NOTICE OF FUNDING OPPORTUNITY

Application Due Date: June 16, 2020

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

Issuance Date: April 17, 2020

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Authority: 42 U.S.C. 912(b)(5)
The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2020 Rural Telementoring Training Center (RTTC). The purpose of this program is to train academic medical centers and other centers of excellence in the creation of technology-enabled telementoring learning programs that facilitate the dissemination of best practice specialty care to primary care providers and care teams in rural and underserved areas across the country. The RTTC will facilitate models of professional education and support that are adaptable to culturally and regionally diverse populations.

<table>
<thead>
<tr>
<th>Funding Opportunity Title:</th>
<th>Rural Telementoring Training Center</th>
</tr>
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<tbody>
<tr>
<td>Funding Opportunity Number:</td>
<td>HRSA-20-108</td>
</tr>
<tr>
<td>Due Date for Applications:</td>
<td>June 16, 2020</td>
</tr>
<tr>
<td>Anticipated Total Annual Available FY 2020 Funding:</td>
<td>$1,000,000</td>
</tr>
<tr>
<td>Estimated Number and Type of Award:</td>
<td>Up to 1 cooperative agreement</td>
</tr>
<tr>
<td>Estimated Award Amount:</td>
<td>Up to $1,000,000 per year</td>
</tr>
<tr>
<td>Cost Sharing/Match Required:</td>
<td>No</td>
</tr>
<tr>
<td>Period of Performance:</td>
<td>September 1, 2020 through August 31, 2023 (3 years)</td>
</tr>
<tr>
<td>Eligible Applicants:</td>
<td>Eligible applicants include domestic public, private, and non-profit organizations, including tribes and tribal organizations, faith-based and community-based organizations, institutions of higher education, state and local governments, and hospitals. See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.</td>
</tr>
</tbody>
</table>
**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](http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf), except where instructed in this NOFO to do otherwise.

**Technical Assistance**

HRSA has scheduled the following technical assistance:

*Webinar*

Day and Date: Wednesday, April 29, 2020  
Time: 2 – 3 p.m. ET  
Call-In Number: 1-800-779-9076  
Participant Code: 1269573  
Weblink: [https://hrsa.connectsolutions.com/rural_telementoring_training_center/](https://hrsa.connectsolutions.com/rural_telementoring_training_center/)  
Playback Number: 1-866-400-9640  
Passcode: 42920
Table of Contents

I. PROGRAM FUNDING OPPORTUNITY DESCRIPTION ........................................... 1
   1. PURPOSE .............................................................................................................. 1
   2. BACKGROUND .................................................................................................. 2

II. AWARD INFORMATION ........................................................................................ 2
   1. TYPE OF APPLICATION AND AWARD .......................................................... 2
   2. SUMMARY OF FUNDING ................................................................................. 4

III. ELIGIBILITY INFORMATION .............................................................................. 4
   1. ELIGIBLE APPLICANTS .................................................................................... 4
   2. COST SHARING/MATCHING ........................................................................... 4
   3. OTHER ............................................................................................................. 4

IV. APPLICATION AND SUBMISSION INFORMATION ........................................... 5
   1. ADDRESS TO REQUEST APPLICATION PACKAGE ........................................ 5
   2. CONTENT AND FORM OF APPLICATION SUBMISSION .................................. 5
      i. Project Abstract ........................................................................................... 6
      ii. Project Narrative .......................................................................................... 6
      iii. Budget ......................................................................................................... 12
      iv. Budget Narrative ........................................................................................ 12
      v. Attachments ............................................................................................... 13
   3. DUN AND BRADSTREET DATA UNIVERSAL NUMBERING SYSTEM (DUNS) NUMBER AND SYSTEM FOR AWARD MANAGEMENT ......................................................... 14
   4. SUBMISSION DATES AND TIMES .................................................................. 16
   5. INTERGOVERNMENTAL REVIEW ................................................................... 16
   6. FUNDING RESTRICTIONS .............................................................................. 16

V. APPLICATION REVIEW INFORMATION ........................................................ 17
   1. REVIEW CRITERIA .......................................................................................... 17
   2. REVIEW AND SELECTION PROCESS ........................................................... 22
   3. ASSESSMENT OF RISK ................................................................................... 22

VI. AWARD ADMINISTRATION INFORMATION .................................................. 23
   1. AWARD NOTICES ........................................................................................... 23
   2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS .......................... 23
   3. REPORTING ................................................................................................... 23

VII. AGENCY CONTACTS ....................................................................................... 24

VIII. OTHER INFORMATION .................................................................................... 25
I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Rural Telementoring Training Center (RTTC) Program. The purpose of this program is to train academic medical centers and other centers of excellence (COEs) to create or expand technology-enabled collaborative learning and capacity building models (such as Project ECHO, ECHO-like models, and other emerging models in the field). The RTTC will develop and share freely accessible tools and resources that are adaptable to culturally and regionally diverse populations to provide training nationwide to facilitate the dissemination of best practice specialty care to primary care providers and care teams in rural and underserved areas.

