U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Federal Office of Rural Health Policy
Community-Based Division

Rural HIV/AIDS Planning Program

Funding Opportunity Number: HRSA-20-105
Funding Opportunity Type: New
Assistance Listings (CFDA) Number: 93.912

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2020

Application Due Date: July 10, 2020

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

Issuance Date: May 11, 2020

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Authority: 42 U.S.C. 254c(f); P.L. 116-94.

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2020 Rural HIV/AIDS Planning Program. The purpose of this program is to assist in the planning and development of an integrated rural HIV health network for HIV care and treatment that will collaboratively plan to address key strategies identified in 'Ending the HIV Epidemic: A Plan for America.

Funding Opportunity Title:	Rural HIV/AIDS Planning Program
Funding Opportunity Number:	HRSA-20-105
Due Date for Applications:	July 10, 2020
Anticipated Total Annual Available FY 2020 Funding:	$1,000,000
Estimated Number and Type of Awards:	Up to 10 grants
Estimated Award Amount:	Up to $100,000 per year subject to the availability of appropriated funds
Cost Sharing/Match Required:	No
Period of Performance:	September 1, 2020 through August 31, 2021 (1 year)
Eligible Applicants:	• Located in a rural county or eligible rural census tract in the seven (7) states with a disproportionate number of HIV diagnoses in rural areas[1]; **and** • Rural public and rural nonprofit private health care provider organizations or providers of health care services including faith-based and community organizations; **and** • In a consortium with at least two additional health care providers. These two other organizations can be rural, urban, nonprofit or for-profit. See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.

[1] The seven states that have a substantial rural HIV burden are: Alabama, Arkansas, Kentucky, Mississippi, Missouri, Oklahoma, and South Carolina. For more information, please visit: https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide,* available online at http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf, except where instructed in this NOFO to do otherwise.

Technical Assistance

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Thursday, May 21, 2020
Time: 1 – 2 p.m. ET
Call-In Number: 1-888-989-6492
Participant Code: 3641731
Weblink: https://hrsa.connectsolutions.com/ending-hiv-erhndpp-nofo/
Playback Number: 1-800-333-1825
Passcode: 8435

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Rural HIV/AIDS Planning Program. 'Ending the HIV Epidemic (EHE): A Plan for America' is a multi-year U.S. Department of Health and Human Services (HHS) initiative to end the HIV epidemic in the United States by 2030. The Rural HIV/AIDS Planning program targets seven states (Alabama, Arkansas, Kentucky, Mississippi, Missouri, Oklahoma and South Carolina) with a disproportionate number of HIV diagnoses in rural areas. The purpose of the Rural HIV/AIDS Planning program is to assist in the planning and development of an integrated rural HIV health network for HIV care and treatment, specifically with network participants who do not have a history of formal collaborative HIV efforts.

The Rural HIV/AIDS Planning program offers rural health care providers the opportunity to address community HIV needs, gaps and challenges, including issues related to the need for early diagnosis, comprehensive care that includes support services such as transportation, substance use treatment, stigma, innovative service delivery models with the goal of improving health outcomes among people with HIV and reducing the number of new HIV infections. The intent is for rural HIV health networks to expand access to HIV care, increase the use of health information technology such as CDC data to care models, use telemedicine models for training and care, partner with Ryan White HIV/AIDS Program (RWHAP) recipients, explore innovative health care delivery models, and continue to promote quality health care across the continuum of care. The Rural HIV/AIDS Planning program provides support to rural communities for the implementation of activities needed to plan and develop formal and integrated rural HIV health care networks such as, but not limited to, business plan development, community needs assessment, network organizational assessment, SWOT analysis and a health information technology readiness assessment. The purpose of this program is to fund planning activities. Applications that propose to use award funds to pay for the direct provision of clinical health services will be deemed unresponsive and will not be considered for funding under this notice.

A rural HIV health network (also called consortium) is defined as an organizational arrangement among at least three (3) separately owned regional or local health care providers that come together to develop strategies for improving health services delivery systems in a community. Health networks can be an effective strategy to help smaller rural health care providers and health care service organizations align resources, achieve economies of scale and efficiencies, collaboratively address challenges, and create impactful, innovative solutions.

HRSA encourages applicants to consider innovative partnerships with their State Office of Rural Health (SORH) to coordinate statewide collaboration that support and expand rural community efforts that provide sustainable HIV care services. For example, a RWHAP clinic, a rural health clinic, and a public health department may collaborate to form a rural HIV health network around a shared purpose. Other examples of consortium participants include, but are not limited to: AIDS Education and Training

Centers (AETCs), HIV award recipients of the Centers for Disease Control and Prevention (CDC), the Substance Abuse and Mental Health Services Agency (SAMHSA), and the Indian Health Service (IHS) programs, community health centers, Rural Health Associations, Primary Care Associations, Area Health Education Centers, critical access hospitals, public health agencies, local or state health departments, home health providers, mental health centers, substance use disorder service providers, primary care providers, oral health providers, social service agencies, health profession schools, local school districts, emergency services providers, migrant health centers, federally qualified health centers, tribal health programs, churches, faith-based organizations, and civic organizations that provide health care.

2. Background

This program is authorized by 42 U.S.C. 254c(f); P.L. 116-94, to expand delivery of health care services in rural communities through the planning and development of integrated health networks in rural areas.

HRSA provides funding for this program through the Federal Office of Rural Health Policy (FORHP). The program's objectives align with and support EHE goals. However, the program does not specifically fund EHE activities, nor is this program collecting data to assess the performance of EHE related activities.

