes:
 - i. The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work;
 - ii. The extent to which key personnel have adequate time devoted to the project to achieve project objectives, and the application's budget provides sufficient detail about the role and responsibilities of each award-supported staff position; and
 - iii. The extent to which key personnel have adequate time devoted to support the project's proposed data collection, tracking and analysis efforts for effective demonstration of indicated outcomes at the end of the three-year period of performance.

2. Review and Selection Process

The objective review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. See Section 5.3 of HRSA's [SF-424 Application Guide](#) for more details.

For this program, HRSA will use funding preferences.

Funding Preferences

This program provides a funding preference for some applicants, as authorized by Section 330A(h) of the Public Health Service Act (42 U.S.C. 254c(f)). 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 receive full and equitable consideration during the review process. HRSA staff will determine the funding factor and will grant it to any qualified applicant organization that specifically requests and demonstrates that they meet the criteria for the preference as follows:

Qualification 1: Health Professional Shortage Area (HPSA)

You can request this funding preference if the service area of the applicant is located in an officially designated health professional shortage area (HPSA). Applicants must include a screenshot or printout from the HRSA Shortage Designation website, which indicates if a particular address is located in a HPSA:

<https://data.hrsa.gov/tools/shortage-area/by-address>.

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

You can request this funding preference if the applicant is located in a medically underserved community (MUC) or serves medically underserved populations (MUPs). Applicants must include a screenshot or printout from the HRSA Shortage Designation website that indicates if a particular address is located in a MUC or serves an MUP:

<https://data.hrsa.gov/tools/shortage-area/by-address>.

Qualification 3: Focus on Primary Care, and Wellness and Prevention Strategies

You can request this funding preference if your project focuses on primary care and wellness and prevention strategies. You must include a brief justification (no more than three sentences) describing how your project focuses on primary care and wellness and prevention strategies in **Attachment 8**.

If requesting a funding preference, please indicate which qualification is being met in the **Project Abstract** and **Attachment 8**. Please label documentation as *Proof of Funding Preference Designation/Eligibility*. If you do not provide appropriate documentation in Attachment 9, as described, you will not receive the funding preference.

HRSA highly recommends that the applicant include this language:

“Applicant organization name is requesting a funding preference based on qualification X. County Y is (in a designated HPSA; or in a MUC/MUP; or is focusing on primary care, and wellness and prevention strategies).”

You only have to meet one of the qualifications stated above to receive the preference. Meeting more than one qualification does not increase an applicant's competitive position.

3. Assessment of Risk

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

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

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

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

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

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award (NOA) prior to the start date of July 1, 2020. See Section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

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

Requirements of Subawards

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

Human Subjects Protection

Federal regulations ([45 CFR part 46](#)) require that applications and proposals involving human subjects must be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. If you anticipate research involving human subjects, you must meet the requirements of the HHS regulations to protect human subjects from research risks.

Data Rights

All publications developed or purchased with funds awarded under this notice must be consistent with the requirements of the program. Pursuant to 45 CFR § 75.322(b), the recipient owns the copyright for materials that it develops under an award issued pursuant to this notice, and HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for federal purposes, and to authorize others to do so. In addition, pursuant to 45 CFR § 75.322(d), the Federal Government has the right to obtain, reproduce, publish, or otherwise use data produced under this award and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes, e.g., to make it available in government-sponsored databases for use by others. If applicable, the specific scope of HRSA rights with respect to a particular federally supported effort will be addressed in the NOA. Data and copyright-protected works developed by a subrecipient also are subject to the Federal Government's data rights.

3. Reporting

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

Annual Reports

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

- 2) **Progress Report.** Award recipients must submit a progress report to HRSA on an annual basis. Submission and HRSA approval of your Progress Report(s) triggers the budget period renewal and release of subsequent year funds. This report demonstrates award recipient progress on program-specific goals. Further information will be provided in the award notice.
- 3) **Performance Measures.** A performance measures report is required for continued funding after the end of each budget period in the Performance Improvement Measurement System (PIMS). Upon award, recipients will be notified of specific performance measures required for reporting. FORHP may request PIMS data on quality and other endorsed measures modified under the Quality Payment Program that are not included in the application but are relevant to the recipient's topic area and of interest to FORHP.