This cooperative agreement aligns with HRSA’s goals of fostering a health care workforce to address current and emerging needs, improving access to quality health services, achieving health equity, and enhancing population health. This RTTC’s focus is to train and support academic medical centers and other centers of excellence to provide technology-enabled telementoring that will ultimately better equip the health care workforce in rural communities to meet critical demands while improving access to health care.

The freely accessible tools and resources developed by the RTTC will enhance rural patients’ access to quality care using telehealth and innovative technology solutions. The RTTC will foster and support coordination of health services by encouraging the use of health care delivery models that utilize team-based approaches where each member practices at the full scope of their training.

The RTTC will also develop appropriate methodology to evaluate and identify outcomes associated with telementoring initiatives. The program’s objectives emphasize the following:

- identifying and expanding current and new telementoring learning programs
- developing freely accessible tools and resources to support telementoring learning program planning and implementation
- creating a standardized telementoring learning program data set and evaluation toolkit

HRSA expects the RTTC to provide technical assistance (TA) resources that are national in scope and that will meet the needs of rural communities and practitioners. The RTTC will assist health care organizations such as academic medical centers and other centers of excellence in the implementation of cost-effective telementoring programs to serve rural and medically underserved areas and populations.
2. Background

This program is authorized by 42 U.S.C. 912 (b)(5). The Federal Office of Rural Health Policy (FORHP) is the focal point for rural health activities within the Department of Health and Human Services (HHS). FORHP is statutorily required to advise the Secretary: on the effects of current and proposed policy changes in Medicare and Medicaid programs, on the financial viability of small rural hospitals, the ability of rural areas to attract and retain physicians and other health professionals; and, access to and the quality of health care in rural areas.

In February 2019, the Office of the Assistant Secretary for Planning and Evaluation (ASPE) published a Report to Congress entitled, “Current State of Technology-Enabled Collaborative Learning and Capacity Building Models”.¹ This report describes technology-enabled collaborative learning and capacity building models as “ECHO and ECHO-like models” (EELM) and finds that the empirical evidence for the impact of EELM on patient and provider outcomes remains modest, though the evidence consistently shows positive effects in measured/evaluated areas. Research suggests incorporating telehealth practices for primary and specialty care into rural care practices could improve access to care among rural residents.

Approximately 18 percent of American citizens or 57 million individuals live in rural communities.² Residents of rural communities typically are older and generally experience higher frequency of chronic disease and poorer health status than their urban counterparts.³ Lack of access to care in rural areas is due, in part, to workforce issues within these communities. Over 4,700 out of the 7,578 Primary Medical Health Professional Shortage Areas are located in rural communities.⁴ Technology-enabled collaborative learning and capacity building models connect generalist providers, often located in remote areas, with specialists that help train these providers to deliver care for patients with conditions that they might not be adequately prepared to handle, but are within their purview. HRSA anticipates the RTTC will ultimately empower and enable providers in rural locations to continue pursuing enhancements to meet the challenging needs of caring for their communities.

II. Award Information

1. Type of Application and Award

Type of applications sought: New

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HRSA will provide funding in the form of a cooperative agreement. A cooperative agreement is a financial assistance mechanism where substantial involvement is anticipated between HRSA and the recipient during performance of the contemplated project.

**HRSA program involvement will include:**

- Participating in the planning and development of the RTTC’s work plan.

- Providing guidance and assistance to the RTTC in identifying key academic medical centers and other centers of excellence through which to share freely accessible resources and tools.

- Participating, as appropriate, in the planning and implementation of any meetings, training activities or workgroups conducted during the period of the cooperative agreement.

- Providing assistance in identifying opportunities for disseminating information about telementoring programs nationally that coordinate both health and human services.

- Reviewing, providing comments, recommendations, and approvals for documents, curricula, program plans, budgets, work to be contracted out (including the work plan), key personnel (including consultants and contractors), work plan revisions, etc. prior to printing, dissemination, or implementation.