Since 2011, FORHP has served over 750,000 individuals in rural communities with diverse and medically underserved population groups, including people living with HIV/AIDS, children, and pregnant women.[2] This uniquely positions FORHP and the agency at large to make a significant impact on the nation's HIV epidemic. HRSA has several HIV programs across its bureaus and offices that applicants and award recipients may utilize as a good resource. For more information on HRSA-supported resources, technical assistance, and training, visit: https://www.hrsa.gov/library/hiv-aids.

HIV continues to remain a significant public health concern in the United States, with more than 700,000 HIV deaths since 1981. Currently, there are more than 1.1 million Americans living with HIV and many more at risk of HIV infection. The 'Ending the HIV Epidemic: A Plan for America' was announced in 2019 as an HHS priority to leverage high quality data and tools currently available to reduce new HIV infections in the United States by 75 percent in five years, and by 90 percent by 2030. While new HIV diagnoses have declined significantly from their peak, progress on further reducing new diagnoses has stagnated at an estimated 40,000 Americans diagnosed each year. Without intervention, another 400,000 Americans will be newly diagnosed over the next 10 years despite the available tools to prevent infections. This is particularly impactful to individuals in rural communities who are more significantly affected by environmental, economic or social factors associated with their health care compared to their urban counterparts.[3]

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[2] HRSA Programs Serve Rural Communities: https://www.hrsa.gov/sites/default/files/hrsa/ruralhealth/Infographics/HRSA-Rural-Health-infographic-2019.pdf

[3] Ending the HIV Epidemic: A Plan for America: https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview

Stigma is one societal factor that may prohibit or decrease an individual's access to HIV care. Stigma is defined as "the "disgracing" or "shaming" of people themselves (internalized), by others, and by organizations/institutions (primarily through policies, laws, and behaviors of those within the organization/institution) due to perceived socially unacceptable attributes."[4]

The 'Ending the HIV Epidemic: A Plan for America' has identified 48 counties, Washington, D.C., San Juan, Puerto Rico, and seven states in rural areas with a disproportionate occurrence of HIV that can be targeted in response to the epidemic. This program will focus on those seven rural states: Alabama, Arkansas, Kentucky, Mississippi, Missouri, Oklahoma, and South Carolina. Successful planning efforts under this funding opportunity will focus on rapid infusion of new resources, expertise, and technology into the seven rural states of the EHE Initiative and enhance existing planning efforts in these areas of the country. Successful rural HIV health network project indicators include working towards becoming operational and sustainable beyond the project year, and achieving long-term outcomes such as: network sharing services, enhanced service coordination and integration, and viable business models. The long-term impact of this program will help states achieve efficiencies, increase access to HIV testing, prevention care and treatment services, HIV care and support service coordination in rural areas. At the conclusion of this one-year award, recipients will be expected to report on various process measures, as well as fulfill other award reporting requirements.

The Rural HIV/AIDS Planning program supports and encourages innovative plans that aim to confront important rural public health issues relative to HIV that address the needs of a wide range of population groups. These groups include, but are not limited to, men who have sex with men, racial and/or ethnic minorities including African Americans, Hispanic/Latinos, and American Indians and Alaska Natives, persons who inject drugs, transgender women, and persons at risk for HIV. Innovative rural HIV health network planning should consider engaging non-traditional partners, plan for new training (e.g., culturally competent trainings, unconscious-bias trainings) and services and explore different funding strategies that can help the network sustain.

To view the abstracts of previous Network Planning award recipients, visit HRSA's Data Warehouse: https://data.hrsa.gov/tools/rural-health. Please note the abstract examples are not HIV specific but still serve as an example of a health network project.

II. Award Information

1. Type of Application and Award

Type of applications sought: New

HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA estimates approximately $1,000,000 to be available annually to fund up to 10 recipients. Applicants may apply for a ceiling amount of up to $100,000 total cost (includes both direct and indirect, facilities and administrative costs) per year.

The period of performance is September 1, 2020 through August 31, 2021 (1 year).

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

A. Geographic Requirements

1. Eligible applicant organizations for the Rural HIV/AIDS Planning program must meet geographic requirements. (Note: the award will be made to only one member of the consortium, the applicant organization, which will serve as the recipient of record.)

   The applicant organization must be rural nonprofit private or rural public entity that represents a consortium/network composed of three or more health care providers. Network members may be rural or urban, nonprofit or for-profit entities. Federally recognized tribal entities are eligible to apply as long as they are located in a non-metropolitan county or in a rural census tract of a metropolitan county, and all services must be provided in a non-metropolitan county or rural census tract.

   If the applicant organization's headquarters are located in a metropolitan or urban county, that also serves or has branches in a non-metropolitan or rural county, the applicant organization is not eligible to apply solely because of the rural areas they serve. To be eligible, the applicant organization must meet all other eligibility requirements.

   To ascertain rural eligibility, please refer to: https://data.hrsa.gov/tools/rural-health. This webpage allows you to search by county or street address and determine your rural eligibility. The applicant organization's county name must be entered on the SF-424 Box 8, Section d. address. If the applicant is eligible by census tract, the census tract number must also be included next to the county name.

   If your organization is owned by or affiliated with an urban entity or health care system, the rural component may still apply as long as the rural entity has its own Employer Identification Number (EIN) and can directly receive and administer the award funds in the rural area. The rural entity must be responsible for the planning, development, program management, financial management, and

decision making of the project and the urban parent organization must assure to HRSA in writing that, for the award, they will exert no control over, or demand collaboration with the rural entity. This letter must be included in **Attachment 10**, if applicable.

During this award cycle, the Rural HIV/AIDS Planning program will be limited to the seven states with a disproportionate occurrence of HIV in rural areas: **Alabama**, **Arkansas**, **Kentucky**, **Mississippi**, **Missouri**, **Oklahoma**, and **South Carolina**.

