

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



Federal Office of Rural Health Policy  
Policy Research Division

***Rural Residency Planning and Development Program Technical Assistance***  
**Funding Opportunity Number: HRSA-18-117**  
**Funding Opportunity Type: New**

**Catalog of Federal Domestic Assistance (CFDA) Number 93.155**

**NOTICE OF FUNDING OPPORTUNITY**

Fiscal Year 2018

**Application Due Date: August 22, 2018**

**MODIFIED on July 24, 2018:  
Revised Period of Performance Start Date**

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

**Issuance Date: July 23, 2018**

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Authority: Section 711(b) of the Social Security Act (42 U.S.C. 912(b)), as amended.

## EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2018 Rural Residency Planning and Development (RRPD) Program Technical Assistance (TA) (RRPD-TA). For the purposes of this Notice of Funding Opportunity (NOFO), rural residencies are allopathic and osteopathic physician residency training programs that primarily train in rural communities, place residents in rural locations for greater than 50 percent of their training, and focus on producing physicians who will practice in rural communities. The primary purpose of this new competitive announcement is the establishment of a rural residency planning and development TA center to support HRSA’s anticipated RRPD program, planned to start in FY 2019. The RRPD-TA awardee will identify and work with potential RRPD applicants to share resources as well as conduct preparatory work in anticipation of supporting the RRPD awardees. Contingent on the availability of resources, the secondary purpose of this cooperative agreement is to provide TA to other entities that a) would have been eligible for the RRPD program but did not apply, and b) were not selected for a RRPD program award. This cooperative agreement and the RRPD grant program are complementary and seek to expand the number of rural residency training programs and subsequently increase the number of physicians choosing to practice in rural areas.

Funding Opportunity Title:	Rural Residency Planning and Development Program Technical Assistance
Funding Opportunity Number:	HRSA-18-117
Due Date for Applications:	August 22, 2018
Anticipated Total Annual Available FY18 Funding:	Up to \$800,000
Estimated Number and Type of Award:	One (1) cooperative agreement
Estimated Award Amount:	Up to \$2,400,000 over the period of performance
Cost Sharing/Match Required:	No
Period of Performance:	September 30, 2018 through September 29, 2021 (3 years)

Eligible Applicants:	<p>Eligible entities include any domestic public or private nonprofit entities including: faith-based and community-based organizations; state governments and their agencies such as universities, colleges and research institutions; hospitals; local governments or their bona fide agents; and federally recognized tribal governments, tribes and tribal organizations.</p> <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 TA webinar:

#### *Webinar*

Day and Date: Thursday, August 2, 2018

Time: 2-3:30 p.m. ET

Call-In Number: 1 800-967-7154

Participant Code: 504496

Web link: [https://hrsa.connectsolutions.com/rural\\_residency\\_planning\\_ta\\_18\\_117/](https://hrsa.connectsolutions.com/rural_residency_planning_ta_18_117/)

Playback Number: 1 888-203-1112

Passcode: 3578952

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# **I. Program Funding Opportunity Description**

## **1. Purpose**

This notice solicits applications for the Health Resources and Services Administration (HRSA) Rural Residency Planning and Development (RRPD) Program Technical Assistance (TA) (RRPD-TA). The primary purpose of this cooperative agreement is the establishment of a rural residency planning and development TA center to support HRSA's anticipated Rural Residency Planning and Development (RRPD) program, planned to start in FY 2019. The RRPD-TA awardee will identify and work with potential RRPD applicants to share resources and conduct preparatory work in anticipation of supporting the RRPD awardees. Contingent on the availability of resources, the secondary purpose of this cooperative agreement is to provide TA to other entities that a) would have been eligible for the RRPD program but did not apply, and b) were not selected for a RRPD program award. This cooperative agreement and the RRPD grant program are complementary and seek to expand the number of rural residency training programs and subsequently increase the number of physicians choosing to practice in rural areas.

For the purpose of this cooperative agreement, rural residencies are allopathic and osteopathic physician residency training programs that primarily train in rural communities, place residents in rural locations for greater than 50 percent of their training, and focus on producing physicians who will practice in rural communities. A common model is for the first year of training to occur within a larger program in a more urban academic medical center and the final two years to occur in a rural facility. To secure institutional recognition and support, rural residency programs need both urban academic as well as rural community faculty champions. HRSA also recognizes that an accredited residency program with specialties such as family medicine, internal medicine, and psychiatry may not be available at a small rural hospital.

To address this issue, the RRPD-TA awardee will work with RRPD program awardees to help them develop their plans to create new, accredited residency programs. The RRPD program will emphasize medical specialties in family medicine, internal medicine, and psychiatry to increase the number of new rural residencies that are financially and structurally sustainable beyond initial grant funding in order to support expansion of the rural physician workforce in areas of demonstrated need. Essentially, RRPD program funding would be distributed to eligible entities that are committed to building a strong medical workforce targeted to addressing underserved communities and health professional shortage areas. Examples of how RRPD award recipients will use their funding include building new residency programs or rural training tracks, recruiting residency program directors and faculty, achieving residency program accreditation, recruiting residents, commencing residency training, and developing graduate tracking systems.

## Program Objectives

The priority for TA will be RRPD program awardees, however, if resources are available, TA may be provided to other entities that a) would have been eligible for the RRPD program but did not apply, and b) were not selected for a RRPD program award.

1. Promote the process of rural residencies-to-rural pipeline by assisting with the development of new rural family medicine, internal medicine, or psychiatry residency programs. This may include assistance in the areas of curriculum development, program director and faculty development, establishing clinical training and community partnerships, and program administration and operations.
2. Support efforts to establish or maintain new rural residency programs, including assisting new programs to successfully achieve accreditation by the Accreditation Council for Graduate Medical Education (ACGME).
3. Assist with identifying, qualifying for, and securing, as applicable, Medicare graduate medical education funding and/or other sustainable pathways of funding rural residencies such as Medicaid, state, or private funding.
4. Establish and/or promote a network or consortium of rural residency programs to identify successful strategies, promote promising practices, and identify policy challenges.
5. Promote rural residency training to medical students.

