

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

**HRSA**

Health Resources & Services Administration

Federal Office of Rural Health Policy

Policy and Research Division

**Rural Health and Economic Development Analysis**

**Funding Opportunity Number:** HRSA-22-092

**Funding Opportunity Types:** New, Competing Continuation

**Assistance Listings (AL/CFDA) Number:** 93.155

**NOTICE OF FUNDING OPPORTUNITY**

Fiscal Year 2022

**Application Due Date: March 8, 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: January 6, 2022**

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See [Section VII](#) for a complete list of agency contacts.

Authority: 42 U.S.C. § 912(b)(5) (§ 711(b)(5) of the Social Security Act).

## 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 for the Rural Health and Economic Development Analysis Program (RHEDAP). The purpose of this program is to quantify and describe the economic impacts of local health care sectors on rural economies to improve health care in rural areas.

Funding Opportunity Title:	Rural Health and Economic Development Analysis Program
Funding Opportunity Number:	HRSA-22-092
Due Date for Applications:	March 8, 2022
Anticipated Total Annual Available FY 2022 Funding:	\$225,000
Estimated Number and Type of Award:	1 cooperative agreement
Estimated Annual Award Amount:	Up to \$225,000 per year, subject to the availability of appropriated funds.
Cost Sharing/Match Required:	No
Period of Performance:	September 1, 2022 through August 31, 2025 (3 years)

Eligible Applicants:	<p>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 eligible to apply. Eligible entities may include, but are not limited to, public and private institutions for higher education, public or private health research organizations, and foundations.</p> <p>See <a href="#">Section III.1</a> of this notice of funding opportunity (NOFO) for complete eligibility information.</p>
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## **Application Guide**

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in HRSA's *SF-424 R&R Application Guide*, available online at <http://www.hrsa.gov/grants/apply/applicationguide/sf424rrguidev2.pdf>, except where instructed in this NOFO to do otherwise.

## **Technical Assistance**

HRSA has scheduled the following technical assistance:

### *Webinar*

Day and Date: Thursday, January 20, 2022

Time: 3 – 4 p.m. ET

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

Participant Code: 09641376

Weblink: <https://hrsa.gov.zoomgov.com/j/1614095088?pwd=cnZYUWNlY3k0VklzSE0zN0JCcXVndz09>

Recording: Email [jborges@hrsa.gov](mailto:jborges@hrsa.gov) to access the webinar recording after January 20, 2022.

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# **I. Program Funding Opportunity Description**

## **1. Purpose**

This notice announces the opportunity to apply for funding under the Health Resources and Services Administration's (HRSA) Rural Health and Economic Development Analysis Program (RHEDAP). The purpose of this program is to quantify and describe the economic impacts of local health care sectors on rural economies to provide information which will assist policy makers and other rural stakeholders to improve health care in rural areas.

Topic areas for this program may include sustainability of services and minimum population requirements as it relates to health care and the economic vitality of rural communities, including rural tribal communities, as well as other topics determined in coordination with HRSA. HRSA will work closely with the award recipient on areas of concern such as the impact of hospital and other health care facility closures on local economies, the impact of bypass of local rural health care services, the impact of new health care services and facilities, the economic impact of health care professionals working in rural communities, and other emerging issues at the intersection of rural health care improvement and rural economic analysis. The award recipient's work will help rural stakeholders and policy makers to better understand economic spillover effects of rural health care in order to improve health care in rural areas. The award recipient will disseminate their findings on the economic impact of health services in rural communities and the implications of those findings for improving health care in rural areas to rural stakeholders.

Research and analysis funded by RHEDAP will focus on quantifying the relationship between health care and economic factors in rural communities, particularly the economic impact of rural health care services, to provide information to improve health care in rural areas. HRSA funds rural health services research on a range of other topics through the Rural Health Research Center Program, and RHEDAP will not fund projects in those areas.

## **2. Background**

This program is authorized by 42 U.S.C. § 912(b)(5) (Section 711(b)(5) of the Social Security Act). HRSA's Federal Office of Rural Health Policy (FORHP) is statutorily required to advise the Secretary on the effects of current policies and proposed statutory, regulatory, administrative and budgetary changes in Medicare and Medicaid programs on the financial viability of small rural hospitals, the ability of rural areas to attract and retain physicians and other health professions, and access to and the quality of health care in rural areas. For additional information about FORHP, please see <https://www.hrsa.gov/rural-health/index.html>.

The impact of health services on the economies of rural communities is not widely understood, even within rural communities. Reducing this knowledge gap through new research and dissemination of existing information will enable policy makers and other rural stakeholders to account for these interrelationships and more effectively improve health care in rural areas. Over the past decade, many rural communities have experienced hospital closures<sup>1,2</sup> which lead not only to reductions in health services but also decreasing hospital employment opportunities.<sup>3</sup> Other health care providers may choose to leave the rural community due to the lack of inpatient and outpatient services.<sup>4</sup> Related health care suppliers, such as pharmacies and medical equipment vendors, may also cease operations upon closure of a local hospital.<sup>5</sup>

Conversely, the addition of new health care providers and services can boost local economies and either maintain or increase health care spending within rural communities, providing economic opportunities that would not otherwise be available. Prior research has estimated that the typical rural hospital accounts for approximately 5 percent of total county employment, which includes a mixture of hospital-based professions and professions outside of health care.<sup>6</sup>

This program will provide information which will assist policy makers and other rural stakeholders to improve health care in rural areas by advancing the knowledge base regarding the economic impacts of local health care sectors on rural economies.

