

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

Office of Rural Health Policy
Community-Based Division

Rural Network Allied Health Training Program

Announcement Type: Initial: New
Announcement Number: HRSA-15-068

Catalog of Federal Domestic Assistance (CFDA) No. 93.912

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2015

Application Due Date: March 31, 2015

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

Modified January 30, 2015: Executive Summary and Submission Dates and Times, error in application due date

Release and Issuance Date: January 29, 2015

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Federal Office of Rural Health Policy (ORHP) is accepting applications for fiscal year (FY) 2015 Rural Network Allied Health Training Program. The purpose of this grant program is to: support the development of formal, mature rural health networks that focus on activities that achieve efficiencies, expand access to, coordinate, and improve the quality of essential health care services, and strengthen the rural health care system. In this project, it is anticipated that this purpose will be achieved through the recruitment, clinical training, and retention of allied health professionals.

Funding Opportunity Title:	Rural Network Allied Health Training Program
Funding Opportunity Number:	HRSA-15-068
Due Date for Applications:	March 31, 2015
Anticipated Total Annual Available Funding:	\$2,000,000
Estimated Number and Type of Award(s):	Up to 10 grants
Estimated Award Amount:	Up to \$200,000 per year
Cost Sharing/Match Required:	No
Project Period:	September 1, 2015 through August 31, 2018 (3 years)
Eligible Applicants:	The lead applicant organization must be a public or private non-profit entity located in a rural area. The network must be formal and composed of at least three separate, existing health care providers. [See Section III-1 of this funding opportunity announcement (FOA) for complete eligibility information.]

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

The Office of Rural Health Policy will hold a technical assistance webinar on Wednesday, February 11, 2015 at 2:00 PM Eastern Standard Time to assist applicants in preparing their applications. The Adobe Connect webinar and call-in information are as follows:

Meeting Name: Rural Network Allied Health Training Program

To join the meeting as a guest: <https://hrsa.connectsolutions.com/ruralalliedhealth/>

Toll-free call in number: 800-857-9638 (participants must call in to verbally ask questions)

Participant Passcode for call in number: ALLIEDHEALTH

Table of Contents

I. FUNDING OPPORTUNITY DESCRIPTION	1
1. PURPOSE.....	1
2. BACKGROUND.....	2
II. AWARD INFORMATION	4
1. TYPE OF AWARD.....	4
2. SUMMARY OF FUNDING.....	4
III. ELIGIBILITY INFORMATION	4
1. ELIGIBLE APPLICANTS.....	4
2. COST SHARING/MATCHING.....	6
3. DUN AND BRADSTREET UNIVERSAL NUMBERING SYSTEM NUMBER AND SYSTEM FOR AWARD MANAGEMENT (FORMERLY, CENTRAL CONTRACTOR REGISTRATION).....	7
4. OTHER.....	7
IV. APPLICATION AND SUBMISSION INFORMATION	8
1. ADDRESS TO REQUEST APPLICATION PACKAGE.....	8
2. CONTENT AND FORM OF APPLICATION SUBMISSION.....	8
i. <i>Project Abstract</i>	9
ii. <i>Project Narrative</i>	9
iii. <i>Budget</i>	16
iv. <i>Budget Justification Narrative</i>	17
v. <i>Attachments</i>	17
3. SUBMISSION DATES AND TIMES.....	19
4. INTERGOVERNMENTAL REVIEW.....	19
5. FUNDING RESTRICTIONS.....	19
V. APPLICATION REVIEW INFORMATION	20
1. REVIEW CRITERIA.....	20
2. REVIEW AND SELECTION PROCESS.....	26
3. ANTICIPATED ANNOUNCEMENT AND AWARD DATES.....	27
VI. AWARD ADMINISTRATION INFORMATION	28
1. AWARD NOTICES.....	28
2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS.....	28
3. REPORTING.....	28
VII. AGENCY CONTACTS	29
VIII. OTHER INFORMATION	30
IX. TIPS FOR WRITING A STRONG APPLICATION	34

I. Funding Opportunity Description

1. Purpose

This announcement solicits applications for the Rural Network Allied Health Training Program (Allied Health Training).

The Rural Network Allied Health Training Program is a pilot program that will support the development of formal, mature¹ rural health networks that focus on activities that 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. In this project, it is anticipated that this purpose will be achieved through the recruitment, clinical training, and retention of allied health professionals. This program will further support integrated rural health networks that can partner with local community colleges and other accredited educational institutions (such as vocational and technical colleges) to develop formal clinical training programs. These formal training programs will target enrolled rural allied health professional students, to include displaced workers and veterans, in completing a rural, community-based clinical training rotation and obtaining eventual employment with a rural health care provider. Applicants will be required to focus their efforts to recruit, train, and retain allied health professionals from at least one of the following discipline categories² and associated discipline fields³:

1. clinicians
 - dental hygienists⁴
2. technologists and technicians
 - diagnostic imaging technologists (sonography, radiology, etc.)
 - medical/clinical laboratory technicians
 - paramedics⁵ and community paramedics^{6,7}
 - pharmacy technicians
 - psychiatric/mental/behavioral health technicians

¹ The definition of mature is located in the Other Information Section VIII.4.

² The U.S. Health Workforce Chartbook. (2013). Rockville, MD: U.S. Department of Health and Human Services, Health Resources and Services Administration, the National Center for Health Workforce Analysis. Available at: <http://bhpr.hrsa.gov/healthworkforce/supplydemand/usworkforce/chartbook/index.html>.

³ This list of allied health disciplines is not exhaustive. ORHP conducted an informal needs assessment to determine existing gaps for various allied health disciplines in rural areas and the key employment needs by rural health provider type.

⁴ Dental hygienists are generally not allowed to practice without a dentist on site. There may be a few state exceptions: https://www.adha.org/resources-docs/7513_Direct_Access_to_Care_from_DH.pdf. Applicants should verify and address this issue, if applicable, within the Needs Assessment of the Project Narrative Section IV.2.ii.

⁵ As based on the National Paramedic (NRP) Certification through the National Registry of Emergency Medical Technicians: <https://www.nremt.org/>.

⁶ Community paramedics are paramedics trained to provide more general medical services that address specific community needs: <http://www.naemt.org/Libraries/Community%20Paramedicine/Urgent%20Matters-Innovations-What%20is%20CP%200513.sflb>.

⁷ Applicants will be required to verify as a condition of award that community paramedicine is allowed by state scope of practice, statute and/or regulation, that there is an internationally standardized community paramedicine educational program provided by a local accredited college or university, and that there are available employment opportunities for community paramedics within rural parts of the state. Include this information in **Attachment 15** for reviewers to accurately assess applicant need.

3. other allied health
 - physical therapy assistants
 - occupational therapy assistants

The Allied Health Training program goals are as follows:

1. Improving the viability of the network partners by increasing recruitment and retention of allied health professionals within their rural communities and other non-network rural communities;
2. Providing allied health students with training opportunities and experiences within culturally competent, community focused rural hospitals/clinics, which will build and reinforce ties within these rural communities;
3. Establishing a replicable model network approach to training allied health students in rural areas;
4. Expanding the uptake of industry-validated credentials that are competency based, empowering job seekers and reducing barriers to hiring; and
5. Establishing partnerships between the network and community organizations that can serve as an ongoing vehicle for addressing workforce challenges.

