

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**



**Health Resources & Services Administration**

Federal Office of Rural Health Policy  
Community-Based Division

***Rural Health Network Development Planning Program***

**Funding Opportunity Number: HRSA-21-021**  
**Funding Opportunity Type: New**  
**Assistance Listings (CFDA) Number: 93.912**

**NOTICE OF FUNDING OPPORTUNITY**

Fiscal Year 2021

**Application Due Date: November 16, 2020**

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

**Issuance Date: August 18, 2020**

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Authority: 42 U.S.C. 254c(f)

## EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2021 Rural Health Network Development Planning Program. The purpose of this program is to promote the planning and development of integrated rural health care networks to: (i) achieve efficiencies; (ii) expand access to, coordinate, and improve the quality of basic health care services; and (iii) strengthen the rural health care system as a whole.

Funding Opportunity Title:	Rural Health Network Development Planning Program
Funding Opportunity Number:	HRSA-21-021
Due Date for Applications:	November 16, 2020
Anticipated Total Annual Available FY 2021 Funding:	\$2,000,000
Estimated Number and Type of Awards:	Up to 20 grants
Estimated Award Amount:	Up to \$100,000 per year
Cost Sharing/Match Required:	No
Period of Performance:	July 1, 2021 – June 30, 2022 (1 Year)

<p>Eligible Applicants:</p>	<p>To be eligible to receive a grant under this subsection, an entity –</p> <ul style="list-style-type: none"> <li>(A) Shall be a domestic public or private, non-profit or for-profit entity with demonstrated experience serving, or the capacity to serve, rural underserved populations. This includes faith-based, community-based organizations, tribes, tribal organizations; <b>and</b></li> <li>(B) Shall represent a network composed of participants – (i) that include at least three or more health care provider organizations (including the applicant organization); and (ii) that may be rural, urban, nonprofit or for-profit entities, with at least 66 percent (two-thirds) of network members located in a HRSA-designated rural area<sup>1</sup> ; <b>and</b></li> <li>(C) Shall not previously have received a grant under this subsection for the same or similar project, unless the entity is proposing to expand the scope of the project or the area that will be served through the project</li> </ul> <p>See <a href="#">Section III.1</a> of this notice of funding opportunity (NOFO) for complete eligibility information.</p>
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<sup>1</sup> For more information on HRSA-designated rural areas, visit the [Rural Health Grants Eligibility Analyzer](#).

## **Application Guide**

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

## **Technical Assistance**

HRSA has scheduled the following technical assistance:

### *Webinar*

Day and Date: Wednesday October 7, 2020

Time: 3 – 4 p.m. ET

Call-In Number: 1-888-790-3724

Participant Code: 7731478

Weblink: <https://hrsa.connectsolutions.com/rhndppta/>

Playback Number: 1-800-518-0083

Passcode: 10720

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# **I. Program Funding Opportunity Description**

## **1. Purpose**

This notice announces the opportunity to apply for funding under the Rural Health Network Development Planning Program (“Network Planning Grants”). The purpose of the Network Planning Grants Program is to promote the development of integrated health care networks in order to: (i) achieve efficiencies; (ii) expand access to, coordinate, and improve the quality of basic health care services; and (iii) strengthen the rural health care system as a whole.

This program brings together key parts of a rural health care delivery system, particularly those entities that may not have collaborated in the past, to work together to establish or improve local capacity and coordination of care. The grant program supports one year of planning to develop and assist integrated health care networks in becoming operational.

For purposes of this program, an integrated health care network is defined as an organizational arrangement among at least three (3) regional or local health care organizations that come together to develop strategies for improving health services delivery systems in a community. An integrated health care network should be an independent organization with signed agreements, defined policies and, often by-laws based on a long-term vision for achieving systemic change. Decision-making is shared and distributed among members and the programmatic focus adapts to changing priorities.

Integrated health care networks can be an effective strategy to help smaller rural health care providers and health care service organizations align resources, achieve economies of scale and efficiencies, share decision-making authority, collaboratively address community challenges, and create impactful, innovative solutions as a group rather than as single providers.

For example, a critical access hospital, a rural health clinic, and a public health department may collaborate to form a network around a shared purpose. These networks can include a wide range of community partners including social service agencies, State Rural Health Associations, Primary Care Associations, academic medical centers, mental health agencies, charitable organizations, educational institutions, employers, local government agencies or other entities with an interest in a community’s health care system.

The Network Planning Grants Program offers rural health care organizations the opportunity to better address community needs and respond to challenges such as supporting providers in the transition from volume-based to value-based care through the formation of an integrated health care network. The intent is for health networks to expand access to care, increase the use of health information technology, explore alternative health care delivery models, and continue to achieve quality health care across the continuum of care.

Applicants must describe planning activities that support **at least one (1)** of the legislative aims described below:

**Aim #1: Achieve efficiencies**

The network will focus on identifying ways to achieve better system efficiencies and improve regional and/or local rural health care services through collaboration, access to additional services/resources, and quality improvement.

**Aim #2: Expand access to, coordinate, and improve the quality of basic health care services**

The network will focus on ways to build capacity and a network infrastructure that enables entities to coordinate care and increase access to care for rural communities both locally and regionally.

**Aim #3: Strengthen the rural health care system as a whole**

Network members will focus on ways to enhance community and partner relationships to promote involvement and participation in network planning grant activities aiming to strengthen the regional health care system.

Applicants should also clearly identify a **focus area(s)** that their network planning grant activities will address. Applicant organizations should describe how the rural community participated in identifying the focus area and should emphasize how their project will benefit the rural community. Additional information on how to reach consensus on community needs for this project is located in **Appendix A** under [Pre Application Planning Advice](#). The intent of the Network Planning Grant Program is to allow applicants the flexibility to determine their unique community needs and focus area(s), based on historical health care context, expertise, and relevant data sources in the community. [Past Network Planning projects](#) have had an array of project focus areas including (but not limited to): Rural Hospital Closure/Conversion; Care Coordination among Network Partners; Patient Engagement; Data Analytics/Health Information Technology; and Telehealth.

Furthermore, this program encourages applicants to address other clinical priority areas such as substance use disorders (particularly opioid use disorders), value-based health care activities, childhood obesity, maternal mortality, and mental health.

**2. Background**

This program is authorized by 42 U.S.C. 254c(f) to expand delivery of health care services in rural communities through the planning of integrated health care networks in rural areas.

Successful network project indicators include working towards becoming operational and sustainable beyond the project year, and achieving long-term outcomes such as: network sharing services, enhanced service coordination and integration, and viable business models. The long-term impact of this program will help organizations achieve efficiencies, increase access to care and coordination, and strengthen the rural health care system as a whole. At the conclusion of this one-year award, recipients are

expected to report on various process and outcome measures, as well as fulfill other award reporting requirements.

Applicants are encouraged to develop a program and select a focus area(s) based on their respective community needs, community input and benefits to the rural community. The Network Planning Grant Program supports and encourages creative programs that aim to confront important public health issues that address the needs of a wide range of population groups including, but not limited to, low-income populations, the elderly, pregnant women, infants, adolescents, rural minority populations, and rural populations with special health care needs.

To view the abstracts of previous Network Planning Grant award recipients, visit HRSA's Data Warehouse: <https://data.hrsa.gov/tools/rural-health>

For instructions on how to access abstracts, please view [Appendix C: Useful Resources](#)

## II. Award Information

### 1. Type of Application and Award

Type of applications sought: New

HRSA will provide funding in the form of a grant.

### 2. Summary of Funding

HRSA estimates approximately \$2,000,000 to be available to fund up to 20 recipients. You may apply for a ceiling amount of up to \$100,000 total cost (includes both direct and indirect, facilities and administrative costs). The actual amount available will not be determined until enactment of the final FY 2021 federal appropriation. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately. The period of performance is July 1, 2021 through June 30, 2022 (1 year).

***Please note:*** There is **no** implementation component to this award once the planning grant ends. This is a planning grant **only**.