## II. Award Information

### 1. Type of Application and Award

Types of applications sought: New, Competing Continuation

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.

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<sup>1</sup> US Government Accountability Office. Rural hospital closures: affected residents had reduced access to health care services. 2020. <https://www.gao.gov/products/gao-21-93>.

<sup>2</sup> North Carolina Rural Health Research Program. Rural hospital closures. 2021. <https://www.shepscenter.unc.edu/programs-projects/rural-health/rural-hospital-closures/>. Accessed October 22, 2021.

<sup>3</sup> Holmes GM, Slifkin RT, Randolph RK, Poley S. The effect of rural hospital closures on community economic health. *Health Serv Res.* 2006;41(2):467-485.

<sup>4</sup> Germack HD, Kandrack R, Martsolf GR. When rural hospitals close, the physician workforce goes. *Health Affairs.* 2019;38(12):2086-2094. <https://doi.org/10.1377/hlthaff.2019.00916>

<sup>5</sup> American Hospital Association. Hospitals are economic anchors in their communities. 2018. <https://www.aha.org/statistics/2018-03-29-hospitals-are-economic-anchors-their-communities>.

<sup>6</sup> Mandich AM, Dorfman JH. The wage and job impacts of hospitals on local labor markets. *Econ Dev Q.* 2017;31(2):139-148. <https://doi.org/10.1177/0891242417691609>

**HRSA program involvement will include:**

- Participating in the planning and development of the RHEDAP's annual work plan and the final selection of projects;
- Reviewing/commenting on the RHEDAP's project design and methodology;
- Reviewing the RHEDAP's products including the methodology, analysis, results, policy implications, format, and tone prior to public dissemination;
- Participating, as appropriate, in the planning and implementation of any meetings or workgroups conducted during the period of performance;
- Assisting the RHEDAP to identify key contacts in the rural health and economic development policy arena including leading federal, state, and community leaders, researchers, and technical assistance providers;
- Providing consultation with the RHEDAP to design dissemination strategies of the RHEDAP's projects and findings to multiple audiences interested in rural health issues in the form of policy briefs, journal manuscripts, chart books, responses to health policy programs and experts, webinars, and presentations at national, state, and regional conferences; and
- Assisting the RHEDAP to identify new and emerging issues in rural health and economic development to conduct research and analysis for the purpose of improving health care in rural areas.

**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;
- Adherence to Section 508 of the Rehabilitation Act of 1973, as amended;
- Developing an annual work plan and appropriate projects in consultation with HRSA that quantify the economic impact of rural health care services in rural communities and provide information for the purpose of improving health care in rural areas;
- Developing research products that support activities to improve health care in rural areas by providing economic impact information about topics such as the effects of policy changes on the financial viability of rural hospitals, the ability of rural areas to attract and retain health professionals, and access to and quality of health care in rural areas;
- Disseminating research findings on the economic impact of health services in rural communities for HRSA and other rural stakeholders such as health care facility administrators or local, county, and state officials;

- Expanding public and stakeholder awareness of the importance of the economic impact of the rural health care sectors on rural, state, and national economies;
- Developing and maintaining a web presence to disseminate research findings;
- Responding to HRSA requests (including execution of short-term qualitative or quantitative analyses to assist in informing emerging policy questions), comments, and questions within a timely manner;
- Systematically seeking out resources such as economic studies or health services research on a range of issues relevant to rural health and economic development;
- Assisting HRSA and other rural health stakeholders, on an annual basis, in quantitatively understanding the economic impact of key rural facilities and workforce;
- Producing reports during each year of the period of performance, which will be determined in consultation with HRSA;
- Sharing research findings (i.e., policy briefs, chart books, etc.) for HRSA review by work plan guidelines;
- Submission of all finalized research products to the Rural Health Research Gateway (<https://www.ruralhealthresearch.org/>); and
- Designing and implementing dissemination strategies of the research results to multiple audiences interested in rural health issues in the form of policy briefs, journal manuscripts, responses to health policy programs and experts, webinars, and presentations at national, state, and regional conferences.

## **2. Summary of Funding**

HRSA estimates approximately \$225,000 to be available annually to fund one recipient. The actual amount available will not be determined until enactment of the final FY 2022 federal appropriation. You may apply for a ceiling amount of up to \$225,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately.

The period of performance is September 1, 2022 through August 31, 2025 (3 years). Funding beyond the first year is dependent on the availability of appropriated funds for the Rural Health and Economic Development Analysis 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 eligible to apply. Eligible entities may include, but are not limited to, public and private institutions for higher education, public or private health research organizations, and foundations.

#### 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](#) using the SF-424 Research and Related (R&R) workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at [Grants.gov: HOW TO APPLY FOR GRANTS](#).

