

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



Federal Officer of Rural Health Policy  
Community-Based Division

***Delta States Rural Development Network Grant Program***

**Funding Opportunity Number: HRSA-20-087**  
**Funding Opportunity Type: New**  
**Assistance Listings (CFDA) Number: 93.912**

**NOTICE OF FUNDING OPPORTUNITY**

Fiscal Year 2020

**Application Due Date: December 6, 2019**

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

**Issuance Date: August 27, 2019**

Patricia Burbano  
Public Health Analyst, Federal Office of Rural Health Policy  
Telephone: (301) 443-7238  
Email: [PBurbano@hrsa.gov](mailto:PBurbano@hrsa.gov)

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

## EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for fiscal year (FY) 2020 Delta States Rural Development Network Grant Program. The purpose of this 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 essential health care services; and (iii) strengthen the rural health care system as a whole. This program will award funding to organizations located in the eight states of the Delta Region.

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

Funding Opportunity Title:	Delta States Rural Development Network Grant Program
Funding Opportunity Number:	HRSA-20-087
Due Date for Applications:	December 6, 2019
Anticipated Total Annual Available FY 2020 Funding:	\$12,000,000
Estimated Number and Type of Awards:	Up to 12 grants
Estimated Award Amount:	Applicants may apply for a ceiling amount of \$56,604 per eligible county/parish, per year.
Cost Sharing/Match Required:	No
Period of Performance:	August 1, 2020 through July 31, 2023 (3 years)

<p>Eligible Applicants:</p>	<ul style="list-style-type: none"> <li>• Located in a rural county or eligible rural census tract; <b>and</b></li> <li>• Rural public and nonprofit private entities including faith-based and community organizations; <b>and</b></li> <li>• In a consortium with at least two additional organizations. These two other organizations can be rural, urban, nonprofit or for-profit. The consortium must include at least three or more health care providers; <b>and</b></li> <li>• Have not previously received a Delta grant for the same or similar project unless the applicant 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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### **Application Guide**

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

### **Technical Assistance**

HRSA has scheduled the following technical assistance:

#### *Webinar*

Day and Date: Tuesday, October 1, 2019

Time: 2 – 3 p.m. ET

Call-In Number: 1-888-994-8792

Participant Code: 5467892

Weblink:

[https://hrsaseminar.adobeconnect.com/delta\\_states\\_rural\\_development\\_network\\_grant\\_program\\_ta/](https://hrsaseminar.adobeconnect.com/delta_states_rural_development_network_grant_program_ta/)

Playback Number: 1-866-484-6430

Passcode: 11619

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# I. Program Funding Opportunity Description

## 1. Purpose

This notice announces the opportunity to apply for funding under the Delta States Rural Development Network Grant Program (Delta Program). The Delta Program supports and encourages the development of integrated health care networks to address unmet local health care needs and prevalent health disparities in rural Delta communities. The purpose of the Delta Program is to support organizations located in the eight Delta States (Alabama, Arkansas, Illinois, Kentucky, Louisiana, Mississippi, Missouri, and Tennessee) to promote the planning, implementation, and development of health care networks to: (i) achieve efficiencies; (ii) expand access to, coordinate, and improve the quality of essential health care services; and (iii) strengthen the rural health care system as a whole. The program provides resources to help rural communities develop partnerships and jointly address health problems that affect the Delta region.

The program will also place an emphasis on population health due to the geography of the service areas (see **Appendix A** for definitions).

HRSA recognizes the importance of identifying and implementing an [evidence-based or promising practice model](#) (see **Appendix A** for definitions). Therefore, all recipients are required to adopt an evidence-based or promising practice approach that proves demonstrated outcomes and may be replicable in other communities. An example of a promising practice would be a small-scale pilot program that has generated positive outcome evaluation results that justify program expansion to new access points and/or to new service populations.

HRSA also requests applicants to propose multi-county/multi-parish projects that address the delivery of preventive or clinical health services for individuals with, or at risk of developing chronic health diseases that disproportionately affect rural Delta communities. Due to the high disparities in the region,<sup>1</sup> applicants are strongly encouraged to propose a program based on no more than two of the following focus areas: 1) diabetes, 2) cardiovascular disease, 3) obesity, 4) acute ischemic stroke, or 5) HIV/AIDS. Chronic disease initiatives may be a focus in programs when addressing prevention, self-management, care coordination, or clinical care and must be outcomes oriented. Programs should also include activities focused on producing changes in wellness screening measures (e.g., BMI, weight, A1c, blood pressure, waist circumference, HIV testing) in addition to one or more of the following areas:

- Knowledge (e.g., understanding of effective self-management strategies, understanding of key disease risk factors or prevention strategies)
- Attitudes (e.g., increased self-efficacy in prevention or self-management strategies)
- Behaviors (e.g., increase in level of physical activity, increase intake of fruits and vegetables, HIV medication adherence)
- Policies and procedures (e.g., improved health care services delivery model, changes to school physical activity and/or cafeteria policies, HIV)

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<sup>1</sup> Gennuso KP, Jovaag A, Catlin BB, Rodock M, Park H. Assessment of Factors Contributing to Health Outcomes in the Eight States of the Mississippi Delta Region. *Prev Chronic Dis* 2016;13:150440. DOI:<http://dx.doi.org/10.5888/pcd13.150440>

- Systems (e.g., improved coordination among health and social services agencies)

HRSA anticipates that recipients will coordinate services and activities related to chronic disease management, and consider an integrated care approach for chronic diseases (see **Appendix A** for definitions). Recipients are encouraged to explore reimbursement mechanisms for chronic care management and align care management strategies with the appropriate reimbursement mechanisms, to improve overall health outcomes and reduce costs.<sup>2</sup> Because individuals who live with chronic disease(s) are at risk for comorbidities such as depression and other mental health conditions, applicants are encouraged to include activities addressing mental health and substance use disorder, including opioid use disorder, for a more comprehensive approach to care.<sup>3</sup> Consideration of an integrated care approach is highly encouraged as it creates an opportunity to address the Department of Health and Human Services' (HHS) and HRSA clinical priorities of mental health and substance use disorder.

Recipients will receive targeted technical assistance throughout the period of performance to assist in achieving the project's desired outcomes and to ensure program sustainability after the period of federal funding. This additional support is provided at no extra cost to recipients, as this is an investment made by HRSA to assist in the success of the project. If funded, recipients will learn more about the technical assistance support.

## 2. Background

The Delta Program is authorized by the Public Health Service Act, Section 330A(f) (42 U.S.C. 254c(f)). A primary objective of the program is to foster the development of collaborative efforts for program implementation, and to encourage creative and lasting relationships among service providers and health system partners in rural areas. Each organization participating in the consortium and multi-county/multi-parish network must contribute to the project and must have clearly defined roles and responsibilities. Furthermore, the multi-county/multi-parish networks should be specifically identified, including all partners, and their services areas for all three years of requested funding.

Chronic disease represents a high cost for health care systems and often requires follow up care over a prolonged period.<sup>4</sup> In an effort to evaluate chronic disease programs and maintain a positive relationship with individuals living with or at risk for chronic diseases, applicants are strongly encouraged to propose projects that follow a manageable number of program participants during the project period so that they can collect longitudinal data. Longitudinal data involves repeated observation of the same variable(s) (e.g., wellness screening measures) over an extended period. In addition to wellness screening measures, other health indicators such as changes in knowledge, behavior, attitudes and quality improvement utilization data, such as hospital emergency room utilization and 30-day readmissions, are encouraged to be included in the project.

<sup>2</sup> For Medicare resources please refer to the [Chronic Care Management Codes](#); For Medicaid please refer to the Centers for Medicaid and Medicare Services, [Connected Care: The Chronic Care Management Resources](#).

<sup>3</sup> Jose M. Valderas, Barbara Starfield, Bonnie Sibbald, Chris Salisbury, Martin Roland. Ann Fam Med. 2009 Jul; 7(4): 357–363. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2713155/>

<sup>4</sup> Gerteis J, Izrael D, Deitz D, LeRoy L, Ricciardi R, Miller T, Basu J. Multiple Chronic Conditions Chartbook. AHRQ Publications No, Q14-0038. Rockville, MD: Agency for Healthcare Research and Quality. April 2014.

For example, applicants could propose to reduce fragmentation of care by implementing a post-discharge follow-up plan for individuals with high ER utilization rates.

Rural populations show higher incidence of chronic disease such as heart disease, and obesity, as well as HIV/AIDS.<sup>5</sup> In the rural Delta Region, underlying risk factors such as tobacco use and exposure, physical inactivity, and poor nutrition contribute to high mortality rates. Moreover, rural mortality for heart disease across all age groups is higher than the national average.<sup>6</sup> A new initiative, Ending the HIV Epidemic: A Plan for America<sup>7</sup> (EHE) seeks to reduce new HIV infections in the United States. The HIV epidemic disproportionately affects rural communities experiencing increased challenges in preventing, treating, and upholding care for individuals at risk. The percentage of HIV/AIDS diagnoses among nonmetropolitan areas have seen an inverse trend, demonstrating a delay in access to HIV testing and HIV care services in rural areas over time, and a lack of awareness of disease prevalence<sup>8</sup>, indicating a need to address this health disparity in rural communities. The continuing disparities in the burden of death and illness associated with chronic diseases such as diabetes, cardiovascular disease, obesity, acute ischemic stroke, and HIV/AIDS offer a compelling reason for the Delta Program to address these foci.

To view the abstracts of previous Delta Program award recipients, visit HRSA's Data Warehouse: <https://data.hrsa.gov/>.