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



### III. Eligibility Information

#### 1. Eligible Applicants

Eligible applicants shall be domestic public or private, non-profit or for-profit entities, including faith-based, community-based, tribes and tribal organizations. The applicant organization may be located in a rural or urban area, but must have demonstrated experience serving, or the capacity to serve, rural underserved populations. Urban applicants should describe how they will ensure a high degree of local rural control in the project. Applicants should list the rural areas (counties) that will be served. Proposed counties should be fully rural, but if counties are partially rural counties, please include the rural census tract(s) in the **Project Abstract**. The applicant organization should also describe their experience and/or capacity serving rural populations in the **Project Abstract** section of the application. **It is important that applicants list the rural counties (or rural census tract(s) if the county is partially rural) that will be served through their proposed project, as this will be one of the factors that will determine the applicant organization's eligibility to apply for this grant funding.**

- I. To ascertain rural service areas, please refer to <https://data.hrsa.gov/tools/rural-health>. This webpage allows you to search by county or street address and determine rural eligibility.
- II. The applicant organization shall represent a network composed of three or more health care provider organizations, including the applicant organization. These network members may be located in rural or urban areas and can include all domestic public or private, non-profit or for-profit entities including faith-based, community-based organizations, tribes, and tribal organizations. HRSA requires at least sixty-six percent (66%), or two-thirds of the network composition involved in the proposed project be located in a HRSA-designated rural area, as defined by the [Rural Health Grants Eligibility Analyzer](#). When the applicant organization and network members are located in an urban area, urban applicants should ensure a collaborative consortium, with shared local control from the partnering rural counties and the activities and services of the network must be provided in a non-metropolitan county or rural census tract. Proposed rural counties should be fully rural. For partially rural counties, please include the rural census tract(s) in the **Project Abstract**.

Please see the 'Network Requirements' section below for additional details.

- III. The applicant organization should have the staffing and infrastructure necessary to oversee program activities, serve as the fiscal agent for the award, and ensure that local control for the award is vested in the targeted rural communities. If applicable, the applicant organization should describe existing or prior collaborations and/or working experience within the targeted rural area. The applicant organization should have demonstrated experience serving, or the capacity to serve, rural underserved populations, and describe the experience and/or capacity in the **Project Abstract**.

- IV. If the applicant organization shares the same EIN as its parent organization, or organizations within the same network who are proposing different projects, are eligible to apply by requesting an exception request in **Attachment 12**. Please see section VI below (Multiple EIN exception) for additional details.
- V. The applicant organization is **not required** to be a rural health network at the time of submission. While there are many forms of collaborating to improve rural health, for the purposes of this funding opportunity, it is focused on groups of organizations interested in/working toward formalization of their relationships, development of organizational infrastructure and leveraging resources to sustain the network over time.
- VI. In addition to the 50 U.S. states, only organizations in the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, the U.S. Virgin Islands, the Federated State of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau may apply. If you are located outside the 50 states, you must still meet the eligibility requirements.

**Applications from organizations that do not meet the above criteria will not be considered under this notice of funding opportunity.**

### **Network Requirements**

One of the purposes of the Network Planning Grant Program is to assist in the planning of an integrated health care network, specifically with network participants who do not have a history of formal collaborative efforts. The Network Planning Grant Program requires the establishment or expansion of a network. HRSA requires that applicants be part of a **broad, diverse network comprised of at least three or more separately owned health care provider entities, including the applicant organization. With the exception outlined below, it is otherwise required that the network consist of at least three entities with different EINs.** Please see section VI below (Multiple EIN exception) if entities within your network/consortium share the same EIN. See page 1 of this funding opportunity for a non-exhaustive list of potential consortium partners.

While consortium members may be located in rural or urban areas, we recognize that rural-urban partnerships can sometimes lead to the underrepresentation of rural needs. Therefore to encourage rural issues to remain programmatic priorities, HRSA requires that at least sixty-six percent (66%), or two-thirds of the network composition involved in the proposed project be located in a HRSA-designated rural area, as defined by the [Rural Health Grants Eligibility Analyzer](#).

For large health systems that share an EIN across multiple rural and/or urban sites, you must request an exception in **Attachment 12**.

**Additional network requirements include:**

- I. An integrated health care network is defined as an organizational arrangement among, at a minimum, three separately owned health care providers that come together to develop strategies for improving health care service delivery systems and achieve systemic change in a community. An integrated health care network should be an independent organization with signed agreements, defined policies and, often by-laws based on a long-term vision for achieving systemic change. Decision-making is shared and distributed among members and the programmatic focus adapts to changing priorities. For examples of health care providers, please see the Purpose section above. Through the alignment of goals and resources, strong partnerships at the community level are essential to the overall success of improving population health. You can refer to **Appendix A** under [Pre-Application Planning Advice](#) for examples and further guidance.
- II. Faith-based organizations, community-based organizations, federal tribes and tribal organizations are eligible to apply for these funds. For-profit or urban-based organizations are eligible to be the applicant organization and can participate in the network. Urban applicants should describe how they will ensure a high degree of local rural control in the project. All services and activities must be provided in a non-metropolitan county or rural census tract.
- III. The applicant organization and network members may be for-profit or nonprofit and may be in a rural or urban area, but all services and activities must be provided in a non-metropolitan county or rural census tract. The roles and responsibilities of each member organization must be clearly defined as well as each network member's proposed role in the network and each must contribute significantly to the goals of the network.
- IV. Previous Network Planning Grant award recipients who propose a continuation of an awarded project are not eligible to apply. Existing networks that seek to only expand services or expand their service areas are not eligible to apply. However, existing networks that (1) seek to expand services or expand their service areas and (2) include new or additional partners or (3) target a new population or new focus area are eligible to apply. Existing networks that are proposing to collaborate with at least two outside organizations that they have not worked with before under a formal relationship are eligible to apply.
- V. **Tribal exception**: HRSA is aware that tribes and tribal governments may have an established infrastructure without separation of services recognized by filing for EINs. In case of tribes and tribal governments, only a single EIN located in a HRSA-designated rural area is necessary to meet the network requirements. Tribes and tribal entities under the same tribal governance must still meet the network criteria of three or more entities committed to the proposed approach, as evidenced by a signed letter of commitment that delineates the expertise, roles and responsibilities in the project, and commitments of each consortium member. Please refer to **Attachment 12** for additional information on this exception.

- VI. **Multiple EIN exception:** In general, multiple applications associated with the same DUNS number and/or EIN are not allowable. However, HRSA recognizes a growing trend towards greater consolidation within the health care industry and the possibility that health care organizations may share the same EIN as its parent organization. As a result, at HRSA's discretion, multiple health care organizations that share the same EIN as its parent organization, or organizations within the same network who are proposing different projects are eligible to apply by requesting an exception. Please refer to **Attachment 12** for information on how to request an exception to this policy.

## 2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

## 3. Other

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

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

The applicant organization must have an active System for Award Management (SAM) registration.

NOTE: Multiple applications from an organization are not allowable.

NOTE: Applications associated with the same DUNS number or EIN should be independently developed and written. HRSA reserves the right to deem applications that provide insufficient information in **Attachment 7** or are nearly identical in content, to be ineligible. In this instance, assuming all other eligibility criteria are met, HRSA will only accept your **last** validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application.

## Notifying your State Office of Rural Health

- I. You are required to notify the State Office of Rural Health (SORH) of your intent to apply to this program. A list of the SORHs can be accessed at: <https://nosorh.org/nosorhmembers/nosorh-members-browse-by-state/>. You must include in **Attachment 1** a copy of the letter or email sent to the SORH, and any response received to the letter, which was submitted to the SORH describing your project.

Each state has a SORH, and HRSA recommends making every effort to contact the SORH entity early in the application process to advise them of your intent to apply. The SORH may be able to provide consultation to you regarding model programs, data resources, and technical assistance for

consortiums, evaluation, partner organizations, or support of information dissemination activities. If you do not receive a response, please include the original letter of intent requesting the support.

- II. If you are 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, or the Republic of Palau you do not have a designated SORH. By statute, all applicants are required to consult with their respective SORHs or other appropriate state entities in **Attachment 1**. However, if an applicant from these territories does not have a SORH equivalent or other appropriate governmental entity, this requirement does not apply and the applicant is still eligible to apply.
- III. SORHs responding to this announcement as the applicant organization must provide an attestation in **Attachment 1** that their application was independently developed and written and that they have not knowingly duplicated efforts or project ideas of non-SORH applicants within their state.

## IV. Application and Submission Information

### 1. Address to Request Application Package

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

The NOFO is also known as “Instructions” on Grants.gov. You must select “Subscribe” and provide your email address for each NOFO you are reviewing or preparing in the workspace application package in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the [For Applicants](#) page for all information relevant to this NOFO.*

### 2. Content and Form of Application Submission

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

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

## **Application Page Limit**

The total size of all uploaded files included in the page limit may not exceed the equivalent of **80 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this NOFO. Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Please note: If you use an OMB-approved form that is not included in the workspace application package for HRSA-21-021, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **It is therefore important to take appropriate measures to ensure your application does not exceed the specified page limit.**

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

## **Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification**

- 1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3321).
- 3) Where you are unable to attest to the statements in this certification, an explanation shall be included in **Attachment 13**: Other Relevant Documents.