These networks can focus on a variety of different activities related to the recruitment, training, and retention of allied health professionals.

2. Background

This program is authorized under Section 330A(f) of the Public Health Service (PHS) Act, as amended (42 U.S.C. 254(c)(f)). This authority directs the Office of Rural Health Policy (ORHP) to support grants for eligible entities to promote, through planning and implementation, the development of integrated health care networks that have combined the functions of the entities participating in the networks in order to: (i) achieve efficiencies; (ii) expand access to, coordinate, and improve the quality of essential health care services; and (iii) strengthen the rural health care system as a whole.

The President's Improve Rural Health Care Initiative continues to increase efficiency and assess the way rural programs are administered by focusing on building an evidence base to improve health care in rural communities. A key element of the initiative is workforce recruitment and retention. In further support of rural America, the President signed Executive Order 13575 on July 9, 2011, creating the White House Rural Council, which makes recommendations for streamlining and improving the effectiveness of economic investments in rural areas and coordinates federal engagement and partnerships with a variety of rural stakeholders. As a result of its charge, the White House Rural Council has increased federal collaboration and coordination around job creation and workforce development.

As a part of the President's 2014 State of the Union Address, Federal agencies were encouraged, as appropriate, to link workforce with skills and training, and making federal employment and training programs more job-driven, integrated and effective. This approach will help job seekers

prepare for in-demand jobs and careers, known as job-driven training.⁸ The Rural Network Allied Health Training Program will address health care access issues faced in rural areas while creating education, training, and employment opportunities.

Rural communities face issues with recruiting and maintaining health and human services professionals. The majority of rural areas do not have the adequate workforce supply to meet their population needs. For example, more than one-third of rural residents reside in a health professional shortage area (HPSA). In addition, a report from the National Advisory Committee on Rural Health and Human Services notes that “in general, counties with a primary care HPSA designation are also more likely to lack allied health resources, suggesting that the overall rural health care system has workforce shortages.”⁹ The National Rural Health Association also reports that “allied health professionals comprise the majority of the health care workforce, and include more than 85 distinct occupations.”¹⁰ As such, allied health professionals are a key component of the rural health delivery system.

Community colleges and technical or vocational colleges are extremely important to rural economic development. In many rural communities, they are the only higher education institutions accessible to their populations. Community colleges and technical or vocational colleges tend to work with their communities so that rural students may train in their own community, which increases the likelihood that these students will stay and continue to live and work there.¹¹ However, the availability of rural internship/practicum opportunities is limited. Having enough faculty to support training programs in rural areas is an additional challenge. Improving and restoring health to rural areas requires a multi-faceted approach with actions at every level of partnership. Successful local collaborative partnership models between education institutions and rural providers, such as rural health care networks, help rural communities maximize the use of limited resources while expanding workforce development services.¹²

There is a positive relationship between health and human services workforce development and community economic impact. Rural leaders have been able to successfully fill vacant positions by investing in local citizens. Studies show that investing in “grow your own” community-based workforce training programs within rural communities tends to address challenges with recruitment and retention because not only are rural residents a ready workforce supply, but they are more likely to stay and work in rural communities.¹³ Moreover, there are financial savings

⁸The President’s State of the Union Address is available at: <http://www.whitehouse.gov/the-press-office/2014/01/28/president-barack-obamas-state-union-address>.

⁹ National Advisory Committee on Rural Health and Human Services. (2009). Report to the DHHS Secretary. Rockville, MD: U.S. Department of Health and Human Services, Office of Rural Health Policy. Available at: <http://www.hrsa.gov/advisorycommittees/rural/2009secreport.pdf>.

¹⁰ National Rural Health Association. (2008). Recruitment and Retention of Quality Health Workforce in Rural Areas: A Series of Policy Papers on the Rural Health Careers Pipeline, Paper #11. Available at: <http://www.ruralhealthweb.org/go/left/government-affairs/policy-documents-and-statements/official-policy-positions/official-policy-positions>.

¹¹ IOM (Institute of Medicine). (2011). Allied health workforce and services: Workshop summary. Washington, DC: The National Academies Press. Available at: http://www.nap.edu/download.php?record_id=13261.

¹² National Advisory Committee on Rural Health and Human Services. (2009). Report to the DHHS Secretary. Rockville, MD: U.S. Department of Health and Human Services, Office of Rural Health Policy. Available at: <http://www.hrsa.gov/advisorycommittees/rural/2009secreport.pdf>.

¹³ Daniels ZM, VanLeit BJ, Skipper BJ, Sanders ML, Rhyne RL. (2007). Factors in Recruiting and Retaining Health Professionals for Rural Practice. *Journal of Rural Health*. v23(1):62-71. Available at: <http://www.paeonline.org/index.php?ht=a/GetDocumentAction/id/110036>.

from lower recruitment and retention costs for rural residents (current health care staff, post-secondary students, displaced workers, veterans) versus health care professionals from other areas, particularly from non-rural areas.¹⁴

II. Award Information

1. Type of Award

Funding will be provided in the form of a grant.

2. Summary of Funding

This program will provide funding during Federal fiscal years 2015 – 2017. Approximately \$2,000,000 is expected to be available annually to fund 10 grantees. Applicants may apply for a ceiling amount of up to \$200,000 per year. The project period is three (3) years. Funding beyond the first year is dependent on the availability of appropriated funds for the Rural Network Allied Health Training Program in subsequent fiscal years, grantee satisfactory performance, and a decision that continued funding is in the best interest of the Federal Government.

III. Eligibility Information

1. Eligible Applicants

a) Ownership and Geographic Requirements:

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

- 1) The lead applicant organization must be a public or private non-profit entity located in a rural area or in a rural census tract of an urban county, and all services must be provided in a rural county or census tract. The applicant's EIN number should verify it is a rural entity. To ascertain rural eligibility, please refer to: <http://datawarehouse.hrsa.gov/RuralAdvisor/> and enter the applicant organization's state and county. A network serving rural communities but whose applicant organization is not in a designated rural area will not be considered for funding under this announcement. Rural faith-based and community-based organizations, Tribes, and tribal organizations are eligible to apply.
- 2) In addition to the several States, only Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, the U.S. Virgin Islands, the

¹⁴ National Advisory Committee on Rural Health and Human Services. (2009). Report to the DHHS Secretary. Rockville, MD: U.S. Department of Health and Human Services, Office of Rural Health Policy. Available at: <http://www.hrsa.gov/advisorycommittees/rural/2009secreport.pdf>.

Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau may apply. If applicants are located outside the 50 states, they still have to meet the rural eligibility requirements.

One of the following documents must be included in **Attachment 3** to prove non-profit status (not applicable to state, local, and tribal government entities; tribal organizations, however, must provide one of the following):

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

b) Network Requirements:

Applicants must meet the following requirements:

- 1) The network is composed of at least three health care providers that are separate, existing organizations which require them to have their own EIN number. These members may be for-profit or non-profit and may be in a rural or urban area. Multiple health care providers owned by the same overarching entity or health system are not considered a separate entity. A formally established and incorporated 501(c) (3) network may apply on behalf of all network members.
- 2) The network must partner with an accredited two-year educational institution, such as a community, technical, or vocational college. This partner may but does *not* need to be an official member of the network and must formally express commitment for the program and intent to partner.
- 3) The network organizational relationship is formal. Each member of the network must sign a Memorandum of Agreement or a Memorandum of Understanding (MOA/MOU) submitted in **Attachment 6**. The purpose of this document is to

signify the formal commitment of network members. The MOA/MOU must describe the network's purpose. It must also describe each member's expertise relevant to the goals of the network and the member's responsibilities in terms of financial contribution, participation and membership benefits. Along with the MOA/MOU, the network must submit its signed and dated by-laws within **Attachment 7**.

