

U.S. Department of Health and Human Services

HRSA

Health Resources & Services Administration

Federal Office of Rural Health Policy

Community-Based Division

Rural Northern Border Region Healthcare Support Program

Funding Opportunity Number: HRSA-22-166

Funding Opportunity Type: New

Assistance Listings (AL) Number: 93.912

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2022

Application Due Date: July 1, 2022

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 may take up to 1 month to complete.

Issuance Date: May 20, 2022

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

508 COMPLIANCE DISCLAIMER

Note: Persons using assistive technology may not be able to fully access information in this file. For assistance, please email or call one of the HRSA staff listed in [Section VII. Agency Contacts](#).

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2022 Rural Northern Border Region Healthcare Support Program (RNBR-HSP). The purpose of this program is to provide technical assistance to rural communities in the region of the Northern Border Regional Commission (NBRC) in their efforts to enhance access to health care (including behavioral health); improve recruitment and retention of health care providers and assist rural hospitals and clinics in their efforts to take part in health care value efforts. The technical assistance will be provided in eligible HRSA designated rural counties or rural census tracts within the NBRC region (the “rural NBRC service area”).

Funding Opportunity Title:	Rural Northern Border Region Healthcare Support Program
Funding Opportunity Number:	HRSA-22-166
Due Date for Applications:	July 1, 2022
Total Available FY 2022 Funding:	\$1,800,000
Estimated Number and Type of Award:	Up to 1 cooperative agreement
Estimated Award Amount:	Up to \$1,800,000 per year for 3 years, funding after the first year is subject to the availability of appropriated funds
Cost Sharing/Match Required:	No
Period of Performance:	September 30, 2022 through September 29, 2025 (3 years)

Eligible Applicants:	Eligible applicants include domestic public or private, non-profit and for-profit organizations, including tribes and tribal organizations, and faith-based and community-based organizations. See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.
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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, except where instructed in this NOFO to do otherwise.

Technical Assistance

Webinar

Day and Date: Wednesday, May 25, 2022

Time: 2 – 3 p.m. ET

Call-In Number: 1-833-568-8864

Meeting ID: 160 762 3847

Participant Code: 87823813

Weblink: <https://hrsa->

[gov.zoomgov.com/j/1607623847?pwd=aHIUWFJFT2ZJeXdtUIAzK05Xb3ltQT09](https://hrsa.gov.zoomgov.com/j/1607623847?pwd=aHIUWFJFT2ZJeXdtUIAzK05Xb3ltQT09)

NOTE: The webinar will be recorded and playback information can be requested at MNunez@hrsa.gov.

Applicant Page Limit Checklist

The purpose of this checklist is to give you an overview of attachments required to apply for this opportunity, as well as a tool to ensure the number of pages you upload into the application is within the specified page limit.

Standard Form Name <i>(Forms themselves do not count against the page limit)</i>	Attachment File Name <i>(Unless otherwise noted, attachments count against the page limit)</i>	Required OR Optional Attachment	Section of the NOFO or Application Package	# of Pages <i>Applicant Instruction – enter the number of pages of the attachment to the Standard Form</i>
Application for Federal Assistance (SF-424 - Box 14)	Areas Affected by Project (Cities, Counties, States, etc.)	Optional	Application Package	<i>My attachment = # pages</i>
Application for Federal Assistance (SF-424 - Box 16)	Additional Congressional District	Optional	Application Package	<i>My attachment = # pages</i>
Application for Federal Assistance (SF-424 - Box 20)	Is the Applicant Delinquent On Any Federal Debt?	Required, if “Yes”	Application Package	<i>My attachment = # pages</i>
Attachments Form	Attachment 1: Work Plan	Required	Section IV.2.v	<i>My attachment = # pages</i>
Attachments Form	Attachment 2: Staffing Plan and Job Descriptions for Key Personnel	Required	Section IV.2.v	<i>My attachment = # pages</i>

Standard Form Name <i>(Forms themselves do not count against the page limit)</i>	Attachment File Name <i>(Unless otherwise noted, attachments count against the page limit)</i>	Required OR Optional Attachment	Section of the NOFO or Application Package	# of Pages <i>Applicant Instruction – enter the number of pages of the attachment to the Standard Form</i>
Attachments Form	Attachment 3: Biographical Sketches of Key Personnel	Required	Section IV.2.v	<i>My attachment = # pages</i>
Attachments Form	Attachment 4: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific)	Required	Section IV.2.v	<i>My attachment = # pages</i>
Attachments Form	Attachment 5: Project Organizational Chart	Required	Section IV.2 v	<i>My attachment = # pages</i>
Attachments Form	Attachment 6: Consortium Members	Required	Section IV.2 v	<i>My attachment = # pages</i>
Attachments Form	Attachment 7-15: Other Relevant Documents	Optional	Section IV.2 v	<i>My attachment = # pages</i>

Standard Form Name (Forms themselves do not count against the page limit)	Attachment File Name (Unless otherwise noted, attachments count against the page limit)	Required OR Optional Attachment	Section of the NOFO or Application Package	# of Pages <i>Applicant Instruction – enter the number of pages of the attachment to the Standard Form</i>
Project/Performance Site Location Form	Additional Performance Site Location(s)	Optional	Application Package	<i>My attachment = # pages</i>
Project Narrative Attachment Form	Project Narrative	Required	Section IV.2ii	<i>My attachment = # pages</i>
Budget Narrative Attachment Form	Budget Narrative	Required	Section IV.2.iii	<i>My attachment = # pages</i>
# of Pages Attached to Standard Forms				<i>Applicant Instruction</i> Total the number of pages in the boxes above.
Page Limit for HRSA-22-166 is 83 pages				My total = ## pages

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Rural Northern Border Region Healthcare Support Program (RNBR-HSP). The purpose of this program is to provide technical assistance to rural communities in the region of the [Northern Border Regional Commission](#) (NBRC) in their efforts to enhance access to health (including behavioral health); improve recruitment and retention of health care providers; and assist rural hospitals and clinics in their efforts to take part in health care value efforts.