This cooperative agreement requires an ongoing partnership and a collaborative relationship with HRSA's Federal Office of Rural Health Policy (FORHP) and Bureau of Health Workforce in the selection of projects and in the development and implementation of the activities submitted in the work plan.

## **2. Background**

This program is authorized by Section 711 of the Social Security Act (42 U.S.C. 912). Nearly 18 percent of American citizens - around 57 million individuals - live in rural communities. Rural communities are much less likely to have the health professionals necessary to adequately care for their community's needs. Of the nearly 2,000 rural counties in the United States (U.S.), 770 (39 percent) are wholly or partially designated as primary care health professional shortage areas (HPSAs). Studies have shown that residents trained in rural settings are more likely to continue practicing in rural settings. Increasing opportunities for residents to train in rural communities is one approach to addressing physician shortages in rural communities.

According to the HRSA Data Warehouse Area Health Resource Files, in 2015, 179 rural counties (9 percent) lacked a primary care physician.<sup>1</sup> Family medicine physicians are critical providers of primary care services in rural locations, where they are the most common rural specialty. Additionally, the National Resident Matching Program results

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<sup>1</sup> *Health Resources and Services Administration (2018 April 2). HRSA Data Warehouse Area Health Resources Files, Retrieved from <https://datawarehouse.hrsa.gov/topics/ahrf.aspx>.*

for 2015 in family medicine demonstrate a decrease in U.S. seniors matching in family medicine (from 8.6 percent in 2014 to 8.4 percent in 2015).<sup>2</sup>

Rural residency programs continue to face significant challenges. Traditionally, the bulk of physician residency training has been academic health center-focused with limited training opportunities for physicians to be exposed to residency training in rural areas. However, a 2016 study of family medicine physicians completing their graduate medical education in a rural residency program found that these physicians were twice as likely to practice in rural areas than those completing urban family medicine residencies, and at least half continued to practice in HPSAs 7 years after graduation.<sup>3</sup>

Additionally, rural residency programs face financial, human resource, and organizational challenges, such as lack of sustainable financing for residency education and faculty support. Many programs rely on rural hospital subsidies for financing, which is often tenuous. To secure institutional recognition and support, rural residency programs need both urban academic as well as rural community faculty champions. There are also specific accreditation challenges related to this unique model of residency education, such as defining the appropriate level of scholarly activity required for busy community faculty. It is also crucially important to recruit and provide faculty development for the next generation of educators that will support rural residency programs.

HRSA's anticipated RRPD grant program and this cooperative agreement complement each other and seek to address these issues by expanding the number of rural residencies and subsequently increase the number of physicians who choose to practice in rural areas.

### **Program Definitions**

A glossary containing definitions for terms used throughout this notice of funding opportunity can be located in [Appendix A: Glossary](#).

## **II. Award Information**

### **1. Type of Application and Award**

Type of applications sought: New

HRSA will provide funding in the form of a cooperative agreement. A cooperative agreement, as opposed to a grant, is an award instrument of financial assistance where substantial involvement is anticipated between HRSA and the recipient during performance of the contemplated project.

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<sup>2</sup> American Academy of Family Physicians. (5 July 2018). 2015 Match Results for Family Medicine (In-depth Analysis). Retrieved from

[https://www.aafp.org/dam/AAFP/documents/medical\\_education\\_residency/the\\_match/Match\\_Analysis.pdf](https://www.aafp.org/dam/AAFP/documents/medical_education_residency/the_match/Match_Analysis.pdf)

<sup>3</sup> Patterson DG, Schmitz D, Longenecker R, Andrilla CHA. Family medicine Rural Training Track residencies: 2008-2015 graduate outcomes. Seattle, WA: WWAMI Rural Health Research Center, University of Washington. Feb 2016.

In addition to the usual monitoring and TA provided under the cooperative agreement, HRSA Program staff responsibilities shall include:

- a) Providing consultation and guidance in planning, development, coordination, operation, and evaluation of activities, including the identification and selection of projects and policy issues, and the analysis of key information sources from which to draw upon for synthesis and analysis;
- b) Providing guidance and assistance in identifying key organizations through which to share key information on emerging policy issues that may affect rural residency programs;
- c) Participating, as appropriate, in the planning and implementation of any meetings conducted by the awardee during the period of the cooperative agreement;
- d) Identifying opportunities and providing consultation on the identification of targets of opportunity for disseminating information about programs that coordinate health and human services; and
- e) Reviewing and providing comments and recommendations for documents, including, program plans, budgets, contracts, key personnel (including consultants), work plan revisions, etc. prior to printing, dissemination or implementation.

The cooperative agreement recipient's responsibilities shall include (but are not limited to):

- a) Engaging in necessary preparatory activities to establish the TA center in the time before RRPD program awardees are selected, for example, meeting with HRSA staff, establishing a website, communication portal, or other methods of communicating and disseminating information to RRPD program awardees, convening meetings with any consortium members assisting in successful fulfillment of the cooperative agreement, and creating cooperative agreement-associated products and tools to be shared with RRPD program awardees and other rural residency entities;
- b) Providing TA to RRPD program awardees. If resources are available, TA should be provided to other entities that a) would have been eligible for the RRPD program but did not apply, and b) were not selected for RRPD program awards. Possible examples of TA and activities could include assistance in the accreditation process, examining and explaining Medicare and Medicaid support mechanisms and sharing successful strategies of other residency programs;
- c) Identifying, analyzing, and translating key issues and challenges affecting the rural residency programs, and the creation of rural residencies in general, to assist RRPD program awardees, and HRSA;
- d) Supporting policy meetings around rural health workforce, training, recruitment and retention issues for rural residency directors, rural health researchers, rural medical educators, rural medical students and policymakers;
- e) Working with awardees to develop strategies to recruit medical school graduates to rural residency programs and promoting rural residencies to medical students; and
- f) Identifying and promoting best practices for rural residency programs to increase their viability by identifying successful models and administrative support strategies as well as a plan for how TA will be focused on the community-based sites of the rural residency programs.