- 4) 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 which merely provides advice is not considered a governing body. An already-existing non-profit board of individuals convened for providing oversight to a single organization is not an appropriate board structure. The applicant will be required to depict the governing body's relationship to the network within **Attachment 4**.
- 5) The network has a permanent network director (i.e. network executive director) or has 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. During the grant period, the project director should be a full time employee (1.0 FTE) of the network organization. To ensure success and sustainability, there must be at a minimum 1.0 FTE managing the grant program.

c) Management Criteria:

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

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

2. Cost Sharing/Matching

Cost Sharing/Matching is not required for this program.

3. Dun and Bradstreet Universal Numbering System Number and System for Award Management (formerly, Central Contractor Registration)

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

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

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

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

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

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

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

4. Other

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

Any application that fails to satisfy the deadline requirements referenced in *Section IV.3* will be considered non-responsive and will not be considered for funding under this announcement.

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

Notifying your State Office of Rural Health

Applicants are required to notify the State Office of Rural Health (SORH) of their intent to apply to this program. A list of the SORHs can be accessed at <http://www.hrsa.gov/ruralhealth/about/directory/index.html>. Applicants must include in **Attachment 8** a copy of the letter or email sent to the SORH, and any response received to the letter that was submitted to the SORH describing their project.

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

Applicants located in Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, 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 State Office of Rural Health. Therefore, applicants from these areas can request an email or letter confirming the contact from NOSORH. The email address is: donnap@nosorh.org.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA *requires* applicants for this funding opportunity announcement to apply electronically through Grants.gov. Applicants must download the SF-424 application package associated with this funding opportunity following the directions provided at Grants.gov.

2. Content and Form of Application Submission

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

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

Application Page Limit

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

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

Program-specific Instructions

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

i. Project Abstract

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

ii. Project Narrative

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

Use the following section headers for the Narrative:

- *INTRODUCTION -- Corresponds to Section V's Review Criterion Need*

This section should briefly describe the purpose of the proposed project. It should be succinct, self-explanatory and well organized so that reviewers can understand the proposed project.

- *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion Need and Impact*

This section outlines the needs of your community and/or network. This section should help reviewers understand the rural community and/or entities that will be served by the proposed project including, but not limited to, rural health care providers that will be served by the proposed project. The following items must be addressed within the needs assessment:

- (1) The applicant provides evidence of the health care needs and workforce problems in the community that the network proposes to address. The applicant uses appropriate data sources (e.g., local, state, federal) in their analysis of the environment in which the network is functioning as follows:
 - a. The unmet health and health workforce needs must be described and documented in this section. Specifically, allied health disciplines targeted must be listed and the need for recruitment, training, and education must be described and documented. Present concrete data that supports the need for the targeted allied health disciplines, such as the turnover rate, health care service gaps, etc. (Targeted allied health disciplines must fall under the approved discipline categories and prescribed associated discipline fields described in the Purpose Section I.1. **Applicants that choose allied health disciplines outside of the list will not be considered for funding.**) Include the number of counties being addressed by the network's allied health workforce training program. Compare local data to State and Federal data where possible to highlight the local community's unique need.

- b. Appropriate demographic data should be used and cited wherever possible to support the information provided, including the estimated number of people in the service area and appropriate health workforce data.
 - c. The goal of the network is to strengthen the viability of providers in the community; this section must include key challenges and barriers to training, recruiting, and retaining allied health professionals.
 - d. A map that shows the location of network members, the geographic area that will be served by the network and any other information (in particular, proposed clinical training sites) that will help reviewers visualize and understand the scope of the proposed activities should be included. Please be sure that any maps included will photo copy clearly in black and white, as this is what reviewers will see. Color copies will not be made.
- (2) The applicant describes how the local community or region to be served will benefit from the network as a result of the allied health training program.
- (3) The applicant demonstrates the need for federal funding to support network workforce development activities by describing the environment in which the network has developed and why federal funds are appropriate at this point in time.

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

Propose methods that will be used to meet each of the previously-described program requirements and expectations in this grant announcement.

- (1) The applicant defines the specific goals and objectives of the network's proposed grant-funded activities. These goals and objectives should directly relate to the information presented in the Needs Assessment section.
- (2) The applicant explains the network's strategy for accomplishing the stated goals and objectives. The narrative should include a description of how the proposed grant-funded activities will further the network's strategic plan and/or business plan.
- (3) As a part of the allied health training program, students must commit to the completion of the training program in order to receive job placement assistance. As such, the network should describe how it will conduct an employment hiring plan to forecast where network workforce needs are as well the operational steps towards hiring the graduates. The employment hiring plan can also help the network identify those rural regional community organizations and partners in need of allied health workers or that can help place those workers with employment.
- (4) The applicant outlines the specifics of the allied health training program and addresses the following questions:
- a. From what populations will the network recruit students into the allied health training program? How will the network help address barriers and challenges to recruiting students into training and retaining students in and after training?

How will the program be advertised to local health professionals already working in clinical settings? How will the program ensure that students demonstrate a substantive commitment to working in rural communities?

- b. How will the network place students in hospitals/clinics to provide them hands-on experience in a clinical setting?
- c. How will the network help place students in rural employment after completing the allied health training program?

(5) Describe a sound plan for sustaining the project after Federal support for the project has ended. A sustainability plan that incorporates recruitment, training, and retention of rural allied health workers is essential to the network's ability to create meaningful long-term change in rural communities. All responses to the questions below should be addressed into a cohesive sustainability plan. In this section, the applicant should demonstrate a plan which positions the program to sustain the continued implementation of the three core elements of this program, which are recruitment, training, and retention of allied health workers in its community or region. The plan should identify:

a. Recruitment

- i. How the network plans to sustain rolling recruitment of students for the program;
- ii. How the network plans to disseminate information about the allied health training program to members of the community;
- iii. What is the mechanism for periodic/ongoing planning and assessment of member and provider needs regarding allied health workforce in the community, the local allied health workforce needs, and recruitment barriers and challenges;

b. Training

- i. How the network plans to build diverse sources of network revenue;
- ii. How the network plans to sustain the clinical training components of the program;

c. Retention

- i. How the network plans to continually retain graduates in rural communities via various strategies, such as developing career pathways, and how the network plans to continually assess and address retention barriers and challenges;
- ii. How the network plans to acquire sustained financial commitment from its network members to support ongoing network activities;
- iii. How the network plans to identify rural regional partners.

(6) Promising Practices/ Evidence-Based Practices/ Evidence Informed Practices: If the application proposal is based upon a program that worked in another community, please describe that program and include an abstract in **Attachment 14**. If applicable, describe why that approach will succeed in your community and what elements will be different in your community (how will it be tailored?).

