

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



Federal Office of Rural Health Policy  
Community-Based Division

***Delta Region Community Health Systems Development***

**Funding Opportunity Number: HRSA-17-117**

**Funding Opportunity Type(s): New**

**Catalog of Federal Domestic Assistance (CFDA) Number: 93.912**

**NOTICE OF FUNDING OPPORTUNITY**

Fiscal Year 2017

**Application Due Date: July 17, 2017**

*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 one month to complete.*

**Issuance Date: June 14, 2017**

Rachel Moscato, MPH  
Public Health Analyst, Federal Office of Rural Health Policy  
Telephone: (301) 443-2724  
Fax: (301) 443-2803  
Email: [RMoscato@hrsa.gov](mailto:RMoscato@hrsa.gov)

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

## EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Federal Office of Rural Health Policy is accepting applications for fiscal year (FY) 2017 Delta Region Community Health Systems Development Cooperative Agreement. The purpose of this cooperative agreement is to support HRSA's collaboration with the Delta Regional Authority to develop a pilot program to help underserved rural communities in the Delta region identify and better address their health care needs and to help small rural hospitals improve their financial and operational performance.

Funding Opportunity Title:	Delta Region Community Health Systems Development Cooperative Agreement
Funding Opportunity Number:	HRSA-17-117
Due Date for Applications:	July 17, 2017
Anticipated Total Annual Available FY17 Funding:	\$2,000,000
Estimated Number and Type of Award(s):	Up to 1 cooperative agreement
Estimated Award Amount:	Up to \$2,000,000 per year
Cost Sharing/Match Required:	No
Project Period/Period of Performance:	September 30, 2017 through September 29, 2020 (3 years)
Eligible Applicants:	<p>Eligible applicants include domestic public, private, and non-profit organizations, including tribes and tribal organizations, and faith-based and community-based organizations.</p> <p>See <a href="#">Section III-1</a> of this notice of funding opportunity (NOFO), formerly known as the funding opportunity announcement (FOA), for complete eligibility information.</p>

### **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. A short video explaining the *Application Guide* is available at <http://www.hrsa.gov/grants/apply/applicationguide/>.

## **Technical Assistance**

The following technical assistance teleconference/webinar has been scheduled:

Day and Date: Wednesday, June 28, 2017.

Time: 1-2 p.m. EST

Call-In Number: 1-800-988-9519

Participant Code: 1613952

Weblink: [https://hrsa.connectsolutions.com/delta\\_nofo\\_ta/](https://hrsa.connectsolutions.com/delta_nofo_ta/)

This teleconference/webinar will be recorded and the phone recording can be accessed 24 hours after the event by dialing: 866-442-8065; Passcode: 1378.

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# **I. Program Funding Opportunity Description**

## **1. Purpose**

This announcement solicits applications for the Delta Region Community Health Systems Development Cooperative Agreement.

The purpose of this cooperative agreement is to enhance health care delivery in the Delta Region through intensive technical assistance to providers in select rural communities, including Critical Access Hospitals (CAH), small rural hospitals, Rural Health Clinics (RHC), and other healthcare organizations.

In-depth and long-term assistance to a select number of identified communities in the Delta Region should be provided for, but is not limited to, the following:

- Improving hospital or clinic financial operations;
- Implementing quality improvement activities to promote the development of an evidence-based culture leading to improved health outcomes;
- Increasing use of telehealth to address gaps in clinical service delivery and improve access to care;
- Enhancing coordination of care;
- Strengthening the local health care system to improve population health;
- Providing social services to address broader socio-economic challenges faced by patients (e.g., housing, child care, energy assistance, access to healthy food, elderly support services, job training, etc.);
- Ensuring access to and availability of emergency medical services (EMS);
- Identifying workforce recruitment and retention resources targeted to rural communities; and
- Other areas to be determined in consultation with HRSA and the Delta Regional Authority (DRA) upon award of this cooperative agreement.