**Form Alert:** For the [Project Abstract Summary](#), applicants using the SF-424 R&R Application Package are encountering a “Cross-Form Error” associated with the Project Summary/Abstract field in the “Research and Related Other Project Information” form, Box 7. To avoid the “Cross-Form Error,” you must attach a blank document in Box 7 of the “Research and Related Other Project Information” form, and use the Project Abstract Summary Form 2.0 in workspace to complete the Project Abstract Summary. See Section IV.2.i [Project Abstract](#) for content information.

The NOFO is also known as “Instructions” on Grants.gov. You must select “Subscribe” and provide your email address for HRSA-22-092 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 R&R Application Guide](#) provides general instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, etc. You must submit the information outlined in the HRSA [SF-424 R&R 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 R&R 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 R&R Application Guide](#) for the Application Completeness Checklist.

### Application Page Limitation

The total size of all uploaded files included in the page limit shall be no more than the equivalent of **80 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-22-092, 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 80 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-22-092 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 6-15: Other Relevant Documents*.

See Section 4.1 viii of HRSA's [SF-424 R&R 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 R&R Application Guide](#) (including the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract), include the following:

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

Use the Standard OMB-approved Project Abstract Summary Form 2.0 that is included in the workspace application package. Do not upload the abstract as an attachment or it will count toward the page limitation. See [Form Alert](#) in Section IV.1 Application Package.

Please use the guidance below. It is most current and differs slightly from that in Section 4.1.ix of HRSA's [SF-424 Application Guide](#).

Provide a summary of the application in the Project Abstract box of the Project Abstract Summary Form using 4,000 characters or less.

- Address
- Project Director Name
- Contact Phone Numbers (Voice, Fax)
- Email Address
- Website Address, if applicable
- List all grant program funds requested in the application, if applicable

Because the abstract is often distributed to provide information to the public and Congress, prepare this so that it is clear, accurate, concise, and without reference to other parts of the application. It must include a brief description of the proposed project including the needs to be addressed, the proposed services, and the population group(s) to be served. If the application is funded, your project abstract information (as submitted) will be made available to public websites and/or databases including [USAspending.gov](http://USAspending.gov).

## 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.

<u>Narrative Section</u>	<u>Review Criteria</u>
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response and (4) Impact
Work Plan	(2) Response, (4) Impact, and (5) Resources/Capabilities
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures and (5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities
Budget Narrative	(6) 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](#)*  
Briefly describe the purpose of the proposed project and how it will align with FORHP's charge to support activities to improve health care in rural areas by providing information about the effects of policy changes on the financial viability of rural hospitals, the ability of rural areas to attract and retain health professionals, and access to and quality of health care in rural areas.
  
- **NEEDS ASSESSMENT** -- *Corresponds to Section V's Review Criterion #1 [Need](#)*  
Demonstrate your strong understanding of the rural research context and the use of rural research to inform activities to improve health care in rural areas:
  - The impact of rural health services on rural economies with specific emphasis on the challenges resulting from hospital and other health care facility closures and the impact of the provision of new services. Use and cite economic data whenever possible to support the information you provide.
  - The ways in which policy makers and rural stakeholders use information on the economic impact of rural health care services to inform health care operations, program delivery, and policy change.
  - Current gaps in available data and research related to the economic impact of rural health care services.
  - Current economic and health care trends that are impacting rural communities.
  
- **METHODOLOGY** -- *Corresponds to Section V's Review Criterion #2 [Response](#) and #4 [Impact](#)*  
As the award recipient you will be required to complete one research project and one data brief each year. In this section, you must include specific information about your proposed research projects and data brief for the first budget year. Proposed projects should aim to produce findings with a high likelihood of being applied in meaningful ways in a manner that advances RHEDAP goals of providing information which will assist policy makers and other rural stakeholders to improve health care in rural areas. Propose two research projects and one data brief. HRSA will consult with the recipient to choose one final research project and may include emerging priorities from HRSA/HHS. HRSA will consult with the recipient on the final content and format of the annual data brief. This process will be repeated for funding years two and three to determine the research project for those years. HRSA is not asking for research project proposals for all three years now. Submit project proposals for year one only. Competing continuation applicants must propose research projects that are not duplicative of past projects, but they may propose projects that build on or update previously funded work. Post award, these projects will be defined collaboratively between the successful applicant and HRSA. This process may include additional input from HRSA on a possible alternative proposal or suggested proposal modifications, depending on policy needs at that time.

The research and data brief proposals must be national in scope and cannot be single state or regional studies in the first budget period; HRSA may consider state/regional studies on a limited basis in years two and three.

You must avoid duplication with research that is already underway or recently completed by the currently funded Rural Health Research Centers; query the [Rural Health Research Gateway](#) for help in identifying projects previously funded and currently underway. You must avoid duplication or overlap with work conducted by the [Flex Monitoring Team](#), which evaluates the Rural Hospital Flexibility Grant program and also conducts larger analyses on Critical Access Hospital (CAH) trends specific to quality and performance improvement.