## **2. Summary of Funding**

HRSA expects \$800,000 to be available annually to fund one recipient. You may apply for a ceiling amount of up to \$800,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. The period of performance is September 30, 2018 through September 29, 2021 (3 years). Funding beyond the first year is dependent on the availability of appropriated funds for the RRPD-TA 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**

Applications may be submitted by any domestic public or private nonprofit entities including, but not limited to: faith-based and community-based organizations; state governments and their agencies such as universities, colleges and research institutions; hospitals; local governments or their bona fide agents; and federally recognized tribal governments, tribes and tribal organizations.

Entities must have the capability to be national in scope (i.e., much broader than a local, single state, multi-state, or regional focus). The organization that is awarded under the RRPD-TA, will not be eligible for funding as a program awardee under the FY 2019 RRPD program. More information about RRPD program award recipient activities is included in the Purpose section of this document.

The RRPD-TA strongly encourages the establishment of a consortium to ensure the full range of activities outlined in this announcement. The applicant organization serves as the applicant of record and coordinates all cooperative agreement activities. The applicant organization should be national in scope, have relationships with and preferably develop, a consortium of partners. Partner examples include, but are not limited to: rural family medicine residency programs; rural training track community sites, including CEOs of sponsoring hospitals; Teaching Health Centers; Federally Qualified Health Centers and Look-Alikes; Rural Health Clinics; Critical Access Hospitals; State Offices of Rural Health; Area Health Education Centers; academic health centers affiliated with rural residencies or rural training tracks, including family medicine department chairs and medical school deans; other organizations involved in the training of rural family medicine physicians such as the Accreditation Council for Graduate Medical Education and the American Osteopathic Association; other organizations involved in the leadership of residency training programs, such as the Association of Family Medicine Residency Directors, the Association of Program Directors in Internal Medicine, and the American Association of Directors of Psychiatric Residency Training; and national rural associations.

## 2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

## 3. Other

### Ceiling Amount

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

### Deadline

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

### Multiple Applications

NOTE: Multiple applications from the same 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](https://www.grants.gov) using the SF-424 workspace application package associated with this NOFO following the directions provided at <https://www.grants.gov/applicants/apply-for-grants.html>.

If you're reading this notice of funding opportunity (NOFO) (also known as "Instructions" on Grants.gov) and reviewing or preparing the workspace application package, you will automatically be notified in the event HRSA changes and/or republishes 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 justification, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the [SF-424 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 applications in the English language and in terms of U.S. dollars (45 CFR § 75.111(a)).

See Section 8.5 of the [SF-424 Application Guide](#) for the Application Completeness Checklist.

### **Application Page Limit**

The total size of all uploaded files may not exceed the equivalent of **70 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments including biographical sketches (biosketches), and letters of commitment and support required in HRSA's [SF-424 Application Guide](#) and this NOFO. Standard OMB-approved forms that are included in the workspace application package do NOT count in the page limitation. Biographical Sketches **do** count in the page limitation. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **We 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) The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is 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 the prospective recipient is unable to attest to any of the statements in this certification, an explanation shall be included in Attachment 8: 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 justification, 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 (Voice, Fax)
- E-Mail Address
- Web Site 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 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:

### ***PURPOSE AND NEED -- Corresponds to Section V's Review Criterion #1***

- Include a brief statement of the purpose of the proposed project and clearly identify specific goals and objectives.
- Outline the needs and issues that affect the development of rural residency programs and their ability to train physicians inclined to practice in rural communities.
- Describe the target population and its unmet needs, focusing on family medicine, internal medicine, or psychiatry specialties in rural areas.
- Outline the challenges and barriers impacting the development and sustainability of rural residency programs and the communities they serve, as well as the larger contextual challenges facing family medicine, internal medicine, and psychiatry residencies and rural communities' abilities to recruit, train, and retain physicians. This section should help reviewers understand the rural communities and/or entities that will be served by the proposed project.
- Provide current (within 3 years) information and data demonstrating primary care physician shortages in rural areas and identify specific reasons for this shortage.
- Discuss the impact of the project on interested stakeholders including, but not limited to, rural health care providers, rural residency programs, rural residency training sites, rural medical educators, and allopathic and osteopathic medical student groups; include a description of the geographic areas and demographics

of the population(s) who will benefit from rural residency programs. Include information on social determinants of health, health disparities, barriers to access and care, and any other unmet needs. Indicate the presence of Medically Underserved Communities and/or HPSAs.

- Include a detailed description of the rural health care delivery systems that will host rural residency programs, e.g., rural health care sites/delivery, diverse health care payer systems, and how this impacts the sustainability of rural residency programs.
- Include a description of how the applicant will assist in the creation of new rural residency programs. Include a brief summary of specific expertise in gaining accreditation of residency programs (family medicine, internal medicine, psychiatry), recruitment and retention of residency program staff, conducting financial analysis, knowledge of financing of residency programs, developing academic and academic-practice partnerships and building coalitions, and past experience providing TA.

***RESPONSE TO PROGRAM PURPOSE -- This section includes three sub-sections — (a) Work Plan; (b) Methodology/Approach; and (c) Resolution of Challenges***

***(a) WORK PLAN -- Corresponds to Section V's Review Criterion #2(a)***

- Provide a detailed work plan that demonstrates your experience implementing a project of national scope and describe the activities or steps you will use to achieve each of the objectives proposed during the entire period of performance identified in the Methodology section. This must include establishment of the TA center and an annual meeting or conference to include RRPD program award recipients. If resources are available, other entities that a) would have been eligible for the RRPD program but did not apply, and b) were not selected for a RRPD program award may participate.
- Describe experience in assisting in the establishment of new rural residency programs and in assisting existing rural residency programs as resources allow.
- Describe the timeframes, deliverables, and key partners required during the cooperative agreement period of performance to address each of the needs described in the Purpose and Need section, including annual meetings or conferences for RRPD award recipients each year during the period of performance.
- 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.
- Identify meaningful support and collaboration with key stakeholders 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 populations and communities served.