## **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 \$12,000,000 to be available annually to fund 12 recipients. The actual amount available will not be determined until enactment of the final FY 2020 federal appropriation. You may apply for a ceiling amount of up to \$56,604 per eligible county/parish total cost (includes both direct and indirect, facilities and administrative costs) per year. The FY 2020 President's Budget does not request funding for this program. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds in a timely manner. The period of performance is August 1, 2020 through July 31, 2023 (3 years). Funding beyond the first year is subject to the availability of appropriated funds for Delta

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<sup>5</sup> Zuniga, M. A., Bolin, J. N., & Gamm, L. D. (2003) Chronic disease management in rural areas College Station, TX: Texas A&M University System Health Science Center, School of Rural Public Health, Southwest Rural Health Research Center.

<sup>6</sup> Rural Health Reform Policy Center. Exploring Rural and Urban Mortality Differences, August 2016 Bethesda, MD 2015.

<sup>7</sup> <https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview>

<sup>8</sup> <https://www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-urban-nonurban-2016.pdf>

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

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

### III. Eligibility Information

#### 1. Eligible Applicants

##### A. Geographic Requirements

1. Eligible applicant organizations for the Delta Program must meet geographic requirements. (Note: the award will be made to only one member of the consortium, the applicant organization, which will serve as the recipient of record. Only the applicant organization is required to meet the geographic requirements.)

The applicant organization must be a rural nonprofit or rural public entity that represents a consortium of at least three or more health care providers. For the purposes of the Delta Program, a consortium can also be a network (see **Appendix A** for definition). Your organization must be located in a non-metropolitan county or in a rural census tract of a metropolitan county. All services must be provided in a non-metropolitan county or rural census tract.

If your organization's headquarters are located in a metropolitan county that serves non-metropolitan or metropolitan counties, you (your organization/agency) are not eligible solely because of the areas you serve. In addition, if you are located in a metropolitan county with branches in a non-metropolitan county you are not eligible to apply if you are eligible only because of the areas or populations you serve. To ascertain rural eligibility, please refer to <https://data.hrsa.gov/tools/rural-health>. This webpage allows you to search by county or street address and determine your rural eligibility. Your organization's county name must be entered on the SF-424 Box 8, Section d. Address. If you are eligible by census tract, the census tract number must also be included next to the county name.

If your organization is owned by or affiliated with an urban entity or health care system, the rural component may still apply as long as the rural entity has its own Employer Identification Number (EIN) and can directly receive and administer the grant funds in the rural area. The rural entity must be responsible for the planning, program management, financial management, and decision making of the project and the urban parent organization must assure HRSA in writing that, for the award, they will exert no control over or demand collaboration with the rural entity. This letter must be included in **Attachment 1**.

During this award cycle, all of the Delta states will have service regions. These service areas are based upon natural geographic, as well as State Public Health System Regional formations. **Alabama, Illinois, Kentucky, and Tennessee** have single-service regions that encompass all of their Delta counties. Due to the



higher number of counties/parishes located in the states of **Arkansas, Louisiana, Mississippi and Missouri** in relation to their Delta states counterparts, HRSA has designated two service regions. The regional service areas allow the Delta Program to sustain greater and efficient impact across a larger geographical distance, wherein multiple recipients will be awarded to address prevalent health care issues and disparities.

For states with multiple service regions, the applicant organization submitting a proposal for Service Region A for instance, may not be the applicant organization **or** be a member of the consortia for Service Region B, and vice versa. Applicants in **Arkansas, Louisiana, Mississippi and Missouri** must choose to apply for either Region A or Region B only. **Applicants in these states may not apply for both regions.**

The remaining states - **Alabama, Kentucky, Illinois, and Tennessee** - have only one defined service region for the Delta program, which encompasses all of the eligible rural Delta counties within that State. Applicants from these States **must** apply for the entire service region as defined below.

Applicants who submit a proposal outside of the specified service region **or** more than one proposal will be deemed non-responsive and will not be considered for this funding opportunity.

In alignment with the statutory eligibility requirements, all activities supported by the service region(s) must exclusively target populations in rural areas (rural areas are defined as HRSA-designated rural counties/parishes or rural census tracts in these counties). Please use HRSA's [Rural Health Grants Eligibility Analyzer](#) to determine whether an address is rural.

***The HRSA-designated rural service areas for single/multi service region states are defined as follows:***

**Alabama: (17 designated counties)**

***Service Region A***

Barbour, Bullock, Butler, Choctaw, Clarke, Conecuh, Dallas, Escambia, Greene, Macon, Marengo, Monroe, Perry, *Pickens*<sup>9\*</sup>, Sumter, Washington, Wilcox

**Arkansas:**

***Service Region A (18 designated counties)***

Arkansas, Ashley, Bradley, Calhoun, Chicot, Dallas, Desha, Drew, *Grant*\*, *Jefferson*\*, Lee, *Lincoln*\*, *Lonoke*\*, Monroe, Ouachita, Phillips, St. Francis, Union

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<sup>9</sup>Only certain census tracts in these counties are rural. Please use HRSA's [Rural Health Grants Eligibility Analyzer](#) to determine whether an address is rural.

***Service Region B (20 designated counties)***

Baxter, Clay, Cross, Fulton, Greene, Independence, IZard, Jackson, Lawrence, Marion, Mississippi, *Poinsett\**, Prairie, Randolph, Searcy, Sharp, Stone, Van Buren, White, Woodruff

**Illinois: (15 designated counties)**

***Service Region A***

Alexander\*, Franklin, Gallatin, Hamilton, Hardin, Jackson\*, Johnson, Massac, Perry, Pope, Pulaski, Randolph, Saline, Union, White

**Kentucky: (20 designated counties)**

***Service Region A***

Ballard, Caldwell, Calloway, Carlisle, *Christian\**, Crittenden, Fulton, Graves, Hickman, Hopkins, Livingston, Lyon, Marshall, McCracken, *McLean\**, Muhlenberg, Todd, Trigg, Union, Webster

**Louisiana:**

***Service Region A (21 designated parishes)***

Bienville, Caldwell, Claiborne, East Carroll, Franklin, Jackson, La Salle, Lincoln, Madison, Morehouse, Natchitoches, *Rapides\**, Red River, Richland, Tangipahoa\*, Tensas, *Union\**, Washington, West Carroll, West Feliciana, Winn

***Service Region B (17 designated parishes)***

*Acadia\**, Allen, *Ascension\**, Assumption, Avoyelles, Beauregard, Catahoula, Concordia, Evangeline, Jefferson Davis, *Lafourche\**, *Plaquemines\**, *Pointe Coupee\**, *St. James\**, St. Landry, *St. Martin\**, St. Mary

**Mississippi:**

***Service Region A (18 designated counties)***

Attala, Bolivar, Carroll, Coahoma, Grenada, Holmes, Lafayette, Leflore, Montgomery, Panola, Quitman, Sunflower, Tallahatchie, Tippah, Tunica, Union, Washington, Yalobusha

***Service Region B (21 designated counties)***

Adams, Amite, Claiborne, *Copiah\**, Covington, Franklin, Humphreys, Issaquena, Jasper, Jefferson, Jefferson Davis, Lawrence, Lincoln, Marion, Pike, Sharkey, Smith, Walthall, Warren, Wilkinson, Yazoo

**Missouri:**

***Service Region A (16 designated counties)***

Butler, Carter, Crawford (except in Sullivan City), Dent, Douglas, Howell, Iron, Oregon, Ozark, Phelps, Reynolds, Ripley, Shannon, Texas, Wayne, Wright

***Service Region B (11 designated counties)***

Dunklin, Madison, Mississippi, New Madrid, Pemiscot, Perry, St. Francois, St. Genevieve, Scott, Stoddard, Washington

## Tennessee: (18 designated counties)

### **Service Region A**

Benton, Carroll, *Chester\**, Decatur, Dyer, Gibson, Hardeman, Hardin, Haywood, Henderson, Henry, Lake, Lauderdale, *Madison\**, McNairy, Obion, *Tipton\**, Weakley

2. In determining eligibility for this funding, HRSA recognizes there are some metropolitan areas that would otherwise be considered non-metropolitan if the core, urbanized area population count did not include federal and/or state prison populations. Consequently, HRSA created an exceptions process whereby applicants from metropolitan counties in which the combined population of the core urbanized area is more than 50,000 can request an exception by demonstrating that through the removal of federal and/or state prisoners from that count, they would have a population total of less than 50,000. You must present documented evidence of total population for the core urbanized area and demonstrate through data from the Census Bureau and state or Federal Bureau of Prisons, or Corrections Departments, that show the total core urbanized area population (which is not the county or town population), minus any state and/or federal prisoners, that results in a total population of less than 50,000. Any data submitted that does not take the total core urbanized area population into consideration will not be eligible. For further information, please visit: <https://www.census.gov/geo/reference/ua/urban-rural-2010.html>. Prisoners held in local jails cannot be removed from the core urbanized area population.

This exception is only for the purpose of eligibility for HRSA/FORHP award programs. To find out if you are eligible for a reclassification, please contact Steve Hirsch at 301-443-7322 or [SHirsch@hrsa.gov](mailto:SHirsch@hrsa.gov). If eligible, you will be required to request the exception and present the data in **Attachment 15**, which will be verified by HRSA/FORHP.

## **B. Applicant Organization Types**

1. If the applicant organization is a nonprofit entity (including a tribal organization), one of the following documents must be included in **Attachment 2** to prove nonprofit status (not applicable to state, local, and tribal government entities):
  - A letter from the IRS stating the organization's tax-exempt status under Section 501(c)(3);
  - A copy of a current, valid IRS Tax exemption certificate;
  - Statement from a state taxing body, state attorney general or other appropriate state official certifying that your organization has a nonprofit tax status and that none of the net earnings accrue to any private shareholders or individuals;
  - A certified copy of the organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization; or
  - If the applicant is an affiliate of a parent organization, a copy of the parent organization's IRS 501(c) (3) Group Exemption letter, and if owned by an urban parent organization, a statement signed by the parent organization that your organization is a local nonprofit affiliate.