Under this cooperative agreement, the awardee will work with a number of selected communities in the Delta Region to make in-depth health system enhancements through the provision of intensive technical assistance over multiple years. The awardee will implement a phased approach that:

- Selects a process for gathering the data to identify high need communities in the Delta Region, for HRSA and DRA determination of final selection;
- Conducts an objective community analysis and assessment of financial status, quality indicators, locally available human services and gaps, and locally available clinical services and gaps;
- Assesses how telehealth can help address the identified clinical service gaps and the availability of affordable broadband services;
- Develops a community assets and needs assessment;
- Develops and implements a strategic plan for the provision of technical assistance for the local hospital and other rural providers in the selected communities;
- Provides technical assistance based on the strategic plan for finance, quality, and telehealth and population health service coordination; and
- Evaluates the impact of the technical assistance.

## 2. Background

This program is authorized by Section 711(b) of the Social Security Act (42 U.S.C. 912(b)), as amended.

HRSA's Federal Office of Rural Health Policy (FORHP) is the focal point for rural health activities within the U.S. Department of Health and Human Services. FORHP accomplishes its mission and supports rural health through a broad range of policy and program activities related to quality improvement, financial viability, access to care, and telehealth. In addition, FORHP is authorized to provide technical assistance and other activities as necessary to support activities improving health care in rural areas. For additional information about FORHP, please see [www.hrsa.gov/ruralhealth](http://www.hrsa.gov/ruralhealth).

The Delta Region includes eight states – Alabama, Arkansas, Illinois, Kentucky, Louisiana, Mississippi, Missouri, and Tennessee – that together have a population of almost 10 million people living in 252 counties and parishes. Of the 252 counties and parishes, 184 (73 percent) are rural (non-metropolitan area), and 41 percent of the total population in the Delta resides in one of these rural counties.<sup>1</sup> The Delta Regional Authority (DRA), established in 2000 by Congress, makes investments of federal appropriations into the Delta communities' human and physical infrastructure. These counties served by DRA are considered to be among the most distressed areas of the country.<sup>2</sup>

The distress of the counties and parishes in the Delta Region has been well documented, with regards to both health and economic conditions. The population has been decreasing, and 20 percent of the region's population has incomes below the poverty rate, compared with the national rate of 14 percent. Further, poverty is much more persistent in the region than nationally.<sup>3</sup> Rural (non-metropolitan) counties with a high incidence of poverty are largely concentrated in the Southern region, with the most severe poverty found in the historically poor areas such as the Delta Region.<sup>4</sup> Other research has indicated that Delta residents tend to have more complex health issues and chronic conditions. One study found Delta residents are 1.16 times more likely to die of cancer and 1.45 times more likely to die of injury than the nationwide rate, with higher blood pressure, diabetes rates, body mass index, and likelihood of smoking.<sup>5</sup> Recent research by the Centers for Disease Control and Prevention assessed factors

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<sup>1</sup> HRSA FORHP internal analysis of 2010 Census data, March 27, 2017.

<sup>2</sup> Delta Regional Authority, [www.dra.gov](http://www.dra.gov).

<sup>3</sup> Rural Health Reform Policy Research Center, Exploring Rural and Urban Mortality Differences in the Delta Region, <https://ruralhealth.und.edu/projects/health-reform-policy-research-center/pdf/exploring-rural-urban-mortality-differences-delta-region.pdf>, 2016.

<sup>4</sup> United States Department of Agriculture, Economic Research Service. Geography of Poverty. <https://www.ers.usda.gov/topics/rural-economy-population/rural-poverty-well-being/geography-of-poverty.aspx>.

<sup>5</sup> Cosby, AG, and Bowser, DM. "The Health of the Delta Region: A Story of Increasing Disparities". Journal of Health and Human Services Administration 31:1, 58-71 (Summer 2008) [https://www.jstor.org/stable/25790729?seq=1#page\\_scan\\_tab\\_contents](https://www.jstor.org/stable/25790729?seq=1#page_scan_tab_contents).

contributing to health outcomes and found Delta counties and parishes were 22 percent worse than the rest of the United States.<sup>6</sup>

Furthermore, a disproportionately high percentage of the rural hospitals that closed between 2010 and 2016 are located in the Delta Region. Moreover, recent analysis found that multiple Delta states are among those determined to have the highest number of rural hospitals at risk of financial distress.<sup>7</sup>

These areas, like rural areas in general, also often have limited broadband capacity. The Federal Communications Commission (FCC) reported that 39 percent of rural Americans (23 million individuals nationwide) lacked access to benchmark (25 Mbps/3 Mbps) service.<sup>8</sup> Telehealth depends on broadband capacity, so technical assistance is needed to assess local capacity, affordability, and methods to enhance usage of the resources for Delta.