- If funds will be sub-awarded or expended on contracts, describe how your organization will ensure the funds are properly documented.

*(b) METHODOLOGY/APPROACH -- Corresponds to Section V's Review Criterion #2(b)*

- Describe how you will establish the TA center and provide TA to new rural residency programs. Possible examples of TA and activities could include assistance in the accreditation process, examining and explaining Medicare and Medicaid support mechanisms, sharing of successful strategies of other residency programs, and explaining how you would assist rural health care sites in shifting their work from health care delivery to health care delivery and education.
- Describe your ability to work with rural medical educators, medical students/potential residents, and rural health care delivery sites and their staff, and extensive past experience/track record of working with medical students interested in rural practice.
- Demonstrate experience in supporting the solicitation, review, selection, compilation and dissemination of best practices to medical educators for rural health models of care and includes any emerging patient care or health care delivery strategies that will provide high quality residency training;
- Propose methods that will be used to address the stated needs and how these will achieve identified goals and objectives. Specify how the proposed methods will address each of the needs and any challenges and barriers identified in the Purpose and Need section.
- Identify, analyze, and translate the key policy issues and challenges affecting the development of rural residency programs to attract potential family medicine, internal medicine residents, as well as psychiatry residents.
- Include a detailed and clear understanding the intricacies of residency program funding and the implications that Medicare and Medicaid regulations have on the viability of rural residencies as it pertains to graduate medical education support throughout the U.S.
- Provide evidence of an existing infrastructure and extensive past experience/track record of working with rural residency programs, including promoting best practices for the development of rural residency programs and the development of sustainability strategies for awardees and other rural stakeholders, providing TA to rural residency programs, and understanding of the implications that Medicare and Medicaid regulations have on viability of rural residencies.
- Include a clear and detailed plan to facilitate an annual meeting for awardees and key stakeholders to inform program participants and policymakers.

- Identify and describe how you will promote best practices for the development of rural residency programs and the development of sustainability strategies for awardees and other rural stakeholders and what you believe are viable measurements of success in evaluation of a TA center of this scope.

*(c) RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion #2(c)*

- Describe barriers to developing rural residency programs in rural areas and how the applicant proposal will address these. This description should include challenges in developing new rural residency programs as compared to urban programs and reasonable strategies to address these challenges, e.g., lack of sufficient community-based subspecialty preceptors willing to sponsor residents for educational/clinical rotations, ensuring residents will encounter the high volume of patients required for accreditation, or issues surrounding compliance with the regulations related to Medicare, Medicaid and other state or private financial support of rural residency training.
- Describe a plan for and cite specific subject matter knowledge, experience in, and ability to develop relevant materials that could be used by new rural residency programs, rural health care providers, rural health researchers, medical educators, and policy makers, to successfully develop new rural residency programs and rural training tracks.
- 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.

***IMPACT -- This section includes two sub-sections— (a) Evaluation and Technical Support Capacity and (b) Organizational Information, Resources, and Capabilities***

*(a) EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criterion #3*

- Describe current and past experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature.
- Describe the strategy 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.
- Describe how (including staffing and workflow) and the frequency that quantitative and qualitative data/information for process and outcome indicators will be collected, monitored, and analyzed.

- 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 how TA center results (e.g., number of sustainable rural residency created) and lessons learned will be communicated to both internal and external audiences in a timely and unbiased manner.

(b) *ORGANIZATIONAL INFORMATION, RESOURCES AND CAPABILITIES --  
Corresponds to Section V's Review Criterion #4*

- Describe your capacity to effectively manage the programmatic, fiscal, and administrative aspects of the proposed project, i.e., demonstrating the ample and surveyable knowledge, skills, and expertise required to run a TA center and build coalitions for the purpose of creating new rural residency programs.
- Provide information on your organization's current mission and structure, including an applicant organizational chart, relevant experience, 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, i.e., demonstrates the ample and surveyable knowledge, skills, and expertise required to run a TA center and build coalitions for the purpose of creation of new rural residency programs, including a thorough, granular understanding of the residency accreditation process and graduate medical education sources of financial sustainability (i.e., Medicare, Medicaid, state, and private funding sources). The applicant organization serves as the applicant of record and coordinates all cooperative agreement activities. The applicant organization should be national in scope, have relationships with and preferably develop, a consortium of partners.
- Discuss how the organization will follow the approved work plan, as outlined in the application, properly account for the federal funds, and document all costs so as to avoid audit findings. Provide information on the program's resources and capabilities to support provision of culturally and linguistically competent and health literate services.
- Provide evidence to demonstrate commitment and ability to form collaborative long-term relationships with key rural constituencies, rural healthcare delivery sites, and academic partnerships. Some examples include: rural family medicine residency programs; rural training track community sites, including CEOs of sponsoring hospitals; Teaching Health Centers; Federally Qualified Health Centers and Look-Alikes; Rural Health Clinics; Critical Access Hospitals; State Offices of Rural Health; Area Health Education Centers; academic health centers affiliated with rural residency programs, including family medicine department chairs and medical school deans; other organizations involved in the leadership of residency training



programs, such as the Association of Family Medicine Residency Directors, the Association of Program Directors in Internal Medicine, and the American Association of Directors of Psychiatric Residency Training; other organizations involved in the training of rural family medicine physicians such as the Accreditation Council for Graduate Medical Education and the American Osteopathic Association; and national rural associations.