2. Faith-based and community-based organizations located in rural areas are eligible to apply **for funding under this notice**. Tribes and tribal organizations located in rural areas are eligible to apply **for funding under this notice**.

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

### **C. Consortium Requirements**

1. As stated in Section 330A(f) of the Public Health Service Act (42 U.S.C. 254c(f)), a consortium composed of at least three or more health care providers throughout the entire period of performance ( see **Appendix A** for definitions) will be required to be eligible **for funding under this notice**.
2. Only one consortium member will serve as the applicant of record and is required to meet the ownership and geographic requirements stated in Section III(1)(A). Other consortium members do not have to meet the ownership and geographic eligibility requirements.
3. For-profit organizations are not eligible to be the applicant organization but are eligible to be consortium members. Nonprofit organizations that support the delivery of health care are eligible to be the applicant organization or consortium members. Examples of eligible consortium member entities include: hospitals, public health agencies, home health providers, mental health centers, primary care service providers, substance abuse service providers, rural health clinics, law enforcement and social service agencies, health professions schools, local school districts, emergency services providers, community and migrant health centers, faith-based organizations, civic organizations, Federally Qualified Health Centers and Ryan White HIV/AIDS Program Providers (see **Appendix C** for more information).
4. Each consortium member must demonstrate involvement in the project and contribute to the project goals. The roles and responsibilities of each consortium member must be clearly defined in a Memorandum of Understanding/Agreement (MOU/A). The MOU/A must be signed by all consortium members and submitted as **Attachment 3**.

### **2. Cost Sharing/Matching**

Cost sharing/matching is not required for this program.

### **3. Other**

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

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

NOTE: Multiple applications from an organization are not allowable.

If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates) an application is submitted more than once prior to the application due date, HRSA will only accept your **last** validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application.

### **Notifying your State Office of Rural Health**

Applicants are required to notify the State Office of Rural Health (SORH) of their intent to apply to this program. A list of the SORHs is accessible at <https://nosorh.org/nosorh-members/nosorh-members-browse-by-state/>. Applicants must include in **Attachment 4** a copy of the letter or email sent to the SORH describing their project and any response to the letter received.

Each state has a SORH and HRSA recommends contacting the SORH entity early in the application process to advise them of your intent to apply. The SORH may be able to provide some consultation to applicants including information on model programs, data resources, technical assistance for consortiums, evaluation, introductions to member organizations, or support of information dissemination activities. Applicants should make every effort to seek consultation from the SORH no later than three weeks in advance, as feasible, of the due date, and provide the SORH a simple summary of the proposed project. If no response is received, please include the original letter of intent requesting the support in **Attachment 4**.

It is also highly recommended that applicants notify the Delta Regional Authority of their intent to apply. Contact info: <https://www.dra.gov/>.

### **Current and Former Awardees**

Current and former awardees of any HRSA grant program are eligible to apply if the proposed project is a new proposal (entirely new project) or an expansion or enhancement of the previous project (per the Public Health Service Act, § 330A(e)(2)(C)). You are encouraged to develop innovative approaches to help rural communities improve the health of local population while including the community served in the development and ongoing operations of the program. The project must not supplant an existing program. Please provide a 1-page synopsis for all previously funded HRSA/FORHP projects and a brief description justifying how each previously funded project differs from the proposed project in **Attachment 5**.

## IV. Application and Submission Information

### 1. Address to Request Application Package

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

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

### 2. Content and Form of Application Submission

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

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

#### **Application Page Limit**

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

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

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

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

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

## Program-Specific Instructions

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

### *i. Project Abstract*

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

<b>ABSTRACT HEADING CONTENT</b>
<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)
<b>Designated Project Director Information</b> Project Director Name & Title, Contact Phone Numbers, and E-Mail Address
<b>Delta States Project:</b> Project Title and Goal
<b>Proposed Service Region</b> (e.g., Louisiana Service Region A) To ascertain whether a particular county or census tract is rural, please refer to <a href="http://datawarehouse.hrsa.gov/RuralAdvisor/">http://datawarehouse.hrsa.gov/RuralAdvisor/</a> .
<b>ABSTRACT BODY CONTENT</b>
<b>Target Population</b> Brief description of the target population group(s) to be served and target service area(s)
<b>Primary Focus Area(s) – no more than two</b> (e.g., project will focus on diabetes education).
<b>Secondary Focus Area, if applicable</b>
<b>Network/Consortium Partnerships</b> <ul style="list-style-type: none"><li>• Provide the organization name and a brief description of the purpose of the collaboration with the network/consortium partner.</li><li>• Total number and facility/entity type of partner(s) comprising the network/consortium who have signed a Memorandum of Understanding/Agreement.</li></ul>

<ul style="list-style-type: none"> <li>Applicants selecting HIV/AIDS as focus area, please indicate if consortium partnerships include a Ryan White site or a FQHC. If not, please explain. Applicants selecting HIV/AIDS as a focus area are highly encouraged to collaborate with an approved Ryan White site<sup>10</sup> or Federally Qualified Health Center<sup>11</sup>.</li> </ul>
<p><b>Evidence-Based or Promising Practice Model</b> The title/name of the evidence-based or promising practice model(s) that you will adopt and/or adapt. If the model is tailored for the purpose of this project, please briefly describe how it was modified.</p>
<p><b>Project Activities/Services</b> Brief description of the proposed project activities and/or services.</p>
<p><b>Expected Outcomes</b> Brief description of the expected outcome(s) of the proposed services.</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 V.2. Funding Preference. FORHP highly recommends that you include this language: “(Your organization’s name) is requesting a funding preference based on qualification X. County Y is in a designated Health Professional Shortage Area.” If applicable, you need to provide supporting documentation in <b>Attachment 12</b>. Refer to Section V.2 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 project.

The social determinants of health are becoming an increasingly important framework for understanding and taking into account the broad range of factors that affect health outcomes in the United States. Many of the largest drivers of health care costs fall outside the clinical care environment.<sup>12</sup> Social determinants of health – poverty, access to services, economic opportunity, rates of chronic disease, homelessness, intimate partner violence, childhood obesity and life expectancy – disproportionality affect rural communities compared to their urban and suburban counterparts<sup>13</sup>. You are encouraged to incorporate the social determinants of health in program development. Other considerations for applicants to incorporate in program development may include areas such as pharmacy assistance, electronic health record management (funds should not go toward implementation, but rather towards enhancing the system in place), oral health, cancer screening, women’s health, child poverty, HIV/AIDS<sup>14</sup>, maternal mortality, etc. If you choose to include a secondary

<sup>10</sup> Find a Ryan White HIV/AIDS Program Medical Provider: <https://findhivcare.hrsa.gov/>

<sup>11</sup> Find a Health Center: <https://findahealthcenter.hrsa.gov/>

<sup>12</sup> Billieux, A., K. Verlander, S. Anthony, and D. Alley. 2017. Standardized screening for health-related social needs in clinical settings: The accountable health communities screening tool. Discussion Paper, National Academy of Medicine, Washington, DC. <https://nam.edu/wp-content/uploads/2017/05/Standardized-Screening-for-Health-Related-Social-Needs-in-Clinical-Settings.pdf>

<sup>13</sup> See National Advisory Committee on Rural Health and Human Services’ previous policy briefs at <http://www.hrsa.gov/advisorycommittees/rural/publications/index.html>.

<sup>14</sup> Five of the eight states in the Delta Region are of importance to HHS in connection with [Ending the HIV Epidemic \(EHE\)](#).



focus area, demonstrate the need of this additional topic area and how it will improve the project and the population being served. No more than thirty percent of award funds should be allocated towards the secondary focus area.

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

- **INTRODUCTION -- Corresponds to Section V's Review Criterion 1: NEED**  
Briefly describe the purpose of the proposed project. Summarize your project's goals and expected outcomes. You should propose a project based on an evidence-based approach or promising practice model that fits with the community's need and selected focus area: cardiovascular disease, diabetes, obesity, acute ischemic stroke or HIV/AIDS. Where feasible, applicants with hospitals as part of the consortium should demonstrate that they have used available hospital utilization data, such as ER utilization and 30-day readmission data, to determine the target population. Additionally, you may propose allocating a percentage of no more than thirty percent of award funds, to a secondary focus area that is a high priority in the service region as demonstrated by needs assessment data. You are highly encouraged to consider implementing an initiative, which addresses HIV/AIDS as a primary or secondary focus area.

List the proposed measures and the projected impact as well as clearly state the evidence-based approach or promising practice on which the project is based. Briefly describe the modification or deviation from the actual model (if any) in making it suitable and appropriate for the proposed project and target population. There is no need to provide extensive details on the evidence-based or promising practice model and proposed baseline measures in this section. Details about the evidence-based approach or promising practice must be explained in the 'Methodology' section. Details about the proposed measures must be explained in the 'Evaluation and Technical Support Capacity' section. Please see these sections for further instructions.

- **NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion 1: NEED**  
Outline the unmet health care needs of your community for the proposed project. A description of the target population to be served by the proposed project and relevant barriers to health care that will be addressed should be included. Other factors that may impact the project, such as a description of the specific Delta geographic service area and the health care services available, should be described in this section. When addressing need, the applicant should keep in mind your selected focus area: 1) cardiovascular disease; 2) diabetes; 3) obesity; 4) acute ischemic stroke; or 5) HIV/AIDS.

In order to design effective interventions that specifically address the underlying causes of poor health and disparities in a sustainable way, it is important to take into account how needs, in health status, as well as in the system of care and broader environment, have evolved over time. Descriptions of need in this section should reflect trends in key data points over multiple years. You should specifically address the needs of the communities in the following key areas.