Rural communities in the Delta region would benefit from technical assistance that helps strengthen small rural hospitals, focus on improving quality of care, and increase access through expanded use of telehealth.

Maintaining a robust health care workforce is a challenge throughout the United States, although maldistribution of qualified health professionals is particularly acute in rural areas. In addition to rural economic and health disparities, lower patient density, inadequate availability of rural health professional training sites, and lower reimbursement levels make it challenging to recruit physicians to rural communities.<sup>9</sup>

Provision of intensive technical assistance in these areas will aid in enhancing health care delivery to rural communities in the Delta Region.

## **II. Award Information**

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

Type(s) of applications sought: New

HRSA will provide funding in the form of a cooperative agreement. A cooperative agreement is a financial assistance mechanism where substantial involvement is

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<sup>6</sup> Gennuso, KP, et al. Assessment of Factors Contributing to Health Outcomes in the Eight States of the Mississippi Delta Region. CDC Original Research Vol. 13 (March 3, 2016).

[https://www.cdc.gov/pcd/issues/2016/15\\_0440.htm](https://www.cdc.gov/pcd/issues/2016/15_0440.htm).

<sup>7</sup> Kaufman, C, et al. Geographic Variation in Financial Distress among Rural Hospitals, January 2016  
<https://www.ruralhealthresearch.org/publications/999>.

<sup>8</sup> Federal Communications Commission. "2016 Broadband Progress Report." January 2016.  
<https://www.fcc.gov/reports-research/reports/broadband-progress-reports/2016-broadband-progress-report>

<sup>9</sup> Burrows, E., Suh, R., and Hamann, D. "Health Care Workforce Distribution and Shortage Issues in Rural America." National Rural health Association Policy Brief (January 2012).  
<https://www.ruralhealthweb.org/getattachment/Advocate/Policy-Documents/HealthCareWorkforceDistributionandShortageJanuary2012.pdf.aspx?lang=en-US>

anticipated between HRSA and the recipient during performance of the contemplated project.

**HRSA Program involvement will include:**

- Consultation with the DRA and awardee to identify eligible communities, 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 partners as their work may pertain to the Delta communities.
- Sharing of relevant program data to ensure the greatest impact of technical assistance efforts in rural Delta communities.
- Review of proposed outcome measures specific to technical assistance provided.
- Review of project information prior to deliverables.

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

- 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 and approved by HRSA, except as modified in consultation with HRSA through the appropriate prior approval processes.
- Application of knowledge of FORHP and other programs to link stakeholders to appropriate resources and programs.
- Collaboration with HRSA and DRA in selection of communities and ongoing review of activities.
- Working with HRSA and DRA to identify technical assistance needs within selected communities.
- Ensuring the interventions are responsive to the selected community's needs in order to ensure community buy-in.
- Working with the identified communities to make in-depth health system enhancements over multiple years under a phased approach that is discussed in the Purpose section of this NOFO.
- Conducting a needs assessment to identify assets and gaps related to finance, quality, telehealth and broadband, coordination of care, population health, social services, and workforce recruitment and retention.
- Development and implementation of a strategy to assist CAHs, small rural hospitals, and other rural providers within the areas of technical assistance outlined throughout this NOFO.
- Development of a process whereby any entity receiving technical assistance makes a commitment to recommended improvement activities, where applicable, as a condition of receiving the technical assistance.
- Assessment of the broadband capacity and capability of the targeted community to determine areas where telehealth would be most beneficial.
- Implementation of a strategy to provide technical assistance by assessing sites, including gaps in their resources and local services.



- Building and maintaining a strong understanding of the identified communities in the Delta Region and an ability to identify hospitals in those communities that want to improve and could benefit most from technical assistance.