- Provide evidence to demonstrate detailed previous relationships with established rural family medicine residency programs and the number of years the applicant organization has consistently worked with these entities.
- Describe past successes with similar projects, particularly collaborative endeavors that involve building coalitions among healthcare delivery sites, academic centers, and other necessary stakeholders.
- The staffing plan and job descriptions for key faculty/staff must be included in Attachment 2 (Staffing Plan and Job Descriptions for Key Personnel). Biographical sketches must be included in Attachment 3. Include biographical sketches for persons occupying the key positions, not to exceed TWO pages in length each. 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. 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 surveyable expertise relevant to running a training center and building coalitions to support eligible entities in the creation of new rural residency 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.

Note: The applicant is encouraged to form a consortium of entities with a broad range of expertise and experience in residency accreditation, clinical rotation training and extensive knowledge of Medicare, Medicaid and other long-term sustainable residency funding mechanisms. 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 residencies, including rural training track programs. The applicant should demonstrate expertise and experience in establishing rural residency programs, specifically in the areas of: a) meeting all accreditation requirements; b) successfully achieving ACGME accreditation; and c) appropriately budgeting a residency program and establishing financial sustainability for the program.

<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.	
<b><u>Narrative Section</u></b>	<b><u>Review Criteria</u></b>
Purpose and Need	(1) Need
Response to Program Purpose: (a) Work Plan (b) Methodology/Approach (c) Resolution of Challenges	(2) Response (a) Work Plan (b) Methodology/Approach (c) Resolution of Challenges
Impact: (a) Evaluation and Technical Support Capacity (b) Organizational Information, Resources and Capabilities	(3) Evaluative Measures (4) Organizational Information, Resources and Capabilities
Budget and Budget Narrative (below)	(5) 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 the application is selected 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 Consolidated Appropriations Act, 2018 (P.L. 115-141), Division H, § 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 FY 2019, as required by law.

### **iv. Budget Narrative**

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

### **v. Attachments**

Please provide the following items in the order specified below to complete the content of the application. **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. **You must clearly label each attachment.**

#### *Attachment 1: Work Plan*

Attach the work plan for the project that includes all information detailed in Section IV. ii. Project Narrative. If you will make subawards or expend funds on contracts, describe how your organization will ensure proper documentation of funds.

#### *Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (See Section 4.1.vi. of HRSA's [SF-424 Application Guide](#))*

Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff. Also, please include a description of your organization's time keeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

#### *Attachment 3: Biographical Sketches of Key Personnel*

Include biographical sketches for persons occupying the key positions described in Attachment 2, not to exceed two pages in length per person. When applicable,

biographical sketches should include training, language fluency and experience working with the cultural and linguistically diverse populations that are served by their programs. 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. If an evaluator has been identified at the time of application, biographical information of the evaluator should also be included.

*Attachment 4: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts*

Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverable. Make sure any letters of agreement are signed and dated. Letters should be submitted on the official letterhead of these organizations.

*Attachment 5: Project Organizational Chart*

Provide a one-page figure that depicts the organizational structure of *the project* (not the applicant organization).

*Attachment 6: Proof of Nonprofit/Public Status*

If your organization is a nonprofit entity, one of the following documents must be included 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 currently 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 your organization is an affiliate of a parent organization, a copy of the parent organization's IRS 501(c) (3) Group Exemption letter, and if owned by an urban parent, a statement signed by the parent organization that your organization is a local nonprofit affiliate.

If your organization is a public entity, you must submit an official signed letter on city, county, state, or tribal government letterhead identifying them as a public entity. You may include supplemental information such as documentation of the law that created the organization or documentation showing that the state or a political subdivision of the state controls the organization. Tribal government entities should verify their federally-recognized status via the Bureau of Indian Affairs website:

<http://www.bia.gov>.

This attachment **will not count** towards the 70-page limit.

*Attachment 7: Consortium Member List and Consortium Organizational Chart (Optional)*

If applicable, provide a consortium member list and organizational chart for the consortium. It is recommended that applicants provide the following information for each consortium member in a table format:

- a. Member name
- b. Member street address (include city, county, state, zip code)
- c. Primary point of contact at organization (name, title, contact information)
- d. Member Employer Identification Number (EIN)
- e. Current role in the community/region

A list of each of the consortium member organizations' roles, responsibilities and contributions to the project should also be included. 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 cooperative agreement funds to the consortium members.

*Attachment 8: Letters of Support and List of Supporting Organizations (Optional)*

If applicable, provide a clearly labeled list of any non-consortium organizations providing substantial support and/or relevant resources to the project. The following information should be provided for each organization:

- a. Organization name
- b. Organization street address (include city, county, state, zip code)
- c. Organization contact numbers (both phone and fax)
- d. Primary point of contact at organization (name, title, contact information, including email address)
- e. A brief account of one to two sentence(s) of the relevant support/resource(s) being provided.

If applicable, any letters should also be submitted on the official letterhead of these organizations.

*Attachment 9: Other Relevant Documents (Optional)*

Include all other supplemental materials here, in Attachment 8. Be sure each attachment is clearly labeled and included in a table of contents for this attachment. If applicant would like to submit actual letters of support, please include them here. Include here any other document that is relevant to the application.

### **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 your 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](#).

**UPDATED 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. Read the [updated FAQs](#) to learn more.

[SAM.gov](#) is experiencing high volume and delays. If you have tried to create or update your SAM.gov registration but have not been able to complete the process, you may not be able to apply for a HRSA funding opportunity via Grants.gov in a timely manner prior to the application deadline. If so, please email [DGPwaivers@hrsa.gov](mailto:DGPwaivers@hrsa.gov), per the instructions in Section 3.6 of your HRSA Application Guide.

**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 *August 22, 2018 at 11:59 p.m. Eastern Time*. HRSA suggests submitting applications to Grants.gov at least **3 days before the deadline** to allow for any unforeseen circumstances.

See Section 8.2.5 – Summary of emails from Grants.gov in HRSA's [SF-424 Application Guide](#) for additional information.