**The cooperative agreement recipient’s responsibilities will include:**

- Planning and delivering nationwide training and TA on telementoring to academic medical centers and other centers of excellence that seek to deliver health care to rural and underserved populations and ensuring that the training uses models of professional education and support that are adapted to culturally and regionally diverse populations.

- Identifying opportunities and promoting best practices for telementoring programs to increase their viability in rural areas by identifying successful models and administrative support strategies as well as disseminating information about telementoring programs that coordinate both health and human services.

- Identifying opportunities and promoting best practices for telementoring programs to evaluate their impacts and improve their services and strategies over time.

- Providing academic medical centers and centers of excellence with tools for collecting and interpreting applicable data to support evaluation of rural health telementoring services.

- Identifying key organizations through which to share information on emerging policy issues related to rural telementoring programs.
• Disseminating project deliverables that result from any meetings, training activities, or workgroups conducted during the period of the cooperative agreement and ensuring free public access to resources developed under the cooperative agreement.

• Adhering to HRSA guidelines pertaining to acknowledgement and disclaimer on all products produced by HRSA award funds.

• Adhering to Section 508 of the Rehabilitation Act of 1973, as amended.

2. Summary of Funding

HRSA expects approximately $1,000,000 to be available annually to fund one recipient. You may apply for a ceiling amount of up to $1,000,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. The period of performance is September 1, 2020 through August 31, 2023 (3 years). Funding beyond the first year is subject to the availability of appropriated funds for the Rural Telementoring Training Center 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

Eligible applicants include domestic public, private, and non-profit organizations. Domestic entities including tribes and tribal organizations, faith-based and community-based organizations, institutions of higher education, state and local governments, and hospitals are also eligible to apply.

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.

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 using the SF-424 workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at http://www.grants.gov/applicants/apply-for-grants.html. The NOFO is also known as “Instructions” on Grants.gov. You must select “Subscribe” and provide your email address for each NOFO you are reviewing or preparing in the workspace application package in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. You are ultimately responsible for reviewing the For Applicants page for all information relevant to this NOFO.

2. Content and Form of Application Submission

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

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

Application Page Limit

The total size of all uploaded files included in the page limit may not exceed the equivalent of 70 pages when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the Application Guide and this NOFO. Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Please note: If you use an OMB-approved form that is not included in the workspace application package for HRSA-20-108, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit. Indirect Cost Rate Agreement and proof of
non-profit status (if applicable) do not count in the page limit. It is therefore important to take appropriate measures to ensure your application does not exceed the specified page limit.

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

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

1) You certify, on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3321).

3) Where you are unable to attest to the statements in this certification, an explanation shall be included in Attachment #4: 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.

The project abstract must be single-spaced and limited to one page in length.

Please include the following information at the top of the abstract:

- Project Title
- Applicant Organization Name
- Address
- Project Director Name
- Contact Phone Numbers
- E-Mail Address
- Website Address, if applicable

Please include:

1. A brief overview of the project;
2. Goals and specific measurable objectives of the proposed project; and
3. How the proposed project for which funding is requested will be accomplished (i.e., the “who, what, when, where, why and how” of a project).

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.

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

**INTRODUCTION -- Correlates to Section V’s Review Criterion 1: Need**

- This section should briefly describe the purpose of the proposed project and clearly identify specific goals and objectives.

**NEEDS ASSESSMENT -- Correlates to Section V’s Review Criterion 1: Need**

- Outline the needs and issues that affect the development of rural technology-enabled telementoring learning programs and their ability to offer additional training/practicum to physicians and other primary care practitioners in rural communities.
- Describe the target population and its unmet needs in rural areas. Provide quantitative data demonstrating the need for telementoring services in rural communities at the national, state and regional levels.
- Outline the challenges and barriers impacting the development and sustainability of rural telementoring programs and the communities they serve, as well as the larger contextual challenges facing rural communities’ abilities to recruit, train, and retain health care professionals. Use supporting data to provide context to the demand of telementoring services in rural communities. This section should also describe the significance of academic medical centers and other centers of excellence providing telementoring support to rural providers and communities.
- Identify key stakeholders (i.e., academic medical centers and other centers of excellence and rural providers and communities), discuss the impact of the project on interested stakeholders, and describe how stakeholder representatives will or will be involved in program planning. Cite demographic data whenever possible to support the information requested.