## **2. Summary of Funding**

Approximately \$2,000,000 is expected to be available annually to fund one (1) recipient. You may apply for a ceiling amount of up to \$2,000,000 total cost (includes both direct and indirect/facilities and administrative costs) per year. This program announcement is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds awarded in a timely manner. The project period is September 30, 2017 through September 29, 2020 (3 years). Funding beyond the first year is dependent on the availability of appropriated funds for the Delta Region Community Health Systems Development Cooperative Agreement in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

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

## **III. Eligibility Information**

### **1. Eligible Applicants**

Eligible applicants include domestic public, private, and non-profit organizations, including tribes and tribal organizations, and faith-based and community-based organizations.

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

Cost sharing/matching is not required for this program.

### **3. Other**

Applications that exceed the ceiling amount will be considered non-responsive and will not be considered for funding under this announcement.

Any application that fails to satisfy the deadline requirements referenced in *Section IV.4* will be considered non-responsive and will not be considered for funding under this announcement.

NOTE: Multiple applications from an organization are not allowable.

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

under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application.

## IV. Application and Submission Information

### 1. Address to Request Application Package

HRSA **requires** you to apply electronically through Grants.gov. You must use the SF-424 application package associated with this NOFO following the directions provided at <http://www.grants.gov/applicants/apply-for-grants.html>.

**Effective December 31, 2017** - You **must** use the [Grants.gov Workspace](#) to complete the workspace forms and submit your application workspace package. After this date, you will no longer be able to use PDF Application Packages.

HRSA recommends that you supply an email address to Grants.gov on the grant opportunity synopsis page when accessing the notice of funding opportunity (NOFO) (also known as “Instructions” on Grants.gov) or application package. This allows Grants.gov to email organizations that supply an email address in the event the NOFO is changed and/or republished 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 [Find Grant Opportunities](#) page for all information relevant to desired opportunities.*

### 2. Content and Form of Application Submission

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

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

#### **Application Page Limit**

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

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

### **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 the statements in this certification, an explanation shall be included. **Attachment #6: Other Relevant Documents.**

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

### **Program-Specific Instructions**

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

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

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

#### ***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.

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 multi-year, in depth project to enhance health care delivery in the Delta Region through the provision of analysis, strategic plan development, and technical assistance to underserved rural communities in collaboration with HRSA and DRA.

Technical assistance to be provided should include, but is not limited to:

- Improving hospital or clinic financial operations;
- Implementing quality improvement activities to promote the development of an evidence-based culture leading to improved health outcomes;
- Increasing use of telehealth to address gaps in clinical service delivery and improve access to care;
- Enhancing coordination of care;
- Strengthening the local health care system to improve population health;

- Providing social services to address broader socio-economic challenges faced by patients (e.g., housing, child care, energy assistance, access to healthy food, elderly support services, job training, etc.);
- Ensuring access to and availability of emergency medical services;
- Identifying workforce recruitment and retention resources targeted to rural communities.

▪ **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, CAHs, small rural hospitals, RHCs, and other small health care providers relevant to the technical assistance needs of the communities within the Delta Region that will be served by the project.

This section should demonstrate an understanding of the distinct health care system needs among health care providers and communities in the Delta Region, 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 Delta Region around:

- Improving hospital or clinic financial operations;
- Implementing quality improvement activities to promote the development of an evidence-based culture leading to improved health outcomes;
- Increasing use of telehealth to address gaps in clinical service delivery and improve access to care;
- Enhancing coordination of care;
- Strengthening the local health care system to improve population health;
- Providing social services to address broader socio-economic challenges faced by patients (e.g., housing, child care, energy assistance, access to healthy food, elderly support services, job training, etc.);
- Ensuring access to and availability of emergency medical services;
- Identifying workforce recruitment and retention resources targeted to rural communities.

▪ **METHODOLOGY** -- Corresponds to Section V's Review Criteria (2) Response and (4) Impact

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

- Improving hospital or clinic financial operations;
- Implementing quality improvement activities to promote the development of an evidence-based culture leading to improved health outcomes;
- Increasing use of telehealth to address gaps in clinical service delivery and improve access to care;
- Enhancing coordination of care;
- Strengthening the local health care system to improve population health;
- Providing social services to address broader socio-economic challenges faced by patients (e.g., housing, child care, energy assistance, access to healthy food, elderly support services, job training, etc.);
- Ensuring access to and availability of emergency medical services;
- Identifying workforce recruitment and retention resources targeted to rural communities.