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

## **Program-Specific Instructions**

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

### ***i. Project Abstract***

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

<b>ABSTRACT HEADING CONTENT</b>
<p><b>Applicant Organization Information</b>  Organization Name, Address (street, city, state, zip code), Facility/Entity Type (e.g., CAH, FQHC, RHC, public health department, etc.), and Website Address (if applicable)</p>
<p><b>Designated Project Director and other Key Personnel Information</b>  Project Director Name &amp; Title, Contact Phone Number(s), and E-Mail Address  Key Personnel Name &amp; Title, Contact Phone Number(s), and E-Mail Address</p>
<p><b>Network Planning Grant Project</b>  Network Name</p>
<p><b>Focus Area</b>  (e.g., Care Coordination)  <i>For additional guidance: view the abstracts of previous Network Planning Grant award recipients, visit HRSA’s Data Warehouse:</i>  <a href="https://data.hrsa.gov/tools/rural-health">https://data.hrsa.gov/tools/rural-health</a></p>
<p><b>Proposed Service Region</b></p> <ul style="list-style-type: none"> <li>• (e.g., states, cities, counties <i>(required)</i>) <ul style="list-style-type: none"> <li>○ <u>NOTE</u>: Proposed rural counties should be fully rural. For partially rural counties, include rural census tract(s)</li> </ul> </li> </ul>
<b>ABSTRACT BODY CONTENT</b>
<p><b>Target Population</b></p> <ul style="list-style-type: none"> <li>• Brief description of the target population group(s) to be served</li> <li>• Rural target service area(s), including counties and rural census tract(s)</li> </ul>
<p><b>Network/Consortium Partnerships</b>  Provide the organization name and total number and facility/entity type of partner(s) comprising the network/consortium who have signed a Memorandum of Understanding/Agreement or Letters of Commitment.</p> <ul style="list-style-type: none"> <li>• HRSA requires an attestation that at least sixty-six percent (66%), or two-thirds of the network composition involved in the proposed project be located in a HRSA-designated rural area, as defined by the <a href="#">Rural Health Grants Eligibility Analyzer</a></li> </ul>
<p><b>Capacity to Serve Rural Underserved Populations</b></p> <ul style="list-style-type: none"> <li>• Applicants must demonstrate their experience serving or the capacity to serve, rural underserved populations. Please describe your capacity to serve rural underserved populations. Examples to show this capacity include a history or ability to: <ul style="list-style-type: none"> <li>○ Identify formal partnerships/formalize MOUs with rural health care organizations <i>(if applicable)</i></li> <li>○ Identify the target rural population and service area, including counties and rural census tract(s) the project will serve</li> <li>○ Identify activities that build, strengthen, and maintain the necessary competencies and resources needed to sustain or improve health services delivery in rural populations</li> <li>○ Discuss organizational expertise and capacity as it relates to the scope of work proposed. Include a brief overview of the organization’s assets, skills and qualifications to carry on the project.</li> </ul> </li> </ul>

<ul style="list-style-type: none"> <li>○ Describe current experience, including partnerships, activities, program implementation and previous work of a similar nature.</li> <li>○ Discuss the effectiveness of methods and/or activities employed to improve health care services in rural communities.</li> <li>● HRSA requires that urban applicants describe the geographic relationship to the proposed rural service population as well as the plans to ensure that rural populations are served. Urban applicants should also describe how they will ensure a high degree of local rural control in the project.</li> </ul>
<p><b>Legislative Aims</b> (e.g., legislative aim #1) <i>For additional guidance, see <b>page 26</b> of this guidance</i></p>
<p><b>Funding Preference</b> <b>Please place request for funding preference at the bottom of the abstract.</b> You must explicitly request a qualifying funding preference and cite the qualification that is being met (see 42 U.S.C. 254c(h)(3)); additional information can be found in Section <a href="#">V.2. Funding Preference</a>. FORHP highly recommends that you include this language:</p> <p style="text-align: center;"><b>“(Your organization’s name) is requesting a funding preference based on qualification X. County Y is in a designated Health Professional Shortage Area.”</b></p> <p>If applicable, you need to provide supporting documentation in <b><u>Attachment 10</u></b>. Refer to <a href="#">Section V.2</a> for further information.</p>

**ii. Project Narrative**

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

You need to explain how your proposal incorporates elements of health care redesign, with a focus on transforming the health care delivery into a patient and value-based driven system. This includes, but is not limited to, supporting the current health care landscape to improve outcomes, reduce costs, ensure access and efficient transitions of care, and promote innovative approaches.

**Network Development:**

Your application must clearly describe how you plan to develop your network (if your network is newly formed). You must describe the structure of your network (i.e., vertical or horizontal), how your network will address a need that cannot be addressed individually, how you plan to align resources, and strategies to increase efficiency, and increase revenue and/or reduce costs. The development of your network can be a coordinated effort in multiple respects, including functional, financial, and planning for clinical.



While this is a planning grant, applicants should consider the status of their network at the time of submission and what is required to become an integrated health care network. There are several factors that distinguish a health network from other forms of informal collaboration, like a collaborative partnership. For additional information, please see **Appendix D: Moving from a Collaborative Partnership to a Rural Health Network** which provides additional guidance to help you and your partners determine your current network status and how to move toward becoming a more formalized network.

**Note:** Applicants are ***not required*** to be a health network at the time of submission but should consider the differentiators as they write their application and throughout the development and/or formalization of their network and program. Should applicants be awarded, additional technical assistance will be provided to assist networks in network development.

While there are many forms of collaborating to improve rural health, for the purpose of this funding opportunity, it is focused on groups of organizations interested in/working toward formalization of their relationships, development of organizational infrastructure and leveraging resources to sustain the network over time.

#### Focus Area(s):

Your application must clearly describe the health care concerns the proposed network will address. For instance, your network may concentrate its efforts towards addressing prescription opioid and heroin-related morbidity and mortality, maternal mortality and morbidity in rural communities, childhood obesity, value-based care, and quality improvement initiatives, or may also focus on a health topic being addressed through the collaboration between a federally qualified health center and a critical access hospital. Another focus area revolves around rural hospital closures.

Since 2013, the number of hospital closures has increased in rural areas, often negatively affecting access to care. In an effort to address rural hospital closures, this focus area would identify strategies for avoiding closure, or ensuring access to appropriate services following hospital closures. This focus area could also identify strategies for avoiding closures due to the COVID-19 pandemic.

On January 31, 2020, the Secretary of the U.S. Department of Health and Human Services declared a public health emergency in response to COVID-19. Should the public health emergency still be in place at the time of this funding notice, and in response to this public health emergency, you may include COVID-19 related activities in your application. Activities include, but are not limited to: establishing testing sites, purchasing test kits, implementing telehealth strategies/activities, purchasing personal protective equipment (PPE) and other supplies in preparation for program implementation after the grant ends, and training health care providers and other health care personnel for planning efforts to provide care for COVID-19 patients.

Your application must clearly identify a focus area(s) based on the community needs. FORHP highly recommends that you include this language:

“(Your organization’s name)’s focus area is Care Coordination.”

Legislative Aim(s):

Additionally, you **must** describe planning activities that support **at least one** of the three legislative aims (specified in the authorizing statute) described below:

**Aim #1: Achieve efficiencies**

**Aim #2: Expand access to, coordinate, and improve the quality of basic health care services**

**Aim #3: Strengthen the rural health care system as a whole**

You **must clearly** identify the focus area(s) and legislative aim(s) (e.g., Legislative Aim #3: Strengthen the rural health care system as a whole) in the **Project Abstract** and in the **Introduction** section of the Project Narrative.

Network Planning Grant activities that model successful evidence-based, evidence-informed frameworks or models are encouraged. HRSA encourages applicants to visit the [Rural Health Information Hub Community Health Gateway](#), a no-cost HRSA resource for rural health and human services information that assists you at every stage of program implementation, from finding an approach, to securing funding, to planning for long-term sustainability. Proposals should emphasize innovations and creative approaches in adapting to a changing health care environment that may serve as models to other rural communities.

Over the course of the period of performance, networks are expected to take steps towards creating strong infrastructure by addressing and overcoming organizational barriers and conflicts amongst network members and ensuring the presence of strong leadership. Additionally, networks are expected to develop a strategic plan and conduct a self-assessment. By laying out a thorough strategic plan that articulates a network’s direction and by identifying areas of strength and improvement through a meaningful self-assessment process, networks are able to better plan for sustainability beyond federal funding.