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

Describe the activities or steps that will be used to achieve each of the activities proposed in the methodology section. Use a time line that includes each activity and identifies responsible staff. The following should be addressed in this section:

- (1) The applicant describes a clear and coherent work plan that is aligned with the network's goals and objectives. To accomplish this, applicants are strongly encouraged to present a matrix that illustrates the network's goals, objectives, strategies, activities, and measurable process and outcome measures in **Attachment 9**. The work plan must outline the **individual or organization responsible** for carrying out each activity and **include a timeline** for **all** three years of the grant. It is expected that certain activities will be accomplished by the end of each grant year as a condition of the award. The accomplishment of these activities (grantee satisfactory progress as stated) will factor into the decision to fund subsequent fiscal years. The activities and deliverables to be accomplished within each year of the grant by all awarded grantees are as follows:

YEAR 1

- **MONTH 3:** By the End of *Month 3*, the formal recruitment process for allied health students commences.
- **MONTH 6:** By the Start of *Month 6*, a final assessment plan¹⁵ is finalized **AND** the clinical training rotations commence.
- **MONTH 12:** By the End of *Month 12*, a network strategic plan is finalized.

YEAR 2

- **MONTH 1:** By the Start of *Month 1*, an employment hiring plan is completed **AND** the first cohort of allied health students are formally employed within the network or with an outside rural health care provider.

YEAR 3

- **MONTH 9:** By the End of *Month 9*, a sustainability and retention plan is finalized.
- **MONTH 15:** By the End of *Month 15*, a final assessment report¹⁶ is completed.

- (2) Project Monitoring: The applicant describes measures to be implemented for assuring effective performance of the proposed grant-funded activities. The applicant provides

¹⁵ The assessment plan should detail the strategy for assessing performance measures (implementation and operations) to determine program effectiveness so that adjustments, as needed, can be made. The assessment plan should outline indicators such as the reduction in recruitment and retention costs and the number of employment vacancy days.

¹⁶ The assessment report is the key product of the assessment process, which is derived from the assessment plan. Its purpose is to provide a transparent basis for accountability for results, for decision-making on policies and programs, for learning, for drawing lessons and for improvement:
http://www.undp.org/eo/documents/erc/Evaluation_Report.doc.

clear benchmarks of success for each year, including the projected number of students that will be trained, certified, licensed, and employed each year. The applicant describes on-going quality assurance/quality improvement strategies that will assist in the early identification and modification of ineffective efforts. For example, if one of the network's key strategies for reaching a network goal turns out to be ineffective, the applicant describes the measures in place to identify and address this situation.

- (3) The applicant articulates how network activities will be communicated and integrated into the individual network members' organizational activities to the extent this is appropriate. (Note: The viability and success of networks often can be predicted by the extent to which this is accomplished.) Describe the communication plan that will be used to communicate within the network.
- (4) The applicant articulates a clear approach within the work plan for widely disseminating information regarding results of their allied health training program. The applicant describes strategies and activities for informing respective target audiences, including the general public.

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

- (1) Discuss challenges likely to be encountered in designing and implementing the activities described in the work plan, and approaches that will be used to resolve such challenges.

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

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

- a. Inputs and resources utilized to implement the rural allied health workforce.
- b. Outputs, outcomes, and impacts as related to the recruitment and retention of workforce into rural communities.
- c. Provides a narrative explaining the logic model (i.e. presumed effects of the network's allied health training program).

Include the project's Logic Model and Narrative in **Attachment 10**. Additional information on developing logic models can be found at the following website: <http://www.wkcf.org/knowledge-center/resources/2006/02/WK-Kellogg-Foundation-Logic-Model-Development-Guide.aspx>.

(**Note:** Although there are similarities, a logic model is not a work plan. A logic model is overarching and provides a visual depiction of the program’s presumed effects. An “outcomes approach” logic model attempts to logically connect program resources with desired results and is useful in designing effective program assessment and reporting strategies. A work plan is an “action” guide with a timeline used during program implementation; the work plan provides the “how to” steps. Information on how to distinguish between a logic model and work plan can be found at the following website: <http://www.cdc.gov/healthyouth/evaluation/pdf/brief5.pdf>.)

Additional information on the social-ecological model framework can be found at the following websites: <http://www.cdc.gov/cancer/crccp/sem.htm>; <http://www.cdc.gov/violenceprevention/overview/social-ecologicalmodel.html>; <http://heb.sagepub.com/content/15/4/351.full.pdf+html>

(2) In this section, the applicant describes how progress toward meeting grant-funded goals will be tracked, measured, and assessed. The applicant explains any assumptions made in developing the project matrix/work plan and discusses the anticipated outputs and outcomes of grant-funded activities. Both outcome and process measures may be used to assess the progress of efforts. An assessment plan should be included in **Attachment 11**. Below are additional resources that will aid in the development of an assessment plan:

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

(3) The applicant describes the process by which data/information for these measures will be collected and analyzed. The applicant describes the process they will use to create a final assessment plan. The applicant provides details about the person conducting the assessment and their proposed approach for conducting the program assessment.

NOTE: ORHP will create specific performance measures that grantees will be required to report within the Performance Improvement System (PIMS) located in HRSA’s Electronic Handbook (EHB). See Section VI 3 for additional information.

(4) Discuss the network’s approach to program assessment, in particular how the network will track students after their clinical training ends to determine rural employment and retention.

▪ ***ORGANIZATIONAL INFORMATION -- Corresponds to Section V’s Review Criterion Impact and Resources/Capabilities***

(1) Provide a brief overview of the network that includes information such as their mission (which should be provided in **Attachment 5**), structure (which should be provided in **Attachment 4**), and current primary activities.

- (2) The applicant identifies and describes each of the network members and should include each partner's organization name, address, primary contact person, and current role in the community/region. A table may be used to present this information, if helpful, and included with **Attachment 4**. If a network is the applicant, the applicant makes clear that the network is comprised of at least three separate organizations and is partnering with a two-year accredited rural or rural-serving educational institution; OR if there is no separate network entity, that the applicant is applying on behalf of at least three separate organizations and a two-year accredited rural or rural-serving educational institution. Please provide an EIN number for each organization.
- a. Describe the governance structure for the network that demonstrates there is effective, independent network-driven leadership in place. Applicants should demonstrate that the governing body, rather than an individual network member, will make financial and programmatic decisions. Providers of care should be represented on the governing body. (Note: An already-existing non-profit board of individuals convened for providing oversight to a single organization is not an appropriate board structure. The network's board must be primarily made up of representatives of the organizations participating in the network to ensure they control decisions regarding network activities and budget.)
 - b. Provide a one page organizational chart of the **network** that depicts the relationship between the network members and the network governing board. Additionally, specify and depict the network director's name and relationship to the network. If a network member is serving as the lead applicant on behalf of the network, they must **also** include a one page organizational chart of the **lead applicant organization**. The organizational chart(s) should be uploaded as **Attachment 4**.
 - c. Applicant should supply letters of support from entities such as local clinics and providers, Workforce Investment Boards (WIBs), regional health systems, and areas businesses. Each of these organizations can prove effective partners in fully launching the allied health training program. Letters of support should be uploaded in **Attachment 12**.
- (3) Outline the roles and responsibilities, within the network, of each network member while addressing capacity to carry out program goals and how the members all contribute to the ability of the organization to conduct the program requirements and meet program expectations. Describe the relationship between the applicant and the other network members. Explain why each of the network members are appropriate collaborators, what expertise they bring to the network, and why other key groups were not included.
- (4) The applicant describes the relationship of the network with the community/region it serves. The applicant describes the extent to which the network engages the community in its planning and functioning and demonstrates the role of lay consumers of care in its planning and functioning.