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 DRA in identifying the communities that will receive the technical assistance, and in carrying out the activities proposed.

Describe the process for communicating with the communities in the Delta Region that will receive technical assistance.

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

Discuss methods for the provision of technical assistance including activities such as:

- Pre-on-site planning;
- Setting mutually agreed upon goals and objectives;
- Action planning;
- Developing measurable outcomes; and
- Coaching as the hospital implements recommended activities.

Selection of technical assistance interventions should align services to community need. The interventions should meet local clinical need in an economically viable manner.

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, DRA, and other partners to meet the needs of the program.

Discuss plans for broad 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 selected communities may still have an impact after the period of federal funding ends.

▪ **WORK PLAN** -- *Corresponds to Section V's Review Criterion (2) Response*

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.

The work plan should be included in the application as **Attachment #1**.

▪ **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 targeted Delta Region 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.

- **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 selected communities.

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/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 set of rural areas in the Delta Region.

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 DRA.

As applicable, identify staff and/or consultants who are located in, and familiar with, the Delta Region.

Include Letters of Agreement, MOU, etc. 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 in the Delta Region around the following areas:

- Improving hospital or clinic financial operations;
- Implementing quality improvement activities to promote the development of an evidence-based culture leading to improved health outcomes;
- Increasing use of telehealth to address gaps in clinical service delivery and improve access to care;
- Enhancing coordination of care;
- Strengthening the local health care system to improve population health;
- Providing social services to address broader socio-economic challenges faced by patients (e.g., housing, child care, energy assistance, access to healthy food, elderly support services, job training, etc.);
- Ensuring access to and availability of emergency medical services;
- Identifying workforce recruitment and retention resources targeted to rural communities.

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

### ***iii. Budget***

See Section 4.1.iv of HRSA's [SF-424 Application Guide](#). Please note: the directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov. Please follow the instructions included in the Application Guide and, *if applicable*, 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.



To ensure project sustainability and success of TA activities, equipment may be purchased to support telehealth implementation. All equipment purchased must fall within the financial limits in HRSA's [SF-424 Application Guide](#), and must receive prior approval from HRSA.

**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, 2017 (P.L. 115-31), 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." Please 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 2017, 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. **Each attachment must be clearly labeled.**

*Attachment 1: Work Plan*

Attach the work plan for the project that includes all information detailed in Section IV. ii. Project Narrative.

*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 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. 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. As a reminder, the biographical sketch is included in the page count.

*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. Letters of agreement must be signed and dated.

*Attachment 5: Project Organizational Chart*

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

*Attachments 6– 15: Other Relevant Documents*

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.). Letters of support are counted as part of the overall page limitation/count. Organizations providing less specific support can be listed on one page.

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

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

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

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

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

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

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

**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 17, 2017 at 11:59 p.m. Eastern Time*.

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

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

The Delta Region Community Health Systems Development Cooperative Agreement is a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100. See Executive Order 12372 in the HHS Grants Policy Statement.

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

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

You may request funding for a project period of up to three (3) years, at no more than \$2,000,000 per year (inclusive of direct **and** indirect costs). Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division H of the Consolidated Appropriations Act, 2017, (P.L. 115-31) 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 FY 2017, as required by law.

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

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

## V. Application Review Information

### 1. Review Criteria

Procedures for assessing the technical merit of applications have been instituted to provide for an objective review of applications and to assist you in understanding the standards against which your application will be judged. Critical indicators have been developed 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. Review criteria are 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 Delta Region Community Health Systems Development Cooperative Agreement has six (6) review criteria:

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

##### *Introduction (5 points)*

The reviewers will consider:

- The extent to which the application demonstrates comprehensive knowledge and understanding of the issues facing rural communities, small rural hospitals, and other small health care providers relevant to the technical assistance needs of the communities within the Delta Region that will be served by the project.
- 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 Delta Region.
- The extent to which the application cites data specific to the Delta Region, such as:
  - CAH, small rural hospital, RHC, and other provider financial metrics;
  - Quality improvement and health outcomes;
  - Access to health care;
  - Telehealth implementation and utilization, including broadband access supporting the need for assistance in the Delta region;
  - Population health;
  - Coordination of care;
  - Availability of and access to emergency medical services;
  - Social services for housing, child care, energy assistance, access to healthy food, elderly support services, and job training; and
  - Availability of health care professionals.