Other Required Reports and/or Plans

- 1) **Data Dashboard.** Award recipients will be expected to establish and submit a data dashboard of key project measures and resulting outcomes at the end of the first year of their period of performance and within 30 days of the end of year three of the period of performance. Data dashboards identify key project data to support the ongoing data collection, documentation and tracking across the three-year period of performance as well as resulting project outcome data. Further information will be provided upon receipt of the award.
- 2) **Strategic Plan.** Recipients will be required to submit a five-year strategic plan by month six of the first year of the award. This strategic plan will provide guidance for program development throughout the award period and beyond. Further information on what to include in this plan will be provided upon receipt of the award.
- 3) **Evaluation Plan.** Recipients will be required to submit a robust evaluation plan that will be used to evaluate the effectiveness of the network and program activities throughout the award by month nine of the first year of the award. Further information on what to include in this plan will be provided upon receipt of the award.
- 4) **Marketing Plan.** Recipients will be required to submit a marketing plan that will be used by the network to promote its products and services by month six of the second year of the award. Further information on what to include in this plan will be provided upon receipt of the award.
- 5) **Business Model and Funding Plan.** By month one of the third year of the award, recipients will be required to define a business approach and document proposed RHND activities that illustrate how revenue will be generated by the network. Further information on what to include in this plan will be provided upon receipt of the award.

- 6) **Final Sustainability Plan.** As part of receiving the award, recipients are required to submit a final sustainability plan by month six of the third year of the award. This sustainability plan will be different and more robust than the plan submitted with the original application. Further information on what to include in this plan will be provided upon receipt of the award.
- 7) **Final Evaluation Report.** Recipients 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 impact and outcomes of the project. Further information will be provided in the award notice.
- 8) **Final Report.** A final report is due three months 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; and overall experiences over the project period. The final report must be submitted on-line by recipients in the Electronic Handbooks system at <https://grants.hrsa.gov/webexternal/home.asp>. Further information will be provided upon receipt of award.
- 9) **Integrity and Performance Reporting.** The NOA 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 request additional information and/or technical assistance regarding business, administrative, or fiscal issues related to this NOFO by contacting:

Benoit Mirindi, PhD, MPH, MPA
Senior Public Health Analyst
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-6606
Email: BMirindi@hrsa.gov

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

Robyn Williams
Program Coordinator, Federal Office of Rural Health Policy
Attn: Rural Health Network Development Program
Federal Office of Rural Health Policy
Health Resources and Services Administration
5600 Fishers Lane, Room 17W-41C
Rockville, MD 20857

Telephone: (301) 443-0624
Email: RWilliams@hrsa.gov

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

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)
Email: 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 a.m. to 8 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

HRSA has scheduled following technical assistance:

Webinar

Day and Date: Thursday, October 3, 2019
Time: 2:30 - 4 p.m. E.T
Call-In Number: 1- 888-831-6080
Participant Code: 9895049
Weblink: <https://hrsa.connectsolutions.com/rhn-development/>
Playback Number: 1- 800-234-4804
Passcode: 111419

Tips for Writing a Strong Application

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

Appendix A: Pre-Application Planning Advice

Successful applicants have shared that an effective strategy in their pre-application planning process was to involve all parties having a stake in their project. HRSA urges significant community involvement in the project from the very beginning. You should work closely with community representatives and organizations that will be affected by the projects or involved with its implementation. Community involvement can be accomplished with town meetings, focus groups, surveys, and other appropriate techniques.

This engagement will help identify and reach consensus on community needs that will be addressed by the project. Community representatives and participating organizations should also be involved in setting the specific goals for the program and in decisions on the allocation of award resources. You may conduct a formal needs assessment in your communities or can rely on assessments conducted by others. If a formal needs assessment has not been conducted, you can demonstrate community needs with demographic data for your community or region, state and national data, and other appropriate information.