Under this cooperative agreement, the award recipient will work with at least one identified rural community in each state in the four-state NBRC service area annually to accomplish the following goals:

- Provide technical assistance to the community in their identified area of need which may include:
 - Mental health/behavioral health/substance use;
 - Workforce recruitment and retention;
 - Assistance in value-based care efforts,
 - Assessing key needs; and
 - Developing a targeted assistance plan (using key partner subject matter experts) with specific strategies to address challenges including potential funding and other supporting activities
- Provide other more general technical assistance resources to the broader eligible NBRC rural communities as practical within the budget.

The RNBR-HSP award recipient will also work with HRSA and other Federal, state and private entities or organizations to identify resources that can address key areas of need for the NBRC communities receiving technical assistance.

2. Background

The RNBR-HSP is authorized by Section 711(b) of the Social Security Act (42 U.S.C. 912(b)), as amended, which grants HRSA's Federal Office of Rural Health Policy (FORHP) authority to "administer grants, cooperative agreements, and contracts to provide technical assistance and other activities as necessary to support activities related to improving health care in rural areas." For additional information about FORHP, please visit: www.hrsa.gov/ruralhealth.

The NBRC is a federally established commission with a defined region (see 40 USC Subtitle V). The NBRC is a federal-state partnership for economic and community development in Maine, New Hampshire, New York, and Vermont. Each year, the NBRC provides federal funds for critical economic and community development projects in the region. **See Appendix A: NBRC Service Area.**

The 60 counties located in the NBRC region are some of the most distressed counties in the four northeastern border states.¹ 55 of these counties are considered rural (non-metropolitan area) and are home to approximately 3,414,300 residents.^{2,3}

A recent landscape assessment of the NBRC region highlighted a number of poor health outcomes. The assessment indicated that there is on average a higher suicide death rate—15.17 deaths per 100,000 people in the NBRC region in comparison to the national average of 13.8 deaths per 100,000 people. Drug overdoses are also considerably higher in the NBRC region compared to the national average, 25.65 overdoses per 100,000 people and 21.2 overdoses per 100,000 people, respectively. The analysis further indicated higher rates of mental distress, cancer, and excessive drinking.

Additionally, most counties in the NBRC region fall under a designated partial primary care health professional shortage area (55 of 60 counties), partial mental health professional shortage area (46 of 60 counties), and partial dental health region professional shortage area (46 of 60 counties).

Furthermore, of the 91 general acute hospitals in the four-state region, eighteen are in urban areas and 73 are in rural areas with the average ratio of population to primary care physicians as one physician per 1,021 residents.³

Several research studies have concluded that increased access to primary care providers is associated with lower mortality and positive health outcomes.^{4, 5}

Similarly, in order to improve and provide better value to patients, the health care system has been increasingly emphasizing value-based health care efforts that focus on the adoption of best practices, care coordination, and evidence-based care that relies on quality measurement. However, this transition to value-based care can be challenging for small rural hospitals and clinics due to their small scale and limited financial and administrative resources. There are current value-based efforts underway, such as the Vermont All-Payer Accountable Care Organization (ACO) Model an alternative payment model in which the most significant payers throughout the entire

¹Northern Border Regional Commission. www.nbrc.gov.

²Rural Health Grants Eligibility Analyzer. HRSA, <https://data.hrsa.gov/tools/rural-health>.

³HRSA FORHP Internal Landscape Assessment: Northern Borders Regional Commission Rural Health Landscape Assessment. February 2022

⁴Basu, S., Berkowitz, S. A., Phillips, R. L., Bitton, A., Landon, B. E., & Phillips, R. S. (2019). Association of Primary Care Physician Supply With Population Mortality in the United States, 2005-2015. *JAMA internal medicine*, 179(4), 506–514. <https://doi.org/10.1001/jamainternmed.2018.7624>

⁵Access to Primary Care, Healthy People 2020. <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/access-to-primary>.

state – Medicare, Medicaid, and commercial health care payers – incentivize health care value and quality.⁶

HRSA recognizes the level of technical assistance required to meet the broad range of issues across the four-state NBRC service area is substantial. The applicant organization **must** develop a consortium of partners to meet and fulfill the needs of this Notice of Funding Opportunity. The applicant organization is **required** to form a consortium that includes at least one partner with experience working on health care issues within the NBRC region.

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 is a financial assistance mechanism where HRSA anticipates substantial involvement with the recipient during performance of the contemplated project.

HRSA program involvement will include:

- Consultation with the NBRC and award recipient to identify eligible rural providers, small rural hospitals and other healthcare organizations, prioritize activities, and assess progress made in achieving the goals of this cooperative agreement.
- Facilitation and assistance with introductions to other HRSA programs, federal agencies and other entities or organizations as their work may pertain to the rural NBRC communities.
- Sharing of relevant program data to ensure the greatest impact of technical assistance efforts in rural NBRC communities.
- Review of proposed outcome measures specific to technical assistance provided.
- Participate, as appropriate, in the planning of any meetings, educational activities, advisory groups or workgroups conducted during the period of performance, including selected dates, developing the agenda and inviting speakers, etc.