##### *Needs Assessment (5 points)*

The reviewers will consider:

- The extent to which the application demonstrates comprehensive knowledge and understanding of the issues facing rural communities, CAHs, small rural hospitals, RHCs, and other small health care providers relevant to the

technical assistance needs of the communities within the Delta Region that will be served by the project.

- 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 Delta Region.
- 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 Delta Region.
- The extent to which the application provides a strong knowledge and understanding of technical assistance needs of the selected Delta Region communities in all the following areas:
  - Financial needs and operations of CAHs, small rural hospitals, RHCs and other rural providers;
  - Gaps within the existing infrastructure regarding provision of quality improvement initiatives to promote the development of an evidence-based culture leading to improved health outcomes;
  - Availability and state of telehealth services, including broadband capacity, to address gaps in clinical service delivery that could be provided via telehealth to better serve the community's needs;
  - Coordination of care issues;
  - Population health and the need to strengthen local health care systems;
  - Social services to provide a complete level of care as well as ways to link patients with human or social services that can help address broader socio-economic challenges faced by patients, such as housing, child care, energy assistance, access to healthy food, elderly support services, and job training;
  - Access to and availability of emergency medical services;
  - Health care workforce recruitment and retention.

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

***Methodology (20 points)***

The reviewers will consider:

- The extent to which the application includes a realistic approach for providing technical assistance to meet the identified needs of the selected Delta Region communities around the following areas:
  - Improving financial operations of hospitals and clinics to address their financial needs to improve outcomes;
  - Implementing quality improvement activities to promote the development of an evidence-based culture leading to improved health outcomes;
  - Increasing use of telehealth to address gaps in clinical service delivery and improve access to care;
  - Enhancing coordination of care;
  - Strengthening the local health care system to improve population health;
  - Working with the selected Delta region communities to link them with appropriate social service agencies to address broader socio-economic challenges faced by patients such as housing, child care, energy

- assistance, access to healthy food, elderly support services, and job training;
  - Ensuring access to and availability of emergency medical services; and
  - Working with the selected Delta region communities to link them to resources to recruit health care professionals to the area.
- 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 DRA 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 Delta Region 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, in the discussion of technical assistance, the application clearly describes activities including:
  - Pre on-site planning;
  - Setting mutually agreed upon goals and objectives;
  - Action planning;
  - Developing measureable outcomes; and
  - Coaching as recommended activities are being implemented.
- The extent to which technical assistance interventions align services to community need in an economically viable manner.
- The extent to which the application thoroughly describes the three-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, DRA, and other identified partners to meet the needs of the program, and proposes a rational methodology to ensure successful collaboration.

*Work Plan (15 points):*

The reviewers will consider:

- 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 partners, and a workable plan to ensure that those collaborative relationships are successful.

*Resolution of Challenges (5 points):*

The reviewers will consider:

- 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.

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

The reviewers will consider:

- 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 selected communities.
- 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 Methodology***

The reviewers will consider:

- 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 selected communities.

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

*Organizational Capacity (15 points):*

The reviewers will consider:

- The extent to which the applicant clearly describes the mission and structure of the organization, the scope of current activities and provides information on the mission and structure of the organization as well as 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.

*Regional Integration (5 points):*

The reviewers will consider:

- The extent to which the applicant identifies staff and/or consultants who are located in, and familiar with, the Delta Region.