Please use the following four sub-headings for this section:

- Target Population Details
- Program Development/Target Population Involvement
- Barriers/Challenges
- Health Care in Service Area

#### Target Population Details

**The target population and its unmet health needs must be described and documented.** The population description may include information about the prevalence of specific conditions such as chronic diseases, or about the age or socioeconomic status of the target population. The target population should be high utilizers of healthcare resources. You should consider including how the social determinants of health and health disparities impact the population or communities served. Describe the entire population of the service area and its demographics in relation to the population to be served. Demographic data should be used and cited whenever possible to support the information provided. Local data, which is particularly important if available, should be used to document high utilization of healthcare resources or unmet health needs in the target population. This data should be compared to state and national data. Use factors that are relevant to the project, such as specific health status indicators, age, etc. Insurance information, poverty, transportation, statistics regarding crime, stigma associated with chronic diseases such as HIV/AIDS, drug abuse and other social problems may be relevant and should be included. This section should help reviewers understand the target population that will be served by the proposed project.

#### Program Development/Target Population Involvement

The Delta States Rural Development Network Grant Program requires the target population being served to be involved in the development and ongoing operations of the project to ensure that the project is responding to their needs. Involving the target population in the planning phase to identify the needs and develop activities increases the likelihood of success of the project by creating ownership and buy-in. **A description of the role that the target population played in project development must be provided.** Describe the manner and the degree to which target population was included in planning for the activities of the project. Provide details (frequency, number of participants, etc.) about the tools and methods (e.g., needs assessments, focus groups, questionnaires/surveys, etc.) that were used to identify special needs of the target population. Describe the involvement of representatives of local, regional, tribal and/or state government that were involved in the planning process, as well as the involvement of local non-government organizations.

It is strongly recommended that you collaborate with the state and/or local health department to identify critical areas of unmet need. A description of the role that the health department played in either identifying the focus area of the proposed project or in the actual planning of the project should be described.

### Barriers/Challenges

**Discuss any relevant barriers in the service area that the project hopes to overcome.** You must include barriers relevant to chronic disease. Any pertinent geographic, socioeconomic, linguistic, cultural, ethnic, workforce, other barrier(s) along with a plan to overcome those barriers should be discussed in this section.

All projects that will primarily serve multiple ethnic or racial groups must describe specific plans for ensuring the services provided address the cultural, linguistic, religious, and social differences of the target populations.

### Health Care in Service Area

**Identify the health care services available in or near your service area.** Describe the number and type of relevant health and social service providers that are located in and near the service area of the project and how they relate to the project. Describe the potential impact of the project on existing providers (e.g., changes in referral patterns, practice patterns, provider reimbursement impact, etc.) who are not part of the project. Any potential adverse effect is particularly important, as well as estimates of how the project might augment and enhance any existing capabilities in the service area. Describe how this project will address a health gap in the community that would not otherwise have been addressed if it were not for this project. Justify how other programs and/or resources have not have been able to fill this gap and why the Delta States Rural Development Network Grant Program is the best and appropriate opportunity/avenue to address this gap. The local health departments may be a valuable resource in acquiring data in responding to this section.

- **METHODOLOGY -- Corresponds to Section V's Review Criterion 2: RESPONSE**  
In narrative format, propose methods that will be used to meet each of the previously described program requirements and expectations in this NOFO.

Please use the following three sub-headings in responding to this section:

- Goals and Objectives
- Evidence-Based/Promising Practice Model
- Sustainability Approach.

### Goals and Objectives

**Define the specific goals and objectives of the proposed project.** These goals and objectives should directly relate to the information presented in the "Needs Assessment" section. The stated goals and objectives should be specific, measurable, realistic and achievable in a specific timeframe.

### Evidence-Based/Promising Practice Model

**Applicants are required to propose a health service project based on an evidence-based approach or promising practice around one of the key focus areas of the Delta States Rural Development Network Grant Program: cardiovascular disease, diabetes, obesity, acute or ischemic stroke, or HIV/AIDS.** The evidence-based approach must have been shown to be effective in addressing gaps and needs in a community setting and to improve the health status of participants. A clear description of the evidence-based approach or promising

practice must be included in this section. Include an explanation and demonstrate a clear linkage as to how the evidence-based approach or promising practice will be effective in meeting your community's need and improving the health status of your participants, which will in turn create a long-lasting health impact. You may present a past Delta States Rural Development Network Grant Program as a promising practice if their evaluation data demonstrates that the program is meeting community need, and that the program is having an impact on targeted indicators.

You should include justification on how they selected the evidence-based approach or promising practice. HRSA recognizes that there are few evidence-based or promising practice models targeted to rural communities. Given that rural communities differ across the country, applicants can use a non-rural specific evidence-based or promising practice model's framework and tailor it to their proposed project. Applicants should provide appropriate and valid citations for their chosen approach. Include rationale to describe how this framework is appropriate and relevant to your community's need and target population. Explain the extent to which the approach is tailored and/or modified to your proposed project. Describe how the tailored/modified evidence-based approach or promising practice will be effective in fulfilling your community's unmet needs and improving the health status. Consider the following questions when selecting an evidence-based approach or a promising practice:

- What is the scope and nature of the rural health problem?
- Are there effective interventions to address the problem?
- What information is available locally to help decide if an intervention is appropriate?
- Is there an intervention that has been used successfully to address the health problem given the local context?
- Which intervention(s) provide the greatest leverage to generate and sustain the desired changes?
- What is the target population?

More information about evidence-based and promising practice models can be found at: <https://www.ruralhealthinfo.org/project-examples/criteria-evidence-base>

### *Sustainability Approach*

The Delta States Rural Development Network Grant Program provides funding to awardees and their consortia to establish or expand programs that positively impact rural communities in the Delta. While HRSA understands that ongoing support for these initiatives may be challenging, awardees should consider how programs can be sustained beyond the three-year grant period. The prospect of having a long-term impact from your Delta States Rural Development Network Grant Program is greatly increased if sustainability is considered during the planning phase of the project.

You are required to submit a draft Sustainability Plan that describes the strategies that will be utilized to achieve the sustainable impact and identify potential sources of support. Sources of support could be financial, in-kind, or the absorption of activities by consortia partners, among others. The draft plan should be realistic and feasible. This plan may be modified over time and recipients are required to submit a final Sustainability Plan during the third year of their period of performance.

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

You must submit a work plan that aligns with the project's goals and objectives, and describes the activities or steps that will be used to achieve each of the activities proposed during the entire project. Applicants located in multi-service region states should clearly identify its service region – i.e., Missouri, Service Region A or Mississippi, Service Region B, etc. This stipulation does not restrict cross regional collaboration. You should include the work plan in **Attachment 9**.

Use a timeline that includes each activity and identifies responsible staff. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities, including development of the application and the extent to which these contributors reflect the cultural, racial, linguistic and geographic diversity of the populations and communities served. To accomplish this, you are strongly encouraged to present a matrix that illustrates the project's goals, strategies, activities and measurable process and outcome measures. Below is a summary of how each of these components are defined:

**Goal:** Provide a goal statement that explains what the project wishes to accomplish. It sets the fundamental, long-range direction. Typically, goals are broad general statements<sup>15</sup> for example: Improve control of high blood pressure in (state) or Improve HIV-testing and diagnoses in (state).

**Strategies/Objectives**<sup>16</sup> : Describe objectives that break the goal down into smaller parts and provide specific, measurable actions by which the goal can be accomplished. Objectives define the results the applicant expects to achieve in the project.

**Activities and Process measures**<sup>17</sup>: Describe all the steps and activities taken in implementing the project and the outputs generated, such as the number and type of educational materials for a stress management class that are developed and given to employees or the number of hours of coaching or support provided to a patient for HIV medication adherence. The activities and process measures should describe how they will determine if project implementation met the quality and other standards to which the applicant aspired. Describe the process you will implement if it is determined that the project is not achieving its intended outcomes. Describe how process measures will assess issues such as the cost of operating the project, the numbers of employees reached, the most successful project locations, or comparisons of the project's design and activities to others.

**Outcome measures**<sup>18</sup>: Describe the outcomes – events or conditions – that will indicate project effectiveness. Provide short, intermediate, or long-term outcomes. For example, in the context of workplace health promotion, long-term measures typically relate to things like reductions in disease or injury and the costs associated with them. Long-term measures may be similar to the goals of the program, and

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<sup>15</sup> CDC Division for Heart Disease and Stroke Prevention State Heart Disease and Stroke Prevention Program Evaluation Guide: Writing SMART Objectives, [http://www.cdc.gov/dhdsp/programs/spha/evaluation\\_guides/docs/smart\\_objectives.pdf](http://www.cdc.gov/dhdsp/programs/spha/evaluation_guides/docs/smart_objectives.pdf)

<sup>16</sup> CDC Division for Heart Disease and Stroke Prevention State Heart Disease and Stroke Prevention Program Evaluation Guide: Writing SMART Objectives, [http://www.cdc.gov/dhdsp/programs/spha/evaluation\\_guides/docs/smart\\_objectives.pdf](http://www.cdc.gov/dhdsp/programs/spha/evaluation_guides/docs/smart_objectives.pdf)

<sup>17</sup> CDC Workplace Health Promotion Evaluation <http://www.cdc.gov/workplacehealthpromotion/evaluation/index.html#4>

<sup>18</sup> CDC Workplace Health Promotion Evaluation <http://www.cdc.gov/workplacehealthpromotion/evaluation/index.html#4>

these may take years to observe. Short and intermediate term measures, by contrast, should relate to the intermediate steps and “drivers” necessary to achieve the long-term outcomes, such as individual employee reductions in healthy lifestyle risks such as tobacco use, or process changes such as implementing a new health-related policy or benefit at the organizational level that supports lifestyle changes.