- (5) The applicant describes the extent of prior collaboration among network members that demonstrates an ability to accomplish set goals. Describe challenges that the network members overcame to accomplish previous objectives.
- (6) 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. The accredited rural or rural-serving educational institution must also submit a signed MOA/MOU to demonstrate commitment to partner with the network for the duration of the grant. Furthermore, if an AHEC is a part of the network, the applicant must provide assurances and evidence that the Rural Network Allied Health Training grant funds will not displace current AHEC funding. Include the MOA/MOU in **Attachment 6**. **Note: The original signed and dated MOA/MOU should be kept by the applicant organization. If the application is funded, the signed original will be required for submission to ORHP within 30 days of award.** Additional evidence, such as by-laws and letters of incorporation should be included in **Attachment 7** as well.
- (7) The applicant describes a clear coherent plan for staffing detailing requirements necessary to run the network and allied health training program. A staffing plan is required in **Attachment 1**. Specifically, the following should be addressed:
 - a. State whether the applicant has a project director in place. If the network has does not have a project 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 the full-time director, etc.).
 - b. The number and types of staff, qualification levels, and FTE equivalents.
 - c. The information necessary to illustrate both the capabilities (current experience, skills, knowledge, experience with previous work of a similar nature, and materials published) of key staff already identified and the requirements that the applicant has established to fill other key positions if the grant is received.
 - d. Staffing needs must have a direct link to the activities proposed in the project narrative and budget portion of the application.

iii. Budget

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 grant-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.

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

The Consolidated Appropriations Act, 2014, Division H, § 203, (P.L. 113-76) states, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." Please see Section 4.1.iv Budget – Salary Limitation of HRSA's [SF-424 Application Guide](#) for

additional information. Note that these or other salary limitations will apply in FY 2015, as required by law.

iv. Budget Justification Narrative

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

v. Attachments

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

Attachment 1: Staffing Plan and Job Descriptions for Key Personnel

Provide a staffing plan that discusses the staffing requirements necessary to run the network, and specifically to accomplish the proposed allied health training program. Staffing needs should be explained, and should have a direct link to activities proposed in the project narrative and budget portion of your application. Provide the job descriptions for key personnel listed in the application. Keep each description to one page if possible. For the purposes of this grant application, Key Personnel is defined as persons funded by this grant or persons conducting activities *central* to this grant program.

Attachment 2: Resumes/Biographical Sketches of Key Personnel

Provide resumes or biographical sketches for persons occupying the key positions described in the application. Resumes and biographical sketches should be brief, one or two pages are preferred. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch.

Attachment 3: Proof of Nonprofit Status

The applicant must include a letter from the IRS or eligible State entity that provides documentation of profit status. In place of the letter documenting nonprofit status, public entities must, however, submit an official signed letter on city, county, State, or Tribal government letterhead identifying them as a public entity. Tribal government entities should verify their Federally-recognized status via the Bureau of Indian Affairs website: <http://www.bia.gov>.

Attachment 4: Organizational Chart

Provide a one page organizational chart of the network that depicts the relationship between the network members and includes the network governing board. The organizational chart of the network should contain the network director's name and EIN number of each organization depicted in chart. If a network member is serving as the lead applicant on behalf of the network, they must also include a one page organizational chart of the lead applicant organization.

Attachment 5: Network Vision and Mission/Purpose

A statement of the Network's Vision and a statement of the Network's Mission/Purpose.

Attachment 6: Network Memorandum of Agreement/Understanding

The network must have a Memorandum of Agreement or Memorandum of Understanding (MOA/MOU) signed and dated by all network members, that reflects the mutual commitment of the members. The accredited rural or rural-serving educational institution must also submit a signed MOA/MOU to demonstrate commitment to partner with the network. Note: The original signed and dated MOA/MOU should be kept by the applicant organization. If the application is funded, the signed original will be required for submission to ORHP within 30 days of award.

Attachment 7: Network By-Laws and Letters of Incorporation

Applicants are required to submit network by-laws. Also, if desired, include Letters of Incorporation.

Attachment 8: State Office of Rural Health Letter

All applicants are required to notify their State Office of Rural Health (SORH) early in the application process to advise them of their intent to apply. The SORH can often provide technical assistance to applicants. Applicants should request an email or letter confirming the contact. State Offices of Rural Health also may or may not, at their own discretion, offer to write a letter of support for the project. Please include a copy of the letter or confirmation of contact. In the case that you do not receive a response from the SORH, submit a copy of your request to the SORH for consultation.

Attachment 9: Work Plan

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

Attachment 10: Logic Model and Narrative

Applicants are required to submit a logic model and narrative that illustrates the inputs, activities, outputs and outcomes and impact of the project. Refer to Section IV. i. Project Narrative for more information.

Attachment 11: Assessment Plan

The assessment plan should address both process and outcome measures. It should include: assessment questions; indicators; data sources; assessment methods (e.g. review of documents, interviews with project staff and participants, surveys of participants etc.); and how the assessment findings will be shared throughout the project.

Attachment 12: Letters of Support

Applicants should supply letters of support from informal network partner organizations that are not official members of the network (in particular, the local Workforce Investment Board), but may play a role in the implementation of the proposed grant project.

Attachment 13: Proof of Funding Preference Designation/Eligibility, if applicable

If requesting a Funding Preference, include proof of qualification in this section. Include a printout or screenshot that displays the HPSA and/or MUC/P designation and respective

score: <http://datawarehouse.hrsa.gov/geoadvisor/ShortageDesignationAdvisor.aspx>. The printout or screenshot of the HPSA designation can also be found at <http://hpsafind.hrsa.gov/> and the MUC/P designation can also be found at <http://muafind.hrsa.gov/>.

Attachment 14: Evidence-Based Practices/ Promising Practices Abstract, if applicable

If the proposed methodology to address allied health training is based upon a project or program that has worked in another community or network, include an abstract of that practice.

Attachment 15: Other documents, as necessary

Please include any other documents (not provided for elsewhere in this Table of Contents) that you chose to submit, as necessary. Be sure the attachment is clearly labeled.

3. Submission Dates and Times

Application Due Date

The due date for applications under this funding opportunity announcement is *March 31, 2015 at 11:59 P.M. Eastern Time*.

See Section 8.2.5 – Summary of e-mails from Grants.gov of HRSA’s *SF-424 Application Guide* for additional information.

4. Intergovernmental Review

Rural Network Allied Health Training Program is a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100. See Executive Order 12372 in the [HHS Grants Policy Statement](#).

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

5. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to three (3) years, at no more than \$200,000 per year. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project’s objectives, and a determination that continued funding would be in the best interest of the Federal Government.

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

No more than 20 percent of the Federal share for each budget period may be spent on equipment. In order to purchase equipment, applicants must provide a strong justification that is directly related to the purpose, goals, and activities of the Rural Network Allied Health Training Program and receive prior approval.