Eligible applicant organizations must be located in one of the specified states to be considered for this funding opportunity. Applicants who are located outside of the specified service region will not be considered for this funding opportunity.

HRSA's intent is to make at least one award for each of the seven (7) states specified in Section I.1 to achieve optimal geographic distribution and align with the intent and goals of the program.

2. One of the following documents must be included in **Attachment 1** to prove nonprofit status:
    - A letter from the IRS stating the organization's tax-exempt status under Section 501(c)(3); or if the applicant is an affiliate of a parent organization, a copy of the parent organization's IRS 501(c)(3) Group Exemption letter; and if owned by an urban parent, a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate. A copy of a currently valid IRS Tax exemption certificate;
    - Statement from a state taxing body, state attorney general or other appropriate state official certifying that the applicant organization has a nonprofit tax status and that none of the net earnings accrue to any private shareholders or individuals;
    - A certified copy of the organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization; or,
    - If your organization is a public entity, proof of nonprofit status is not necessary. However, your organization must identify itself as a public entity and submit an official signed letter on city, county, state or tribal government letterhead in **Attachment 1**. (You may include supplemental information such as documentation of the law that created the organization or documentation showing that the state or a political subdivision of the state controls the organization). Tribal government entities should verify their federally recognized status via the Bureau of Indian Affairs website: https://www.bia.gov.

3. In determining eligibility for this funding, HRSA realizes there are some metropolitan areas that would otherwise be considered non-metropolitan if the core, urbanized area population count did not include federal and/or state prison populations. Consequently, HRSA has created an exception process whereby applicants from metropolitan counties in which the combined population of the core urbanized area is more than 50,000 can request an exception by

demonstrating that through the removal of federal and/or state prisoners from that count, they would have a population total of less than 50,000. You must present documented evidence of total population for the core urbanized area and demonstrate through data from the Census Bureau and state of Federal Bureaus of Prisons or Corrections Departments that show the total core urbanized area population (which is not the county or town population), minus any the state and/or federal prisoners, results in a total population of less than 50,000. Any data submitted that does not take the total core urbanized area population into consideration will not be eligible. For further information, please visit: https://www.census.gov/programs-surveys/geography/guidance/geo-areas/urban-rural.html . Prisoners held in local jails cannot be removed from the core urbanized area population. The exception is only for the purpose of eligibility for FORHP/HRSA award programs. To find out if you are eligible for a reclassification, please contact Mr. Steve Hirsch at SHirsch@hrsa.gov or 301-443-7322. If eligible, you will be required to request the exception and present the data in **Attachment 14**, which will be verified by HRSA.

Applications from organizations that do not meet the above criteria will not be considered under this notice of funding opportunity.

Network Requirements

1. The purpose of the Rural HIV/AIDS Planning Program is to assist in the planning and development of an integrated rural HIV health network, specifically with network participants who do not have a history of formal collaborative efforts. The Rural HIV/AIDS Planning Program requires the establishment of a network. The proposed networks must be composed of at least three separately owned health care providers that may be nonprofit or for-profit entities. The applicant organization along with each network member who will be receiving any of the award funds must have separate and different EINs. The applicant organization must have an active System for Award Management (SAM) registration.

   A rural HIV health network is defined as an organizational arrangement among, at minimum, three separately owned health care providers that come together to develop strategies for improving health care service delivery systems in a community. For examples of health care providers, please see the Purpose section above. Through the alignment of goals and resources, strong partnerships at the community level are essential to the overall success of improving population health. You can refer to **Appendix A** under Pre-Application Planning Advice for examples and further guidance.

2. Faith-based and community-based organizations are eligible to apply for these funds if they meet the rural eligibility. Tribes and tribal organizations are eligible to apply for these funds. For-profit or urban-based organizations are not eligible to be the applicant organization but can participate in the network and all services must be provided in a non-metropolitan county or rural census tract.

3. While the network members may be for-profit or nonprofit and may be in a rural or urban area, the applicant organization must be located in a non-metropolitan county or in a rural census tract of a metropolitan county, and all services must be provided in a non-metropolitan county or rural census tract. The roles and responsibilities of each member organization must be clearly defined and each must contribute significantly to the goals of the network. Multiple health care providers owned by the same overarching entity or health system are not considered a separate entity.

4. Existing rural HIV health networks that seek to expand services, expand their service area, include new or additional partners or target a new population or new focus area are eligible to apply. Existing networks that are proposing to collaborate with at least two new outside organizations they have not previously worked with under a formal relationship are eligible to apply.

5. **Tribal exception**: HRSA is aware that tribes and tribal governments may have an established infrastructure without separation of services recognized by filing for EINs. In case of tribes and tribal governments, only a single EIN located in a HRSA designated rural area is necessary for eligibility. Tribes and tribal entities under the same tribal governance must still meet the network criteria of three or more entities committed to the proposed approach, as evidenced by a signed letter of commitment that delineates the expertise, roles, responsibilities, and commitments of each consortium member. If applicable, please include documentation in **Attachment 15.**

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

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

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

NOTE: Multiple applications from an organization are not allowed.

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.

HRSA's intent is to make at least one award for each of the seven (7) states specified in Section I.1 to achieve optimal geographic distribution and align with the intent and goals of the program.

Notifying your State Appropriate Entity
You are required to notify a state appropriate entity of your intent to apply for this program. You must include in **Attachment 2** a copy of the letter or email sent to the state appropriate entity, and any response received to the letter that was submitted to the entity describing your project. If you do not receive a response, please include the original letter of intent requesting the support.