The work plan must outline the individual and/or organization responsible for carrying out each activity and include a timeline for all three years of the award.

The work plan should include goals, strategies/objectives, activities, outputs/outcomes, evaluation methods (i.e., how is the output measured), performance period and responsible organization, or person. It may be on a tabular format for ease of readability. HRSA is aware that the work plan may change as the project is implemented.

Recipients will be required to submit a Three-Year Strategic Plan during the first year of their period of performance.

### Impact

Applicants must describe the expected impact of the program on the target population, as well as the potential for replication in communities with similar needs. Describe the potential impact of the selected the evidence-based approach or promising practice that was used in the design and development of the proposed project. HRSA recognizes that it is a challenge to directly correlate the effects of an activity or program to the long-term impact of a project because of the other external influences on the target audience or community that occur over time. Applicants should describe the expected or potential long-term changes and/or improvements in health status anticipated as a result of the project. Examples of potential long-term impact include changes in morbidity and mortality, reductions in hospital admissions or readmissions for target population, long-term maintenance of desired behavior etc.

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

Describe any relevant barriers that the project hopes to overcome. In some instances, there is a general problem of access to particular health services in the community. In other cases, the needed services may be available in the community, but they may not be accessible to all who need them. In many rural communities, health care personnel shortages create access barriers. Any pertinent geographic, socioeconomic, linguistic, cultural, ethnic, workforce, or other barrier(s) and a plan to overcome those barriers should be discussed in this section. All projects that will primarily serve multiple ethnic or racial groups must describe specific plans for ensuring the services provided address the cultural, linguistic, religious, gender and social differences of the target populations.

- Describe challenges that are likely to be encountered in designing and implementing the activities described in the Work Plan, and approaches that will be used to resolve such challenges.
  - Include any challenges that are anticipated in making policy, systems or environmental changes and approaches that will be used to resolve such challenges.
- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criterion 3: EVALUATIVE MEASURES and 5: RESOURCES AND CAPABILITIES*

Describe current experience, skills, and knowledge base, including individuals on staff, materials published, and previous work of a similar nature. As appropriate, describe the data collection strategy to collect, analyze, and track data to measure process, impact, and outcomes, with different groups (e.g., race, ethnicity, language) and explain how the data will be used to inform program development and service delivery.

Please use the following two sub-headings in responding to this section:

- Project Monitoring
- Evaluation

#### Project Monitoring

You must describe measures to be implemented for assuring effective performance of the proposed award funded activities. You must include outcome and process measures (including baseline measures) that will be tracked throughout the period of performance. These measures must align with the goals and objectives of the proposed project and with the potential health impact. It is expected that recipients will be able to articulate the outcomes of their project justified by these measures at the end of the 3-year period of performance.

You must propose baseline evaluative health data that they can monitor and track throughout the grant period in order to demonstrate the effectiveness of the intervention and to determine the replication of the project to other rural communities. Baseline measures are a subset of the process or outcomes measures, which need to be collected from the very start of the intervention. The need for baseline measures is one key reason for designing the evaluation plan before implementation begins because they establish a starting place and frame of reference for the program. Baseline measures determine where the community or target population currently is on a given health problem (e.g., the number of sites delivering target HIV/AIDS health services) or issue (e.g., the percent of employees who are aware of recommended physical activity guidelines) and inform the benchmarks/targets against which program managers and decision makers will assess program performance. Baseline measures can also be used to describe the current level of program activities and allow measurement of the program's progress (e.g., process measures) over time such as the number of new physical activity classes offered to employees or the establishment of a new health benefit.

You are required to include selected [Performance Improvement Measures System \(PIMS\)](#) that are appropriate and relevant to the proposed project as baseline measures. You must also include additional baseline measures that are not included among the PIMS measures, but which are relevant to their proposed project. All applicants are required to submit indicators around diabetes, cardiovascular disease, or obesity.

List all proposed baseline measures as **Attachment 10**. Organize your proposed baseline measures in a tabular format differentiating between baseline measures taken from PIMS (if any) and additional baseline measures (not PIMS measures) when listing them in **Attachment 10**. In addition, describe on-going quality assurance/quality improvement strategies that will assist in the early identification and modification of ineffective efforts.

### Evaluation

You are required to submit an overview of the project evaluation approach that includes a list of key measures that will be used to evaluate project progress, and a brief description of how they will be collected. The description of the evaluation approach is not meant to be a fully developed evaluation plan, but rather is meant to set forth the logic behind your evaluation approach and demonstrate how the evaluation will clearly demonstrate outcomes and impacts.

You should identify a staff person who will be responsible for data collection during the project planning process and at the time of application. A biographical sketch or resume in **Attachment 8** must be included in addition to a position description detailing the role and responsibilities of the data collection staff person.

### ▪ *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion 5: RESOURCES AND CAPABILITIES*

This section describes the abilities and contributions of your organization and the consortium member organizations. Please use the following three sub-headings when responding to this section:

- Applicant Organization
- Consortium Composition
- Consortium Involvement

### Applicant Organization

Provide a brief overview of your organization (the applicant organization) and include information regarding mission, structure, and current primary activities. Your organization should describe its ability to manage the project and personnel. Include information regarding support and any oversight to be provided by executive-level staff (e.g., CEO, CFO, etc.) at your organization. It should also identify and describe financial practices and systems that assure your organization has the capacity to manage federal funds. Provide documentation that your organization is a rural nonprofit or public entity **Attachment 2**.

Provide an organizational chart of your organization in **Attachment 6**.



State whether your organization has a Project Director in place, or an interim Project Director. If your organization has an interim Project Director, discuss the process and timeline for hiring a permanent Project Director for this award. You should also describe the system and processes in place to address staff turnover.

The consortium must have a permanent Project Director or establish an interim project director at the time of the application. The Project Director will be responsible for monitoring the project and ensuring the execution of award activities, including the consortiums' administrative, fiscal, and business operations during the period of performance. The Project Director must be a full time employee (1.0 FTE/ 100 percent FTE) of the applicant organization to ensure successful management and sustainability of the program.

The applicant organization (if awarded, will be the awardee of record) must have financial management systems in place and must have the capability to manage the award.

The applicant organization must:

- Exercise administrative and programmatic direction over award-funded activities;
- Be responsible for hiring and managing the award-funded staff;
- Demonstrate the administrative and accounting capabilities to manage the award funds; and
- Have at least one permanent staff at the time an award is made.

Provide a description of the roles of key personnel, and how their roles relate to the consortium and the proposed project in **Attachment 7**.

### Consortium Capabilities

Your organization is encouraged to carefully consider the selection of participants for the consortium to ensure that the consortium positively contributes to the success of common project goals. The purpose of the consortium is to: 1) encourage creative and lasting collaborative relationships among health providers in rural areas; 2) ensure that your organization receives regular input from relevant and concerned entities within the health sector; and 3) to ensure that the award-funded project addresses the health needs of the identified community.

Discuss the strategies employed for creating and defining the consortium. Explain why each of the consortium partners are appropriate collaborators, and what expertise they bring to the project. You should identify when each of the consortium members became involved in the project and detail the nature and extent of each consortium member's responsibilities and contributions to the project. If applicable, describe the history of the consortium.

If HIV/AIDS is selected as a primary or secondary focus area, applicants are highly encouraged to partner with a Ryan White site or an FQHC. Efforts to partner with a Ryan White site or an FQHC should be discussed.

Provide a list of the consortium members. A table may be used to present the following information on each consortium member: the organization name, address, primary contact person, current role in the community/region, and the Employer Identification Number (EIN) must be provided for each consortium member. This should be included in **Attachment 6**.

The consortium organizational chart should depict the structure of the consortium for the project and should describe how authority will flow from your organization receiving the federal award funds to the consortium members. This should be included in **Attachment 6**.

### Consortium Involvement

All consortium members must provide significant contribution to the project and be actively engaged in the project; each member must have an identifiable role, specific responsibilities, and a realistic reason for being a consortium member. The roles and responsibilities for each of the organizations in the consortium must be clearly defined in the application.

Provide evidence of the ability for each organization participating in the consortium to deliver the services, contribute to the consortium, and otherwise meet the needs of the project. Please note that each participating consortium member must have a substantive and vital role to the achievement of project goals. You must submit a Memorandum of Understanding /Agreement (MOU/A) that is signed and dated by all consortium members as **Attachment 3**. A MOU/A is a written document that must be signed by all consortium members to signify their formal commitment as a consortium. An acceptable MOU/A should at least describe the consortium's purpose and activities; clearly specify each organization's role in the consortium, responsibilities, and any resources (cash or in-kind) to be contributed by the member to the consortium. For the purposes of this program, a letter of commitment is not the same as a MOU/A; a letter of commitment may represent one organization's commitment to the project but does not necessarily outline the roles and responsibilities that are mutually agreed upon among the consortium.

Provide details regarding how and when the consortium will regularly meet. Explain the proposed process for soliciting and incorporating input from the consortium for decision-making, problem solving, and urgent or emergency situations. Provide a plan for communication and discuss how coordination will work with the consortium members. Indicators should be included to assess the effectiveness of the communication and coordination of the consortium and its timely implementation. Discuss potential challenges with the consortium (e.g., consortium disagreements, personnel actions, expenditure activities, etc.) and identify approaches that can be used to resolve the challenges.

Address how communication and coordination will occur between the Project Director and consortium members and how often communication is expected. Discuss how frequently project updates will be provided to the consortium members and the extent to which the Project Director will be accountable to the consortium. You should identify a process for periodic feedback and program modification as necessary.

Describe the relationship of the consortium with the community/region it proposes to serve. If appropriate, the applicant should describe the extent to which the consortium and/or its members engage the community in its planning and functioning.