The cooperative agreement recipient's responsibilities will include:

- Provide customized technical assistance to eligible communities and their providers that is targeted and specific to the individual and regional needs.

⁶Vermont All-Payer ACO Model. Centers for Medicare and Medicaid Services. <https://innovation.cms.gov/innovation-models/vermont-all-payer-aco-model>.

- Adherence to HRSA guidelines pertaining to acknowledgement and disclaimer on all products produced by HRSA award funds, per Section 2.2 of the Application Guide (Acknowledgement of Federal Funding).
- Completion of activities proposed by the applicant, except as modified in consultation with HRSA through the appropriate prior approval process.
- Application of knowledge of FORHP, other HRSA and Federal programs to link stakeholders to appropriate resources and programs.
- Collaboration with HRSA and NBRC to identify technical assistance needs for NBRC communities and in the selection of rural communities and ongoing review of activities.
- Employing a strategy that identifies and leverages the region's assets and determining how those assets can benefit the region.
- Provide customized technical assistance to providers, small rural hospitals and other healthcare organizations that includes, but is not limited to:
 - Consistent 1:1 Technical assistance calls with award recipients;
 - In-person and/or virtual site visits as needed;
 - Learning opportunities such as Peer-to-Peer Networking and workgroups; and
 - In-person or virtual meetings (including awardee site visits/reverse site visits), webinars, workgroups, town halls and/or trainings.
- In collaboration with HRSA, serve as a central organizing body for TA-related partnership convening, educational activities, and/or workgroups conducted during the period of the cooperative agreement.
- In collaboration with HRSA, provide or develop evidence-based resources, tools, and trainings on topics focused on improving and increasing access to mental health, substance use disorder, workforce recruitment and retention, health care value efforts, and health equity.
- Utilize various platforms, including a website, to provide recipients and rural communities with regularly updated information, resources, and examples of promising/innovative practices related to health care policies, sustainability strategies, and other pertinent topics
- In collaboration with HRSA, facilitate connections between NBRC rural communities and local/state/national resources and organizations to build capacity and infrastructure in NBRC rural areas. Examples include, but are not limited to:

- State Offices of Rural Health (SORHs), Telehealth Resource Centers, Community Health Centers, Area Health Education Centers, State Rural Health Associations, Primary Care Associations, Foundations, Human and Social Service entities, Health Equity entities such as Maine CDC's Office of Population Health Equity
- Convening a rural health care technical assistance advisory council

2. Summary of Funding

HRSA estimates approximately \$1, 800,000 to be available annually to fund one (1) recipient. Applicants may apply for a ceiling amount of up to \$1, 800,000 total cost (includes both direct and indirect, facilities and administrative costs) per year.

The period of performance is September 30, 2022 through September 29, 2025 (3 years). Funding beyond the first year is subject to the availability of appropriated funds for the Rural Northern Border Region Healthcare Support Program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

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

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include domestic public or private, non-profit and for-profit entities. Domestic faith-based and community-based organizations, tribes, and tribal organizations are also eligible to apply.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

HRSA may not consider an application for funding if it contains any of the non-responsive criteria below:

- Exceeds the ceiling amount
- Fails to satisfy the deadline requirements referenced in [Section IV.4](#)

NOTE: Multiple applications from an organization are not allowable.

HRSA will only accept your **last** validated electronic submission, under the correct funding opportunity number, before 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 notice of funding opportunity (NOFO) following the directions provided at [Grants.gov: HOW TO APPLY FOR GRANTS](#).

The NOFO is also known as “Instructions” on Grants.gov. You must select “Subscribe” and provide your email address for HRSA-22-166 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

Application Format Requirements

Section 4 of HRSA’s [SF-424 Application Guide](#) provides general instructions for the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, etc. You must submit the information outlined in the HRSA *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 application in the English language and in the terms of U.S. dollars (45 CFR § 75.111(a)).

See Section 8.5 of the HRSA *SF-424 Application Guide* for the Application Completeness Checklist.

Application Page Limitation

The total size of all uploaded files may not exceed the equivalent of **83 pages** when printed by HRSA. The page limit includes the project and budget narratives, and attachments required in the Application Guide and this NOFO.

Please note: Effective April 22, 2021, the abstract is no longer an attachment that counts in the page limit. The abstract is the standard form (SF) "Project Abstract Summary." Standard OMB-approved forms included in the workspace application package do not count in the page limit. If you use an OMB-approved form that is not included in the workspace application package for HRSA-22-166, 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. Any application exceeding the page limit of 83 will not be read, evaluated, or considered for funding.

Applications must be complete, within the maximum specified page limit, and validated by Grants.gov under HRSA-22-166 before 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. § 3354).
- 3) If you are unable to attest to the statements in this certification, you must include an explanation in *Attachment 8-15: Other Relevant Documents*.

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

Program Requirements and Expectations:

The RNBR-HSP award recipient **must** provide all targeted technical assistance activities to providers, small rural hospitals and other healthcare organizations in eligible HRSA designated rural counties or rural census tracts within the NBRC service area. To ascertain eligible HRSA designated rural counties or rural census tracts, please refer to <https://data.hrsa.gov/tools/rural-health>. See also **Appendix A: NBRC Service Area** for the full NBRC service area.

The RNBR-HSP award recipient will provide targeted technical assistance in the identified areas of need to at least **one** community and its associated providers (small rural hospitals, Rural Health Clinics, and other healthcare organizations) in need within the rural NBRC service area in each of the four states annually.