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

Grant funds may not be used to pay for the direct provision of clinical health care services.

Grant funds may not be used to purchase vehicles.

Grant funds may not be used to directly pay for health care provider continuing education (CE) credits.

Grant funds may not be used to provide health professions outreach, education or training to students in grades K-12.

The General Provisions in Division H, Title V of the Consolidated Appropriations Act, 2014 (P.L. 113-76), apply to this program. Please see Section 4.1 of HRSA's [SF-424 Application Guide](#) for additional information. Note that these or other restrictions will apply in FY 2015, as required by law.

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

V. Application Review Information

1. Review Criteria

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

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

Review Criteria are used to review and rank applications. The Rural Network Allied Health Training Program has 6 (six) review criteria:

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

The quality of and extent to which the application demonstrates the problem and associated contributing factors to the problem.

- (1) The quality of and extent to which the relationship is clear and logical between the challenges impacting the network's rural community(ies) and the need for the Rural Network Allied Health Training Program.
- (2) The quality of and extent to which the applicant uses appropriate data sources (e.g., local, State, Federal) in their analysis of the environment, health care and workforce needs, in which the network is functioning and the degree to which this evidence substantiates the need for the network and the allied health training program.

- (3) The quality of and extent to which the provides quantifiable information on the lack of existing allied health disciplines and training available in the applicant's community/region. Extent to which the applicant clearly demonstrates the nature of geographical services area, including network membership. Manner in which applicant will meaningfully contribute to fill gaps in existing services related to the targeted allied health disciplines. Extent to which the targeted allied health disciplines fall within the approved list of allied health discipline categories and fields.
- (4) The extent to which the key challenges and barriers to training, recruiting, and retaining allied health professionals are identified.
- (5) The extent to which the applicant describes how the local community or region to be served will benefit from the network as a result of the allied health training program.
- (6) The extent to the which the applicant demonstrates the need for federal funding to support network workforce development activities by describing the environment in which the network has developed and why federal funds are appropriate at this point in time.

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

The extent to which the application responds to the "Needs Assessment" section and devises a Work Plan to address the network and its allied health training program goals and objectives and solutions to potential challenges.

- (1) Adequacy of the applicant's strategy to address the challenges facing rural health providers and the training program in recruiting and retaining allied health professionals.
- (2) Extent to which applicant's goals and objectives are clear, concise and appropriate for the network's proposed grant-funded activities. Degree to which these goals and objectives directly relate to the information presented in the Needs Assessment section. Appropriateness of these activities and extent to which they flow logically from the goals and objectives.
- (3) Appropriateness of the network's strategy for accomplishing the stated goals and objectives and the extent to which it will specifically address the network's strategic and business priorities.
- (4) Degree to which the applicant outlines the specifics of the allied health training program in the following areas:
 - a. Degree to which the applicant has assessed populations from which the network will recruit students into the allied health training program and addressed barriers and challenges for recruitment and retention of the students in and after training, such as transportation, remedial education needs, etc. Thoroughness of plans to advertise the program to local health professionals already working in clinical settings. Effectiveness of proposed measures the program will take to ensure that students demonstrate a substantive commitment to working in rural communities.

- b. Degree to which the network will work to place students in hospitals/clinics to provide them adequate hands-on experience working in a clinical setting.
 - c. Detail and appropriateness of the plan to place students in rural employment after completing the allied health training program.
- (5) Feasibility of the network's employment hiring strategy to identify those rural regional community organizations or partners in need of allied health workers or that can help place those workers with employment after completing the program.
- (6) Degree to which the applicant has developed a sound sustainability plan for recruitment, training, and retention of rural allied health workers.
 - a. Extent to which applicant has developed a mechanism for periodic/ongoing planning and assessment of network members and provider needs regarding allied health workforce in the community, the local allied health workforce needs, and recruitment and retention barriers and challenges;
 - b. Appropriateness and level of detail in the network's plans:
 - i. To sustain rolling recruitment of students for the program;
 - ii. To sustain clinical training components of the program;
 - iii. To continually retain graduates in rural communities via various strategies, such as developing career pathways;
 - iv. To build diverse sources of network revenue;
 - v. To acquire sustained commitment from its network members to support ongoing network activities; and
 - vi. To identify rural regional partners to retain graduates in rural communities.
- (7) Degree to which the application includes a clear and coherent work plan aligned with the network's annual goals, objectives, and strategies. Appropriateness of the work plan in identifying responsible individual(s) and organization(s) and a timeline for each activity for all three years. Appropriateness of associated process and outcome measures for each activity and respective goal.
- (8) Degree to which the applicant's Work Plan aligns with the implementation timeline and deliverables set out for the training programs first cohorts of students.
- (9) Degree to which the allied health training program design meets the needs of local clinics and providers in the community and/or region. Level of detail used to describe the processes through which students will secure clinical training and ultimately paid employment in rural communities.
- (10) Extent to which the applicant demonstrates how the network will monitor their project. Presence and appropriateness of specific measures to use for assuring effective performance of the proposed grant-funded activities and on-going quality assurance/quality improvement strategies that will assist in the early identification and modification of ineffective efforts.

- (11) Extent to which the application presents clear benchmarks of success for each year.. The appropriateness of the projected number of students that will be trained, certified, licensed, and employed each year.
- (12) Extent to which the application demonstrates a comprehensive understanding of potential challenges likely to be encountered in designing and implementing the activities described in the Work Plan. Appropriateness of proposed approaches to resolve the identified potential challenges.
- (13) Extent to which the application presents a clear and cohesive plan for how network activities will be communicated and, the extent that the communication plan is appropriate, integrated into the individual network members' organizational activities.

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

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

- (1) Degree to which the logic model strengthens the work plan as evidenced by the inputs, activities, outputs, short-term and long-term outcomes, and the impact of the project in **Attachment 10**. Logic model presents a rational flow that emphasizes a correlation between program components for students, network members, and the community at all social-ecological levels (intrapersonal/individual, interpersonal, organizational/institutional, community, and public policy).
- (2) Strength of evidence that progress towards meeting grant-funded goals will be tracked, measured, and assessed. Feasibility and effectiveness of the identified outcome and process measures for assessing the progress of efforts.
- (3) Effectiveness of the process for collecting and analyzing data/information for program assessment measures and the approach for assessing the network's progress in relation to proposed outputs and outcomes.
- (4) Effectiveness of the proposed method to create a strong program assessment. The strength of the assessment plan included in **Attachment 11** in regards to the needs assessment, program goals, work plan, and sustainability.
- (5) Feasibility and effectiveness of the network's method for tracking students after their clinical training ends to determine rural employment and retention. Does the applicant discuss specific methods for tracking employment and retention (i.e. surveys, wage data, education data, etc.)?

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

The extent to which the potential impact that the network and its proposed allied health training program activities (discussed in the applicant's Work Plan and logic model) are feasible and effective, will affect the network members, program students, and community. The extent to which the applicant will disseminate the information regionally or nationally, including efforts

by grassroots, faith-based or community-based organizations. Degree to which project activities are replicable and sustainable beyond Federal funding.