- a. Projects that bring together multiple sources of support are encouraged. If other resources are available or anticipated (e.g., federal, state, philanthropic, etc.), it will strengthen the sustainability of the project. HRSA is interested in developing strategies to address the health care needs of underserved populations that can be adapted to other rural communities around the country.
- b. Applications that delay planning, consensus building and approval by appropriate network members until close to the application deadline may risk the appearance that the project does not have sufficient commitment by all network members. This weakness could jeopardize a positive review of the application. Please make sure your community and network members are involved from the start and final signatures are secured well before the application deadline. With the electronic submission process, signed copies of letters of commitment can be scanned for upload.
- c. Prepare a complete budget for the full duration of your period of performance. Your budget narrative should explain how the funds will be spent. The budget narrative must link back to the activities of the proposed project.
- d. Examples of pre-application planning activities within the legislative aim(s) #1, #2, and #3 are:

Aim #1: Achieve efficiencies: Planning activities may include, but are not limited to:

- Conducting a community health and/or provider needs assessments at the regional and/or local level:
 - Develop and implement a needs assessment in the community;
 - Identify the most critical need of network partners to ensure their viability;

- Identify additional collaborating network partners in the community/region;
- Identify and develop a plan to address workforce issues; or
- Identify financial resources or gaps available to support services.
- Updating a health information technology plan, which helps to improve outcomes for rural patients, based on the current standards of care, reporting enhancements and/or capacity.
- Identifying a plan for developing regional systems of care to better meet rural patient concerns.
- Identifying opportunities for the network to better address regional and/or local population health needs.

Aim #2: Expand access to, coordinate, and improve the quality of essential health care services: Planning activities may include, but are not limited to:

- Developing a network business and/or operations plan, which may include:
 - A formal memorandum of agreement or understanding (MOA/MOU);
 - A shared mission statement;
 - A network/governance board or decision making structure;
 - A set of network by-laws;
 - The roles and responsibilities of the network partners; or
 - A business model.
- Identifying the degree to which the network members are ready to integrate their functions and share clinical and/or administrative resources.
- Assessing appropriateness/readiness for Patient Centered Medical Home accreditation.
- Identifying strategies to communicate with the community about changes in the health care landscape and how to maintain access to viable health care services.
- Developing a plan to expand the role of emergency medical services within the community, including loss of services as a result of a hospital closure/conversion.

Aim #3: Strengthen the rural health care system as a whole: Planning activities may include, but are not limited to:

- Identifying ways to encourage cross-organizational collaboration and leadership commitment.
- Assessing the network's sustainability and viability.
- Identifying and establishing ways to obtain regional and/or local community support/buy-in around the development of the network.
- Identify a strategy to leverage broadband connectivity to support health information technology applications in rural communities.

Appendix B: Legislative Aims Goals

Legislative Aim: (i) Achieve Efficiencies

Goal: 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.

Legislative Aim: (ii) Expand access to, coordinate and improve the quality of essential health care services

Goal: 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.

Legislative Aim: (iii) Strengthen the rural health care system as whole

Goal: Networks are encouraged to improve population health by implementing promising practice, evidence-informed and/or evidence-based approaches to address health disparities and enhance population health in their communities.

Appendix C: Examples of Program Activity Topic Areas Supported by Legislative Aims (i), (ii), and (iii)

The following are examples of health care activities that support charges (i), (ii), and (iii) outlined in *Appendix B: Goals of Legislative Aims*:

- 1) Specialty and primary care integration
- 2) Integrating emergency medical services (EMS) in hospital settings
- 3) Improving performance on quality measures for clinicians such as through the Physician Quality Reporting System or the Medicare Quality Payment Program, as well as for hospitals, skilled nursing facilities, home health agencies, and/or ambulatory surgical facilities
- 4) Improving the quality and safety of health care by improving care transitions
- 5) Improving coordination of services
- 6) Alleviating the loss of local services and enhancing access to care due to loss of or risk of losing local hospital(s) or maternity care facility(s)
- 7) Implementing telehealth services
- 8) Implementing Health Information Technology/Exchange and Meaningful Use (MU)
- 9) Leveraging competitive negotiations and contracts with Qualified Health Plans (QHPs) through Essential Community Provider (ECP) collaboration
- 10) Implementing innovative alternative payment and delivery models
- 11) Implementing programs to increase primary care workforce in rural areas

Anticipated outcomes of health care activities may include, but are not limited to:

- Improved health care quality and delivery through coordination and financial incentives resulting from meeting clinical quality benchmarks
- Reduced hospital readmissions.
- Increased access to care (including specialized care) through telehealth services
- Fast and efficient sharing of patient data and information across multiple settings and providers.
- Improved patient centered care and patient involvement in self-management.
- Increased allied health, primary, and specialty provider workforce in rural areas.