**METHODOLOGY -- Correlates to Section V’s Review Criterion #2(a) Response**

- Describe how you will establish the RTTC and provide freely accessible nationwide TA to new and existing rural telementoring programs. Possible examples of TA and activities could include, but are not limited to: assistance in selecting the appropriate equipment and services to participate in a telementoring program, examining and explaining telementoring support
mechanisms, sharing successful strategies of other telementoring programs, and explaining how you would assist academic medical centers and other centers of excellence to develop partnerships with rural health care delivery sites.

- Demonstrate your experience in supporting the solicitation, review, selection, compilation and dissemination of best practices to medical educators and professionals for rural telementoring models of care that will provide high quality continuing training.

- Propose methods to address the stated needs and how these will achieve identified goals and objectives.

- Identify, analyze, and translate the key policy issues and challenges affecting the development of telementoring programs in rural settings across the nation. Describe and propose models that are adaptable to culturally and regionally diverse rural populations.

- Include a detailed and clear understanding of the intricacies of various telementoring models including distance learning and clinical decision support through telehealth. This should include funding limitations and the implications policies/regulations have on the viability of rural telementoring as it pertains to continuing educational support throughout the nation.

- Identify and describe how you will promote best practices for the development of rural telementoring programs nationwide, the development of sustainability strategies for these programs, and what you believe are viable measurements of success.

- Describe how you will engage important stakeholders and relevant experts in the creation of a standardized telementoring learning program data set and evaluation toolkit that will be acceptable and adaptable for telementoring programs serving rural communities.

- Describe how you will have the capability to be national in scope (i.e., much broader than a local, single state, multi-state, or regional focus). Discuss established partnerships and collaborations with academic centers and other centers of excellence.

- Describe how you will work closely with HRSA to adapt the TA approach as needed in response to stakeholder feedback and changing priorities.

- Propose additional measures explaining how you will evaluate work and track progress through appropriate data collections.
WORK PLAN -- Corresponds to Section V’s Review Criterion #2(b) Response

- Describe the process to achieve the activities and implement a project of national scope as proposed in the methodology section. This section should provide clear evidence that you have a well-considered plan to train academic medical centers and other centers of excellence in the creation of technology-enable telementoring learning programs that facilitate the dissemination of best practice specialty care for treatment of complex conditions to primary care providers and care teams across the country.

- Describe the timeframes, deliverables, and key partners required during the cooperative agreement period of performance to establish the Rural Telementoring Training Center.

- Discuss how the RTTC plans to reach out, engage and promote freely accessible telementoring resources and tools to academic medical centers and other centers of excellence.

- Identify meaningful support and collaboration with key stakeholders (i.e., academic medical centers and other centers of excellence) in planning, designing and implementing all activities, including development of this application and, further, the extent to which these contributors reflect the cultural, racial, linguistic and/or geographic diversity of the rural populations and communities served. You may include, but are not limited to the following examples: broadly accessible modalities such as webinars and meetings to increase collaboration with stakeholders.

- Explain how the work plan is appropriate for the program design and how the work plan targets fit into the overall timeline of implementation of the cooperative agreement.

A work plan narrative description that discusses, at minimum:
  a. Proposed plans for project implementation (including actions steps for implementation);
  b. Timeframes assigned for execution of the work plan for each year of the three-year period of performance;
  c. Key personnel and/or partners responsible for implementing project activities;
  d. Performance benchmarks for measuring progress and success of project implementation; and
  e. A clear description of how to measure the work plan output.
  f. Information on how project outputs will be measured,
  g. Timeframes assigned for work plan execution during project implementation, and
  h. Individuals, organizational representatives, etc. responsible for carrying out each work plan activity.
RESOLUTION OF CHALLENGES -- Corresponds to Section V’s Review Criterion #2(c)
Response

- Describe barriers to developing rural telementoring programs for rural providers and how you will address these barriers. This description should include challenges in developing new rural telementoring programs, e.g., recruiting participants, creating partnerships, and expanding networks.
- Discuss any additional challenges both internal and external to the applicant organization that may directly or indirectly affect successful execution of the cooperative agreement and provide details and strategies for how these will be resolved.

EVALUATION -- Corresponds to Section V’s Review Criterion #3: Impact – Evaluative Measures

- Propose clearly defined, viable measurements of success in evaluation of a TA center of this scope, including process and outcome indicators for evaluating whether activities are being implemented as planned and whether the activities are achieving the expected effects/changes in the short and long-term.

- Describe current and past experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature.

- Describe the strategy (including staffing and workflow) and the frequency to collect, analyze, and track data to measure process outcomes and impact outcomes, including, as appropriate, among different cultural groups (e.g., race, ethnicity, language) and explain how the data will be used to inform program development and service delivery.