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

- *INTRODUCTION & NEEDS ASSESSMENT -- Corresponds to Section V’s Review Criterion 1: NEED*

Briefly describe the purpose of the proposed program. Outline the needs of the rural community, how the rural community participated in identifying the need, and how the network will position partners to address those unmet needs to serve and benefit the rural community. It should summarize the program’s goals, expected outcomes, focus area and the aim(s) the program will support. You **must** address the following items:

- A. Briefly describe the planning activities that your network will conduct to build the network's infrastructure. It must clearly identify the **focus area(s)** and **legislative aim(s)** in this section of the proposal. Refer to [Section I.1](#). Purpose in this notice for more information about the legislative aims.
- B. Describe the target population and document the socio-cultural determinants of health and health disparities impacting the population or communities. Use and cite demographic data whenever possible to support the information provided and describe the need for creating a network to address the identified area(s) of focus. Please list the areas of impact in **Attachment 2**.
- C. Clearly describe the health care service environment in which the network will be developed and include appropriate data sources (i.e., local, tribal, state, and/or federal) in the analysis of the environment in which the network is functioning.
- D. Describe the relevant services currently available in or near the service area of the network. Describe the potential impact of the network on providers, programs, organizations and other entities within the community. Identify gaps in the existing health care system and activities that the network will perform to fill those gaps (i.e., personnel, service delivery needs, shared resources, etc.). In this case, the application includes information on the population in relation to these health provider factors.
- E. Explain how a Network Planning Grant award would address unmet needs. Demonstrate the need for federal funding to support network planning grant activities. Explain why federal funds are beneficial and appropriate at this time in the network development.
- F. Provide a map that shows the location of network members, the geographic area the network will serve, and any other information that will help reviewers visualize and understand the scope of the proposed planning activities. Please include the map as **Attachment 3**. Note: Maps should be legible and in black and white.

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

Propose methods that you will use to address the stated needs and meet each of the previously described program requirements and expectations in this NOFO. You must address the following items:

- A. Identify the proposed goals and objectives for both network organizational development and program planning of the project and include a coherent strategy to carry out the activities to reach the proposed goals. Indicate which aim(s) your planning activities will support. Note: If a needs assessment has not been completed in your community within the past 5 years, it is strongly encouraged that a community health needs assessment be included as one of the process goals for completion during the period of performance.

- B. Include information on how you selected network members for inclusion in the network, the expertise of each network member, and the desired working relationship among the members, i.e., reduction of ownership issues, improving communication strategies, reducing duplicate services, etc. Describe the role of each network member in the project (as it relates to **Attachment 7**). Include a description of any previous collaboration among the network partners.
- C. Describe how the local rural community or rural region to be served will experience increased access to quality health care services across the continuum of care as a result of the planning activities carried out by the network, particularly how it relates to re-organizing health care delivery to make the transition to a health care environment that emphasizes value, quality and efficiency. Identify new services that could result as an outcome of planning for the integration and coordination of activities carried out by the network. When possible, provide and support your expected outcomes with quantifiable data.
- D. Describe the potential impact the innovative approaches outlined in the proposal may have on addressing new and emerging challenges likely to be encountered in activities described in the work plan.
- E. If the applicant organization is located in an urban area, describe the geographical relationship to the proposed rural service population, as well as the plans to ensure that rural populations are served. Urban applicants should describe how they will ensure a high degree of local rural control in the project.
- F. Describe how the network will impact its rural community and providers, and how the network will strengthen its relationship with the community and region it serves.
- G. Describe the potential level of impact of the network's services on the providers in the service area that are not network members. Provide expected quantifiable impact whenever possible.
- H. Describe how your plan to communicate and integrate network activities into individual network members' organizational activities to the extent this is appropriate. Also, describe the proposed network composition as it relates to the activities proposed during the period of performance.
- I. Explain the expected outcomes this project will accomplish by the end of the period of performance. Provide expected quantifiable impact whenever possible.
- J. Describe the potential financial impact on network members (for example, cost sharing).
- K. Describe the process for how the network will engage in strategic planning in order to develop the network plan.

L. If applicable, identify the models, evidence-based practices or promising practices used in relation to the proposed project.

▪ **WORK PLAN -- Corresponds to Section V's Review Criterion 2 & 4: RESPONSE & IMPACT**

Include a project work plan that clearly illustrates the network's goals, strategies, activities, and measurable outcomes proposed during the entire period of performance. The work plan must identify the individual or organization responsible for carrying out each activity and include a timeline for the period of performance. Please include the work plan as **Attachment 4**. For the Response section, provide a clear outline of the work plan that aligns with the network's goals and objectives.

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

Discuss the feasibility of the project activities, potential barriers and the challenges that you are likely to encounter in designing and implementing the activities described in the work plan, as well as approaches and solutions that you will use to resolve such challenges. This section should:

A. Include any pertinent or anticipated geographic, socio-economic, linguistic, cultural, ethnic, workforce, social, religious or other barrier(s) that prohibit access to health care in the target community.

B. Identify how communication will flow between network partners, and address how the network partners will resolve differences in executing the project and issues, should they arise.

▪ **EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criterion 3 & 5: EVALUATIVE MEASURES AND RESOURCES/CAPABILITIES**

You must describe how progress toward meeting program goals will be tracked, measured, and evaluated. Describe how this assessment will contribute to the network's continuous quality improvement efforts and sustainability beyond federal funding. Specifically, this assessment should include, but is not limited to, the following elements:

- **Process focus:** Ensures that the goals and objectives of the program are assessed. Explain a process for evaluating 1) how the Network Planning Grant resources will be leveraged and utilized to enhance the community's health care delivery system; 2) how the Network Planning Grant Program enhanced the quality of collaboration among network partners; and 3) how a 1-year planning period is beneficial to network development.

- **Data collection:** Illustrates the accuracy and consistency of data to be collected, and the ability to produce objective results. Ensures that data collection methods are feasible for the project, and data are collected in a timely manner.
- **Sustainability:** Identify factors and strategies that will lead to viability and sustainability of the network and program after federal funding ends.

The applicant should discuss the network and community benefits of a successful network. Factors/benefits may include:

- network member contributions
  - shared purchasing
  - shared personnel
  - collaborative service delivery, and
  - potential for the project to be replicated in other rural areas, if applicable
- **ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion 5: RESOURCES/CAPABILITIES**

Succinctly describe the abilities and contributions of the applicant organization and the network members. Provide a brief overview of the applicant organization that includes information such as:

- your organization's current mission
- structure, leadership, size of organization, and staffing
- scope of current activities
- your organization's ability to manage the award project and personnel, and
- your organization's financial practices and systems that assure your organization can properly account for and manage the federal funds
- your organization's demonstrated experience serving, or the capacity to serve, rural underserved populations (if applicable, applicant organization should describe existing or prior collaboration and/or working experience within the targeted rural area)

Identify the project director, as well as key personnel on the award, in the **Project Abstract** and **Attachment 5**. The project director will be responsible for project/program monitoring and carrying out the award activities. The proposed network may identify a permanent project director prior to receiving award funds. Include information on the individual who will serve as the project director (or interim), as well as if they serve as the project director on any other federal awards. If the applicant organization has an interim project director or has not yet hired a person to serve as the project director, discuss the process and timeline for hiring a permanent project director for this project.

HRSA strongly recommends the project director allot adequate time to the program and has management experience involving multiple organizational arrangements. Ideally, the allocated time of the project director role should be filled by one individual, and not split amongst multiple project staff when possible. HRSA highly recommends your staffing plan should include supporting and key personnel that total **at least one full-time FTE** at the time of application. In-kind

contributions, the value of non-cash contributions (for example, property or services) that benefit a federally assisted project or program, should be included in the staffing plan. All staffing information should be included in **Attachment 5**.

Describe key personnel roles and how they relate to the network and planning project. Key personnel are individuals whom would receive funds by this award or person(s) conducting activities central to this program (**Attachment 5**). Describe the degree to which the network participants are ready to integrate their functions. Describe the developmental stage of the network; Formative, Evolving, Mature (See Definitions at end of this NOFO), extent of prior collaboration among network members and strategies for further development and maturation of the network.

Provide information on each of the network members and their experience serving or capacity to serve rural areas. Provide a one-page organizational chart and accompanying one-page description of the proposed network that clearly depicts the relationship between the proposed network members and includes the network governing board, if already established (For the definition of governing board, please see **Appendix B**). A table may be used to present the following information on each network member: the organization name, address, primary contact person, current role in the community/region, proposed role in the network, and Employer Identification Number (EIN) (**must be provided for each network member**). This should be included in **Attachment 7**. Letters of commitment should be provided from **each** network member. These are to be included in **Attachment 8**.

Urban applicants should describe how they will ensure a high degree of local rural control in the project. This should include a description that empowers rural consortia members and reflects a shared decision-making structure and capacity. The intent is to avoid a top-down approach that fails to vest authority with the communities to be served.

Outline the roles and responsibilities within the network for each network member while addressing the capacity to carry out program goals. Describe the relationship between your organization and the other proposed network members. Describe the proposed network composition and identify those proposed network members that may be non-conventional partners (for example, neighboring hospitals, primary referral hospitals and tertiary facilities). Explain why each of the proposed network members are appropriate, and what expertise they bring to the network. Include information on the network member's experience serving or the capacity to serve rural underserved populations. Elaborate on how their abilities and/or experience can successfully accomplish project activities. If appropriate, provide specific examples on the network member's experiences working in rural communities (e.g., describe a specific project, outcomes of project initiative, barriers and solutions to overcome barriers). Finally, explain why other key groups were not included. Describe how the members will contribute to the program requirements and meet program expectations.