Appendix D: Performance Measures
Rural Health Network Development
Performance Improvement and Measurement System (PIMS)

PROPOSED MEASURES

***Please Note:** The following measures are proposed, non-finalized, and are subject to change. They have been included to make applicants aware of the types of data reporting that will be required. HRSA will provide additional information if awarded.*

ACCESS TO CARE (applicable to all award recipients): Number of individuals from target population who received direct clinical and direct non-clinical services, type of direct services provided.
POPULATION DEMOGRAPHICS (applicable to all award recipients): Number of people served by race and ethnicity.
SUSTAINABILITY (applicable to all award recipients): Program and network sustainability, including sustainability rates and factors impacting sustainability, ratio for economic impact (use the HRSA’s Economic Impact Analysis tool at https://www.ruralhealthinfo.org/econtool to calculate ratio).
NETWORK (optional for award recipients): Identify types and number of organizations in the network.
NETWORK BENEFITS (applicable to all award recipients): Identify the benefits of being in the network (cost savings, efficiencies, quality improvement, etc.) realized by the members as a result of being in the network.
UTILIZATION (optional for award recipients): Emergency department (ED) rate and 30-day hospital readmission rate
TELEHEALTH (optional for award recipients): Number of Patient Care Sessions and Total number of miles saved
Electronic Health Record (optional for award recipients): Summary of Care Record: Use of certified EHR technology (CEHRT) to create a summary of care record and electronically transmit such summary to a receiving provider for more than 10 percent of transitions of care and referrals
CLINICAL MEASURES (applicable to all award recipients): (CMS347v2 is the 2019 version) Statin Therapy for the Prevention and Treatment of Cardiovascular Disease, NQF 0059 (CMS 122v7 is the 2019 version) Comprehensive Diabetes Care, NQF 0421 (CMS69v9 is the 2019 version) Body Mass Index (BMI) Screening and Follow-Up, NQF 0024 Weight Assessment and Physical Activity for Children/Adolescents,, NQF 0028 (CMS138v7 is the 2019 version) Tobacco Use: Screening & Cessation Intervention, NQF 0418 (CMS2v8 is the 2019 version) Screening for Clinical Depression and Follow-Up Plan, NQF 2508 Dental Sealants 6-9 Year-Old, CMS74v7 Primary Carries Prevention, CMS50v6: Closing the Loop, NQF 0097 Medication Reconciliation.

Appendix E: Common Definitions

For the purpose of this notice of funding opportunity, the following terms are defined:

Budget Period – An interval of time into which the period of performance is divided for budgetary and funding purposes.

Developmental Stages of Networks – Successful rural health networks pass through developmental stages similar to the lifecycle of a single organization. The maturation process is not necessarily linear and a network's effectiveness is not necessarily related to its age; changes in the industry, the market, and members' conditions can cause a temporary downturn or upswing in the network's effectiveness. For purposes of the application, networks can use the following three categories to identify their current stage:

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 program and strategic planning, formalizes relationships among the network participants, and develops a strategic plan including performance measures and financial sustainability strategies. Prior collaboration is not required for network members.

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.

Equipment – Tangible nonexpendable personal property that has a useful life of more than one year and an acquisition cost of \$5,000 or more per unit or the capitalization threshold established by the recipient, whichever is less. See Section 45 CFR 75.320.

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.

Health Information Technology – The electronic storage of records, electronic billing, electronic ordering of tests and procedures, and even a shared, interoperable network to allow providers to communicate with one another.

Horizontal Network – A network composed of the same type of health care provider, e.g., all hospitals or all community health centers as one network.

Hospital Closure – The cessation of general, short-term, acute inpatient care within the past three years.

Hospital Conversion – A former hospital that now provides a mix of health services, but no inpatient care. Converted facilities could provide urgent care, rehabilitation, primary care, skilled nursing care, etc.