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

The Rural Residency Planning and Development Program Technical Assistance 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 \$800,000 per year (inclusive of direct **and** indirect costs). Direct costs are costs that can be identified specifically with a particular sponsored project, an instructional activity, or any other institutional activity, or that can be directly assigned to such activities relatively easily with a high degree of accuracy, e.g., salaries, travel, equipment, and supplies directly benefiting the grant-supported project or activity. Indirect costs are those costs incurred for common or joint objectives which cannot be readily and specifically identified with a particular project or program but are necessary to the operations of the organization, e.g., the cost of operating and maintaining facilities, depreciation, and administrative salaries. For some institutions, the term “facilities and administration” (F&A) is used to denote indirect costs. Awards to support projects beyond the first budget year will be contingent upon 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 H of the Consolidated Appropriations Act, 2018 (P.L. 115-141) 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 FY2019, as required by law.

**You cannot use funds under this notice for the following purposes: ongoing support for resident training, including resident stipends.**

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 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(s) 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 instituted procedures for assessing the technical merit of applications to provide for an objective review of applications and to assist you in understanding the standards against which your application will be judged. HRSA has developed 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. See the review criteria outlined below with specific detail and scoring points.

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 RRPD-TA has five review criteria:

CRITERION	NUMBER OF POINTS
1. Need	15
2. Response	35
3. Evaluative Measures	20
4. Organizational Information, Resources, and Capabilities	20
5. Support Requested	10
TOTAL POINTS	100

*Criterion 1: NEED (15 points) – Corresponds to Section IV’s Purpose and Need*

Reviewers will consider the extent to which the applicant:

- Describes the purpose of the proposed project and identifies specific goals and objectives
- Includes a description of current needs and issues that affect the development of rural residency programs and their ability to train physicians inclined to practice in rural communities
- Describes the target population and their needs, including information on existing rural allopathic and osteopathic physician residency training programs in family medicine, internal medicine, and psychiatric medicine in rural areas.
- Describes existing challenges and barriers impacting the ongoing development and sustainability of rural residency programs including larger contextual challenges facing family medicine, internal medicine, and psychiatry residencies and rural communities’ ability to recruit, train, and retain physicians.
- Provides current (within 3 years) information and data to demonstrate primary care physician shortages in rural areas and identifies specific issues contributing to this shortage.
- Provides a summary of the impact of the project on interested stakeholders including, but not limited to, rural health care providers, rural residency programs, rural residency training sites, rural medical educators, and allopathic and osteopathic medical student groups, and geographic areas and demographics of the population(s) who will benefit from rural residency programs.
- Provides a detailed description of the rural health care delivery systems that will host rural residency programs, e.g., rural health care sites/delivery, diverse



healthcare payers, and how this impacts the sustainability of rural residency programs.

- Provides a brief summary of specific expertise in gaining accreditation of residency programs (family medicine, internal medicine, psychiatry), recruitment and retention of resident program staff, conducting financial analysis, knowledge of financing of residency programs, developing academic and academic-practice partnerships and building coalitions, and past experience providing TA.

*Criterion 2: RESPONSE (35 points) – Corresponds to Section IV’s Response to Program Purpose Sub-section (a) Work Plan, Sub-section (b) Methodology/Approach and Sub-section (c) Resolution of Challenges*

*Criterion 2 (a): WORK PLAN (10 points) – Corresponds to Section IV’s Response to Program Purpose Sub-section (a) Work Plan*

Reviewers will consider the extent to which the applicant:

- Meets the broad purpose of this cooperative agreement by being an entity which is national in scope (i.e., much broader than a local, single state, multi-state, or regional focus), describes activities in the application that are capable of addressing project goals, objectives, and challenges, and demonstrates extensive experience in providing TA to rural residencies and in working to promote the rural residency model to medical students and rural communities.
- Demonstrates significant experience in assisting in the establishment of new rural residency programs and in assisting existing rural residency programs as resources allow.
- Describes the timeframes, deliverables, and key partners required during the cooperative agreement period of performance, establishment of the TA center and including annual meetings or conferences over the period of performance.
- Explains how the work plan is appropriate for the program design and how the work plan targets fit into the prescribed period of performance for the cooperative agreement.
- Identifies meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities, including development of the application and, further, the extent to which these contributors reflect the cultural, racial, linguistic and/or geographic diversity of the populations and communities served.
- If funds will be sub-awarded or expended on contracts, describes how it will ensure the funds are properly managed and documented.

*Criterion 2 (b): METHODOLOGY/APPROACH (15 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (b) Methodology/Approach*

Reviewers will consider the extent to which the applicant:

- Demonstrates the ability to establish a TA center, to work with a national network of state-based rural recruitment and retention specialists to meet the workforce needs of rural communities, and in facilitating policy meetings around rural health workforce, training, recruitment and retention issues for rural residency directors, rural health researchers, rural medical educators, rural medical students and policymakers.
- Demonstrates the ability to work with rural medical educators, medical students/potential residents, and rural health care delivery sites and their staff, and extensive past experience/track record of working with medical students interested in rural practice.
- Demonstrates experience in supporting the solicitation, review, selection, compilation and dissemination of best practices to medical educators for rural health models of care and includes any emerging patient care or health care delivery strategies that will provide high quality residency training;
- Proposes methods that will be used to address the stated needs and how these will achieve identified goals and objectives and overcome challenges and barriers identified.
- Demonstrates experience in identifying, analyzing, and translating the key policy issues and challenges affecting the development of rural residency programs to attract potential family medicine, internal medicine residents, as well as psychiatry residents.
- Demonstrates a detailed and clear understanding of the intricacies of residency program funding and the implications of Medicare and Medicaid regulations on viability of rural residencies as it pertains to graduate medical education support throughout the U.S., including specific knowledge and experience in accreditation of residency programs; recruitment and retention of residency staff (e.g., program directors and faculty) and residents; financial analysis; financing of residency programs and financing of health care; rural healthcare delivery sites; developing academic partnerships and building coalitions.
- Demonstrates an existing infrastructure and extensive past experience/track record of working with rural residency programs, including promoting best practices for the development of rural residency programs and the development of sustainability strategies for awardees and other rural stakeholders, providing TA to rural residency programs, and understanding of the implications that Medicare and Medicaid regulations have on viability of rural residencies.
- Describes a clear and detailed plan to facilitate an annual meeting for awardees and key stakeholders to inform program participants and policymakers.