Provide information on potential future partners not currently listed in the application and what strategies will be used for choosing them as well as what

these potential partners will bring to the program and why they were not included in the original network.

Describe the relationship of the network with the community/region it serves. If appropriate, describe the extent to which the network and/or its members engage the community in its planning and functions. Applicants need to demonstrate how the rural underserved populations in the local community or region to be served will benefit from and be involved in the development, ongoing operations and evaluation of the network.

Provide at least two letters of support from entities such as local clinics and providers, regional health systems, county officials, and area businesses. Upload Letters of support in **Attachment 11**.

▪ ***BUDGET AND BUDGET NARRATIVE -- Corresponds to Section V's Review Criterion 6: SUPPORT REQUESTED***

Provide a complete, consistent, and detailed budget presentation for a **one-year period of performance** through the submission of the SF-424A budget form and a Budget Narrative that justifies the appropriateness of the requested funds. See [Section IV.2.ii](#) for more information regarding the Budget section.

The budget should be reasonable in relation to the objectives, the complexity of the activities, the anticipated results, and if applicable, the proposed travel, equipment and legal services. The budget narrative should logically and clearly document how and why each line item request (such as personnel, travel, equipment, supplies, contractual service, etc.) supports the goals and activities of the proposed award-funded activities.

**iii. Budget**

The directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov. Follow the instructions in Section 4.1.iv of HRSA's [SF-424 Application Guide](#) and the additional budget instructions provided below. A budget that follows the Application Guide will ensure that, if HRSA selects the application for funding, you will have a well-organized plan and, by carefully following the approved plan, may avoid audit issues during the implementation phase.

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

In addition, the Rural Health Network Development Planning program requires the following:

**Travel:** Please allocate travel funds for one (1) program staff to attend a one-and-a-half (1.5) day award recipient meeting at a location to be determined and include the



cost of this as a budget line item. To determine estimated travel costs to Washington, DC, applicants should refer to the U.S. General Services Administration (GSA) per diem rates for FY2020. Per diem rates can be found on GSA's website: <https://www.gsa.gov/travel-resources>.

**Equipment:** Based on historical data gathered from prior award cycles, equipment costs for this program have averaged 5 percent of the total award amount. Accordingly, equipment costs that exceed 5 percent of the total award amount may be considered unreasonable and unallowable.

**Legal Costs:** Based on historical data gathered from prior award cycles, legal costs for this program have averaged 20 percent of the total award amount. Accordingly, legal costs that exceed 20 percent of the total award amount may be considered unreasonable and unallowable. Legal costs include services and activities such as consultations, 501(c)(3) application preparation, articles of incorporation and by-laws development.

**Contractual:** You are responsible for ensuring that your organization or institution has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts. Consistent with 45 CFR 75, you must provide a clear explanation of the purpose of each contract, how the costs were estimated, and the specific contract deliverables.

**Other:** The purpose of this program is to fund **planning activities**. Applications that propose to use award funds to pay for the direct provision of clinical health services will be deemed unresponsive and will not be considered for funding under this notice.

The Further Consolidated Appropriations Act, 2020 (P.L. 116-194), Division A, § 202 states, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." See Section 4.1.iv Budget – Salary Limitation of HRSA's [SF-424 Application Guide](#) for additional information. Note that these or other salary limitations may apply in the following FY, as required by law.

#### ***iv. Budget Narrative***

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

In addition, the Rural Health Network Development Planning program requires the following:

Please provide a budget narrative justification that explains the amounts requested for each line item in the budget. The budget narrative should specifically describe how each item will support the achievement of proposed objectives. The budget period is for **one (1) year**. Line item information must be provided to explain the costs entered in the SF-424A. Thoroughly describe how each item in the "other" category is justified. The budget narrative **MUST** be concise. Do **NOT** use the budget narrative to expand the project narrative.

## NARRATIVE GUIDANCE

To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria. Any attachments referenced in a narrative section may be considered during the objective review.

<u>Narrative Section</u>	<u>Review Criteria</u>
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response
Work Plan	(2) Response and (4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures and (5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities
Budget and Budget Narrative	(6) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

### v. **Attachments**

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

#### ***Attachment 1: Required documentation from State Office of Rural Health***

All applicants are required to notify their State Offices of Rural Health (SORHs) or other appropriate state entities early in the application process to advise them of their intent to apply. SORHs can often provide technical assistance to applicants. Please include a copy of the SORH's response to your correspondence and/or the letter or email you sent to the SORH notifying them of your intent to apply. SORH's applying as the applicant organization must provide an attestation that their application was independently developed and written and that they have not knowingly duplicated efforts or project ideas of non-SORH applicants within their state. By statute, all applicants are required to consult with their SORH or other appropriate state entities in **Attachment 1**. However, if applicants from the U.S. territories do not have the ability to do so, this requirement does not apply and U.S. territories are still eligible to apply.

**Attachment 2: Areas of Impact**

Include a list of the areas, counties and cities that will be impacted by this project. If an organization is located in a rural census tract of an urban county, the rural census tract(s) must be clearly identified here as well as the county and census tract(s) of the network partners.

**Attachment 3: Map of Service Area**

Include a legible map that clearly shows the location of network members, the geographic area that will be served by the network, and any other information that will help reviewers visualize and understand the scope of the proposed planning activities. **Note:** Maps should be legible and in black and white.

**Attachment 4: Work Plan**

Attach the work plan for the program that includes all information detailed in [Section IV.2.ii. Project Narrative](#). The work plan should illustrate the network's goals, strategies, activities, and measurable progress and outcome measures. The work plan must outline the individual or organization responsible for carrying out each activity and include a timeline for the period of performance.

**Attachment 5: Staffing Plan and Job Description for Key Personnel (see Section 4.1. of HRSA's [SF-424 Application Guide](#))**

Keep each job description to **one-page** in length as much as is possible. Include the role, responsibilities, and qualifications of proposed program staff to run the network, and specifically to accomplish the proposed network planning grant project. Include the qualification levels for the program staff and rationale for the amount of time that is requested for each staff position. Staffing needs should be explained and should have a direct link to activities proposed in the Project Narrative and budget sections of the application. Staffing plan should include in-kind personnel to the program. Your staffing plan should demonstrate supporting and key personnel that total **at least one full-time FTE** at the time of application.

Include the role, responsibilities, and qualifications of proposed program staff as it relates to the Network Planning Grant Program. For the purposes of this application, key personnel are individuals who are funded by this award or person(s) conducting activities central to this program.

**Attachment 6: Biographical Sketches of Key Personnel**

Include biographical sketches for persons occupying the key positions described in **Attachment 5**, not to exceed **two pages** in length per person. In the event that a biographical sketch is included for an identified individual not yet hired, include a letter of commitment from that person with the biographical sketch. If the project director (PD) serves as a PD for other federal awards, please list the federal awards as well as the percent FTE for each respective federal award.

**Attachment 7: Network Organizational Chart and Network Member Information**

Provide a **one-page** organizational chart of the network that includes how decisions will be made and how communication will flow. Provide a list of all network members that includes:

- the organization's name and type (i.e., community health center, hospital, health department, etc.);
- the name of the key person from the organization that will be working on the program;
- organization contact information;
- anticipated role and responsibility in the Network Planning Grant program;
- current role in the health care system; and the Employee Identification Number (EIN) of each proposed network member

If a network member is serving as the applicant organization on behalf of the network, they must also include a one-page organizational chart of the applicant organization.

***Attachment 8: Letters of Commitment***

Provide a scanned, signed copy of a letter of commitment from each of the network members. Letters of commitment must be submitted with the application and must clearly identify the organizations' roles and responsibilities in the network and project, the activities they will be included in, and how that organization's expertise is pertinent to the network planning grant project. The letter must indicate understanding of the benefits that the network will bring to the members and to the community encompassed by the network (service area). The letter must also include a statement indicating that the proposed partner understands that the award funds be used for the development of an integrated health care network and are not to be used for the exclusive benefit of any one (1) network partner or to provide clinical services.

***Attachment 9: Previous Grants (if applicable)***

If the applicant organization has received any HRSA funds within the last 5 years, the grant number and the abstract from the previous award should be included. Please **only provide** the grant number(s) and abstract(s).

***Attachment 10: Request for a Funding Preference (If Applicable)***

If requesting a funding preference, the application must provide documentation that supports the funding preference qualification. Please indicate which qualification is being met also in [Section IV.2.i Project Abstract](#). For further information on funding preferences and the required documentation, please refer to [Section V.2](#).