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

**iii. Budget**

See Section 4.1.iv of HRSA’s [SF-424 Application Guide](#). Please note: the directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov. Follow the instructions included in the Application Guide and the additional budget instructions provided below. A budget that follows the Application Guide will ensure that, if HRSA selects the application for funding, you will have a well-organized plan and by carefully following, the approved plan can 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) incurred by the recipient to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by the recipient to satisfy a matching or cost-sharing requirement, as applicable.

The Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245), Division B, § 202 states, “None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a

rate in excess of Executive Level II.” See Section 4.1.iv Budget – Salary Limitation of HRSA’s [SF-424 Application Guide](#) for additional information. Note that these or other salary limitations may apply in the following FY, as required by law.

**iv. Budget Narrative**

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

**v. Attachments**

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

• **Attachment 1: Letter from Urban Parent Organization**

If your organization is owned by an urban parent, the urban parent must assure HRSA, in writing, that for this project, they will exert no control over the rural organization. If applicable, a letter stating this should be submitted in this attachment. This attachment **will count** towards the 80-page limit.

• **Attachment 2: Proof of Nonprofit Status**

The applicant must include a letter from the IRS or eligible State entity that provides documentation of profit status. This may either be:

- a. A reference to the applicant organization’s listing in the most recent IRS list of tax-exempt organizations, as described in section 501(c)(3) of the IRS Code;
- b. A copy of a current and valid IRS tax exemption certificate;
- c. A statement from a State taxing body, State Attorney General, or other appropriate State official certifying that the applicant organization has a nonprofit tax status and that none of the net earnings accrue to any private shareholders or individuals;
- d. A certified copy of the applicant organization’s certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization; or
- e. Any of the above documents from a State or national parent organization with a statement signed by that parent organization affirming that the applicant organization is a local nonprofit affiliate. In place of the letter documenting nonprofit status, public entities may indicate their type of public entity (State or local government) and include it here.

This **will not count** against the 80-page limit.

- **Attachment 3: Memorandum of Agreement/ Understanding (MOA/U)** Include a MOA/U (signed and dated by all consortium members) that explicitly states each consortium member organization’s commitment to the project activities and includes the specific roles, responsibilities and resources (cash or in-kind) to be contributed by each organization providing substantial commitment and support to the project. This **will count** against the 80-page limit.

- Attachment 4: State Office of Rural Health Letter or other Appropriate State Government Entity Letter**

All applicants are required to notify their State Office of Rural Health (SORH) or other appropriate State government entity early in the application process to advise them of your intent to apply and to involve them in the program planning process. The SORH can often provide technical assistance to applicants. You should request an email or letter confirming the contact that describes the level of collaboration between the applicant and the SORH. State Offices of Rural Health also may or may not, at their own discretion; offer to write a letter of support for the project. In the case that you do not receive a response from the SORH, submit a copy of your request for consultation to the SORH. This **will count** against the 80-page limit.
- Attachment 5: Federal Office of Rural Health Funding History Information**

Current and former award recipients of any FORHP award programs must include the following information for awards received within the last 5 years: dates of prior award(s) received; grant number assigned to the previous project(s); a copy of the abstract that was submitted with the previously awarded grant application(s); and a description of the roles of your organization and consortium members in the previous award. This attachment **will count** towards the 80-page limit.
- Attachment 6: Applicant Organization's Organizational Chart and Consortium Members' organizational chart and information**

Provide organizational chart of the applicant organization. Also, provide a consortium member list and organizational chart for the consortium. The consortium organizational chart should depict the structure of the consortium for the project and should describe how authority will flow from the applicant organization receiving the federal funds to the consortium members. The consortium member list should include the following for each consortium member: organization name, contact person(s), full address, phone number (s), fax number and email address. A list of each of the consortium member organizations' roles, responsibilities and contributions to the project should be included. The list and charts **will count** against the 80-page limit.
- Attachment 7: Staffing Plan and Job Descriptions for Key Personnel**

Provide a staffing plan for the proposed project and the job descriptions for key personnel listed in the application. In the staffing plan, explain the staffing requirements necessary to complete the project, the qualification levels for the project staff, and rationale for the amount of time that is requested for each staff position. Provide the job descriptions for key personnel listed in the application that describes the specific roles, responsibilities, and qualifications for each proposed project position. Keep each job description to one page, if possible. For the purposes of this NOFO, Key Personnel is defined as persons funded by this award or persons conducting activities central to this program. This information **will count** against the 80-page limit.

- Attachment 8: Biographical Sketches for Key Personnel**  
 Include biographical sketches for persons occupying the key positions, not to exceed two pages in length. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch. The biographical information of the program evaluator should be included. In addition, please include the biographical information for the person who will be responsible for data collection. These documents **will count** against the 80-page limit
- Attachment 9: Work Plan**  
 Applicants are required submit a work plan that includes the timeline, goals, objectives, activities and outcomes of the project. This **will count** against the 80-page limit.
- Attachment 10: Baseline Measures**  
 List all proposed baseline measures. Organize your proposed baseline measures to differentiate between baseline measures taken from PIMS (if any) and additional baseline measures (not PIMS measures). This **will count** against the 80-page limit.
- Attachment 11: Evaluation Plan**  
 You are required to submit an evaluation plan in your application. This plan should address both process and outcome measures. It should include: evaluation questions; data sources; evaluation methods (e.g., review of documents, interviews with project staff and participants, surveys of participants, etc.); and how the evaluation findings will be shared throughout the project. This **will count** against the 80-page limit.
- Attachment 12: Proof of Funding Preference Designation/Eligibility**  
 If requesting a Funding Preference, include proof of funding preference designation/eligibility in this section. Include a printout or screenshot that displays the HPSA and/or MUC/P designation and respective score:  
<http://datawarehouse.hrsa.gov/geoadvisor/ShortageDesignationAdvisor.aspx>. The printout or screenshot of the HPSA designation can also be found at <http://hpsafind.hrsa.gov/> and the MUC/P designation can also be found at <http://muafind.hrsa.gov/>.

For further information on Funding Preferences, please refer to Section VI.2. This attachment **will count** against the 80-page limit.
- Attachments 13-15: Other Relevant Documents, as necessary**  
 Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.). List all other support letters on one page. These **will count** against the 80-page limit.

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

You must obtain a valid DUNS number, also known as the Unique Entity Identifier, for your organization/agency and provide that number in the application. You must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the agency under 2 CFR § 25.110(d)).

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

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

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

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

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

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

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 updated common certification and representation requirements will be stored and maintained within the 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 *December 6, 2019 at 11:59 p.m. ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA’s [SF-424 Application Guide](#) for additional information.

## 5. Intergovernmental Review

The Delta States Rural Development Network Grant 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 3 years, at no more than \$56,604 per eligible county/parish, per year (inclusive of direct **and** indirect costs). Additionally, **no more than thirty percent** of the total award amount can be devoted to the additional topic area outside of the key focus area(s) (focus areas may be no more than two). Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project’s objectives, and a determination that continued funding would be in the best interest of the Federal Government.

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

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

1. To acquire real property, or
2. For construction.

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 Delta Program has six (6) review criteria. See the review criteria outlined below with specific detail and scoring points:

<b>Review Criterion</b>	<b>Number of Points</b>
1. Need	15
2. Response	25
3. Evaluative Measures	15
4. Impact	20
5. Resources/Capabilities	15
6. Support Requested	10
<b>TOTAL POINTS</b>	<b>100</b>

See the review criteria outlined below with specific detail and scoring points.

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

1. The extent to which the applicant demonstrates and clearly identifies the purpose, evidence-based model or promising practice model, goals and focus area(s) of the community need. The primary focus area(s) selected must be one of the following: cardiovascular disease, obesity, diabetes, acute ischemic stroke, or HIV/AIDS. A secondary focus is allowable and if selected, no more than thirty percent must be allotted towards the secondary focus area. (3 points)
2. The applicant clearly identifies and establishes the unmet health care needs of the target population as evidenced by (7 points):

- a) The quality of data provided regarding the prevalence in the target population through demographic information, and other specific health status indicators (social determinants of health, health disparities etc.) relevant to the project.
  - b) The extent to which the applicant illustrates the entire population of the service area and its demographics in relation to the target population to be served. The applicant provides supporting local, State, and national data for the community and the target population and compares local data versus state and national data.
  - c) The level and quality of involvement of the target community in identifying the needs of the population and in planning the project activities.
  - d) The strength and appropriateness of the details (frequency, number of participants, etc.) about the tools and methods (e.g., needs assessments, focus groups, questionnaires/surveys etc.) that were used to identify involvement of the target population.
  - e) The strength of the level of involvement of representatives of local, regional, tribal and/or state government in the planning process, as well as the involvement of local non-government organizations.
3. The extent to which the applicant demonstrates a thorough understanding of the relevant health services currently available in the targeted service area including (5 points):
- a) The potential impact of the project on current providers (especially those that are not included in the proposed project).
  - b) Any other potential adverse effect (if any), the feasibility of estimates regarding how the project might augment and enhance any existing capabilities in the service area.
  - c) The extent to which the applicant describes how this project will address a health gap in the community that otherwise is not addressed without this award.
  - d) The degree to which the applicant describes how other award programs and/or resources would not be able to fulfill this unmet health need and why this program is the best and appropriate opportunity/avenue to address this need.

*Criterion 2: RESPONSE (25 points) – Corresponds to Section IV's Methodology, Work Plan and Resolution of Challenges*

1. The extent to which (5 points) :
- a) The proposed goals and objectives have a clear correlation to addressing the identified need, as well as barriers. The proposed objectives are measurable, realistic, and achievable in a specific timeframe.
  - b) The proposed activities are capable of addressing the problem and attaining the project objectives.