- Describes how to promote best practices for the development of rural residency programs and the development of sustainability strategies for awardees and other rural stakeholders and viable measurements of success in evaluation of a TA center of this scope.

*Criterion 2 (c): RESOLUTION OF CHALLENGES (10 points) – Corresponds to Section IV’s Response to Program Purpose Sub-section (c) Resolution of Challenges*

Reviewers will consider the extent to which the applicant:

- Demonstrates an understanding for the challenges of regulations; starting, staffing, funding, and maintaining rural residency programs; and any additional internal and external challenges to rural residency programs, and proposes reasonable strategies to address these challenges.
- Presents a plan for, and can cite specific experience in, developing materials that could be used by rural residency programs, rural health care providers, rural health researchers, medical educators and policy makers.
- Discusses and describes any additional challenges both internal and external to the applicant organization that may directly or indirectly affect the development of the TA center/program and provides details of how these will be resolved, including challenges and possible solutions for developing new rural residency programs as compared to urban programs.

*Criterion 3: EVALUATIVE MEASURES (20 points) – Corresponds to Section IV’s Evaluation and Technical Support Capacity*

Reviewers will consider the extent to which the applicant:

- Describes current and past experience, skills and knowledge, including individuals on staff, materials published, and previous work of a similar nature.
- Describes how progress toward meeting project goals will be tracked, measured, and evaluated and how this information will inform future rural residency program development and service delivery, and includes as appropriate mechanisms to collect, track, and analyze this data among different groups (e.g., race, ethnicity, language).
- Describes how (including staffing and workflow) and the frequency that quantitative and qualitative data/information for process and outcome indicators will be collected, monitored, and analyzed.
- Proposes 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.

- Describes how TA center results (e.g., number of residency programs assisted per month, number of sustainable rural residencies created per year, etc.) and lessons learned will be communicated to both internal and external audiences in a timely and unbiased manner.

*Criterion 4: ORGANIZATIONAL INFORMATION, RESOURCES AND CAPABILITIES (20 points) – Corresponds to Section IV’s Organizational Information, Resources and Capabilities*

Reviewers will consider the extent to which the applicant:

- Describes a capacity to effectively manage the programmatic, fiscal, and administrative aspects of running a TA center and building coalitions for the purpose of creating new rural residency programs.
- Provides information on the applicant organization’s current mission and structure and scope of current activities and describes how these elements contribute to the organization’s ability to conduct the program requirements and meet program expectations.
- Describes how the organization will follow the approved work plan, properly accounts for the federal funds, and documents all costs so as to avoid audit findings and provides information on the program’s resources and capabilities to support provision of culturally and linguistically competent and health literate services.
- Provides an organizational chart in **Attachment 5** and describes how the organizational structure and resources contribute to the applicant’s ability to conduct the program requirements and meet program expectations, including demonstrating a thorough, granular understanding of graduate medical education support throughout the U.S, and ability to run a TA center and build coalitions for the purpose of creation of new rural residency programs; knowledge and experience in accreditation of residency programs; recruitment and retention of residency staff (e.g., program directors and faculty) and residents; financial analysis; financing of residency programs and financing of health care; rural healthcare delivery sites; and academic partnerships and coalition building.
- Provides biographical sketches for the program lead director, coordinator, and other key personnel in **Attachment 3** and demonstrates the ample and surveyable knowledge, skills, and expertise of the staff to implement the proposed work plan.
- Provides a staffing plan in **Attachment 2** including short paragraphs on each key faculty or staff member identified in the work plan, with a brief description of staffs’ relevant background and qualifications, role and responsibilities, and percentage of time they will dedicate to the program, and the extent to which the staffing plan demonstrates the ample and surveyable knowledge, skills, and expertise required to achieve the goals of the project. If the applicant

organization plans on contracting outside experts to carry out any portion of the project, the applicant organization must provide evidence of the contractor's experience and qualifications and/or any evidence of an existing relationship or collaboration.

- Demonstrates the commitment and ability to form collaborative long-term relationships with key rural constituencies, rural healthcare delivery sites, and academic partnerships. Some examples include: rural family medicine residency programs; rural training track community sites, including CEOs of sponsoring hospitals; Teaching Health Centers; Federally Qualified Health Centers and Look-Alikes; Rural Health Clinics; Critical Access Hospitals; State Offices of Rural Health; Area Health Education Centers; academic health centers affiliated with rural residency programs, including family medicine department chairs and medical school deans; other organizations involved in the leadership of residency training programs, such as the Association of Family Medicine Residency Directors, the Association of Program Directors in Internal Medicine, and the American Association of Directors of Psychiatric Residency Training; other organizations involved in the training of rural family medicine physicians such as the Accreditation Council for Graduate Medical Education and the American Osteopathic Association; and national rural associations.
- Demonstrates detailed previous relationships with established rural family medicine residency programs and the number of years the applicant organization has consistently worked with these entities.
- Demonstrates evidence of success with similar projects, particularly collaborative endeavors that involve building coalitions among healthcare delivery sites, academic centers, and other necessary stakeholders.
- Demonstrates a proven track record with extensive prior experience and results in working with entities developing rural residencies, including rural training track programs, in the areas of: a) meeting all accreditation requirements; b) successfully achieving ACGME accreditation; and c) appropriately budgeting a residency program and establishing financial sustainability for the program.