An example of a state appropriate entity is a State Office of Rural Health (SORH). A list of the SORHs can be accessed at: https://nosorh.org/nosorhmembers/nosorh-members-browse-by-state/. Each state has a SORH, and HRSA recommends making every effort to contact the SORH entity early in the application process to advise them of your intent to apply. The SORH may be able to provide consultation to you regarding model programs, data resources, and technical assistance for consortiums, evaluation, partner organizations, or support of information dissemination activities.

For more information about other acceptable state appropriate entities, please reach out to Jillian Causey (JCausey@hrsa.gov).

If the applicant organization has a history of receiving funds under the Rural Health Network Development Planning award, they must propose a project that is different from what the previously funded project and have two (2) new network members. Abstracts from previous Rural Health Network Development Planning awards must be submitted in **Attachment 11**.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA ***requires*** you to apply electronically. HRSA encourages you to apply through Grants.gov using the SF-424 workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at http://www.grants.gov/applicants/apply-for-grants.html.

The NOFO is also known as “Instructions” on Grants.gov. You must select “Subscribe” and provide your email address for each NOFO you are reviewing or preparing in the workspace application package in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the For Applicants page for all information relevant to this NOFO.*

2. Content and Form of Application Submission

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

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

Application Page Limit
The total size of all uploaded files included in the page limit may not exceed the equivalent of **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 workspace application package do not count in the page limit. Please note: If you use an OMB-approved form that is not included in the workspace application package for HRSA-20-105, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **It is therefore important to take appropriate measures to ensure your application does not exceed the specified page limit.**

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

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

1) You certify, on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).
3) Where you are unable to attest to the statements in this certification, an explanation shall be included in **Attachment 15**: Other Relevant Documents.

See Section 4.1 viii of HRSA's *SF-424 Application Guide* for additional information on all certifications.

Program-Specific Instructions

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

i. Project Abstract

ABSTRACT HEADING CONTENT
Applicant Organization Information Organization Name, Address (street, city, state, zip code), Facility/Entity Type (e.g., CAH, FQHC, RHC, public health department, etc.), and Website Address (if applicable)
Designated Project Director Information Project Director Name & Title, Contact Phone Numbers, and E-Mail Address
Rural HIV Planning Project Network name
Proposed Service Region Identify the eligible state you propose to serve (e.g., Mississippi)
ABSTRACT BODY CONTENT
Target Population Briefly describe the target population group(s) to be served and target service area(s)
EHE Key Strategies – no more than two (e.g., project will focus on the **diagnose** and **prevent** strategies).
Network/Consortium Partnerships • Please indicate if consortium partnerships include a Ryan White HIV/AIDS Program (RWHAP) site or a Federally Qualified Health Center (FQHC). If not, please explain. Applicants are highly encouraged to collaborate with an approved RWHAP site or FQHC. • For all partners comprising the network/consortium who have signed a Memorandum of Understanding/Agreement, provide the organization name and facility/entity type.
Legislative Aims Identify the legislative aim that will be addressed (e.g., legislative aim #1)
Funding Preference **Please place request for funding preference at the bottom of the abstract.** You must explicitly request a qualifying funding preference and cite the qualification that is being met (see 42 U.S.C. 254c(h)(3)); additional information can be found in Section V.2. Funding Preference. FORHP highly recommends that you include this language: "(Your organization's name) is requesting a funding preference based on qualification X. County Y is in a designated Health Professional Shortage Area." If applicable, you need to provide supporting documentation in **Attachment 12**. Refer to Section V.2 for further information.

ii. Project Narrative

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

You need to explain how your proposal incorporates elements of health care redesign, with a focus on transforming the HIV diagnostic, prevention, care and treatment service delivery into a patient and value-based driven system to support the EHE Initiative; to improve health outcomes among people with HIV; and to reduce the number of new HIV infections in rural communities. This includes, but is not limited to, supporting the current rural health care landscape to improve outcomes, reduce costs, ensure access and efficient linkage to appropriate HIV prevention, care, treatment, and supportive services by planning innovative approaches to rural HIV care in America.

EHE Key Strategies:

Your application **must clearly describe** the HIV testing, prevention, care and treatment concerns the proposed rural HIV health network will address. For instance, your network may concentrate its efforts towards creating a plan to link persons with HIV-to-HIV services, or planning to create and develop a program that provides pre-exposure prophylaxis (PrEP) to individuals at risk of acquiring HIV. Successful rural HIV health networks should consider linking primary care providers and HIV care providers and/or specialists to enhance the coordination of care for those at risk of HIV and for persons living with HIV, to reduce stigma and prevent loss to care and prevention services among rural populations. Another component that may impact which planning strategy (ies) is selected revolves around rural hospital closures and how the closure of rural hospitals may affect access to HIV services.

Your application **must clearly identify no more than two (2) key strategies** based on the community needs.

1. **Diagnose**: all people with HIV as soon as possible.
   - An example includes planning to increase HIV testing in high impacted areas by conducting expanded outreach within their communities and increasing routine and risk-based HIV testing of health center patients through referral to HIV medical care.
2. **Treat:** people with HIV rapidly and effectively to reach sustained viral suppression
   - An example includes planning to link persons with HIV (both those currently in care and those not in care) to HIV care and treatment, and to assist with retention in care and adherence to their medication.
3. **Prevent**: new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs)
   - An example includes planning to expand access to PrEP for patients who are at highest risk of acquiring HIV infection.

4. **Respond:** quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.
   - An example includes using cluster detection data to develop and implement strategies to stop ongoing transmissions.