The RNBR-HSP award recipient will work with the selected rural communities located within the four-state NBRC service area to make in-depth enhancements through the provision of technical assistance. Depending on the level of need, the assistance can be provided for more than one year to accomplish the following goals:

- Assess key needs in the identified focus area.
- Leverage subject matter expertise to work with the community to develop a strategic plan.
- Work with the community to implement the strategic plan including assisting the community in identifying and securing other grant and/or financial support to meet local needs.
- Develop broader general technical assistance activities for the eligible communities in the rural NBRC service area to the extent practical within the available budget.

HRSA recognizes the level of technical assistance required to meet the broad range of issues across the four-state NBRC service area is substantial. The applicant organization **must** develop a consortium of partners to meet and fulfill the needs of this NOFO. The applicant organization is **required** to form a consortium that includes at least one partner with experience working on health care issues within the NBRC region.

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*

Use the Standard OMB-approved Project Abstract Summary Form that is included in the workspace application package. Do not upload the abstract as an attachment or it may count toward the page limitation. For information required in the Project Abstract Summary Form, see Section 4.1.ix of HRSA's [SF-424 Application Guide](#).

NARRATIVE GUIDANCE

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

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

ii. ***Project Narrative***

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

Use the following section headers for the narrative:

- **INTRODUCTION** -- Corresponds to Section V's Review Criterion [\(1\) Need](#)

This section should briefly describe the purpose of the proposed in-depth project to provide technical assistance to the identified NBRC communities. Additionally, this section should briefly describe the provision of analysis, strategic plan development, and technical assistance to eligible rural providers, small rural hospitals, Rural Health Clinics (RHCs), and other healthcare organizations, which will be done in collaboration with HRSA and NBRC.

- **NEEDS ASSESSMENT** -- Corresponds to Section V's Review Criterion [\(1\) Need](#)

The needs assessment should help reviewers understand the needs to be fulfilled by the proposed projects and provide the context and rationale for the proposed work plan and budget as well as help reviewers understand the communities and organizations that will be served by the project. The applicant should demonstrate comprehensive knowledge and understanding of the issues facing rural communities, critical access hospitals, small rural hospitals, rural health clinics, and other small health care providers.

This section should demonstrate an understanding of the distinct health care system needs among rural health care providers and communities in the NBRC service area, and the gaps that exist within the current infrastructure of support for this population.

The applicant must describe and document the target population and their unmet health needs, using demographic data whenever possible to support the information provided.

This section must include discussion of the need for technical assistance in the rural NBRC service area around:

- Mental health
- Substance use disorder
- Workforce recruitment and retention
- Health care value
- Ensuring that the technical assistance efforts include consideration of the key challenges facing NBRC residents including, but not limited to, Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; and persons others adversely affected by persistent poverty or inequality.

▪ **METHODOLOGY** -- Corresponds to Section V's Review Criterion [\(2\) Response](#)

The applicant should discuss the proposed approach for meeting the [Cooperative Agreement Recipient's Responsibilities](#).

The applicant should discuss the proposed approach for providing technical assistance to meet the identified needs of the selected rural NBRC communities around the following areas:

- Mental health
- Substance use
- Workforce recruitment and retention
- Health care value
- Health Equity

Outline the method for the development of effective tools and strategies for ongoing staff training, outreach, collaborations and partnerships, clear communication, and information sharing/dissemination with efforts to involve patients, families, and other community stakeholders.

Discuss the methodology for ensuring collaboration with HRSA and NBRC in working with the rural communities identified in carrying out the activities proposed.

Describe the process for communicating with NBRC and the rural communities in the NBRC service area that will receive technical assistance.

Discuss the method for ensuring appropriate buy-in from community health leadership to identify rural communities that would benefit from the support and carry out the strategies needed to increase access to care.

Outline the strategic vision of the project over the three (3) year project period, while identifying key milestones to measure success under the phased approach described in the [Purpose](#) section of this NOFO. The strategic vision should ensure that activities are complementary to, and not duplicative of, other FORHP funded activities.

Describe the process for communication and collaboration with FORHP, NBRC, and other entities or organizations to meet the needs of the program.

Discuss plans for dissemination of best practices and stories of success as the project progresses.

Describe the plan for project sustainability after the period of federal funding ends. Describe how the strategies implemented during the project period within the rural NBRC service area may still have an impact after the period of federal funding ends.

- **WORK PLAN** -- Corresponds to Section V's Review Criterion [\(2\) Response](#) and [\(4\) Impact](#)

The work plan provides a succinct overview of the cooperative agreement's goals, objectives, activities, and projected outcomes in a table format. The work plan is not a narrative, but should refer to the narrative text to explain the relationship between needs, activities, objectives, and goals. It should clearly identify steps or activities that will be used to achieve the goals and objectives of the project and depict how program activities will achieve outcomes.

The format of the work plan should include each activity, who on the staff is responsible for that activity, the timeframe for completing the activity, progress or process measures, and the intended outcome. As appropriate, identify meaningful support and collaboration with key stakeholders in designing, planning, and implementing all activities.

- **RESOLUTION OF CHALLENGES** -- Corresponds to Section V's Review Criterion [\(2\) Response](#)

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

Discuss barriers specific to the rural NBRC service area that will need to be overcome. These may include geographic, socioeconomic, cultural, or other barriers.

Identify any infrastructure that is in place that will assist in overcoming any potential barriers, and describe how the infrastructure in place will assist in overcoming any potential barriers.

- **EVALUATION AND TECHNICAL SUPPORT CAPACITY** -- Corresponds to Section V's Review Criterion [\(3\) Evaluative Measures](#)

Describe the plan for monitoring the progress of the program that will contribute to continuous quality improvement within the rural NBRC service area.

Describe the strategy to collect, track, and analyze data to measure outcomes and explain how data will be used to inform the continued provision of technical assistance.