- Identify and present clear benchmarks of success for each year. Describe how the benchmarks to be applied to the project are industry standard from recognized sources, such as the National Quality Forum (NQF), National Committee for Quality Assurance (NCQA), Centers for Medicare & Medicaid Services (CMS); or, describe and justify appropriate benchmarks if industry standards are not available.

TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V’s Review Criterion #4: Impact- Technical Support Capacity

- Describe your capacity to effectively manage the programmatic, fiscal, and administrative aspects of the proposed project. You must demonstrate knowledge, skills, and expertise required to run a national TA center and build coalitions with stakeholders for the purpose of creating new, and expanding existing, rural telementoring programs around the nation.
• Describe a plan for, and cite specific subject matter knowledge, experience in, and ability to develop relevant materials to be used by rural health care providers, rural health researchers, medical educators, policy makers, academic medical centers, and other centers of excellence to successfully develop new rural telementoring programs, improve existing telementoring programs, and successfully evaluate telementoring programs nationwide.

• Describe how the RTTC contribution to overall results (e.g., number of sustainable rural telementoring programs established) and lessons learned will be communicated to both internal and external audiences nationally in a timely and unbiased manner.

**ORGANIZATIONAL INFORMATION -- Corresponds to Section V’s Review Criterion #5: Organizational Information**

• Provide information on your organization’s current mission and structure, including an applicant organizational chart ([Attachment 3](#)), and how this aligns with the scope of the proposed activities. Also, describe how these elements contribute to the organization’s ability to conduct the program requirements and meet program expectations.

• Discuss how the organization will follow the approved work plan, as outlined in the application, adjust the work plan in consultation with HRSA, properly account for the federal funds, and document all costs to avoid audit findings. If you will make subawards or expend funds on contracts, describe how your organization will ensure proper documentation of funds.

• Provide information on the program’s resources and capabilities to support provision of culturally and linguistically competent services that are adaptable to culturally and regionally diverse rural populations.

• Provide evidence to demonstrate commitment and ability to form collaborative long-term relationships with key rural and telementoring constituencies such as rural healthcare delivery sites, academic medical centers, and other centers of excellence. Provide evidence of an existing infrastructure and extensive past experience/track record of working with rural health care programs.

• Describe relevant knowledge, skills, expertise and past successes with similar projects, particularly collaborative endeavors that involve building coalitions among rural health care delivery sites, academic medical centers, and other necessary stakeholders.

• Describe experience in assisting in the establishment of new rural telementoring programs and in assisting existing rural telementoring programs. Demonstrate your thorough, granular understanding of models for telementoring success.
Biographical sketches must be included in Attachment 1 (Biographical Sketches for Key Personnel). The staffing plan and job descriptions for key faculty/staff must be included in Attachment 2 (Staffing Plan and Job Descriptions for Key Personnel).

Note: Applications may be submitted by either a single organization or a consortium of entities. The application should demonstrate a broad range of expertise and experience in telehealth, telementoring, continuing training for rural health care staff and an extensive knowledge of policy and payment considerations affecting the viability and sustainability of rural telementoring programs nationally. The applicant organization serves as the applicant of record and coordinates all cooperative agreement activities. The applicant organization is a critical component to ensure the success of this project and should demonstrate a proven track record, with extensive prior experience and results in working with entities developing rural telementoring opportunities.

iii. **Budget**

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

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

The Further Consolidated Appropriations Act, 2020 (P.L. 116-94), Division A, § 202 states, “None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.” See Section 4.1.iv Budget – Salary Limitation of HRSA’s SF-424 Application Guide for additional information. Note that these or other salary limitations may apply in the following fiscal years, as required by law.

iv. **Budget Narrative**

See Section 4.1.v. of HRSA’s SF-424 Application Guide.
### NARRATIVE GUIDANCE

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

<table>
<thead>
<tr>
<th>Narrative Section</th>
<th>Review Criteria</th>
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<tbody>
<tr>
<td>Introduction</td>
<td>(1) Need</td>
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<tr>
<td>Needs Assessment</td>
<td>(1) Need</td>
</tr>
<tr>
<td>Methodology</td>
<td>(2a) Response</td>
</tr>
<tr>
<td>Work Plan</td>
<td>(2b) Response</td>
</tr>
<tr>
<td>Resolution of Challenges</td>
<td>(2c) Response</td>
</tr>
<tr>
<td>Evaluation</td>
<td>(3) Impact: Evaluative Measures</td>
</tr>
<tr>
<td>Technical Support Capacity</td>
<td>(4) Impact: Technical Support Capacity</td>
</tr>
<tr>
<td>Organizational Information</td>
<td>(5) Organizational Information</td>
</tr>
<tr>
<td>Budget and Budget Narrative</td>
<td>(6) Support Requested</td>
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</tbody>
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### v. Attachments