2. The degree to which the applicant proposes a health service project based on an evidence-based approach, promising practice, or on past Delta States Rural Development Network Grant Program data that indicates a promising practice that has been shown to be effective in addressing gaps and needs in a community setting, and which has shown to improve the health status of participants, including (7 points):
  - a) The strength of the evidence-based approach or promising practice that the project is based on is evidenced by appropriate and valid citations for their chosen model/approach.
  - b) The appropriateness of the evidence-based practice approach or promising practice selected for the project and evidence that this framework is appropriate and relevant to their community's need and target population.
  - c) The extent to which the model/approach is tailored and/or modified to the proposed project and how the tailored/modified evidence-based model/approach or promising practice can be effective in fulfilling their community's unmet needs and improving the health status.
  - d) The strength and feasibility of the following:
    - i. The overall draft plan for project sustainability after the receipt of federal funds;
    - ii. The proposed strategies to achieve the desired sustainable impact; and
    - iii. The potential sources of support for achieving sustainability.
3. The strength and feasibility of the proposed work plan that is logical and easy to follow, clearly addressing the project activities, responsible parties, the timeline of the proposed activities, anticipated outputs, and the steps that must be taken to achieve each of the project goals, strategies/objectives, activities and process measures, and outcome measures. (5 points)
4. The extent to which the work plan addresses and resolves identified challenges and anticipated barriers and the quality of approaches to resolve such challenges including (8 points):
  - a) Any pertinent geographic, socio-economic, linguistic, cultural, ethnic, religious, work force, or other barrier to access to health care in the target population and community.

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

The effectiveness of the method proposed to monitor and evaluate the project results. Evaluative measures must be able to assess: 1) to what extent the program objectives have been met, and 2) to what extent these can be attributed to the project.

1. Strength of the evidence that progress toward meeting award-funded goals will be tracked, measured, and evaluated. (4 points)

- The appropriateness of baseline (process and outcome) measures that will be monitored and tracked throughout the period of performance in order to demonstrate the effectiveness of the intervention and to determine the replication of the project to other rural communities. These measures must align with the goals and objectives of the proposed project and the potential health impact.
2. The strength of proposed on-going quality assurance/quality improvement strategies that will assist in the early identification and modification of ineffective efforts. (3 points)
  3. The strength of the process by which data/information for these measures will be collected and analyzed, including an approach for evaluating the project's progress in relation to its proposed outputs and outcomes. (2 points)
  4. The strength of the proposed evaluation questions; data sources; evaluation methods (e.g., review of documents, interviews with project staff and participants, surveys of participants etc.); and how the evaluation findings will be shared throughout the project as evidenced in the evaluation plan.(2 points)
  5. The extent to which the evaluation strategy engages project staff and key stakeholders in the design and implementation of evaluation as evidenced in the evaluation plan. (2 points)

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

1. The extent to which the proposed project will impact the target population and the extent to which the project may be replicated in other communities with similar needs. (10 points)
2. The extent to which the applicant describes the potential long-term impact of the selected the evidence-based approach or promising practice that was used in the design and development of the proposed project. (10 points)

*Criterion 5: RESOURCES/CAPABILITIES (15 points) – Corresponds to Section IV's Organizational Information*

1. The quality and appropriateness of the resources, and the abilities of the applicant organization and the consortium members in fulfilling program requirements and meeting program expectations. (3 points)
2. The capability of the applicant to implement and fulfill the requirements of the proposed project based on the resources available and the qualifications of the project staff including (5 points):
  - The number and types of staff;
  - The current experience, skills, knowledge, and experience with previous work of a similar nature of key staff;

- The requirements established to fill other key positions if the award is received, including the identification of an evaluator and of a staff person for data collection.

The consortium must have a permanent Project Director or established an interim Project Director at the time of the application. The Project Director must be capable of overseeing the consortium's administrative, fiscal, and business operations during the period of performance. The Project Director must be a full time employee (1.0 FTE) of the applicant organization to ensure successful management and sustainability of the program. The applicant organization must have financial management systems in place and must have the capability to manage the award. The applicant organization must:

- Exercise administrative and programmatic direction over award-funded activities;
- Responsible for hiring and managing the award-funded staff; and
- Demonstrate the administrative and accounting capabilities to manage the award funds.

3. The strength of the consortium as evidenced by (3 points):
  - a) Effective strategies employed for creating and defining the consortium.
  - b) The nature and extent of each consortium member's responsibilities and contributions to the project.
  - c) The extent to which the consortium partners are appropriate collaborators and the expertise they bring to the project.
  - d) The extent to which the applicant clearly defines the roles and responsibilities for each of the organizations in the consortium and how authority will flow from the applicant organization receiving the federal award funds to the consortium members.
  - e) The ability of each organization participating in the consortium to deliver the services, contribute to the consortium, help ensure sustainability of project and otherwise meet the needs of the project.
4. The strength of the proposed strategies for communication and coordination of the consortium members as evidenced by (2 points):
  - a) How and when the consortium will meet and the proposed process for soliciting and incorporating input from the consortium for decision-making, problem solving, and urgent or emergency situations.
  - b) The plan for communication and coordination between the Project Director and consortium members, including how often communication is expected.
  - c) The proposed frequency of project updates given to the consortium members and the extent to which the project director will be accountable to the consortium.
  - d) The strength and feasibility of the proposed process for periodic feedback and program modification as necessary.

5. The strength of the proposed indicators to assess the effectiveness of the communication and coordination of the consortium and its timely implementation. The degree to which the applicant discusses potential challenges with the consortium (consortium disagreements, personnel actions, expenditure activities etc.) and identifies approaches that used to resolve the challenges. (2 points)

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

The budget forms SF-424A, along with the Budget Justification components of the itemized budget and budget narrative, are used in the review of this section. Together, they will provide reviewers with the information to determine the reasonableness of the requested support.

1. The budget justification 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 over the length of the 3-year period of performance. (3 points)
2. The degree to which the estimated cost of the proposed activities appear reasonable. If a secondary focus area is selected, no more than thirty percent may be allotted of approved funding amount. (2 points)
3. Funding allotted for a full-time project director, an evaluator and for a staff person who will be responsible for data collection. (5 points)

## **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.

### **Funding Preferences**

This program provides a funding preference for some applicants, as authorized by Public Health Service Act, Section 330A(f) (42 U.S.C. 254c(f)). Applicants receiving the preference are 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 this funding preference if the service area of the applicant is located in an officially designated health professional shortage area (HPSA). Applicants must include a screenshot or printout from the HRSA Shortage Designation website, which indicates if a particular address is located in a HPSA:

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

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

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

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

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

You can request this funding preference if your project focuses on primary care and wellness and prevention strategies. This focus must be evident throughout the project narrative. You must include a brief justification (no more than three sentences) describing how your project focuses on primary care and wellness and prevention strategies in **Attachment 12**.

If requesting a funding preference, please indicate which qualification is being met in the **Project Abstract** and **Attachment 12**. See page 41 of the [HRSA SF-424 Application Guide](#). HRSA highly recommends that the applicant include this language: “**Applicant organization name** is requesting a funding preference based on **qualification X**. *County Y is (in a designated HPSA; or in a MUC/MUP; or is focusing on primary care and wellness and prevention strategies).*”

If a funding preference is requested, documentation of funding preference must be placed in **Attachment 12**. Please label documentation as “Proof of Funding Preference Designation/Eligibility.” If the applicant does not provide appropriate documentation in **Attachment 12**, the applicant will not receive the funding preference. You only have to meet one of the qualifications stated above to receive the preference. Meeting more than one qualification does not increase an applicant’s competitive position.

## **3. Assessment of Risk**

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

HRSA reviews applications receiving a favorable objective review for other considerations that include past performance, as applicable, cost analysis of the project/program budget, assessment of your management systems, ensuring continued applicant eligibility, and compliance with any public policy requirements, including those requiring just-in-time submissions. HRSA may ask you to submit additional programmatic or administrative information (such as an updated budget or “other support” information) or to undertake certain activities (such as negotiation of an indirect

cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that HRSA will make an award. Following review of all applicable information, HRSA's approving and business management officials will determine whether HRSA can make an award, if special conditions are required, and what level of funding is appropriate.

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

Effective January 1, 2016, HRSA is required to review and consider any information about your organization that is in the [Federal Awardee Performance and Integrity Information System \(FAPIIS\)](#). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider any of your comments, in addition to other information in [FAPIIS](#) in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed as described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

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

## **VI. Award Administration Information**

### **1. Award Notices**

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

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

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

#### **Requirements of Subawards**

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



### 3. Reporting

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

- 1) **Progress Report(s).** The recipient must submit a progress report to HRSA on an **annual** basis. Further information will be available in the NOA.
- 2) **Submit a Federal Financial Status Report (FFR).** A Federal Financial Report (FFR) is required at the end of each budget period. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically through the EHBs. More specific information will be included in the Notice of Award.
- 3) **Submit a Strategic Plan.** Awardees will be required to submit a 3-year strategic plan during the first year of their period of performance. This strategic plan will provide guidance for program development throughout the period of performance and beyond. Further information will be provided upon receipt of the award.
- 4) **Submit an Assessment Plan.** Awardees will be required to submit an Assessment Plan during the first year of the period of performance. This assessment plan will provide guidance for program assessment throughout the period of performance and beyond. An assessment plan should address both process and outcome measures. It should include the following elements: assessment questions, indicators, data sources, assessment methods (e.g., review of documents, interviews with project staff and participants, surveys of participants, etc.), and how the assessment findings will be shared throughout the project. HRSA recognizes that this plan may change throughout project implementation. However, the likelihood of a project's success is increased if an assessment strategy is identified in the beginning phases of the project, project staff are engaged throughout the assessment process (in the design and implementation stages), and if feedback is provided to project staff and key stakeholders throughout the project to allow for any mid-course adjustments.
- 5) **Submit a Final Sustainability Plan.** As part of receiving the award, recipients are required to submit a final Sustainability Plan during the third year of their period of performance. Further information will be provided upon receipt of the award.
- 6) **Submit a Performance Measures Report.** A performance measures report is required after the end of each budget period in the Performance Improvement Measurement System (PIMS). Upon award, recipients will be notified of specific performance measures required for reporting.
- 7) **Submit a Final Program Assessment Report.** Recipients are required to submit a final Program Assessment Report at the end of their period of performance that would show, explain and discuss their results and outcomes. Further information will be provided in the award notice.