- **ORGANIZATIONAL INFORMATION** -- Corresponds to Section V's Review Criterion [\(5\) Resources and Capabilities](#)

Provide information on your organization's current mission and structure, scope of current activities, and an organizational chart (include as **Attachment #5**).

Describe how these elements contribute to the ability of the organization to meet program expectations and conduct all program requirements.

Discuss the capability of the organization to follow the proposed work plan, and properly account for the federal funds. Detail the non-federal sources that may be utilized to repay the Government in the event a disallowance occurs.

Describe current experience, knowledge, and skills, including individuals on staff, materials published, and previous work of a similar nature. Include a staffing plan and job descriptions for key personnel as **Attachment #2**. Include biographical sketches for all key personnel as **Attachment #3**.

Describe the ability of the organization to provide technical assistance to a diverse rural NBRC service area.

Describe your consortium's ability to collaborate effectively in order to address the broad range of issues across the rural NBRC service area and its ability to fulfill the needs outlined in this Notice of Funding Opportunity. Describe which consortium partner has experience working on health care issues within the NBRC region. Include consortium partners as **Attachment #7**.

Provide specific examples to describe knowledge of, as well as successful experience working with, quality improvement organizations, HRSA's Regional Telehealth Resource Center(s), and/or NBRC.

As applicable, identify staff and/or consultants who are located in, and familiar with, the NBRC service area.

Include Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific) as **Attachment #4**.

Provide information that shows knowledge of relevant FORHP and other programs to be able to link stakeholders to appropriate resources and programs.

Provide specific examples of prior experience providing the level of in-depth technical assistance as outlined in this NOFO. Include in the discussion the outcomes and results of these experiences to show that they were successful.

Provide information that demonstrates expertise in providing technical assistance around the following areas:

- Increasing access to mental and behavioral health services, such as substance use disorder;
- Identifying workforce recruitment and retention resources targeted to the rural NBRC service area and
- Preparing the transition to value-based care, where appropriate.

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 your 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.

As required by the Consolidated Appropriations Act, 2022 (P.L. 117-103), Division H, § 202, “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](#).

In addition, the Rural Northern Border Region Healthcare Support Program requires the following:

- Budget for Multi-Year Award

This notice is inviting applications for performance periods up to 3 years. HRSA will make the awards on a competitive basis for 1-year budget periods. Submission and HRSA approval of Progress Report(s) and any other required submission or reports is the basis for the budget period renewal and release of subsequent years’ funds. Funding beyond the 1-year budget period is subject to availability of funds, satisfactory progress of the awardee, and a determination that continued funding would be in the best interest of the Federal Government. However, three separate and complete budgets reflecting **one year** must be submitted with this application.

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 limitation.** Your indirect cost rate agreement and proof of non-profit status (if applicable) will not count toward the page limitation. **Clearly label each attachment.** You must upload attachments into the application. Any *hyperlinked* attachments will *not* be reviewed/opened by HRSA.

REQUIRED - Attachment 1: Work Plan

Attach the work plan for the project that includes all information detailed in [Section IV.2.ii. Project Narrative](#). If you will make subawards or expend funds on contracts, describe how your organization will ensure proper documentation of funds.

REQUIRED - 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, and qualifications of proposed program staff to run the project, and specifically to accomplish the proposed project. Include the qualification levels for the program staff and rationale for the amount of time that

is requested for each staff position. Staffing needs should be explained and should have a direct link to activities proposed in the Project Narrative and budget sections of the application.

REQUIRED - 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. 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.

REQUIRED - Attachment 4: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific)

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.

REQUIRED - Attachment 5: Project Organizational Chart

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

REQUIRED - Attachment 6: Consortium Members

A complete list of consortium members, including a chart that shows the applicant organization's overall management and the relationship of the partner organizations. Please note: The applicant organization is **required** to form a consortium that includes at least **one** partner with experience working on health care issues within the NBRC region. Please indicate which partner has experience working on health care issues within the NBRC region.

OPTIONAL - Attachments 7–15: Other Relevant Documents (15 is the maximum number of attachments allowed.)

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

3. Unique Entity Identifier (UEI) and System for Award Management (SAM)

The UEI, a “new, non-proprietary identifier” assigned by the System for Award Management ([SAM.gov](https://sam.gov)), will replace the *Data Universal Numbering System (DUNS) number.

Effective April 4, 2022:

- You can register in SAM.gov and you will be assigned your UEI (SAM) within SAM.gov.
- You will no longer use UEI (DUNS) and that number will not be maintained in any Integrated Award Environment (IAE) systems (SAM.gov, CPARS, FAPIIS, eSRS, FSRs, FPDS-NG). For more details, visit the following webpages: [Planned UEI Updates in Grant Application Forms](#) and [General Service Administration's UEI Update](#).

You must register with SAM and continue to maintain active SAM registration with current information at all times when you have: an active federal award, an active application, or an active plan under consideration by an agency (unless you are an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or you have an exception approved by the agency under 2 CFR § 25.110(d)). For your SAM registration, you must submit a [notarized letter](#) appointing the authorized Entity Administrator.