- (1) Clarity with which the application identifies the integration and coordination of activities carried out by the network, (e.g., will strengthen the viability of key providers, etc.) and how the local community or region to be served will benefit from the network as a result of its allied health training program.
- (2) Extent to which and level of clarity as to how the network will strengthen its relationship with the community/region it serves. Degree of incorporation of community engagement strategies regarding both the network and the allied health training program planning and functioning. Degree to which, where appropriate, applicant clearly demonstrates the role of lay consumers of care in the network and the allied health training program planning and functioning.
- (3) Extent to which the applicant's program will impact a large rural service area and many rural health care providers.
- (4) Promising Practices/ Evidence-Based Practices/ Evidence Informed Practices: Where applicable, the extent to which the applicants demonstrate the strength of the approach and its success in the target community.
- (5) Appropriateness and diversity of the applicant-specified groups to share information regarding the network's allied health training program results.
- (6) Appropriateness of approach to disseminate the program results widely and to the community and general public.

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

The extent to which the applicant describes current experience, skills, and knowledge of the network and allied health training program staff. The extent to which the current experience, skills, and knowledge of the network and allied health training program staff enable the applicant to fulfill the Rural Network Allied Health Training Grant Program requirements and meet expectations.

- (1) Degree of collective strength of the network as evidenced by the extent to which each network member is identified and respective current roles are described. The applicant identifies and describes each of the network members and includes each partner's organization name, address, primary contact person, and current role in the community/region. If a network is the applicant, degree to which the applicant makes it clear that the network is comprised of at least three separate organizations, OR if there is no separate network entity, the clarity with which the applicant demonstrates it is applying on behalf of at least three separate organizations.
- (2) Extent of prior collaborative history among network members commensurate with the proposed allied health training program. Extent to which the network by-laws indicate a history of collaboration. Degree to which network members overcame challenges to accomplish previous objectives. Evidence that the network is highly functioning in its

prior collaboration. Extent of the network's ability to immediately begin building the allied health training program.

- (3) Strength of the relationship between the network and the community/region it serves. Degree to which the network is capable of partnering with appropriate organizations in the community to fulfill the goals of the network and allied health training program.
 - a. Extent to which the applicant demonstrates community support for and committed involvement in the allied health training program via letters from entities such as, but not limited to, local clinics and providers, Workforce Investment Boards (WIBs), Chambers of Commerce, regional health systems, and areas businesses.
- (4) Extent to which the application demonstrates a strong and feasible staffing plan that incorporates requirements necessary to run the network and workforce development program. Degree to which the staffing plan and resumes establish and appropriately specify:
 - a. The number and types of staff, qualification levels, and FTE equivalents,
 - b. The capabilities (current experience, skills, knowledge, experience with previous work of a similar nature, and materials published) of key staff already identified and the requirements that the applicant has established to fill other key positions if the grant is received,
 - c. Staffing needs in relation to the activities proposed in the project narrative and budget portion of the application,
 - d. The process and timeline for hiring a full-time project director, if the network doesn't already have a project director. The extent to which the application clearly demonstrates how the project director's role contributes to the success of the allied health training program.
- (5) Strength of the applicant organization's and network's mission, structure, and current primary activities.
- (6) Strength of evidence as to why the network members are appropriate collaborators and thorough indication of the expertise each member brings to the network.
- (7) Clarity of the roles and responsibilities, within the network, of each network member and evidence for a strong relationship between the applicant and the other network members.
- (8) Effectiveness of the governance structure for the network and the presence of an independent network-driven leadership in place. Clear demonstration that the governing body, rather than an individual network member, will make financial and programmatic decisions. Strength of the evidence that providers of care are or will be represented on the governing body. (Note: An already-existing non-profit board of individuals convened for providing oversight to a single organization is not an appropriate board structure. The network's board must be primarily made up of representatives of the organizations

participating in the network to ensure they control decisions regarding network activities and budget.)

- (9) 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.
- (10) Extent to which the network members demonstrate the strength of its network members mutual commitment via bylaws and a Memorandum of Agreement or Memorandum of Understanding (MOA/MOU) that is signed and dated by all network members.
- (11) Extent to which the MOA/MOU provides evidence of a strong mutual commitment between all network members and the accredited rural or rural-serving educational institution. Degree to which the rural-serving educational institution clearly demonstrates that it will support the network for the duration of the grant project through the MOA/MOU.
- (12) Extent to which the application provides evidence that all organizations will contribute to the ability of the network to conduct the program requirements and meet program expectations.

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

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

- (1) Inclusion, clarity, and appropriateness of an itemized budget table or spreadsheet for each year of requested funding.
- (2) Extent to which the budget narrative provides a detailed justification for each item presented in the budget tables.
- (3) Extent to which the budget narrative abides by the funding restrictions described in Section IV.5.
- (4) Degree to which the budget justification logically documents how and why each line item request (such as personnel, travel, equipment, supplies, information technology, and contractual services) supports the goals and activities of the proposed grant-funded activities. Furthermore, if an AHEC is a part of the network, does the applicant provide assurances and evidence within the budget justification that the Rural Network Allied Health Training grant funds will not displace current AHEC funding?
- (5) Inclusion, appropriateness and reasonableness of the estimated costs to the government, outlined in the budget, for proposed grant-funded activities.

2. Review and Selection Process

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

Funding Preferences

The authorizing legislation provides a funding preference for some applicants. Applicants receiving the preference will be placed in a more competitive position among applications that can be funded. Applications that do not receive a funding preference will be given full and equitable consideration during the review process. The funding factor will be determined by the Objective Review Committee. The law provides that a funding preference be granted to qualified applicants that demonstrate at least one of the following qualifications:

Qualification 1: Health Professional Shortage Area (HPSA)

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

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

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

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

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

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

An applicant can request this funding preference if their project focuses on primary care, wellness and prevention strategies. This focus must be evident throughout the project narrative.

If requesting a funding preference, please indicate which qualification is being met in the **Project Abstract**. (See page 36 of the [HRSA SF-424 Application Guide](#).) ORHP highly recommends that the applicant include this language: “***Applicant’s organization name*** is requesting a funding preference based on ***qualification X***. County Y is in a designated HPSA.”

If a funding preference is requested, documentation of funding preference must be placed in **Attachment 13**. (Please label documentation as “Proof of Funding Preference Designation/Eligibility”.) If the applicant does not provide appropriate documentation in **Attachment 13**, the applicant will not receive the funding preference.

Applicants only have to meet one of the qualifications stated above to receive the preference. Meeting more than one qualification does not affect the applicant’s funding preference.

3. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of September 1, 2015.

VI. Award Administration Information

1. Award Notices

The Notice of Award will be sent prior to the start date of September 1, 2015. See Section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

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

Reporting

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

- 1) **Progress Report(s).** The awardee must submit a progress report to HRSA on an **annual** basis. Further information will be provided in the award notice.
- 2) **Other required reports and/or products.**

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

Final Report. A final report is due within 90 days after the project period ends. The final report will collect information such as program-specific goals and progress on strategies; core performance measurement data; impact of the overall project; the degree to which the grantee achieved the mission, goal and strategies outlined in the program; grantee objectives and accomplishments; barriers encountered; and responses to summary questions regarding the grantee's overall experiences over the entire project period. The final report must be submitted on-line by awardees in the Electronic Handbook system at <https://grants.hrsa.gov/webexternal/home.asp>. Further information will be provided upon receipt of award.