HRSA expects that the research product identified for the first year will be completed within the 12 month budget period. The contents of the yearly data brief will be determined collaboratively between HRSA and the award recipient post-award and the data brief will be completed within the 12 month budget period.

Present **two** research proposals using the format outlined below. Limit each research proposal to a maximum of six pages.

#### Proposal Summary

- a. Project title
- b. Principal Investigator information (name, degree, telephone number, email address)
- c. Two sentence project description

#### Research Proposal

- a. *Statement of the problem/issue and policy relevance:* Clearly state the purpose of the research. Identify the gaps in existing knowledge that the research is intended to fill. State the relevance of the research and its implications for rural health policy from the perspectives of national, state, and local stakeholders and policy makers. Emphasize its potential value for members of rural communities. State how the proposed research will contribute to the current literature and how it is likely to advance the understanding of problems faced by rural communities and to be applied in meaningful ways to achieve RHEDAP goals.
- b. *Geographic Coverage:* Describe the geographic coverage and any sub-populations of focus for the research and assess how generalizable the results will be for the purpose of informing policy-making. HRSA recommends studies that are nationally representative or have implications for the design or implementation of national policies. Describe the ability of the data to represent varying levels of rurality. The research should include rural versus urban analyses as well as analyses by level of rurality so that the results are described for the rural continuum.

- c. *Hypotheses, Design, and Analysis*: State the hypothesis(es) or research questions for the research project. Thoroughly describe the project design you will use to accomplish the specific aims of the proposed study (quantitative or mixed methods). All studies should have some quantitative component and qualitative work should not be the foundation for a study. Include a discussion of any anticipated limitations of the study design.
- d. *Methods and Data Sources*: Identify proposed methods and data sources. Include information on data availability, acquisition cost, and a time schedule for obtaining and preparing the data for analysis. If primary data will be used, discuss the data collection plan including sampling methods, estimated sample size, expected response rate, data collection schedule, etc. You must provide rural relevant examples (one example at the minimum) of demonstrated experience working with each data set listed. Additionally, you must provide proof that you have access to the geographic variables necessary to conduct rural/urban research.
- e. *Human Subjects Research*: Provide answers to the questions below. Please use HRSA's [SF-424 R&R Application Guide](#) for additional guidance on human subject protection.
  - i. Are human subjects involved? If activities involving human subjects are planned at any time during the proposed research project, indicate YES even if the proposed project is exempt from Regulations for the Protection of Human Subjects. Indicate NO if no activities involving human subjects are planned and skip to the Staff Qualifications and Staff-loading Chart section of the NOFO.
  - ii. If the answer was YES, indicate if the Institutional Review Board (IRB) review is pending. If the IRB has been approved, enter the approval date.
  - iii. If exempt from IRB approval enter the exemption numbers and a short description corresponding to one or more of the exemption categories. See [45 CFR 46](#) for a list of the six categories of research that qualify for exemption from coverage by the regulations as defined in the Common Rule for the Protection of Human Subjects.
  - iv. For the Human Subject Assurance Number provide the IRB approval number or the approved Federal Wide Assurance (FWA), Multiple Project Assurance (MPA), Single Project Assurance (SPA), or Cooperative Project Assurance Number (CPA) that the applicant has on file with the Office of Human Research Protections, if available.
  - v. If your application is pending IRB review and you believe your research is exempt, provide a justification for the exemption(s) with sufficient information about involvement of human subjects to allow a tentative

conclusion by HRSA staff that the claimed exemption(s) seems appropriate.

- vi. Note that non-exempt research involving human subjects cannot be conducted under a HHS-sponsored award unless your organization provides verification of the justification of the research per HHS regulations.
- vii. Documentation of IRB review when it is completed and its exemption or approval must be sent to the Project Officer. This IRB certification must include the grant number, the title of the project, name of the appropriate IRB that has reviewed and exempted, or approved, the proposed activity, name of the principal investigator/program director, date of IRB exemption or approval, and appropriate signatures.
- f. *Staff-loading Chart*: Identify the project leader and other senior staff involvement. Include a staff-loading chart that presents the number of hours devoted to the project for each staff member and the total number of hours for each activity (e.g., data cleaning, mapping, analysis). Indicate the relevant expertise and experience of the staff.
- g. *Timetable*: Provide a schedule for the project work. Deliverable due dates for each project should be included. Gantt charts are not necessary. Dates should reflect time required for data acquisition, IRB approval, etc.
- h. *Literature Citations*: Provide citations to published literature relevant to this proposal.

Present **one** proposal for a data brief summarizing the economic impact of rural health care services using the format outlined below. Limit the data brief proposal to a maximum of four pages. The proposed data brief may be based on existing published research or may be a combination of existing research and new analysis. You are not required to conduct new data analysis for the data brief.

#### Proposal Summary

- a. Project title
- b. Principal Investigator information (name, degree, telephone number, email address)
- c. Two sentence project description

#### Data Brief Proposal

- a. *Statement of the problem/issue and policy relevance*: Clearly state the purpose of the data brief. Identify the gaps in information access that the data brief is intended to fill. State the relevance of the data brief and its implications for rural health policy from the perspectives of national, state, and local stakeholders and policy makers. Emphasize its potential value for

members of rural communities. State how the proposed data brief will contribute to the current literature and how it is likely to advance the understanding of problems faced by rural communities and to be applied in meaningful ways to achieve RHEDAP goals.