If you are chosen as a recipient, HRSA will not make an award until you have complied with all applicable SAM requirements. 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 HRSA may 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 two separate systems:

- System for Award Management (SAM) (<https://sam.gov/content/home> | [SAM.gov Knowledge Base](#))
- Grants.gov (<https://www.grants.gov/>)

For more details, see Section 3.1 of HRSA's [SF-424 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 *July 1, 2022 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 Northern Border Region Healthcare Support Program is 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 three (3) years, at no more than \$1,800,000 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 H of the Consolidated Appropriations Act, 2022 (P.L. 117-103) apply to this program. See Section 4.1 of HRSA's [SF-424 Application Guide](#) for additional information. Note that these or other restrictions will apply in 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 specific uses of funding. It is imperative that you review and adhere to the list of statutory restrictions on the use of funds detailed in Section 4.1 of HRSA's [SF-424 Application Guide](#). Like all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

Be aware of the requirements for HRSA recipients and subrecipients at 2 CFR § 200.216 regarding prohibition on certain telecommunications and video surveillance services or equipment. For details, see the [HRSA Grants Policy Bulletin Number: 2021-01E](#).

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

V. Application Review Information

1. Review Criteria

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

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

Six review criteria are used to review and rank Rural Northern Border Region Healthcare Support Program applications. Below are descriptions of the review criteria and their scoring points.

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

Introduction (5 points)

The extent to which the application describes the purpose of the proposed project to enhance rural health needs in the identified areas in the rural NBRC service area through the provision of technical assistance to underserved rural communities in collaboration with HRSA and NBRC.

Needs Assessment (5 points)

The extent to which the application demonstrates comprehensive knowledge and understanding of the issues facing rural communities in the identified focus areas. This would include knowledge of small rural and Critical Access Hospitals, Rural Health Clinics, challenges in the service area related to mental health and substance use services, challenges related to the ability of NBRC rural communities to recruit and retain needed health care providers and the need to support rural providers in making the transition to health care value models.

The extent to which the application describes a clear understanding of the purpose of this program as well as an understanding of the distinct unmet needs associated with working in rural health care in the NBRC service area.

The extent to which the application cites demographic data to support their knowledge and understanding of the target population and unmet health needs in the rural NBRC service area.

The extent to which the application provides a strong knowledge and understanding of technical assistance needs of the selected NBRC communities in all the following areas:

- Mental health
- Substance use disorder
- Workforce recruitment and retention
- Health care value
- Ensuring that the technical assistance efforts include consideration of the key challenges facing NBRC residents including, but not limited to, Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; and persons others adversely affected by persistent poverty or inequality.

Criterion 2: RESPONSE (40 points) – Corresponds to Section IV's [Methodology](#), [Work Plan](#), and [Resolution of Challenges](#)

Methodology (20 points)

The extent to which the application includes a realistic approach for meeting the [Cooperative Agreement Recipient's Responsibilities](#).

The extent to which the application includes a realistic approach for providing technical assistance to meet the identified needs of the selected NBRC rural communities around identifying sustainable strategies in the key focus areas to addressing challenges in mental health, substance use, workforce recruitment and retention, the transition to value-based care, and health equity.

The extent to which the application clearly outlines the method for development of any applicable tools or strategies for outreach, collaborations and partnerships, clear communication, and information sharing/dissemination.

The extent to which the application clearly describes a realistic process for ensuring collaboration with HRSA and NBRC in identifying the communities that will receive the services and assistance in the identified communities and in carrying out the activities proposed.

The extent to which the application describes the process for communicating with the communities in the NBRC service area that will receive technical assistance.

The extent to which the application clearly describes a method for ensuring commitment and buy-in from any community receiving technical assistance.

The extent to which technical assistance interventions align services to community need in an economically viable manner. The extent to which community-based approaches based on evidence-based models are implemented, where applicable.

The extent to which the application thoroughly describes the three (3) year strategic vision, and that proposed activities are complementary to, and not duplicative of, FORHP funded activities.

The extent to which the application demonstrates a clear understanding of the need to work cooperatively with FORHP, NBRC, and other identified entities or organizations to meet the needs of the program, and proposes a rational methodology to ensure successful collaboration.

Work Plan (15 points):

The extent to which the application provides a detailed work plan that is logical and has strong objectives and goals to ensure that projected outcomes are met.

The extent to which the application clearly identifies responsible staff for each activity.

The extent to which the work plan clearly identifies activities requiring collaboration with relevant entities or organizations, and a workable plan to ensure that those collaborative relationships are successful.

Resolution of Challenges (5 points):

The extent to which the application identifies and clearly describes potential challenges and barriers that may be encountered in implementing program activities and attaining the project objectives.

The extent to which the application clearly describes approaches to address challenges and barriers that may be encountered during implementation of program activities.

The extent to which the application clearly describes infrastructure that is in place that will assist in overcoming any potential barriers, and describes how the infrastructure in place will assist in overcoming any potential barriers.

Criterion 3: EVALUATIVE MEASURES (5 points) – Corresponds to Section IV's [Evaluation and Technical Support Capacity](#)

The extent to which the application clearly describes the plan for monitoring the progress of the program that will contribute to continuous quality improvement in the rural NBRC service area.

The extent to which the application clearly provides a strategy to collect, track, and analyze data to measure outcomes and impact.

Criterion 4: IMPACT (5 points) – Corresponds to Section IV's [Work Plan](#)

The extent to which the application clearly describes a plan for broad dissemination of best practices and stories of success throughout the project.

The extent to which the applicant proposes a plan for project sustainability describing how the strategies implemented within hospitals, practices and the community, during the project period may still have an impact after the period of federal funding ends within the rural NBRC service area.

Criterion 5: RESOURCES/CAPABILITIES (35 points) – Corresponds to Section IV's [Organizational Information](#)

Organizational Capacity (20 points)

The extent to which the applicant clearly describes the mission and structure of the organization, the scope of current activities and provides an organizational chart.

The extent to which the application clearly describes the capability of the organization to follow the proposed work plan, and properly account for the federal funds.