*Criterion 5: SUPPORT REQUESTED (10 points) – Corresponds to Section IV's Budget Narrative and SF-424 budget forms*

Reviewers will consider the extent to which the applicant:

- Proposes a budget that is clearly stated and described in the narrative for each year of the period of performance, in relation to the objectives, the complexity of the project activities, and the anticipated results.
- Outlines the costs in the budget and required resources sections reasonably given the scope of work.

- Identifies key personnel, particularly the Project Director position, and ensures that they have adequate effort devoted to the project to achieve project objectives.
- Provides a budget narrative that specifies anticipated future program costs.

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

The independent 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.

Please see Section 5.3 of HRSA's [SF-424 Application Guide](#) for more details.

## **3. Assessment of Risk and Other Pre-Award Activities**

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 by applicants as described in [45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants](#).

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

## 4. Anticipated Announcement and Award Dates

HRSA anticipates issuing/announcing awards prior to the start date of September 30, 2018.

## VI. Award Administration Information

### 1. Award Notices

HRSA will issue the Notice of Award prior to the start date of September 30, 2018. See Section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

### 2. Administrative and National Policy Requirements

See Section 2.2 of HRSA's [SF-424 Application Guide](#).

#### Requirements under Subawards and Contracts under Grants

The terms and conditions in the Notice of Award (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 and contractors under grants, unless the NOA specifies an exception. 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 Reports.** The recipient must submit a progress report to HRSA on an **annual** basis. HRSA will verify that approved and funded applicants' proposed objectives are accomplished during each year of the project.

The Progress Report has two parts. The first part demonstrates recipient progress on program-specific goals. Recipients will provide performance information on project objectives and accomplishments, project barriers and resolutions, and will identify any TA needs.

The second part collects information providing a comprehensive overview of recipient overall progress in meeting the approved and funded objectives of the project, as well as plans for continuation of the project in the coming budget period. The recipient should also plan to report on dissemination activities in the annual progress report.

Further information will be provided in the award notice.

- 2) **Performance Reports.** The recipient must submit a Performance Report to HRSA via the EHBs on an annual basis. All HRSA recipients are required to collect and report performance data so that HRSA can meet its obligations under the Government Performance and Results Modernization Act of 2010 (GPRA). The required performance measures for this program are outlined in the Project Narrative Section IV's Impact Sub-section (a). Further information will be provided in the award notice.

The annual performance report will address all academic year activities from July 1 to June 30, and will be due to HRSA on July 31 each year. If award activity extends beyond June 30 in the final year of the period of performance, a Final Performance Report (FPR) may be required to collect the remaining performance data. The FPR is due within 90 days after the period of performance ends.

- 3) **Final Program Report.** A final report is due within 90 days after the period of performance ends. The Final Report must be submitted online by recipients in the Electronic Handbook system at <https://grants.hrsa.gov/webexternal/home.asp>.

The Final Report is designed to provide HRSA with information required to close out a cooperative agreement after completion of project activities. Recipients are required to submit a final report at the end of their project. The Final Report includes the following sections:

- Project Objectives and Accomplishments - Description of major accomplishments on project objectives.
- Project Barriers and Resolutions - Description of barriers/problems that impeded project's ability to implement the approved plan.
- Summary Information:
  - Project overview.
  - Project impact.
  - Prospects for continuing the project and/or replicating this project elsewhere.
  - Publications produced through this cooperative agreement activity.
  - Changes to the objectives from the initially approved cooperative agreement.

Further information will be provided in the award notice.

- 4) **Federal Financial Report.** A Federal Financial Report (SF-425) is required according to the schedule in the [SF-424 Application Guide](#). The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically through the EHB system. More specific information will be included in the award notice.



- 5) **Integrity and Performance Reporting.** The Notice of Award will contain a provision for integrity and performance reporting in [FAPIS](#), as required in [45 CFR part 75 Appendix XII](#).

## VII. Agency Contacts

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

Benoit Mirindi  
Grants Management Specialist  
Division of Grants Management Operations, OFAM  
Health Resources and Services Administration  
5600 Fishers Lane, Mailstop 10SWH03  
Rockville, MD 20857  
Telephone: (301) 443-6606  
Email: [bmirindi@hrsa.gov](mailto:bmirindi@hrsa.gov)

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

Jemima Drake  
Health Insurance Specialist, FORHP  
Attn: Rural Residency Planning and Development Program Technical Assistance  
Federal Office of Rural Health Policy, HRSA  
5600 Fishers Lane, 17W17B  
Rockville, MD 20857  
Telephone: (301) 443-4499  
Fax: (301) 443-2803  
Email: [jdrake@hrsa.gov](mailto:jdrake@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, 8:00 a.m. to 8:00 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 the following TA webinar:

#### *Webinar*

Day and Date: Thursday, August 2, 2018

Time: 2-3:30 p.m. ET

Call-In Number: 1 800-967-7154

Participant Code: 504496

Web link: [https://hrsa.connectsolutions.com/rural\\_residency\\_planning\\_ta\\_18\\_117/](https://hrsa.connectsolutions.com/rural_residency_planning_ta_18_117/)

Playback Number: 1 888-203-1112

Passcode: 3578952

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

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

Frequently Asked Questions (FAQs) can be found on the program website, and are often updated during the application process.

In addition, a number of recorded webcasts have been developed with information that may assist you in preparing a competitive application. These webcasts can be accessed at <http://www.hrsa.gov/grants/apply/write-strong/index.html>.

## **Appendix A: Glossary**

**Rural** – a geographical area located in a non-metropolitan county.

**Rural residency program** –allopathic and osteopathic physician residency training programs that primarily train in rural communities and focus on producing physicians who will practice in rural communities.

**Consortium** – An association or agreement of at least three separately owned and governed entities (e.g., health care providers, nonprofit or for-profit organizations, and educational institutions etc.) formed to undertake an enterprise beyond the resources of any one member.