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

**Attachment 1: Biographical Sketches for Key Personnel**

Include biographical sketches for persons occupying the key positions described in the Staffing Plan, not to exceed two pages in length per person. In the event that a biographical sketch is included for an identified individual not yet hired, include a letter of commitment from that person with the biographical sketch. When applicable, biographical sketches should include training, language fluency, and experience working with racial and ethnic minorities, health disparities, and cultural and linguistically diverse populations that are served by their programs.

- Biographical sketches, not exceeding two pages per person, should include the following information:
  - Senior/key personnel name
  - Position Title
  - Education/Training - beginning with baccalaureate or other initial professional education, such as nursing, including postdoctoral training and residency training if applicable:
    - Institution and location
    - Degree (if applicable)
    - Date of degree (MM/YY)
    - Field of study
Section A (required) Personal Statement. Briefly describe why the individual’s experience and qualifications make him/her particularly well-suited for his/her role (e.g., PD/PI) in the project that is the subject of the award; i.e., ample and survey-able expertise relevant to running a training center and building coalitions to support eligible entities in the creation of new rural telementoring programs.

Section B (required) Positions and Honors. List in chronological order previous positions, concluding with the present position. List any honors. Include present membership on any Federal Government public advisory committee.

Section C (optional) Other Support. List both selected ongoing and completed (during the last 3 years) projects (federal or non-federal support). Begin with any projects relevant to the project proposed in this application. Briefly indicate the overall goals of the projects and responsibilities of the Senior/Key Person identified on the Biographical Sketch.

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

Keep each job description to one page in length as much as is possible. Include the role, responsibilities, full time equivalents (FTE), and qualifications of proposed project staff. Also, please include a description of your organization’s timekeeping process to ensure that you will comply with the federal standards related to documenting personnel costs. Key Personnel is defined as persons funded by this award or persons conducting activities central to this program. If the Project Director (PD) serves as a PD for other federal awards, please list the federal awards and the percent FTE for each federal award.

Attachment 3: Project Organizational Chart

Provide a one-page figure that depicts the organizational structure of the project.

Attachment 4-15: Other Relevant Documents

Include here any other documents that are relevant to the application, including letters of support and indirect cost rate agreements. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.).

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

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

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

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

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

Currently, the Grants.gov registration process requires information in three separate systems:
- Dun and Bradstreet (http://www.dnb.com/duns-number.html)
- System for Award Management (SAM) (https://www.sam.gov)
- Grants.gov (http://www.grants.gov/)

For further details, see Section 3.1 of HRSA’s SF-424 Application Guide.

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

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

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

Application Due Date
The due date for applications under this NOFO is Month Date, 20## at 11:59 p.m. ET. HRSA suggests submitting applications to Grants.gov at least 3 calendar days before the deadline to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA’s SF-424 Application Guide for additional information.

5. Intergovernmental Review

The Rural Telementoring Training Center 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 $1,000,000 per year (inclusive of direct and indirect costs). 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 A of the Further Consolidated Appropriations Act, 2020 (P.L. 116-94) apply to this program. Please see Section 4.1 of HRSA’s SF-424 Application Guide for additional information. Note that these or other restrictions will apply in the following fiscal years, as required by law.

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. HRSA will review each application for completeness and eligibility, all required documents, and compliance with the requirements outlined in this NOFO.

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 RTTC Program has six review criteria. 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

Reviewers will assess:

- The extent to which the applicant clearly describes the purpose and outlines the need for rural telementoring learning programs nationwide.
- The extent to which the application demonstrates understanding of the major policy and technology challenges and barriers facing telementoring educators and participants, both at the national, state, and regional levels.
- The extent to which the application provides sufficient evidence including quantitative data demonstrating the demand for services from the proposed RTTC benefiting communities, including description of the target population and potential beneficiaries in rural areas.
- The extent to which the application provides quantifiable information on existing services/programs available to support telementoring training nationally and how the applicant will meaningfully contribute to fill gaps in existing services.
- The strength, relevance, and appropriateness of the data used to document the sustainability and current distribution of telementoring programs nationwide and identify rural areas that are underserved by telementoring programs.
- The extent to which applicants clearly identify and discuss key stakeholder representatives (i.e., academic medical centers and centers of excellence) in the proposed RTTC and the impact of providing telementoring services to the communities or populations served in the design and operation of the RTTC.
Criterion 2: RESPONSE (30 points) – Corresponds to Section IV’s subsections (a) Methodology, (b) Work Plan and (c) Resolution of Challenges

Criterion 2a: Corresponds to Section IV’s Methodology – (10 points)

Reviewers will assess:

• The extent to which the application demonstrates clear and detailed understanding of the intricacies of various telementoring models including distance learning and clinical decision support through telehealth.