Legislative Aim(s):

Additionally, you **must** describe planning activities that support **at least one (1)** of the three legislative aims (specified in the authorizing statute) as it relates to the EHE Initiative described below:

Aim #1: Achieve efficiencies
Aim #2: Expand access to, coordinate, and improve the quality of essential health care services
Aim #3: Strengthen the rural health care system as a whole

Applicants should identify and prioritize which aim(s) is priority based on their local epidemiology and community need. Applicants **must** choose **no more than two (2)** key strategies and **at least one (1)** legislative aim. You must **clearly** identify the key strategies and legislative aim(s) **both** in the Project Abstract **and** in the Introduction section of the proposal.

Network planning activities that model successful evidence-based frameworks or models are encouraged. HRSA encourages applicants to visit the Rural Health Information Hub (RHIhub), a no-cost HRSA technical assistance resource for rural health and human services information. Proposals should emphasize innovations and creative approaches in adapting to a changing health care environment that may serve as models to other rural communities.

Over the course of the period of performance, rural HIV health networks are expected to take steps towards creating strong infrastructure by addressing and overcoming organizational barriers and conflicts amongst network members and ensuring the presence of strong leadership. Additionally, networks are expected to develop a strategic plan and conduct a self-assessment. By laying out a thorough strategic plan that articulates a network's direction and by identifying areas of strength and improvement through a meaningful self-assessment process, networks are able to better plan for sustainability beyond federal funding.

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

- *INTRODUCTION AND NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion 1: NEED*

A. Briefly describe the purpose of the proposed project. The applicant should briefly describe the planning and development activities that your rural HIV health network will conduct to build the network's infrastructure. The applicant must clearly identify the EHE key strategies and legislative aim(s) in this section of the proposal.

B. Outline the HIV diagnostic, prevention, care and treatment service delivery needs of the rural community, and how the network will address those unmet needs and serve the community. Summarize the project's goals, expected outcomes, aims, and EHE key strategies the project will support. The applicant **must** address these items. This section will help reviewers understand the community and/or organization that you will serve with the proposed project.

C. Describe the target population and document the socio-cultural determinants of health and health disparities impacting the population or communities. Use and cite demographic data whenever possible to support the information provided and describe the need for creating a rural HIV health network to address the identified area(s) of focus. Please list the areas of impact in **Attachment 3**.

D. Provide HIV epidemiology in the geographic areas of impact list in **Attachment 3**. This should include the estimated number of persons living with HIV, the number of persons diagnosed with HIV, and the number of new HIV infections within the last 5 years.

E. Clearly describe the health care service environment in which the rural HIV health network will be developed and include appropriate data sources (i.e., local, tribal, state, and/or federal) in the analysis of the environment in which the network is functioning.

F. Clearly identify an EHE strategy(ies) and legislative aim(s) that your Rural HIV/AIDS Planning activities will address. Refer to the beginning of the Project Narrative section above for more information about the legislative aims.

G. Describe the relevant services currently available in or near the service area of the network. Describe the potential impact of the network on providers, programs, organizations and other entities within the community. Identify gaps in the existing health care system and activities that the rural HIV health network will perform to fill those gaps (e.g., personnel, service delivery needs, shared resources, etc.). In this case, include information on the population in relation to these health provider factors.

H. Explain how a Rural HIV/AIDS Planning award would address unmet needs. Demonstrate the need for federal funding to support EHE network planning activities. Explain why federal funds are beneficial and appropriate at this time in the network development.

I. Provide a map that shows the location of network members, the geographic area the network will serve, and any other information that will help reviewers visualize and understand the scope of the proposed planning and development activities. Please include the map as **Attachment 4**. Note: Maps should be legible and in black and white.

- *METHODOLOGY -- Corresponds to Section V's Review Criterion 2: RESPONSE*

  Propose methods that you will use to address the stated needs and meet each of the previously described program requirements and expectations in this NOFO. You **must** address the following items:

A. Identify the proposed goals and objectives of the project and include a coherent strategy to carry out the activities to reach the proposed goals. Indicate which aim(s) your planning activities will support. Note: If a needs assessment has not been completed in your community within the past 5 years, it is strongly encouraged that a community health needs assessment be included as one of the process goals for completion during the period of performance.

B. Describe how network members were selected for inclusion in the rural HIV health network, the expertise of each network member, and the desired working relationship among the members, i.e., reduction of ownership issues, improving communication strategies, reducing duplicate services, etc. Describe the role of each network member in the project (as it relates to **Attachment 8**). Include a description of any previous collaboration among the network partners.

C. Describe how the local community or region to be served will experience increased access to quality HIV health care services across the continuum of care as a result of the planning and development of a rural HIV health care network. Particularly, describe how the network relates to re-organizing HIV health care delivery to make the transition to a health care environment that emphasizes value, quality and efficiency. Discuss the ability of the proposed network to refer new clients to HIV medical care. Identify new services that could result as an outcome of planning for the integration and coordination of HIV activities carried out by the network. When possible, provide and support your expected outcomes with quantifiable data.

D. Describe how the innovative approaches outlined in the proposal may have an impact in addressing new and emerging challenges likely to be encountered in implementing activities described in the work plan.

E. Describe how the rural HIV health network will impact its rural community and providers, and how the network will strengthen its relationship with the community and region it serves.

F. Describe the potential level of impact of the rural HIV health network's services on the providers in the service area that are not network members. Provide expected quantifiable impact whenever possible.

G. Explain the expected outcomes this project will accomplish by the end of the period of performance. Provide expected quantifiable impact whenever possible.

H. Describe the potential financial impact on network members (i.e., cost sharing).

I. Describe the process for how the rural HIV health network will engage in strategic planning in order to develop the network plan.