The extent to which the application clearly describes the non-federal sources that may be utilized to repay the Government in the event a disallowance occurs.

The extent to which project personnel are qualified and have appropriate experience to carry out all aspects of the project.

The extent to which the application clearly provides the organization's capability to collaborate with appropriate partners to carry out all the program requirements. The extent to which the application includes letters of support/agreement from all proposed partners.

The extent to which the application clearly provides evidence of knowledge of FORHP and other relevant programs in order to link stakeholders to appropriate resources and programs.

The extent to which the applicant identifies staff and/or consultants who are located in, and familiar with, the NBRC service area, where applicable.

Past Organizational Expertise (15 points):

The extent to which the application provides specific examples of prior related experience that highlights their proven ability to achieve successful outcomes and results.

The extent to which the applicant organization clearly describes the ability to provide technical assistance to a diverse rural NBRC service area.

The extent to which the applicant organization clearly describes the consortium's ability to collaborate effectively in order to address the broad range of issues across the rural NBRC service area and its ability to fulfill the needs outlined in this Notice of Funding Opportunity. The extent to which the applicant organization clearly describes which consortium partner has experience working on health care issues within the NBRC region.

The extent to which the applicant organization provides specific examples to describe knowledge of, as well as successful experience, working with quality improvement organizations, HRSA's Regional Telehealth Resource Center(s), and/or NBRC.

The extent to which the applicant organization clearly provides information that demonstrates expertise in providing technical assistance around the following areas:

- Increasing access to mental and behavioral health services, such as substance use disorder;
- Identifying workforce recruitment and retention resources targeted to the rural NBRC service area and
- Preparing the transition to value-based care, where appropriate.

Criterion 6: SUPPORT REQUESTED (5 points) – Corresponds to Section IV's [Budget and Budget Narrative](#)

The reasonableness of the proposed budget in the application for the three-year project period in relation to the objectives, complexity, and level of effort for the activities, and anticipated results. To the extent to which the applicant:

- Provides a three-year budget that supports all the activities and objectives of the proposed project activities.
- Includes costs that are reasonable given the scope of work.
- Provides adequate description of how each line item request supports the activities and objectives of the proposed project.
- Provides an explanation on the extent to which key personnel have adequate time devoted to achieve project objectives.

2. Review and Selection Process

The objective review process provides an objective evaluation of applications 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 \(FAPIS\)](#). 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 [FAPIS](#) in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk as described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

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

VI. Award Administration Information

1. Award Notices

HRSA will release the Notice of Award (NOA) on or around the start date of September 30, 2022. 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](#).

If you are successful and receive a NOA, in accepting the award, you agree that the award and any activities thereunder are subject to:

- all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award,
- other federal regulations and HHS policies in effect at the time of the award or implemented during the period of award, and
- applicable statutory provisions.

Accessibility Provisions and Non-Discrimination Requirements

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy). This includes ensuring programs are accessible to persons with limited English proficiency and persons with disabilities. The HHS Office for Civil Rights (OCR) provides guidance on complying with civil rights laws enforced by HHS. See [Providers of Health Care and Social Services](#) and [HHS Nondiscrimination Notice](#).

- Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see [Fact Sheet on the Revised HHS LEP Guidance](#) and [Limited English Proficiency](#).
- For information on your specific legal obligations for serving qualified individuals with disabilities, including reasonable modifications and making services accessible to them, see [Discrimination on the Basis of Disability](#).
- HHS-funded health and education programs must be administered in an environment free of sexual harassment. See [Discrimination on the Basis of Sex](#).
- For guidance on administering your program in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see [Conscience Protections for Health Care Providers](#) and [Religious Freedom](#).

Please contact the [HHS Office for Civil Rights](#) for more information about obligations and prohibitions under federal civil rights laws or call 1-800-368-1019 or TDD 1-800-537-7697.

The HRSA Office of Civil Rights, Diversity, and Inclusion (OCRDI) offers technical assistance, individual consultations, trainings, and plain language materials to supplement OCR guidance and assist HRSA recipients in meeting their civil rights obligations. Visit [OCRDI's website](#) to learn more about how federal civil rights laws and

accessibility requirements apply to your programs, or contact OCRDI directly at HRSACivilRights@hrsa.gov.

Executive Order on Worker Organizing and Empowerment

Pursuant to the [Executive Order on Worker Organizing and Empowerment](#), HRSA strongly encourages applicants to support worker organizing and collective bargaining and to promote equality of bargaining power between employers and employees. This may include the development of policies and practices that could be used to promote worker power. Applicants can describe their plans and specific activities to promote this activity in the application narrative.

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) **Quarterly Progress Report(s)**. The recipient must submit a progress report to HRSA on a quarterly basis. More information will be available in the NOA.
- 2) **Final Closeout Report**. A final report is due within 90 days after the project period ends. More information will be available in the NOA.

- 3) **Federal Financial Report.** The Federal Financial Report (SF-425) is required according to the following schedule:
<http://www.hrsa.gov/grants/manage/technicalassistance/federalfinancialreport/ffrschedule.pdf>. The report is an accounting of expenditures under the project that year. Financial reports must be submitted annually through the electronic handbook (EHB). More information will be available in the NOA.
- 4) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in [FAPIS](#), as required in [45 CFR part 75 Appendix XII](#).

Note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at [2 CFR § 200.340 - Termination](#) apply to all federal awards effective August 13, 2020. No additional termination provisions apply unless otherwise noted.