***Attachment 11: Letters of Support***

Letters of support should be from entities that would be affected by the program for which you are requesting funding. A support letter may be written by a public official, a community group, a nonprofit, or any number of other entities. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.). The letters of support are different from letters of commitment outlined in **Attachment 8**.

### ***Attachment 12: Exceptions Request (If Applicable)***

For Tribal Exceptions and Multiple EIN Exception requests, the following **must** be included:

- Names, titles, email addresses, and phone numbers for points of contact at each of the applicant organizations and the parent organization;
- Proposed project focus and service area for each applicant organization with the same EIN (these should not overlap);
- Justification for why each applicant organization must apply to this funding opportunity separately as the applicant organization, as opposed to serving as consortium members on other applications;
- Assurance that the applicant organizations will each be responsible for the planning, program management, financial management, and decision making of their respective projects, independent of each other and/or the parent organization; and
- Signatures from the points of contact at each applicant organization and the parent organization.

### ***Attachment 13: Other Related Documents (Optional)***

Include here any other documents that may be relevant to the application (e.g., Indirect Cost Rate Agreement).

### **3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number Transition to the Unique Entity Identifier (UEI) and System for Award Management (SAM)**

You must obtain a valid DUNS number, also known as the Unique Entity Identifier (UEI), and provide that number in the application. Beginning in December 2020, the \*DUNS number will be replaced by the UEI, a “new, non-proprietary identifier” requested in, and assigned by, the System for Award Management (SAM.gov). For more details, visit the following: [Planned UEI Updates in Grant Application Forms](#) and [General Service Administration’s UEI Update](#) page.

You must also register with SAM and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the agency under 2 CFR § 25.110(d)).

If you are chosen as a recipient, HRSA would not make an award until you have complied with all applicable DUNS (or UEI) and SAM requirements and, if you have not fully complied with the requirements by the time HRSA is ready to make an award, you may be deemed not qualified to receive an award and use that determination as the basis for making an award to another applicant.

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

\*Currently, the Grants.gov registration process requires information in three separate systems:

- Dun and Bradstreet (<http://www.dnb.com/duns-number.html>)
- System for Award Management (SAM) (<https://www.sam.gov>)
- Grants.gov (<http://www.grants.gov>)

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

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

In accordance with the Federal Government's efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized federal-wide. Effective January 1, 2020, the forms themselves are no longer part of HRSA's application packages and the updated common certification and representation requirements will be stored and maintained within SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through SAM located at [SAM.gov](#).

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

#### **4. Submission Dates and Times**

##### **Application Due Date**

The due date for applications under this NOFO is *November 16, 2020 at 11:59 p.m. ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's [SF-424 Application Guide](#) for additional information.

#### **5. Intergovernmental Review**

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

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

#### **6. Funding Restrictions**

You may request funding for a period of performance of up to 1 year, at no more than \$100,000 per year (inclusive of direct **and** indirect costs).

The General Provisions in Division A of the Further Consolidated Appropriations Act, 2020 (P.L. 116-94) apply to this program. Please see Section 4.1 of HRSA's [SF-424 Application Guide](#) for additional information. The NOA will reference the FY 2021 appropriation act and any restrictions that may apply. Note that these or other restrictions will apply in the following FY, as required by law.

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

- To build or acquire real property or for construction or major renovation or alteration of any space (see 42 U.S.C. 254c(h)).
- To pay for the direct provision of clinical health services will be deemed unresponsive. For the definition of direct health services, please see **Appendix B**.

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on use of funds for lobbying, executive salaries, gun control, abortion, etc. Like those for all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

All program income generated as a result of awarded funds must be used for approved project-related activities. The program income alternative applied to the award(s) under the program will be the addition/additive alternative. You can find post-award requirements for program income at [45 CFR § 75.307](#).

## **V. Application Review Information**

### **1. Review Criteria**

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

These criteria are the basis upon which the reviewers will evaluate and score the merit of the application. The entire proposal will be considered during objective review, Review criteria are used to review and rank applications. The Rural Health Network Development Planning program has six (6) review criteria. See the review criteria outlined below with specific detail and scoring points.

#### ***Criterion 1: NEED (20 points) – Corresponds to Section IV's [INTRODUCTION AND NEEDS ASSESSMENT](#)***

1. The extent to which the application clearly describes the purpose of the proposed program, the local/regional health care environment and how the community identified the need, expected outcomes, focus area(s) and the aim(s) (applicants

must describe planning activities that support at least one(1) of the legislative aims) the Network Planning Grant project would support.

2. The extent to which the applicant clearly describes how the network will strengthen their network infrastructure and capacity.
3. The extent to which the application clearly describes the health care service environment in which the network will be developed and includes appropriate data sources (i.e., local, tribal, state, and/or federal) in the analysis of the environment in which the network is functioning.
  - a. The degree to which the application supports the need for the proposed program by identifying the population of the service area using demographic data whenever appropriate. The extent to which the application documents the unmet health needs/problems in the service area that the network proposes to address and how the Network Planning Grant Program would help to meet the identified needs.
  - b. If applicable, the extent to which the application identifies the gaps of the existing health care service providers and the activities the network will perform to fill those gaps (that is, personnel, service delivery needs, shared resources, etc.). In this case, the application includes information on the population in relation to these health provider factors).
4. The extent to which relevant services currently available in or near the network service area are discussed as well as the potential impact of the network's activities on providers, programs, organizations, and other network entities in the community. The extent to which the network provides clear examples and strategies describing how the program will benefit the area health providers' ability to improve access to health care and serve the community.
5. The extent to which the applicant describes why federal funds are appropriate to support a network in this service area at this time.
6. The extent to which the application depicts the location of network members, the geographic area that will be served by the network and any other information that will help visualize and understand the scope of the proposed planning activities (see **Attachment 3**).

*Criterion 2: RESPONSE (30 points) – Corresponds to Section IV's [METHODOLOGY](#), [WORK PLAN](#), AND [RESOLUTION OF CHALLENGES](#)*

*Methodology (15 points)*

1. The extent to which the applicant network describes an innovative approach to address new and emerging challenges likely to be encountered in designing and implementing the activities described in the work plan. Particularly, describe how it relates to reorganizing health care delivery to help the local community or region transition to a health care environment that emphasizes value, quality and efficiency, and increase access to quality health care services across the continuum of care as a result of the planning activities carried out by the network.
2. The extent to which the application identifies the expertise, composition, and capacity of each proposed member and how the expertise relates to the network's goals as evidenced by the proposed roles and responsibilities of each network member and the key person who will oversee the network activities for each member (see **Attachment 7**).



3. The extent to which the application demonstrates any prior collaboration among the network partners and the potential impact on program implementation.
4. The potential level of impact of the network's services on the providers that are not members of the network in the service area.
5. The potential financial impact on the network members, (that is, cost sharing, joint purchasing, personnel sharing, etc.).
6. The extent to which the application describes the geographical relationship with the rural service population, as well as plans to ensure the rural population is served, if the applicant organization is located in an urban area. Urban applicants should describe how they will ensure a high degree of local rural control in the project.
7. The extent to which the network will impact their rural community and providers.
8. The extent to which the network will strengthen its relationship with the community/region it serves.

*Work Plan (10 points)*

9. The clarity of the process for how the network will engage in strategic planning in order to develop the network plan, and if applicable, the identification of the models, evidence-based practices or promising practices used in relation to the proposed program.
10. The extent to which the expected outcomes this program will accomplish by the end of the period of performance.
11. The feasibility of activities and objectives identified in the work plan including measurable outcomes.

*Resolution of Challenges (5 points)*

12. The extent to which the applicant clearly identifies and discusses anticipated challenges that might be encountered in designing and implementing the activities described in the work plan.
13. The extent to which the applicant describes unique approaches to resolve each anticipated and/or existing challenge.
14. The extent to which the applicant documents the relevant barriers that it hopes to overcome, including:
  - a. Any pertinent geographic, socio-economic, linguistic, cultural, ethnic, workforce or other barrier(s) that prohibit access to health care in the target community.
  - b. Any anticipated linguistic, social, or religious barriers to health care of the target population.
  - c. Recent emerging health trends that impacts access to health care services within the community (if applicable).
  - d. The extent to which the applicant describes the strength of the proposed flow of network communications.

*Criterion 3: EVALUATIVE MEASURES (10 points) – Corresponds to Section IV's EVALUATION AND TECHNICAL SUPPORT CAPACITY*

1. The extent to which the process measures are able to be tracked, to assess whether the program objectives will be met and the extent to which these can be attributed to the program.
2. The clarity and appropriateness of the data collected to inform network activities.