J. If applicable, identify the models, evidence-based practices or promising practices used in relation to the proposed project.

- *WORK PLAN -- Corresponds to Section V's Review Criteria 2: RESPONSE & 4: IMPACT*

  Include a project work plan that clearly illustrates the rural HIV health network's goals, strategies, activities, and measurable outcomes proposed during the entire period of performance. A work plan is an "action" guide with a timeline used during program implementation; it provides the "how to" steps. The work plan must identify the individual or organization responsible for carrying out each activity and include a timeline for the period of performance. Please include the work plan as **Attachment 5**. For the Response section, provide a clear outline of the work plan that aligns with the network's goals and objectives.

- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion 4: IMPACT*

  Discuss the feasibility of the project activities, potential barriers and the challenges that you are likely to encounter in designing and implementing the activities described in the work plan, as well as approaches and solutions that you will use to resolve such challenges. This section should:
  - Include any pertinent or anticipated geographic, socio-economic, linguistic, cultural, ethnic, workforce, social, religious or other barrier(s) (i.e., stigma) that prohibit access to health care in the target community.
  - Identify how communication will flow between network partners, and address how the network partners will resolve differences in executing the project and issues, should they arise.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criterion 3: EVALUATIVE MEASURES*

  The applicant must propose a plan for project sustainability after the period of federal funding ends. HRSA expects recipients to use the planning period to establish or strengthen their rural HIV health network and/or corresponding project for sustainability. The plan should describe how progress toward meeting project goals will be tracked, measured, and evaluated. Describe how this assessment will contribute to the network's continuous quality improvement efforts and sustainability beyond federal funding. Specifically, this assessment should include, but is not limited to, the following elements:

- **Process focus:** Ensures that the goals and objectives of the project are assessed. Explain a process for evaluating 1) how the Rural HIV/AIDS Planning resources will be leveraged and utilized to enhance the community's health care delivery system; 2) how the Rural HIV/AIDS Planning program enhanced the quality of collaboration among network partners; and 3) how a 1-year planning period is beneficial to network development.
- **Data collection:** Illustrates the accuracy and consistency of data to be collected, and the ability to produce objective results. Describe the type(s) of data each partner will collect and how the proposed network members will share data. Ensures that data collection methods are feasible for the project, and data is collected in a timely manner.
- **Sustainability:** Identify factors and strategies that will lead to viability and sustainability after federal funding ends.

The applicant should discuss the rural HIV health network and community benefits of a successful network. Factors/benefits may include:

- network member contributions
- shared purchasing
- shared personnel
- collaborative service delivery,
- decreased incident of HIV cases
- Increased viral suppression
- increase access to HIV services and,
- potential for the project to be replicated in other rural areas, if applicable.

For more information on developing a rural HIV health community model, visit RHIhub's Evidence Based Toolkits: https://www.ruralhealthinfo.org/toolkits/rural-toolkit/2/developing-programs and https://www.ruralhealthinfo.org/toolkits/hiv-aids .

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion 5: RESOURCES/CAPABILITIES*

Succinctly describe the abilities and contributions of the applicant organization and the network members. Provide a brief overview of the applicant organization that includes information such as:

- your organization's current mission
- structure, leadership, size of organization, and staffing
- scope of current activities
- your organization's ability to manage the award project and personnel, and
- your organization's financial practices and systems that assure your organization can properly account for and manage the federal funds.

A. Documentation is required to identify that your organization is a rural nonprofit or rural public health entity **(Attachment 1)**.

B. Identify the project director, as well as key personnel on the award, in the Project Abstract and **Attachment 6**. The project director will be responsible for project monitoring and carrying out the award activities. The proposed rural HIV health network may identify a permanent project director prior to receiving award funds. Include information on the individual who will serve as the project director (or interim), as well as if they serve as the project director on any other federal awards. If the applicant organization has an interim project director or has not yet hired a person to serve as the project director, discuss the process and timeline for hiring a permanent project director for this project.

   HRSA strongly recommends the project director allot **at least 25 percent** of their time to the project and has management experience involving multiple organizational arrangements. HRSA highly recommends your staffing plan should include supporting and key staff that total at least one full-time FTE at the time of application. In-kind contributions, the value of non-cash contributions (e.g., property or services) that benefit a federally assisted project or program, should be included in the staffing plan. All staffing information should be included in **Attachment 6** and biographical sketches should be included in **Attachment 7.**

C. Describe key personnel roles and how they relate to the rural HIV health network and planning project. Key personnel are individuals whom would receive funds by this award or person(s) conducting activities central to this program **(Attachment 6).** Describe the degree to which the network participants are ready to integrate their functions. Describe the developmental stage of the network (See Definitions at end of this NOFO), extent of prior collaboration among network members and strategies for further development and maturation of the network.

D. Provide information on each of the rural HIV health network members and a one-page organizational chart of the proposed network that clearly depicts the relationship between the proposed network members and includes the network governing board, if already established. A table may be used to present the following information on each network member: the organization name, address, primary contact person, current role in the community/region, and Employer Identification Number (EIN) (must be provided for each network member). This should be included in **Attachment 8**. Letters of commitment should be provided from each network member. These are to be included in **Attachment 9.**

E. Outline the roles and responsibilities within the rural HIV health network for each network member while addressing the capacity to carry out program goals. Describe the relationship between your organization and the other proposed network members. Describe the proposed network composition and identify those proposed network members that maybe non-conventional partners (e.g., neighboring hospitals, primary referral hospitals and tertiary facilities). Explain why each of the proposed network members are appropriate, what expertise they bring to the network, and why other key groups were not

included. Describe how the members will contribute to the program requirements and meet program expectations.