- b. *Methods and Data Sources*: Identify proposed methods and data sources for the data brief. Include information on data availability, acquisition cost, and a time schedule for obtaining and preparing the data for analysis, as applicable. You must provide rural relevant examples (one example at the minimum) of demonstrated experience working with each data set listed for analysis. Additionally, you must provide proof that you have access to the geographic variables necessary to conduct rural/urban research.
  - c. *Staff-loading Chart*: Identify the project leader and other senior staff involvement. Include a staff-loading chart that presents the number of hours devoted to the project for each staff member and the total number of hours for each activity (e.g., literature search, data analysis, and writing). Indicate the relevant expertise and experience of the staff.
  - d. *Timetable*: Provide a schedule for the project work. Deliverable due dates for each project should be included. Gantt charts are not necessary. Dates should reflect time required for data acquisition, IRB approval, etc.
  - e. *Literature Citations*: Provide citations to published literature relevant to this proposal.
  - f. *Human Subjects Research*: Are human subjects involved? If activities involving human subjects are planned at any time during the proposed data brief project, indicate YES even if the proposed project is exempt from Regulations for the Protection of Human Subjects. Indicate NO if no activities involving human subjects are planned. If YES, provide answers to the human subjects research questions listed in the research proposal format outlined above.
- *WORK PLAN -- Corresponds to Section V's Review Criteria #2 [Response](#), #4 [Impact](#), and #5 [Resources/Capabilities](#)*  
Describe the activities or steps that you will use to achieve each of the objectives proposed during the period of performance (September 1, 2022 through August 31, 2025) in the Methodology section. Include the following information:
- An explanation of your quality control processes, including data quality and the quality of the written products produced under this cooperative agreement. Include your plan to comply with the Section 508 of the Rehabilitation Act of 1973, as amended.
  - A project management plan that you will use to ensure each funded activity stays on track throughout the first 12 month budget period.

- A general work plan for budget periods two and three. This SHOULD NOT include specific research projects that will be conducted during those years but should highlight activities that will span all three years of the period of performance.
- A plan to produce a data brief during each year of the cooperative agreement on the current state of knowledge of economic impacts of rural health sectors, including a summary of all relevant data points.
- A plan for the Principal Investigator to review all draft products to assure their policy-relevance, quality, and readability.
- A plan for disseminating the research products (e.g., policy briefs and data briefs) produced under this cooperative agreement. At minimum, this plan should include strategy to:
  - Develop and maintain a website dedicated to housing completed research funded by this cooperative agreement. This website must be in compliance with Section 508 of the Rehabilitation Act of 1973, as amended.
  - Provide the [Rural Health Research Gateway](#) with links to completed research products housed on the individual website.
  - Alert users to new research products through multiple channels of communication and targeting dissemination to State Offices of Rural Health, policy makers, and other relevant rural stakeholders.
  - Notify HRSA prior to any public release of data directly or indirectly funded by HRSA (for instance, sharing a courtesy copy of manuscripts prior to journal acceptance, advance notice of a presentation at a conference and any accompanying slides or materials, etc.).
- **RESOLUTION OF CHALLENGES** -- Corresponds to Section V's Review Criterion #2 [Response](#)  
 Discuss challenges (data authorization, accessibility, cost, etc.) that you expect to encounter in designing and implementing the research projects proposed in the Methodology section as well as activities described in the Work Plan. Explain the approaches that you will use to resolve these challenges.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria #3 [Evaluative Measures](#) and #5 [Resources/Capabilities](#)*

You will report these measures annually within the Non-Competing Continuation Application and also 30 days after the end of the program year. This may not be a comprehensive list of all the necessary tracking measures, and additional elements may be included within the Notice of Award.

This section should describe your plan for the following:

- Reporting the number of times that each research product posted on the RHEDAP website is accessed and/or downloaded as well as a plan to track journal citations, conference presentations and posters, speaking engagements (including webinars), and press inquiries/communications.
- Measuring the broader impact of your research findings.
- A tracking method that allows you to respond to an urgent HRSA request for data within a timely manner.
- Self-monitoring progress on each of the research studies throughout each budget period.

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

Describe your expertise in the areas of rural-focused health services and economic research, and your demonstrated experience conducting rural relevant research. This includes your organization's structure, staffing plan, and ability to complete research projects in a timely manner.

#### Organizational Structure

- The applicant organization must be a single entity or a consortium of organizations with a primary entity responsible for research, supervision, administrative activities, and overall management of federal funds. No co-organizational arrangements are permitted. The RHEDAP must have its own identity including name, organizational structure, and dedicated website but may be located in a larger organizational entity. This discussion should include at minimum:
  - The identity of the RHEDAP as an entity and its relationship to its parent organization (if applicable). If the applicant has multiple sites or is a consortium, you must provide this information for each component.
  - Relevant resources (e.g., personnel, computer facilities, dedicated office space, technical or analytic support) that will support the RHEDAP in conducting the proposed research.