3. The extent to which the applicant clearly identifies factors and strategies that will lead to viability and sustainability of the network beyond federal funding, and after the program ends.
4. The strength of proposed process for evaluating how the Network Planning Grant resources are leveraged and utilized to enhance the community's health care delivery system; how the Network Planning Grant Program enhanced the quality of collaboration among network partners and how a one (1)-year planning period is beneficial to network development

*Criterion 4: IMPACT (10 points) – Corresponds to Section IV's [WORK PLAN](#)*

1. The clarity and appropriateness of the proposed goals and objectives and the aim(s) the activities are supporting, and the extent to which program activities would result in achieving the proposed goals outlined in the program work plan.
2. The extent to which the application includes a clear work plan that is aligned with the network's goals and objectives. The appropriateness of the work plan in identifying responsible individuals and organizations and a timeline for each activity throughout the one (1)-year period of performance.

*Criterion 5: RESOURCES/CAPABILITIES (25 points) – Corresponds to Section IV's [ORGANIZATIONAL INFORMATION](#)*

1. The qualifications, appropriateness of the resources, and capability of the applicant organization to meet program and financial requirements. The extent to which the application demonstrates experience serving, or the capacity to serve, rural underserved populations to accomplish project activities. If appropriate, provide specific examples on the network member's experiences working in rural communities (e.g., describe a specific project, outcomes of project initiative, barriers and solutions to overcome barriers).
2. Clarity that the network composition reflects at least 66 percent, or two-thirds of network members are located in a HRSA-designated rural area.
3. Clarity of the roles and responsibilities for each network member within the network. The extent to which the network members demonstrate the strength of their mutual commitment in carrying out the planning activities.
4. Clarity of the proposed network composition and any proposed network members that may be non-conventional partners
5. Describe the developmental stage of the network; Formative, Evolving, or Mature (See Definitions in **Appendix B: Common Definitions**).
6. The clarity of prior collaboration, if any, among the network members and strategies for further development and maturation of the network. The extent to which the application explains why the proposed network members are appropriate, what expertise they bring to the network, and why other key groups were not included.
7. Strength of the relationship between the network and the community/region it serves. Degree to which the network is capable of collaborating with appropriate organizations in the community to fulfill the goals of the network and Rural Health Network Development Planning program.
8. The extent to which the application provides sufficient information on potential future partners and what strategies have been developed for choosing them as well as what these potential partners will bring to the program.

9. Extent to which applicant demonstrates community support for committed involvement in network planning grant activities via letters entities such as, but not limited to, local clinics and providers, regional health systems, county officials, and area businesses.
10. The strength and appropriateness of the plans for development of a network governing board (clearly describe how and why the governing body members were selected, attest the governing board is chaired by an individual from the rural community, attest the network is rural-centric and not an urban-owned/run network).
11. Strength and qualifications of the project director (or the individual who will serve as the interim director) who will allot an appropriate amount of their time to the program and be responsible for monitoring the program and ensuring award activities are carried out. If the network/program has an interim director, the timeliness and feasibility of the process for hiring a director. The effectiveness of the application in clearly demonstrating how the project director's role contributes to the success of the network and how it will contribute to the planning activities.
12. Describe the degree to which the network participants are ready to integrate their functions and share clinical and/or administrative resources.

*Criterion 6: SUPPORT REQUESTED (5 points) – Corresponds to Section IV's BUDGET AND BUDGET NARRATIVE*

The reasonableness of the proposed budget for each year of the period of performance in relation to the objectives, the complexity of the research activities, and the anticipated results. Items under this criterion will reference [Sections IV.2.iii](#) – Budget and Budget Narrative.

1. The extent to which the proposed budget is reasonable in relation to the objectives, the complexity of the activities, and the anticipated results
2. The extent to which the proposed budget is reasonable in relation to travel
3. The extent to which the proposed budget is reasonable in relation to equipment and legal services, if applicable
4. The extent to which the budget narrative logically and clearly 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 award-funded activities

## **2. Review and Selection Process**

The objective review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. In addition to the ranking based on merit criteria, HRSA approving officials will apply other factors (e.g., geographical distribution) described below in selecting applications for award. See Section 5.3 of HRSA's [SF-424 Application Guide](#) for more details.

For this program, HRSA will use preferences.

## Funding Preferences

This program provides a funding preference for some applicants, as authorized by 42 U.S.C. 254c(h)(3). Applicants receiving the preference will be placed in a more competitive position among applications that can be funded. Applications that do not receive a funding preference will receive full and equitable consideration during the review process. HRSA staff will determine the funding factor and will grant it to any qualified applicant that demonstrates they meet the criteria for the preference(s) as follows:

### Qualification 1: Health Professional Shortage Area (HPSA)

You can request funding preference if the service area of the applicant is located in an officially designated health professional shortage area (HPSA). Applicants must include a screenshot or printout from the HRSA Shortage Designation website, which indicates if a particular address is located in a HPSA: <https://data.hrsa.gov/tools/shortage-area/by-address>.

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

You can request funding preference if the applicant is located in a medically underserved community (MUC) or serves medically underserved populations (MUPs). Applicants must include a screenshot or printout from the HRSA Shortage Designation website that indicates if a particular address is located in a MUC or serves an MUP: <https://data.hrsa.gov/tools/shortage-area/by-address>.

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

You can request this funding preference if your program focuses on primary care and wellness and prevention strategies. You must include a brief justification (no more than 3 sentences) describing how your program focuses on primary care and wellness and prevention strategies in **Attachment 10**.

If requesting a funding preference, please indicate which qualification is being met in the **Project Abstract** and **Attachment 10**. HRSA highly recommends that the applicant include this language to identify their funding preference request:

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

Please provide documentation of funding preference and label documentation as “Proof of Funding Preference Designation/Eligibility.” See **page 41** of the [HRSA SF-424 Application Guide](#).

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

### **3. Assessment of Risk**

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

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

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

## **VI. Award Administration Information**

### **1. Award Notices**

HRSA will issue the Notice of Award (NOA) prior to the start date of July 1, 2021. See Section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

### **2. Administrative and National Policy Requirements**

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

#### **Requirements of Subawards**

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

#### **Data Rights**

All publications developed or purchased with funds awarded under this notice must be consistent with the requirements of the program. Pursuant to 45 CFR § 75.322(b), the recipient owns the copyright for materials that it develops under an award issued pursuant to this notice, and HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for federal

purposes, and to authorize others to do so. In addition, pursuant to 45 CFR § 75.322(d), the Federal Government has the right to obtain, reproduce, publish, or otherwise use data produced under this award and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes, e.g., to make it available in government-sponsored databases for use by others. If applicable, the specific scope of HRSA rights with respect to a particular grant-supported effort will be addressed in the NOA. Data and copyright-protected works developed by a subrecipient also are subject to the Federal Government's copyright license and data rights.

### **Human Subjects Protection**

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

### **3. Reporting**

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

- 1) **Performance Measures Report.** A performance measures report is required during the budget period in the Performance Improvement Measurement System (PIMS). FORHP/HRSA developed a set of standard measures, PIMS, to assess the overall impact that FORHP programs have on rural communities and to enhance ongoing quality improvement. Recipients are required to collect, report and analyze data on PIMS through HRSA's Electronic Handbook (EHB) after each budget period. Data collected from PIMS will be aggregated by HRSA to demonstrate the overall impact of the program. Upon award, recipients will be notified of specific performance measures required for reporting.
- 2) **Strategic Plan.** A strategic plan is required during the period of performance in the EHB. The strategic plan should be used as a tool to help the network establish its goals and objectives, identify priority areas, and solutions. It may also include an external environmental scan. Further information will be provided upon receipt of the award.
- 3) **Network Organizational Assessment.** A Network Organizational Assessment is required during the period of performance in the EHB. Further information will be provided upon receipt of the award.
- 4) **Grantee Directory and Source Book.** A Grantee Directory and Source Book is required during the period of performance in the EHB. Further information will be provided upon receipt of the award.