F. Provide information on potential future partners not currently listed in the application and what strategies will be used for choosing them. Please also describe what these potential partners will bring to the project and why they were not included in the original rural HIV health network.

G. Describe the relationship of the rural HIV health network with the community/region it serves. If appropriate, describe the extent to which the network and/or its members engage the community in its planning and functions.

H. Provide at least two letters of support from entities such as local clinics and providers, regional health systems, county officials, and area businesses. Upload letters of support in **Attachment 13.**

SUPPORT REQUESTED -- CORRESPONDS TO SECTION V'S REVIEW CRITERION 6: SUPPORT REQUESTED

Provide a complete, consistent, and detailed budget presentation through the submission of SF-424A and a Budget Narrative that justifies the appropriateness of the requested funds. See Section IV.2.iii for more information regarding the Budget section.

The budget should be reasonable in relation to the objectives, the complexity of the activities, the anticipated results, and if applicable, the proposed travel, equipment and legal services. The budget narrative should logically and clearly document how and why each line item request (such as personnel, travel, equipment, supplies, contractual service, etc.) supports the goals and activities of the proposed award-funded activities.

iii. Budget

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

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

In addition, the Rural HIV/AIDS Planning program requires the following:

Travel: Please allocate travel funds for two (2) program staff to attend a one and half (1.5) day award recipient meeting at a location to be determined and include the cost of this as a budget line item. To determine estimated travel costs to Washington, DC, applicants should refer to the U.S. General Services Administration (GSA) per diem rates for FY2020. Per diem rates can be found on GSA's website: https://www.gsa.gov/travel-resources

Equipment: Based on historical data gathered from prior award cycles, equipment costs for this program have averaged 5 percent of the total award amount. Accordingly, equipment costs that exceed 5 percent of the total award amount may be considered unreasonable and unallowable.

Legal Costs: Based on historical data gathered from prior award cycles, legal costs for this program have averaged 20 percent of the total award amount. Accordingly, legal costs that exceed 20 percent of the total award amount may be considered unreasonable and unallowable. Legal costs include services and activities such as consultations, 501(c)(3) application preparation, articles of incorporation and by-laws development.

Contractual: You are responsible for ensuring that your organization or institution has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts. Consistent with 45 CFR 75, you must provide a clear explanation of the purpose of each contract, how the costs were estimated, and the specific contract deliverables.

Other: The purpose of this program is to fund **planning** activities. Applications that propose to use award funds to pay for the direct provision of clinical health services will be deemed unresponsive and will not be considered for funding under this notice.

The Further Consolidated Appropriations Act, 2020 (P.L. 116-194), Division A, § 202 states, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." See Section 4.1.iv Budget – Salary Limitation of HRSA's *SF-424 Application Guide* for additional information. Note that these or other salary limitations may apply in the following FY, as required by law.

iv. Budget Narrative

See Section 4.1.v. of HRSA's *SF-424 Application Guide*.

In addition, the Rural HIV/AIDS Planning program requires the following:

Please provide a budget narrative justification that explains the amounts requested for each line item in the budget. The budget narrative should specifically describe how each item will support the achievement of proposed objectives. The budget period is for 1-year. Line item information must be provided to explain the costs

entered in the SF-424A. Thoroughly describe how each item in the "other" category is justified. The budget narrative MUST be concise. Do NOT use the budget narrative to expand the project narrative.

NARRATIVE GUIDANCE To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria. Any attachments referenced in a narrative section may be considered during the objective review.	
Narrative Section	***Review Criteria**
Introduction and Needs Assessment	(1) Need
Methodology	(2) Response
Work Plan	(2) Response and (4) Impact
Resolution of Challenges	(4) Impact
Evaluation and Technical Support Capacity	(3) Evaluative Measures
Organizational Information	(5) Resources/Capabilities
Support Requested	(6) Support Requested

v. Attachments

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

Attachment 1: Proof of Nonprofit Status (Not counted in the page limit)

One of the following documents must be included in this section to prove nonprofit status:

- A letter from the IRS stating the organization's tax-exempt status under Section 501(c)(3); or if the applicant is an affiliate of a parent organization, a copy of the parent organization's IRS 501(c)(3) Group Exemption letter; and if owned by an urban parent organization, a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.
- A copy of a currently valid IRS Tax exemption certificate
- Statement from a state taxing body, state attorney general or other appropriate state official certifying that the applicant organization has a nonprofit tax status and that none of the net earnings accrue to any private shareholders or individuals
- A certified copy of the organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization; or

- If the applicant organization is a public entity, proof of nonprofit status is not necessary. The applicant organization must, however, identify itself as a public entity and submit an official signed letter on city, county, state or tribal government letterhead in **Attachment 1**. (You may include supplemental information such as documentation of the law that created the organization or documentation showing that the state or a political subdivision of the state controls the organization). Tribal government entities should verify their federally recognized status via the Bureau of Indian Affairs website: http://www.bia.gov.

Attachment 2: Required documentation from State Office of Rural Health

All applicants are required to notify their State Offices of Rural Health (SORH) early in the application process to advise them of their intent to apply. SORHs can often provide technical assistance to applicants. Please include a copy of the SORH's response to your correspondence and/or the letter or email you sent to the SORH notifying them of your intent to apply.

Attachment 3: Areas of Impact

Include a list of the areas, counties and cities that will be impacted by this project. If an organization is located in a rural census tract of an urban county, the rural census tract must be clearly identified here as well as the county and census tracts of the rural HIV health network partners.

Attachment 4: Map of Service Area

Include a legible map that clearly shows the location of network members, the geographic area that will be served by the rural HIV health network, and any other information that will help reviewers visualize and understand the scope of the proposed planning activities. Note: Maps should be legible and in black and white.