*Past Organizational Expertise (15 points):*

The reviewers will consider:

- The extent to which the application provides specific examples of prior related experience that highlights their proven ability to achieve successful outcomes and results in the Delta Region.
- The extent to which the applicant provides specific evidence of extensive organizational experience and success assisting with the development of strategies to:
  - Improve financial operations among small rural health care providers in the Delta Region by working with community hospitals and clinics to address the financial needs to improve outcomes;
  - Improve quality by working with providers in the Delta Region to ensure patients receive high quality care for improved outcomes;
  - Address gaps in clinical service delivery that could be provided via telehealth in developing a plan for leveraging this technology to better serve the community's needs
  - Enhance care coordination;
  - Strengthen local health care systems in the Delta Region to improve population health;
  - Link communities in the Delta Region to appropriate social service agencies to provide a complete level of care and identify ways to link patients with human or social services that can help address broader socio-economic challenges faced by patients such as housing, childcare, energy assistance, access to healthy food, elderly support services, and job training;
  - Improve access to and availability of emergency medical services;
  - Strengthen rural health care workforce recruitment and retention in the Delta Region.
- The extent to which the applicant organization clearly describes the ability to provide technical assistance to a diverse set of rural areas in the Delta 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 DRA.



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

The reviewers will consider 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 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. In addition to the ranking based on merit criteria, HRSA approving officials may also apply other factors in award selection, (e.g., geographical distribution), if specified below in this NOFO. 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.

This program does not have any funding priorities, preferences, or special considerations or other factors.

## **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](#)).

Applications receiving a favorable objective review are reviewed 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. You may be asked 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 an award will be made. Following review of all applicable information, HRSA’s approving and business management officials will determine whether an award can be made, if special conditions are required, and what level of funding is appropriate.

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

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

A determination that an applicant is not qualified will be reported by HRSA to FAPIIS ([45 CFR § 75.212](#)).

#### **4. Anticipated Announcement and Award Dates**

HRSA anticipates issuing/announcing awards prior to the start date of September 30, 2017.

## **VI. Award Administration Information**

### **1. Award Notices**

HRSA will issue the Notice of Award prior to the start date of September 30, 2017. 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](#).

### **3. Reporting**

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

- 1) **Progress Report(s).** The recipient must submit a progress report to HRSA on an **annual** basis. Further information will be provided in the award notice.
- 2) **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 specific information will be included in the Notice of Award.

## VII. Agency Contacts

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

Ann Maples  
Grants Management Specialist  
Division of Grants Management Operations, OFAM  
Health Resources and Services Administration  
5600 Fishers Lane, Mailstop 10SWH03  
Rockville, MD 20857  
Telephone: (301) 301-443-2963  
Fax: (301) 301-443-6343  
Email: [amaples@hrsa.gov](mailto:amaples@hrsa.gov)

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

Rachel Moscato, MPH  
Public Health Analyst, Hospital State Division  
Attn: Delta Region Community Health Systems Development Cooperative  
Agreement  
Federal Office of Rural Health Policy  
Health Resources and Services Administration  
5600 Fishers Lane, Room 17W59D (Mail Stop)  
Rockville, MD 20857  
Telephone: (301) 443-2724  
Fax: (301) 443-2803  
Email: [rmoscato@hrsa.gov](mailto:rmoscato@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, seven days a week, excluding federal holidays at:

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

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

HRSA Contact Center

Telephone: (877) 464-4772

TTY: (877) 897-9910

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

## **VIII. Other Information**

### **Technical Assistance**

The following technical assistance teleconference/webinar has been scheduled:

Day and Date: Wednesday, June 28, 2017.

Time: 1-2 p.m. EST

Call-In Number: 1-800-988-9519

Participant Code: 1613952

Weblink: [https://hrsa.connectsolutions.com/delta\\_nofo\\_ta/](https://hrsa.connectsolutions.com/delta_nofo_ta/)

This teleconference/webinar will be recorded and the phone recording can be accessed 24 hours after the event by dialing: 866-442-8065; Passcode: 1378.

### **Additional Resources**

For more information on topics mentioned in this NOFO, please visit the following websites:

- RHIhub Rural Healthcare Workforce topic area: <https://www.ruralhealthinfo.org/topics/health-care-workforce>
- Rural Community Health Gateway: <https://www.ruralhealthinfo.org/community-health>
- 3RNet National Rural Recruitment and Retention Network: <https://www.3rnet.org/about>
- HRSA's Telehealth Resource Centers: <http://www.telehealthresourcecenter.org/>

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

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