- Description of the library of data sets currently maintained by the applicant that will support research on the economic impact of rural health care services, including information on the types of geo-codes on files for different definitions of rural. Indicate any plans for purchasing data sets to keep these libraries up to date. You must provide rural relevant examples (one example at the minimum) of demonstrated experience working with each data set listed. Additionally, you must provide proof that you have access to the geographic variables necessary to conduct rural/urban research.

### Staffing Plan and Personnel Requirements

- You must present a staffing plan and provide a justification for that plan that includes education and experience qualifications and rationale for the amount of time being requested for each staff position. Staff of the RHEDAP must include:
  - Principal Investigator (i.e., the Project Director)
  - Research Staff
  - Technical Writer/Editor

With the exception of the Principal Investigator, multiple staff roles may be filled by the same person (i.e., a member of the research staff can also fill the role of the technical writer).

Include a staff-loading chart that presents the number of hours of FTE devoted to the RHEDAP for each staff member and the total number of hours or FTE for all staff members (Attachment 1). Include position descriptions that include the roles, responsibilities (Attachment 2), and qualifications of proposed project staff (Attachment 3).

The principal investigator leads the development and realization of the RHEDAP's research portfolio and is the lead investigator on your proposed research projects. The principal investigator is responsible for the administrative aspects of the RHEDAP and reviewing all draft research products. The principal investigator should also have a substantial number of rural health and economics publications (at least ten) related to a proposed concentration of the RHEDAP, a minimum of five years of work experience specific to rural health research, and a doctoral degree.

Describe the following regarding the Principal Investigator: (Note: A co-principal investigator is not permitted.)

- Evidence of successfully managing a research team and conducting and disseminating policy relevant rural health and economics research.
- Experience informing and educating national, state, and community decision-makers about health and access issues for rural populations.

- How they will supervise staff.

You must include an editor or technical writer on staff whose responsibility will be to review drafts of studies prior to HRSA submission for review to ensure high quality. Identify this individual in the line item budget.

#### Ability to Complete Research Projects in a Timely Manner

You must demonstrate the capability (as evidenced by past performance) to conduct and disseminate complex, policy-relevant research studies in a 12-15 month time period. You may demonstrate this past performance by describing work completed for any funder.

### iii. **Budget**

The directions offered in the [SF-424 R&R Application Guide](#) may differ from those offered by Grants.gov. Follow the instructions in Section 4.1.iv of HRSA's [SF-424 R&R Application Guide](#) and the additional budget instructions provided below. A budget that follows the *R&R 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, 2021 (P.L. 116-260), Division H, § 202 and Division A of the Further Continuing Appropriations Act, 2022 (P.L. 117-70), "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 R&R 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 Justification Narrative**

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

### v. **Attachments**

Provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page 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.

*Attachment 1: Staffing Plan (see Section 4.1.vi. of HRSA's [SF-424 R&R Application Guide](#))*

Attach a staffing plan and provide a justification for the plan that includes education and experience qualifications and rationale for the amount of time being requested for each staff position.

*Attachment 2: Position Descriptions for Key Personnel and Timekeeping Policy (see Section 4.1.vi. of HRSA's [SF-424 R&R 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 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*

Complete the RESEARCH & RELATED Senior/Key Person Profile form in the Grants.gov application package for each key person listed in the application. Attach a Biographical Sketch as part of the profile form for each key person. Limit each biographical sketch to two pages.

Biographical sketches should include the following information: name, position title, education/training, personal statement, positions/honors, contributions to science, and additional research support. In the personal statement you may wish to briefly describe why you are well-suited for your role(s) in this project. Relevant factors may include: aspects of your training; your previous work on this specific topic or related topics; your technical expertise; and/or your past performance in this or related fields. In the contributions to science you may wish to briefly describe up to three of your most significant contributions to science. In the additional research support you may wish to list ongoing and completed research projects from the past four years that you want to draw attention to describing the overall goals of the projects and your responsibilities.

*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.

*Attachment 5: List of Published Journal Articles, Briefs, and Presentations Authored/Co-Authored by the Principal Investigator and Key Personnel*

Include all rural-relevant briefs, peer-reviewed journal articles, and other written materials and presentations at national, state, and regional conferences. For published materials include the full citation. For presentations include author(s), title, conference name, and date.

*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.).

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

You must obtain a valid DUNS number, also known as the Unique Entity Identifier (UEI), and provide that number in the application. In April 2022, the \*DUNS number will be replaced by the UEI, a “new, non-proprietary identifier” requested in, and assigned by, the System for Award Management ([SAM.gov](https://sam.gov)). 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 during which you have an active federal award or an application or 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.gov 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 it is still active and that the Authorized Organization Representative (AOR) has been approved.

\*Currently, the Grants.gov registration process requires information in three separate systems:

- Dun and Bradstreet (<https://www.dnb.com/duns-number.html>)
- 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 R&R Application Guide](#).

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

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

#### **4. Submission Dates and Times**

##### **Application Due Date**

The due date for applications under this NOFO is *March 8, 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 R&R Application Guide](#) for additional information.