VII. Agency Contacts

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

Kimberly Dews
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-0655
Email: KDews@hrsa.gov

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

Maribel Nunez
Public Health Analyst, Federal Office of Rural Health Policy
Attn: Rural Northern Border Region Healthcare Support Program
Health Resources and Service Administration
5600 Fishers Lane,
Rockville, MD 20857
Telephone: (301) 443-0466
Email: Mnunez@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 dial 606-545-5035)
Email: support@grants.gov
[Self-Service Knowledge Base](#)

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through [HRSA's Electronic Handbooks \(EHBs\)](#). Always obtain a case number when calling for support. For assistance with submitting in the EHBs, contact the HRSA Contact Center, Monday–Friday, 7 a.m. to 8 p.m. ET, excluding federal holidays at:

HRSA Contact Center
Telephone: (877) 464-4772 / (877) Go4-HRSA
TTY: (877) 897-9910
Web: <http://www.hrsa.gov/about/contact/ehbhelp.aspx>

VIII. Other Information

Technical Assistance

Webinar

Day and Date: Wednesday, May 25, 2022
Time: 2 – 3 p.m. ET
Call-In Number: 1-833-568-8864
Meeting ID: 160 762 3847
Participant Code: 87823813
Weblink: <https://hrsa.gov.zoomgov.com/j/1607623847?pwd=aHIUWFJFT2ZJeXdtUIAzK05Xb3ltQT09>

NOTE: The webinar will be recorded and playback information can be requested at MNunez@hrsa.gov.

Tips for Writing a Strong Application

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

Appendix A: Northern Border Regional Commission (NBRC) Service Area

Maine: Androscoggin¹, Aroostook, Franklin, Hancock, Kennebec, Knox, Oxford, Penobscot¹, Piscataquis, Somerset, Waldo, and Washington counties

New Hampshire: Belknap, Carroll, Cheshire, Coös, Grafton, and Sullivan counties

New York: Cayuga, Clinton, Essex, Franklin, Fulton, Genesee, Greene, Hamilton, Herkimer¹, Jefferson¹, Lewis, Livingston¹, Madison¹, Montgomery, Niagara¹, Oneida¹, Orleans¹, Oswego¹, Rensselaer², Saratoga², Schenectady², Seneca, St. Lawrence, Sullivan, Washington¹, Warren¹, Wayne¹, and Yates¹ counties

Vermont: Addison, Bennington, Caledonia, Chittenden³, Essex, Franklin¹, Grand Isle³, Lamoille, Orange, Orleans, Rutland, Washington, Windham, and Windsor counties

¹Indicates HRSA-designated partially rural counties located in the NBRC service area.

²Rensselaer, Saratoga, and Schenectady Counties in New York are HRSA-designated non-rural (urban) counties.

³Chittenden and Grand Isle County in Vermont are HRSA-designated non-rural (urban) counties.

NOTE: All other counties are HRSA-designated fully rural unless otherwise indicated.

Appendix B: Glossary

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

Equity - [T]he consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.¹

NOTE: Addressing issues of equity should include an understanding of intersectionality and how multiple forms of discrimination impact individuals' lived experiences. Individuals and communities often belong to more than one group that has been historically underserved, marginalized, or adversely affected by persistent poverty and inequality. Individuals at the nexus of multiple identities often experience unique forms of discrimination or systemic disadvantages, including in their access to needed services.²

Health Care Provider – For the purposes of this program, health care providers are defined as: hospitals, public health agencies, home health providers, mental health centers, substance abuse service providers, rural health clinics, primary care providers, oral health providers, social service agencies, health profession schools, local school districts, emergency services providers, community and migrant health centers, federally qualified health centers, tribal health programs, churches, and civic organizations that are/will be providing health related services.

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

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

¹Executive Order 13985 on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government, 86 FR 7009, at § 2(a) (Jan. 20, 2021), <https://www.govinfo.gov/content/pkg/FR-2021-01-25/pdf/2021-01753.pdf>.

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

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

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

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

Rural Area – Project area determined rural as defined by HRSA Rural Health Grants Eligibility Advisor: <https://data.hrsa.gov/tools/rural-health?tab=Address>.

Rural Hospitals – Any short-term, non-federal general facilities located outside metropolitan Core-Based Statistical Areas (CBSAs), or located within metropolitan areas in locations with Rural-Urban Commuting Area (RUCA) codes of four (4) or greater, or facilities in any location participating in Medicare as Critical Access Hospitals (CAHs).

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

Telehealth – The use of electronic information and telecommunication technologies¹ to support remote clinical services² and remote non-clinical services³.

1. *Telecommunication technologies* include but are not limited to: mobile health, video conferencing (with or without video), digital photography, store-and-forward/asynchronous imaging, streaming media, wireless communication, telephone calls, remote patient monitoring through electronic devices such as wearables, mobile devices, smartphone apps; internet-enabled computers, specialty portals or platforms that enable secure electronic messaging and/or audio or video communication between providers or staff and patients not including EMR/EHR systems;

² See Executive Order 13988 on Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation, 86 FR 2023, at § 1 (Jan. 20, 2021), <https://www.govinfo.gov/content/pkg/FR-2021-01-25/pdf/2021-01761.pdf>.

2. *Remote clinical services* include but are not limited to: telemedicine, physician consulting, screening and intake, diagnosis and monitoring, treatment and prevention, patient and professional health-related education, and other medical decisions or services for a patient

3. *Remote non-clinical services* include but are not limited to: provider and health professionals training, research and evaluation, the continuation of medical education, online information and education resources, individual mentoring and instruction, health care administration including video conferences for managers of integrated health systems, utilization and quality monitoring;

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

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

Underserved Communities – [The] populations sharing a particular characteristic, as well as geographic communities, that have been systematically denied a full opportunity to participate in aspects of economic