Strategic Plan. Awardees will be required to submit a Five-Year Strategic Plan during the first year of their grant period. This strategic plan will provide guidance for program development throughout the grant period and beyond. Further information will be provided upon receipt of the award.

Final Assessment Plan. Awardees are required to submit a final assessment plan detailing the strategy for assessing performance measures (implementation and operations) to determine program effectiveness so that adjustments, as needed, can be made. Further information will be provided upon receipt of the award.

Final Sustainability and Retention Plan. As part of receiving the grant, awardees are required to submit a final Sustainability and Retention Plan during the third year of their grant period. Further information will be provided upon receipt of the award.

Final Assessment Report. Awardees are required to submit a final Program Assessment Report at the end of their grant period that would show, explain and discuss their results and outcomes. Further information will be provided in the award notice.

Employment Hiring Plan. Awardees are required to submit an Employment Hiring Plan during the second year of their grant period. This employment hiring plan will identify allied health workforce needs within the network and among rural regional organizations and partners; the plan will outline the operational steps, in an organized systematic method, for hiring and placing graduates. Further information will be provided in the award notice.

VII. Agency Contacts

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

Ms. Nancy Gaines, Grants Management Specialist
HRSA Division of Grants Management Operations, OFAM
Parklawn Building, Room 18-75
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-5378
Email: NGaines@hrsa.gov

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

Marcia Colburn
Public Health Analyst
Attn: Rural Network Allied Health Training Program
Office of Rural Health Policy, HRSA
Parklawn Building, Room 17W29-C
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-3261
Fax: (301) 443-2803
Email: MGreen@hrsa.gov

Applicants may need assistance when working online to submit their application forms electronically. Applicants should always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, seven days a week, excluding Federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)
E-mail: support@grants.gov
iPortal: <https://grants-portal.psc.gov/Welcome.aspx?pt=Grants>

Successful applicants/awardees 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 Call Center, Monday-Friday, 8:00 a.m. to 8:00 p.m. ET:

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

VIII. Other Information

Technical Assistance Webinar

The Office of Rural Health Policy will hold a technical assistance webinar on Wednesday, February 11, 2015 at 2:00 PM Eastern Standard Time to assist applicants in preparing their applications. The Adobe Connect webinar and call-in information are as follows:

Meeting Name: **Rural Network Allied Health Training Program**

To join the meeting as a guest: <https://hrsa.connectsolutions.com/ruralalliedhealth/>

Toll-free call in number: 800-857-9638 (participants must call in to verbally ask questions)

Participant Passcode for call in number: **ALLIEDHEALTH**

Prior to joining, please test your web connection:

https://hrsa.connectsolutions.com/common/help/en/support/meeting_test.htm.

Note: You must dial into the conference line to hear the audio portion of the webinar.

For your reference, the Technical Assistance webinar will be recorded and available to access via <http://www.hrsa.gov/grants/index.html>. The audio portion of the Technical Assistance webinar will also be recorded and available for playback within one hour of the end of the webinar and will be available until August 11, 2015, 11:59 PM (CT). The phone number to hear the recorded call is: 888-566-0130.

The Technical Assistance webinar is open to the general public. The purpose of the webinar is to go over the grant funding opportunity announcement, and to provide any additional or clarifying information that may be necessary regarding the application process. There will be a Q&A session at the end of the webinar to answer any questions. While the webinar is not required, it is highly recommended that anyone who is interested in applying for the Rural Network Allied

Health Training Program plan to join the webinar. It is most useful to the applicants when the grant funding opportunity is easily accessible during the webinar and if questions are written down ahead of time for easy reference.

Logic Models

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

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

Helpful Websites

Rural Eligibility List:

<http://datawarehouse.hrsa.gov/RuralAdvisor/ruralhealthadvisor.aspx?ruralByAddr=1>
or <ftp://ftp.hrsa.gov/ruralhealth/Eligibility2005.pdf>

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

Federally-recognized Tribes List:

<http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm>

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

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

Health Workforce Information Center: <http://www.healthworkforceinfo.org>

National Rural Recruitment and Retention Network (3RNet): <http://www.3rnet.org>

Rural Health Research Gateway: <http://www.ruralhealthresearch.org>

Rural Community Health Gateway: <http://www.raonline.org/communityhealth>

Logic Model Resources:

http://www.cdc.gov/nccdphp/dnpao/hwi/programdesign/logic_model.htm
<http://www.wkkf.org/knowledge-center/resources/2006/02/WK-Kellogg-Foundation-Logic-Model-Development-Guide.aspx>
<http://www.uwex.edu/ces/pdande/evaluation/evallogicmodel.html>
<http://www.cdc.gov/healthyouth/evaluation/pdf/brief2.pdf>
http://www.innonet.org/client_docs/File/logic_model_workbook.pdf

Program Assessment:

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

Social-Ecological Model Framework:

<http://www.cdc.gov/cancer/crccp/sem.htm>;

<http://www.cdc.gov/violenceprevention/overview/social-ecologicalmodel.html>;

<http://heb.sagepub.com/content/15/4/351.full.pdf+html>

Common Definitions

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

Accredited – A program accredited by a recognized body or bodies, or by a State agency, approved for such purpose by the Secretary of Education and meets such other quality standards as the Secretary of Health and Human Services by regulation may prescribe.

Allied Health Professionals – Allied health care practitioners/workers with formal education and clinical training who are credentialed through certification, registration and/or licensure. Allied Health professionals are involved with the delivery of health or related services pertaining to the identification, evaluation and prevention of diseases and disorders; dietary and nutrition services; rehabilitation and health systems management, among others.

Budget Period – An interval of time (typically twelve months) into which the project period is divided for budgetary and reporting purposes.

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

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

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

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.

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

Health Care Provider – 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 provide health care services.

Health Professional – An individual who has received a certificate, an associate degree, a bachelor's degree, a master's degree, a doctoral degree, or post-baccalaureate training, in a field relating to health care, and who shares in the responsibility for the delivery of health care services or related services.

Health Professional Shortage Area (HPSA) – HPSAs are areas, population groups, or facilities designated by the Secretary as a HPSA, based on the ratio of available providers to the number of people in the area, or to a population group, or to the number of those served by the facility. There are primary care, dental and mental health HPSAs. See <http://bhwhrsa.gov/shortage/hpsas/index.html> for additional information.

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

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.

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

Medically Underserved Area (MUA) – MUAs are federally-designated counties, a group of counties or civil divisions, or a group of urban census tracts in which residents have a shortage of personal health services. MUAs are designated based on the Index of Medical Underservice. See <http://www.hrsa.gov/shortage/mua/> for additional information.

Medically Underserved Populations (MUP) – MUPs are federally-designated population groups having a shortage of personal health services, often defined as groups who face economic, cultural, or linguistic barriers to health care. MUPs are designated based on the Index of Medical Underservice. See <http://www.hrsa.gov/shortage/mua/> for additional information.

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

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.

Non-federal entity (grantee/recipient) – A nonprofit or public entity to which a grant is awarded and which is responsible and accountable for the use of the funds provided for the project.

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

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

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

Project Director – The individual responsible for managing a grant project at the strategic level. The project director is typically the grant 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.

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

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

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

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

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

IX. Tips for Writing a Strong Application

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