• The extent to which the applicant demonstrates a clear understanding of key policy issues and funding opportunities as they pertain to creating and sustaining rural telementoring programs throughout the nation.

• The extent to which the applicant clearly describes a well-considered response to the needs identified and a strategy to provide freely accessible, sustainable, national TA (i.e. appropriate equipment, services, support mechanisms and successful strategies) to academic medical centers and other centers of excellence in order to engage primary care providers in rural and underserved areas.

• The extent to which the application adequately addresses the actual and potential relevant barriers that telementoring projects face nationwide (e.g., specific legislative or regulatory policy barriers) and discusses a plan and methodology to overcome the identified challenges and barriers (e.g., specific reimbursement challenges, technical infrastructure challenges, or organizational challenges).

• The extent to which the proposed models of professional education and support are adaptable to culturally and regionally diverse rural populations nationally; including a clear examination of how these models promote sustainability and address viable measurements to success along with potential limitations.

• The quality of the strategy proposed to identify and proactively target organizations across the nation in need of TA. The applicant should describe partnerships already established and describe how the RTTC will work closely with HRSA.

• The strength of the description of the outreach tools to provide freely accessible, national TA including webinars, toolkits, focus groups, etc.

• The extent to which the application presents a realistic and effective approach for collecting standardized data, evaluating this data and widely disseminating information regarding results of the project on national, state, and regional levels, including how the applicant will engage relevant stakeholders in the creation of an evaluation toolkit geared towards telementoring programs serving rural communities.
Criterion 2b: Corresponds to Section IV’s Work Plan – (10 points)

Reviewers will assess:

- The extent to which the proposed project displays a realistic, feasible approach to providing TA, training, and support for academic medical centers and other centers of excellence that plan or are developing telementoring services.

- The extent to which the proposed project displays a realistic and feasible approach for identifying meaningful support and collaboration with key stakeholders (i.e., academic medical centers and other centers of excellence) in planning, designing and implementing all activities, including development of this application. The extent to which these contributors reflect the cultural, racial, linguistic and/or geographic diversity of the rural populations and communities served.

- The extent to which the application identifies and describes an effective approach to promote freely accessible telementoring resources and tools to academic medical centers and other centers of excellence.

- The appropriateness of activities proposed in response to the TA needs identified and the specificity with which the applicant proposes to address the major programmatic services and TA delivery.

- The clarity of the work plan including the timeline, activity, goals, and responsible staff.

- The specificity with which the applicant identifies all partners and their qualifications, experience, and roles/responsibilities in the project, along with outreach strategies to engage all partners.

- The clarity with which program activities are aligned to the proposed outcomes to assess the progress of the program in meeting program goals and objectives.

Criterion 2c: Corresponds to Section IV’s Resolution of Challenges – (10 points)

Reviewers will assess:

- The extent to which applicants clearly and effectively address the challenges outlined in the “Resolution of Challenges” sections of this funding opportunity.

- The degree to which the applicant will be able to engage in meaningful collaborations to pursue the cooperative agreement’s objectives and overcome potential barriers (internal and external) by executing successful strategies.

Criterion 3: IMPACT: EVALUATIVE MEASURES (15 points) – Corresponds to Section IV’s Evaluation

Reviewers will assess:

- The effectiveness of the methods proposed to monitor and evaluate the project results.
• The extent to which the applicant demonstrates specific objectives to be achieved and well-defined measures by which the achievement can be assessed against specific, time-bound criteria supported by baseline data, including process and outcome indicators for evaluating whether activities are being implemented as planned and whether the activities are achieving the expected effects/changes in the short and long-term.

• The appropriateness of methods proposed (including staffing and workflow) to collect, monitor, and analyze quantitative and qualitative data/information for process and outcome indicators.

• The extent to which the applicant describes relevant experience including materials published regarding telementoring and qualified staff participating.

• The extent to which the applicant can track the outcome of their services and determine if a new telementoring site or service was established due to the activities of the applicant.