- 5) **Final Programmatic Report.** A Final Programmatic Report is required after the end of the period of performance in the EHB. The strategic plan should be used as a tool to help the network establish its goals and objectives, identify priority areas, and solutions. Further information will be provided upon receipt of the award.
- 6) **Post-Grant Evaluation.** A Post-Grant Evaluation is required 1-year after the end of the period of performance. The evaluation will collect information on the sustainability of the network and network activities. If awarded, by accepting the award, recipients agree to participate in the evaluation. Further information will be provided upon receipt of the award

## VII. Agency Contacts

You may request additional information and/or technical assistance regarding business, administrative, or fiscal issues related to this NOFO by contacting:

Kelichia Wellons, MBA, MS  
Grants Management Specialist  
Division of Grants Management Operations, OFAM  
Health Resources and Services Administration  
5600 Fishers Lane  
Rockville, MD 20857  
Telephone: (301) 945-9882  
Email: [KWellons@hrsa.gov](mailto:KWellons@hrsa.gov)

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

Jillian Causey, MHA  
Public Health Analyst, Federal Office of Rural Health Policy  
Attn: Rural Health Network Development Planning Funding Program  
Health Resources and Services Administration  
5600 Fishers Lane  
Rockville, MD 20857  
Telephone: (301) 443-1493  
Email: [JCausey@hrsa.gov](mailto:JCausey@hrsa.gov)

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

Grants.gov Contact Center  
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)  
Email: [support@grants.gov](mailto:support@grants.gov)  
Self-Service Knowledge Base: <https://grants-portal.psc.gov/Welcome.aspx?pt=Grants>

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

HRSA Contact Center

Telephone: (877) 464-4772

TTY: (877) 897-9910

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

## **VIII. Other Information**

### **Technical Assistance**

HRSA has scheduled following technical assistance:

#### *Webinar*

Day and Date: Wednesday October 7, 2020

Time: 3 – 4 p.m. ET

Call-In Number: 1-888-790-3724

Participant Code: 7731478

Weblink: <https://hrsa.connectsolutions.com/rhndppta/>

Playback Number: 1-800-518-0083

Passcode: 10720

### **Tips for Writing a Strong Application**

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

## **Appendix A: Pre-Application Planning Advice**



- a. Successful applicants have shared that an effective strategy in their pre-application planning process was to involve all parties having a stake in their program. HRSA urges significant community involvement in the program from the very beginning. You should work closely with community representatives and organizations that will be affected by the programs or involved with its implementation.

Community involvement can be accomplished with town meetings, focus groups, surveys, and other appropriate techniques.

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

- b. Programs that bring together multiple sources of support are encouraged. If other resources are available or anticipated (e.g., federal, state, philanthropic, etc.), it will strengthen the sustainability of the program. HRSA is interested in developing strategies to address the health care needs of underserved populations that can be adapted to other rural communities around the country.
- c. Network Development Planning awards require substantive participation by at least three different health care provider organizations. Many applications fail to establish a meaningful and substantive role for each member of the network, which results in the application receiving a less than satisfactory rating. All network members must be fully involved in the proposed program and all must work together to achieve the program goals.
- d. Applications that delay planning, consensus building and approval by appropriate consortium members until close to the application deadline may risk the appearance that the program does not have sufficient commitment by all network members. This weakness could jeopardize a positive review of the application. Assure your community and network members are involved from the start and final signatures are secured well before the application deadline. With the electronic submission process, signed copies of letters of commitment can be scanned for upload.
- e. Prepare a complete budget for the full duration of your period of performance. Your budget narrative should explain how the funds will be spent. The budget narrative must link back to the activities of the proposed program.
- f. Examples of planning activities within the legislative aim(s) #1, #2, and #3 are:

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

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

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

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

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

- Identifying ways to encourage cross-organizational collaboration and leadership commitment.
- Assessing the network's sustainability and viability.

- Identifying and establishing ways to obtain regional and/or local community support/buy-in around the development of the network.
- Identify a strategy to leverage broadband connectivity to support health information technology applications in rural communities.

## Appendix B: Common Definitions

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

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

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

**Formative:** A formative network is in the start-up phase of becoming organized and typically has been in operation for less than two years. Usually the impetus for organizations to form a network is to address a particular problem faced within a community. A formative network typically focuses on program and strategic planning, formalizes relationships among the network participants, and develops a strategic plan including performance measures and financial sustainability strategies. Prior collaboration is not required for network members.

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

**Mature:** A mature network consists of network members that have extensive collaborative experience with each other. The network has skilled and experienced staff as well as a highly functioning network board and typically 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.

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

**Governing Board:** A nonprofit board made up primarily of representatives of the organizations participating in the network, to ensure they control decisions regarding network activities, programmatic decisions, and finances. The body should include representation from **all** network member organizations. An already-existing nonprofit board of individuals convened for providing oversight to a single organization is **not** an appropriate board structure.

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

providers, community and migrant health centers, federally qualified health centers, tribal health programs, churches, and civic organizations that are/will be providing health related services.

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

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

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

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

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

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

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

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

**Notice of Award** – The legally binding document that serves as a notification to the recipient and others that grant funds have been awarded, contains or references all terms of the award and documents the obligation of federal funds in the HHS accounting system.

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

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

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

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

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

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

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

**Telehealth** – The use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health, and health administration. Technologies include video conferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communication.

**Tribal Government** – Includes all federally-recognized tribes and state-recognized tribes.

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

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

## Appendix C: Useful Resources

Several sources, including those listed below, offer data and information that will help you in preparing the application. Any source listed below does not constitute or imply an endorsement by HRSA or the U.S. Department of Health and Human Services. The views and opinions expressed in any referenced link or document do not necessarily reflect those of HRSA or the U.S. Department of Health and Human Services:

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

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

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

### **Centers for Medicare and Medicaid (CMS) Services Value-Based Programs**

Provides incentive payment rewards to health care providers for the value of care they provide to people with Medicare.

Website: <https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/value-based-programs/value-based-programs.html>

### **Community Health Systems Development team of the Georgia Health Policy Center**

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

Website: <http://ruralhealthlink.org/Resources/ResourceLibrary.aspx>

### **Health Resources and Services Administration (HRSA)**

Health Resources and Services Administration

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

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

### **HRSA Data Warehouse**

View the abstracts of previous Network Planning Grant award recipients.

Website: <https://data.hrsa.gov/tools/rural-health>

Instructions: View Tools → Find Grants → Filter → Program Areas: Rural Health → Program Name: Rural Health Network Development Planning Program (P10) → Click Submit

### **Kaiser Family Foundation**

Resource for data and information.

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

### **Maternal and Child Health Data System**

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

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

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

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

Website:

[http://www.naccho.org/topics/infrastructure/mapp/framework/clearinghouse/upload/MobilizingCommunityPartnerships\\_7-29.pdf](http://www.naccho.org/topics/infrastructure/mapp/framework/clearinghouse/upload/MobilizingCommunityPartnerships_7-29.pdf)

### **National Center for Health Statistics**

Provides statistics for the different populations.

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

### **Rural Health Research Gateway**

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

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

### **Rural Health Value**

This Value-Based Assessment Tool helps assess readiness for the shift of health care payments from volume to value.

Website: <https://ruralhealthvalue.public-health.uiowa.edu/TnR/vbc/vbctool.php>

### **Technical Assistance and Services Center**

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

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

### **Telehealth Resource Centers (TRCs)**

The Federal Office of Rural Health Policy supports TRCs, which provide assistance, education and information to organizations and individuals who are actively providing or interested in providing medical care in remote areas.

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

### **The Rural Health Information Hub (RHI Hub)**

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

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

- Rural Health Networks and Coalitions Toolkit:  
<https://www.ruralhealthinfo.org/toolkits/networks>

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

Resource for data and information on rural hospital closures.

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



## Appendix D: Moving from a Collaborative Partnership to a Rural Health Network

### Instructions:

- 1.) Review the nine differentiators below that distinguish a rural health network from other forms of partnerships
- 2.) Ask: "Where are we?" How is your collaboration currently positioned for EACH factor. Reach agreement among your partners on where your collaboration is.
- 3.) Discuss next steps toward becoming a formal rural health network.

**Note:** Applicants are ***not required*** to be a rural health network at the time of submission but should consider the differentiators as they write their application and throughout the development and/or formalization of their network and program.

## Collaborative Partnerships vs. Rural Health Networks 9 Differentiators You Need to Know

### 1.) Formality

Collaborative Partnership: Collection of organizations where a lead organization convenes group to share information and/or receive input

Rural Health Network: An independent organization operates under signed agreements, defined policies, and often by-laws

### 2.) Time Frame

Collaborative Partnership: Based on short-term goals and project deliverables

Rural Health Network: Based on long-term vision for achieving systemic change

### 3.) Control

Collaborative Partnership: Decision-making authority is narrowly held, often by project lead

Rural Health Network: Decision-making authority is shared and distributed among members

### 4.) Scope

Collaborative Partnership: Programmatic focus is project-specific

Rural Health Network: Programmatic focus adapts to changing priorities

## **5.) Participants**

Collaborative Partnership: Group is fluid and open; Organizations and individuals self-select depending on their level

Rural Heath Network: Organizations formally join for strategic reasons based on the shared vision

## **6.) Relationships**

Collaborative Partnership: Organizations/individual see themselves primarily in relationship with the lead partner

Rural Heath Network: All member organizations have relationships that are mutual and reciprocal

## **7.) Commitment**

Collaborative Partnership: Participants are supportive but not actively engaged by the lead organization

Rural Heath Network: Members are passionate, actively engaged, and share responsibility for outcomes

## **8.) Resources**

Collaborative Partnership: Funding supports project implementation

Rural Heath Network: Funding supports organizational infrastructure and development as well as project implementation

## **9.) Investment**

Collaborative Partnership: Sole source of Funding is external, such as a grant partner

Rural Heath Network: A diverse portfolio of support is both member-derived and external