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

The Rural Health and Economic Development Analysis 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 R&R Application Guide](#) for additional information.

## 6. Funding Restrictions

You may request funding for a period of performance of up to 3 years, at no more than \$225,000 per year (inclusive of direct **and** indirect costs). This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately. 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, 2021 (P.L. 116-260) and Division A of the Further Continuing Appropriations Act, 2022 (P.L. 117-70) apply to this program. See Section 4.1 of HRSA's [SF-424 R&R Application Guide](#) for additional information. Note that these or other restrictions will apply in the following fiscal years, as required by law.

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on use of funds for lobbying, executive salaries, gun control, abortion, etc. Like 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 RHEDAP 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](#)*

The extent to which:

- The purpose of the proposed project aligns with FORHP's charge under Section 711 of the Social Security Act (42 U.S.C. § 912) to advise the Secretary of the U.S. Department of Health and Human Services on health care issues that affect rural communities.
- The application describes a clear strategy to quantify the economic impacts of rural health care sectors on rural economies.
- The application demonstrates a strong understanding of the impact of health services on rural communities and economies.
- The application shows familiarity with current research related to the economic impact of rural health care services and identifies the gaps in current research.
- The application effectively uses and cites data, preferably economic data, to support the project activities.

*Criterion 2: RESPONSE (35 points) – Corresponds to Section IV's [Methodology](#), [Work Plan](#), and [Resolution of Challenges](#)*

Project Management (5 points)

The extent to which the application:

- Includes a clear explanation of quality control processes.
- Has a thorough project management plan to ensure that each funded activity stays on track throughout the first 12 month budget period.
- Provides a general work plan for budget periods two and three that highlights activities that will span all three years of the period of performance.
- Has a clear plan to notify HRSA prior to any public release of products funded through this cooperative agreement.

Methodology (10 points)

- The extent to which the research question(s) stated in the proposed projects will quantitatively update or advance rural stakeholders' understanding of the economic impacts of local health care sectors on rural economies.

- The extent to which the research methods/analytical plans described in the proposed research projects, including the proposed data source(s), will effectively answer the stated research questions.
- The extent to which the proposed data brief will effectively and usefully summarize current information on the economic impact of rural health care services for rural stakeholders.
- The extent to which the proposed research projects and data brief can reasonably be completed in a 12 month period.

#### Work Plan (10 points)

- The extent to which the work plan provides a succinct overview of the cooperative agreement's goals, objectives, activities, staff responsible, timeframe, including meaningful support and collaboration with key stakeholders during planning and implementation.
- The extent to which the applicant clearly describes well-considered and appropriate approaches for conducting the data analyses, ensuring quality control, publishing reports, and disseminating products in the timeframe required under this award.
- The extent to which there is an effective plan for the Principal Investigator to review all draft products to assure their policy-relevance, quality, and readability.

#### Resolution of Challenges (10 points)

- The extent to which the applicant organization thoroughly and thoughtfully identifies likely challenges in implementing the research projects and activities described in the work plan.
- The feasibility and appropriateness of the plans to resolve potential challenges that have been identified by the applicant.

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

- Strength of the applicant organization's plan to report the number of times that each released research product or data brief is accessed and/or downloaded.
- The strength of the applicant organization's plan to track journal citations, conference presentations and posters, speaking engagements, and press inquiries/communications.
- The completeness and appropriateness of the applicant's plans for monitoring performance, including the methods to be employed by project staff to ensure that proposed activities are being successfully documented and completed, based on the overall work plan.

- Strength of the applicant’s approach for self-monitoring progress on the approved research study and data brief each year.

*Criterion 4: IMPACT (10 points) – Corresponds to Section IV’s [Methodology](#) and [Work Plan](#)*

- The extent to which the research proposals and data brief are national in scope or nationally representative, include rural versus urban analyses and, where appropriate and/or feasible, analyses that differentiate between varying levels of rurality.
- The extent to which the proposed research projects and data brief can identify the impact of health services on rural communities and economies.
- Ability to identify key gaps in existing knowledge and propose research projects that have a high likelihood of being applied in meaningful ways to improve health care in rural areas and rural stakeholders’ understanding of the economic effects of health policies.
- The feasibility and effectiveness of plans for dissemination of project reports and publications.
- Strength of the applicant’s plan to develop/maintain a website, submit completed projects to the Rural Health Research Gateway, and alert relevant stakeholders to new research products through multiple communication channels.

*Criterion 5: RESOURCES/CAPABILITIES (30 points) – Corresponds to Section IV’s [Work Plan](#), [Evaluation and Technical Support Capacity](#), [Organizational Information](#), and Attachment 5 – List of Published Journal Articles*

The extent to which project personnel are qualified by training and/or experience to implement and carry out the project. The capabilities of the applicant organization and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project.