• The extent to which the application presents clear, appropriate, and well-justified benchmarks of success for each year.

Criterion 4: IMPACT: TECHNICAL SUPPORT CAPACITY (15 points) – Corresponds to Section IV’s Technical Support Capacity

Reviewers will assess:

• The quality of the applicant’s experience and proposed strategies for sharing and disseminating lessons learned from the experience of existing or emerging telementoring programs and services.

• The extent to which the applicant describes their strategy to share lessons learned, best practices, and evaluation resources with new and/or existing telementoring programs and other key stakeholders.

• The extent to which the proposed project describes a plan and relevant experience in developing materials to improve access to quality health care for rural and underserved populations.

• The extent to which the applicant clearly demonstrates the capacity to effectively manage the programmatic, fiscal, and administrative aspects of the proposed project, including the knowledge, skills and expertise required to run a national TA center and build coalitions with stakeholders for the purpose of creating new, and expanding existing, rural telementoring programs across the country.

• The ability of the proposed RTTC to assist providers and organizations to establish sustainable telementoring programs, and serve as a resource for existing telementoring programs.
Criterion 5: ORGANIZATIONAL INFORMATION (20 points) – Corresponds to Section IV’s Organizational Information

Reviewers will assess:

- The quality and appropriateness of the resources and the abilities of your organization to fulfill program requirements and meet program expectations, including implementation, documentation, and monitoring of subawards.
- The capability to implement and fulfill the requirements of the proposed project based on the resources available and the qualifications of the project staff.
- The extent to which the staffing plan is well justified and includes the necessary personnel, as well as the extent to which the personnel devoted to the RTTC align with the proposed structure and work plan and have adequate time devoted to the project.
- The extent to which the applicant has demonstrated its ability and past experience/track record of providing TA and leadership to academic medical centers and other centers of excellence engaging with rural and underserved communities nationally, including experience establishing new telementoring programs.
- The extent to which the application demonstrates extensive experience in providing telementoring TA services, as evidenced by the size of the program, the years of experience in providing services, and publications/documents demonstrating expertise relatable to developing a nationwide model.
- The extent to which the application clearly describes the structure of the proposed RTTC the extent to which that structure strongly supports the overall mission of this program.

Criterion 6: SUPPORT REQUESTED (5 points) – Corresponds to Section IV’s Budget and Budget Justification

The SF-424A budget forms, along with the budget justification components of the itemized budget and budget narrative, are to be used in the review of this section. Together, they provide information regarding the reasonableness of the support requested.

- The budget justification logically documents how and why each line item request (such as personnel, travel, equipment, supplies, information technology, and contractual services) supports the goals and activities of the proposed award-funded activities.
- The application demonstrates that the estimated cost to the government for proposed award-funded activities is reasonable given the scope of work.
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.
2. Review and Selection Process

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

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.

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 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 September 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, and it is the recipient’s responsibility to monitor the compliance of all funded subrecipients. See 45 CFR § 75.101 Applicability for more details.

Data Rights

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

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 provided upon receipt of the award.
2) **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. Further information will be provided upon receipt of the award.

3) **Final Report and Evaluation.** Award recipients are required to submit a final report and program evaluation at the end of their period of performance that would show, explain, and discuss their results and outcomes. This report may include program-specific goals and progress on strategies; 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; and barriers encountered. Further information will be provided during the first period of performance.

4) **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:

Olusola Dada  
Grants Management Specialist  
Division of Grants Management Operations, OFAM  
Health Resources and Services Administration  
5600 Fishers Lane, Mailstop 10SWH03  
Rockville, MD  20857  
Telephone:  (301) 443-0195  
Email:  Odada@hrsa.gov

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

Danielle Chestang  
Public Health Analyst  
Attn: Rural Telementoring Training Center  
Federal Office of Rural Health Policy  
Health Resources and Services Administration  
5600 Fishers Lane, Mailstop 17W59-D  
Rockville, MD  20857  
Telephone:  (301) 443-3890  
Email:  DChestang@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  

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

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

VIII. Other Information

Technical Assistance

HRSA has scheduled following technical assistance:

Webinar

Day and Date: Wednesday, April 29, 2020  
Time: 2 – 3 p.m. ET  
Call-In Number: 1-800-779-9076  
Participant Code: 1269573  
Weblink: https://hrsa.connectsolutions.com/rural_telementoring_training_center/  
Playback Number: 1-866-400-9640  
Passcode: 42920

Tips for Writing a Strong Application

See Section 4.7 of HRSA’s SF-424 Application Guide.