- 8) **Submit Final Closeout Report.** A final report is due within 90 days after the period of performance ends. The final report collects program-specific goals and progress on strategies; core performance measurement data; impact of the overall project; the degree to which the recipient achieved the mission, goal and strategies outlined in the program; recipient objectives and accomplishments; barriers encountered; and responses to summary questions regarding the awardee's overall experiences over the entire period of performance. Further information will be provided in the award notice.
- 9) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in FAPIIS, as required in 45 CFR part 75 Appendix XII.

## VII. Agency Contacts

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

Adejumoke Oladele  
Grants Management Specialist  
Division of Grants Management Operations, OFAM  
Health Resources and Services Administration  
5600 Fishers Lane, Mailstop 10SWH03  
Rockville, MD 20857  
Telephone: (301) 443-2441  
Email: [aoladele@hrsa.gov](mailto:aoladele@hrsa.gov)

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

Patricia Burbano  
Public Health Analyst  
Attn: Delta States Rural Development Network Grant Program  
Federal Office of Rural Health Policy  
Health Resources and Services Administration  
5600 Fishers Lane, Room 17W50  
Rockville, MD 20857  
Telephone: (301) 443-7238  
Email: [pburbano@hrsa.gov](mailto:pburbano@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 HRSA's EHBs, contact the HRSA Contact Center, Monday–Friday, 8 a.m. to 8 p.m. ET, excluding federal holidays at:

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

## **VIII. Other Information**

### **Technical Assistance**

HRSA has scheduled following technical assistance:

#### *Webinar*

Day and Date: Tuesday, October 1, 2019

Time: 2 – 3 p.m. ET

Call-In Number: 1-888-994-8792

Participant Code: 5467892

Weblink:

[https://hrsaseminar.adobeconnect.com/delta\\_states\\_rural\\_development\\_network\\_grant\\_program\\_ta/](https://hrsaseminar.adobeconnect.com/delta_states_rural_development_network_grant_program_ta/)

Playback Number: 1-866-484-6430

Passcode: 11619

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

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

## Appendix A: Definitions for Delta Program

**Consortium** – An association or agreement of at least three separately owned and governed health care providers formed to undertake an enterprise beyond the resources of any one member. Other entities may be part of the consortium in addition to the three health care providers.

**Evidence-Based Programs** –The development, implementation, and evaluation of effective programs and policies in public health through application of principles of scientific reasoning, including systematic uses of data and information systems, and appropriate use of behavioral science theory and program planning models.<sup>19</sup>

**Integrated Care** –The systematic coordination of general and behavioral health care. Integrating mental health, substance abuse, and primary care services produces the best outcomes and proves the most effective approach to caring for people with multiple health care needs.<sup>20</sup>

**Longitudinal Data** – Repeated observations of the same variable (e.g., people) over long period time

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

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

**Population Health** – The health outcomes of a group of individuals, including the distribution of such outcomes within the group. Population health outcomes are the product of multiple determinants of health including medical care, public health, genetics, behaviors, social factors, environmental factors, and the distribution of disparities in the population. Improving population health could impact disease prevalence.

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<sup>19</sup> Brownson, Ross C., Elizabeth A. Baker, Terry L. Leet, and Kathleen N. Gillespie, Editors. Evidence-Based Public Health. New York: Oxford University Press, 2003.

<https://phpartners.org/tutorial/04-ebph/2-keyConcepts/4.2.2.html>

<sup>20</sup> <https://www.integration.samhsa.gov/about-us/what-is-integrated-care>

**Promising Practice Model** – A model with at least preliminary evidence of effectiveness in small-scale interventions or for which there is potential for generating data that will be useful for making decisions about taking the intervention to scale and generalizing the results to diverse populations and settings.<sup>21</sup> An example of a promising practice is a small-scale pilot program that generates positive outcome results and justifies program expansion to new access points and/or service populations.

**Wellness Screening Measures** – Screening measures that provide a clinical assessment of key health measures. These results may be used to identify certain health conditions, such as heart disease, or to indicate an increased risk for these conditions.

Body measurements may include:

- Height and weight — to calculate body mass index as a measure of obesity
- Body fat percentage — an alternative measure of obesity
- Waist — a measure of abdominal obesity and an indicator of diabetes risk
- Hip — to calculate waist-to-hip ratio, a measure of abdominal obesity
- Neck — to calculate sleep apnea risk
- Blood pressure — to calculate cardiovascular disease risk

Tests using the blood sample may include:

- Lipids (HDL, LDL, total cholesterol, triglycerides) — to calculate cardiovascular disease risk
- Blood glucose — to calculate diabetes risk
- Cotinine — to detect tobacco use

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<sup>21</sup> Department of Health and Human Services Administration for Children and Families Program Announcement. Federal Register, Vol. 68, No. 131, (July 2003), p. 40974.

## Appendix B: DRAFT Delta State Rural Development Network Grant Program, Program Specific Measures for Performance Improvement Measures System (PIMS)

### PROPOSED MEASURES

***Please Note:** The following measures are proposed, have not been finalized, and are subject to change. They have been included to make applicants aware of the types of data reporting that will be required. HRSA will provide additional information if awarded.*

<p><b>ACCESS TO CARE</b> (applicable to all award recipients): Number of unique individuals from target patient population who received direct services, types of services provided through the Delta grant funding, types of new and/or expanded services provided through the grant.</p>
<p><b>POPULATION DEMOGRAPHICS</b> (applicable to all award recipients): Number of people served by ethnicity, race, age group (Children (0-12), Adolescents (13-17), Adults (18-64), Elderly (65 and over)) and insurance status/coverage.</p>
<p><b>SUSTAINABILITY</b> (applicable to all award recipients): Sources of sustainability, additional program revenue and ratio for economic impact (use the HRSA's Economic Impact Analysis tool at <a href="https://www.ruralhealthinfo.org/econtool">https://www.ruralhealthinfo.org/econtool</a> to calculate ratio).</p>
<p><b>HEALTH PROMOTION/DISEASE MANAGEMENT</b> (optional for award recipients): Number of people who were referred to health care providers</p>
<p><b>MENTAL/BEHAVIORAL HEALTH</b> (optional for award recipients): Number of people receiving mental and/or behavioral health services in the target area</p>
<p><b>ORAL HEALTH</b> (optional for award recipients): Number of people receiving dental/oral health services in the target area, number of people that received the following type(s) of dental/oral health services provided: Screenings/Exams, Sealants, Varnish, Oral Prophylaxis, Restorative, Extractions, Other)</p>
<p><b>CHILDHOOD OBESITY</b> (optional for award recipients): Calculate mean (average) of body mass index utilizing the CDC BMI Percentile Calculator for Child and Teen calculator: <a href="https://www.cdc.gov/healthyweight/bmi/calculator.html">https://www.cdc.gov/healthyweight/bmi/calculator.html</a></p>
<p><b>CLINICAL MEASURES</b> (applicable to all award recipients): (CMS347v2 is the 2019 version) Statin Therapy for the Prevention and Treatment of Cardiovascular Disease, NQF 0059 ( CMS 122v7 is the 2019 version) Comprehensive Diabetes Care, NQF 0421 (CMS69v9 is the 2019 version) Body Mass Index (BMI) Screening and Follow-Up, NQF 0018 (CMS165v7 is the 2019 version) Controlling High Blood Pressure, NQF 0028 (CMS138v7 is the 2019 version) Tobacco Use: Screening &amp; Cessation Intervention, NQF 0418 (CMS2v8 is the 2019 version) Screening for Clinical Depression and Follow-Up Plan</p>

## Appendix C: Other Resources

Other resources and tools that applicants may use in identifying an appropriate and effective evidence-based or promising practice framework for their communities by various topic areas are:

AIDS Education and Training Centers (AETC) Program of the Ryan White HIV/AIDS Program Provider Training Network:

AETC National Coordinating Resource Center: <https://aidsetc.org/>

AETC National Clinician Consultation Center: <http://nccc.ucsf.edu/>

Association of State and Territorial Health Officials

<http://www.astho.org/Programs/Prevention/>

CDC's Guide to Community Preventive Services: [www.thecommunityguide.org](http://www.thecommunityguide.org)

Center for Effective Collaboration and Care's Systems of Care: Promising Practices in Children's Mental Health:

<http://cecp.air.org/promisingpractices/>

Cochrane Collaboration

<http://www.cochrane.org/about-us/evidence-based-health-care>

Evidence-Based Toolkits for Rural Community Health

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

NACCHO Promising Practice Model Database

<http://www.naccho.org/topics/modelpractices/database/index.cfm>

Partnership for Prevention: <http://www.prevent.org/>

Promising Practices Network: <http://www.promisingpractices.net/>

Rural Community Health Gateway - Rural Assistance Center

<https://www.raconline.org/communityhealth>

Rural Health Information Hub - Planning for Sustainability

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

SAMHSA's A Guide to Evidence-Based Practices (EBP) on the Web

<http://www.samhsa.gov/ebpWebguide/>

SAMHSA's National Registry of Evidence-Based Programs and Practices (NREPP)

<http://nrepp.samhsa.gov/>

Find HRSA's Ryan White HIV/AIDS Program Providers: <https://findhivcare.hrsa.gov/>

Find a Clinical Health Center: <https://findahealthcenter.hrsa.gov/>