Organizational Structure (10 points)

The extent to which:

- The organization’s current mission and structure aligns with the scope of the proposed activities.
- The applicant organization can effectively manage the programmatic, fiscal, and administrative aspects of the proposed project.
- The project personnel are qualified by training and/or experience to implement and carry out the proposed research projects including:

- Appropriate work experience and educational training (including at least five years of work experience conducting rural-specific research for the Principal Investigator/Project Director).
- Clearly demonstrated experience working with relevant complex national data sets, including examples of public facing products (journal articles, policy briefs, etc.) with rural relevance using each of the data sources listed in the library of data sets currently maintained by the applicant.
- Experience conducting rural-urban analyses and using multiple definitions of rural.
- The extent to which key personnel, the Principal Investigator in particular, has rural-specific publications in peer-reviewed journals, briefs, and presentations (included in Attachment 5 – List of Published Journal Articles, Briefs, and Presentations).

Past Experience Conducting Similar Work (15 points)

The extent to which the application clearly demonstrates through specific examples of past experience (from any funder):

- Effectively communicating complex public policy issues and data analyses to varied audiences in ways that identify key rural concerns within a broader issue.
- Conducting health services research studies that were national in scope, policy-relevant, contain rural-centric or rural-urban comparisons as part of the analysis, and were completed in a 12-15 month time period.

Resources (5 Points)

- Ability of the organizational structure of the proposed RHEDAP to support conducting and disseminating rural health services research. This includes infrastructure resources such as access to necessary technology, dedicated office space, etc.

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

The reasonableness of the proposed budget for each year of the period of performance in relation to the objectives, the complexity of the research activities, and the anticipated results.

- The extent to which the budget justification documents how and why each line item request (such as personnel, travel, equipment, supplies, etc.) supports the objectives and activities of the proposed projects logically and with adequate detail.
- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.

- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.

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

The objective review process provides an objective evaluation 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 R&R 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 1, 2022. See Section 5.4 of HRSA's [SF-424 R&R Application Guide](#) for additional information.

### 2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's [SF-424 R&R 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](mailto: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.

### **Human Subjects Protection**

Federal regulations ([45 CFR part 46](#)) require that applications and proposals involving human subjects must be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. If you anticipate research involving human subjects, you must meet the requirements of the HHS regulations to protect human subjects from research risks.

- Refer to instructions provided in HRSA's [SF-424 R&R Application Guide](#), Appendix Supplemental Instructions for Preparing the Protection of Human Subjects Section of the Research Plan and Human Subjects Research Policy for specific instructions on preparing the human subjects section of the application.
- Refer to HRSA's [SF-424 R&R Application Guide](#) to determine if you are required to hold a Federal Wide Assurance (FWA) of compliance from the Office of Human Research Protections (OHRP) prior to award. You must provide your Human Subject Assurance Number (from the FWA) in the application. If you do not have an assurance, you must indicate in the application that you will obtain one from OHRP prior to award.
- In addition, you must meet the requirements of the HHS regulations for the protection of human subjects from research risks, including the following: (1) discuss plans to seek IRB approval or exemption; (2) develop all required documentation for submission of research protocol to IRB; (3) communicate with IRB regarding the research protocol; (4) communicate about IRB's decision and any IRB subsequent issues with HRSA.
- IRB approval is not required at the time of application submission but must be received prior to initiation of any activities involving human subjects. Do not use the protection of human subjects section to circumvent any page limitation in the [Methodology](#) portion of the Project Narrative section.

### **3. Reporting**

Award recipients must comply with Section 6 of HRSA's [SF-424 R&R 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 describing how the federal investment can be quantified in terms of the number of research products completed and data briefs and reports produced. This report will be separate from the NCC renewal process. More information will be available in the NOA.

- 2) **Final Report.** The recipient must submit a final report within 90 days after the period of performance ends. The final report collects program-specific goals and progress on strategies; core performance measurement data; impact of the overall project; the degree to which the award recipient achieved the mission, goals and strategies outlined in the program; award recipient objectives and accomplishments; barriers encountered; and responses to summary questions regarding the award recipient's overall experiences over the entire period of performance.
- 3) **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:

James Padgett  
Grants Management Specialist  
Division of Grants Management Operations, OFAM  
Health Resources and Services Administration  
5600 Fishers Lane, Mailstop 10SWH03  
Rockville, MD 20857  
Telephone: (301) 443-0207  
Email: [JPadgett@hrsa.gov](mailto:JPadgett@hrsa.gov)

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

Jennifer Burges  
Research Coordinator  
Attn: Rural Health and Economic Development Analysis Program  
Federal Office of Rural Health Policy  
Health Resources and Services Administration  
5600 Fishers Lane, Mailstop 17W-59D  
Rockville, MD 20857  
Telephone: (301) 945-3985  
Email: [JBurges@hrsa.gov](mailto:JBurges@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](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 \(EHBs\)](#). 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**

HRSA has scheduled the following technical assistance:

#### *Webinar*

Day and Date: Thursday, January 20, 2022

Time: 3 – 4 p.m. ET

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

Participant Code: 09641376

Weblink: <https://hrsa.gov.zoomgov.com/j/1614095088?pwd=cnZYUWNIY3k0VklzSE0zN0JCcXVndz09>

Recording: Email [jborges@hrsa.gov](mailto:jborges@hrsa.gov) to access the webinar recording after January 20, 2022.

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

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