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.

Memorandum of Agreement – The Memorandum of Agreement (MOA) is a written document that must be signed by all network member CEOs, Board Chairs or tribal authorities 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.

Network Director – An individual designated by the award recipient institution to direct the project or program being supported by the award. The network director is responsible and accountable to the recipient organization officials for the proper conduct of the project or program. The entity (organization) is, in turn, legally responsible and accountable to HRSA and HHS for the performance and financial aspects of the award-supported activity. The interim network director may be employed by or under contract to the award recipient organization. The permanent network director may be under contract to the award recipient and the contractual agreement must be explained.

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 federal funds have been awarded, contains or references all terms of the award and documents the obligation of federal funds in the HHS accounting system.

Project – All proposed activities specified in an award application as approved for funding.

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

Recipient – An entity, usually but not limited to non-federal entities, that receives a federal award directly from a federal awarding agency to carry out an activity under a federal program. The term recipient does not include subrecipients.

Rural – All counties that are not designated as parts of Metropolitan Areas (MAs) by the Office of Management and Budget (OMB) are considered rural. In addition, HRSA uses the Rural Urban Commuting Area Codes (RUCAs), developed by the WWAMI Rural Research Center at the University of Washington and the Department of Agriculture’s Economic Research Service, to designate “Rural” areas within MAs.

<https://datawarehouse.hrsa.gov/tools/analyzers/geo/Rural.aspx>

Rural Hospital – Any short-term, general, acute, non-federal hospital that is not located in a metropolitan county, is located in a RUCA type 4 or higher, or is a Critical Access Hospital.

State – Includes, in addition to the 50 states, the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, the U.S. Virgin Islands, and the Republic of Palau.

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.

Appendix F: Useful Resources

Several sources offer data and information that will help you in preparing the application. You are especially encouraged to review the reference materials available at the following websites:

Academy for Health Services Research and Health Policy/ Robert Wood Johnson's Networking for Rural Health

- Reference material available at the website, which includes:
- Principles of Rural Health Network Development and Management
- Strategic Planning for Rural Health Networks
- Rural Health Network Profile Tool
- The Science and Art of Business Planning for Rural Health Networks
- Shared Services: The Foundation of Collaboration
- Formal Rural Health Networks: A Legal Primer

Website: <http://www.academyhealth.org> (click on search and enter rural health network)

Community Health Systems Development team of the Georgia Health Policy Center

Offers a library of resources on topics such as collaboration, network infrastructure and strategic planning.

Website: <http://ruralhealthlink.org/Resources/ResourceLibrary.aspx>
[Health Resources and Services Administration](#)

Health Resources and Services Administration

Offers links to helpful data sources including state health department sites, which often offer data.

Website: <http://www.hrsa.gov>

Kaiser Family Foundation

Resource for data and information.

Website: <http://www.kff.org>

Maternal and Child Health Data System

Offers data, sorted by state, on services to women and children.

Website: <https://mchb.tvisdata.hrsa.gov/>

National Association of County and City Health Officials (NACCHO):

Provides a guide that demonstrates how building partnerships among local health departments, community health centers, health care organizations, offices of rural health, hospitals, nonprofit organizations, and the private sector is essential to meet the needs of rural communities.

Website:

http://www.naccho.org/topics/infrastructure/mapp/framework/clearinghouse/upload/MobilizingCommunityPartnerships_7-29.pdf

National Center for Health Statistics

Provides statistics for the different populations.

Website: <http://www.cdc.gov/nchs/>

Rural Health Research Gateway

Provides access to projects and publications of the HRSA-funded Rural Health Research Centers, 1997-present.

Website: <http://www.ruralhealthresearch.org/>

Technical Assistance and Services Center

Provides information on the rural hospital flexibility and network resource tools.

Website: <http://www.ruralcenter.org/tasc>

The Rural Health Information Hub (RHI Hub)

The RHI Hub is a national resource for rural health and human services information.

Website: <https://www.ruralhealthinfo.org>

University of North Carolina - Cecil G. Sheps Center for Health Services Research

Resource for data and information on rural hospital closures.

Website: <https://www.shepscenter.unc.edu/programs-projects/rural-health/rural-hospital-closures/>