Attachment 5: Work Plan

Attach the work plan for the project that includes all information detailed in Section IV.2.ii. Project Narrative. The work plan should illustrate the rural HIV health network's goals, strategies, activities, and measurable progress and outcome measures. The work plan must outline the individual or organization responsible for carrying out each activity and include a timeline for the period of performance.

Attachment 6: 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 to run the rural HIV health network, and specifically to accomplish the proposed network planning project. Include the qualification levels for the project staff and rationale for the amount of time that is requested for each staff position. Staffing needs should be explained and should have a direct link to activities proposed in the Project Narrative and budget sections of the application. Staffing plan should include in-kind personnel to the project. Your staffing plan should demonstrate supporting and key staff that total **at least one full-time FTE** at the time of application.

Provide the job descriptions for key personnel listed in the application. Keep each job description to one page in length. Include the role, responsibilities, and qualifications of proposed project staff as it relates to the EHE Network Planning Program. Include biographical sketches for key positions in **Attachment 7**. For the purposes of this application, key personnel are individuals who are funded by this award or person(s) conducting activities central to this program.

Attachment 7: Biographical Sketches of Key Personnel

Include biographical sketches for persons occupying the key positions described in **Attachment 6**, not to exceed two pages in length per person. In the event that a biographical sketch is included for an identified individual not yet hired, include a letter of commitment from that person with the biographical sketch. If the project director (PD) serves as a PD for other federal awards, please list the federal awards as well as the percent FTE for each respective federal award.

Attachment 8: Network Organizational Chart and Network Member Information

Provide a one-page organizational chart of the rural HIV health network identifying how decisions will be made and communication will flow. Provide a list of all network members that includes: the organization's name and type (i.e., AETC, RWHAP, FQHC, health department, etc.); the name of the key person from the organization that will be working on the project; organization contact information; anticipated responsibility in the project; current role in the health care system; and the Employee Identification Number (EIN) of each proposed network member. If a network member is serving as the applicant organization on behalf of the network, they must also include a one-page organizational chart of the applicant organization.

Attachment 9: Letters of Commitment

Provide a scanned, signed copy of a letter of commitment from each of the rural HIV health network members. Letters of commitment must be submitted with the application and must identify the organizations' roles and responsibilities in the project, the activities they will be included in, and how that organization's expertise is pertinent to the network planning project. The letter must indicate understanding of the benefits that the network will bring to the members and to the community encompassed by the network (service area). The letter must also include a statement indicating that the proposed partner understands that the award funds will be used for the development of a health network and are not to be used for the exclusive benefit of any one (1) network partner or to provide clinical services.

Attachment 10: Letter from Urban Parent Organization (If Applicable)

If the applicant organization is owned by, or affiliated with, an urban entity or health care system, the rural component may still apply as long as the rural entity has its own Employer Identification Number (EIN) and can directly receive and administer the award in the rural area. The rural entity must be responsible for the planning, program management, financial management and decision making of the project; and the urban parent organization must assure HRSA in writing that, for the award, they will exert no control over or demand collaboration with the rural entity. If applicable, a letter stating this should be submitted in this attachment.

Attachment 11: Previous Grants (If Applicable)

If the applicant organization has received any HRSA funds within the last 5 years, the grant number and the abstract from the previous award should be included here.

Attachment 12: Request for a Funding Preference (If Applicable)

If requesting a funding preference, the application must provide documentation that supports the funding preference qualification. Please indicate which qualification is being met also in Section IV.2.i Project Abstract**.** For further information on funding preferences and the required documentation, please refer to Section V.2.

Attachment 13: Letters of Support

Letters of support should be from entities that would be affected by the program for which you are requesting funding. A support letter may be written by a public official, a community group, a nonprofit, or any number of other entities. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.).

Attachment 14: Exception Request (If Applicable)

If a metropolitan area would otherwise be considered non-metropolitan (in the event that the core, urbanized area population count did not include federal and/or state prison populations) you must present and submit documented evidence of the total population for the core urbanized area. In addition, you must demonstrate validity through data from the Census Bureau, state, or Federal Bureaus of Prisons or Corrections Departments. This exception is only for the purpose of eligibility for FORHP/HRSA award programs. To find out if you are eligible for a reclassification, please contact Steve Hirsch at SHirsch@hrsa.gov or 301-443-7322.

Attachment 15: Other Related Documents (Optional)

Include here any other documents that may be relevant to the application (e.g., EIN Tribal Exception, indirect Cost Rate Agreement).

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

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

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

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

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

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

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

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

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

In accordance with the Federal Government's efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized federal-wide. Effective January 1, 2020, the forms themselves are no longer part of HRSA's application packages and the updated common certification and representation requirements will be stored and maintained within SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through SAM located at SAM.govSAM.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 *July 10, 2020 at 11:59 p.m. ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's *SF-424 Application Guide* for additional information.

5. Intergovernmental Review

The Rural HIV/AIDS Planning Program is a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

See Section 4.1 ii of HRSA's *SF-424 Application Guide* for additional information.

6. Funding Restrictions

You may request funding for a period of performance of up to 1 year, at no more than $100,000 per year (inclusive of direct **and** indirect costs).

Funds under this notice may not be used for the following purpose:

- To build or acquire real property or for construction or major renovation or alteration of any space (see 42 U.S.C. 254c(h)).

The purpose of this grant is **to fund planning activities**, applications that propose to use grant funds to pay for the direct provision of clinical health services will be deemed unresponsive. For the definition of direct health services, please see **Appendix B**.

The General Provisions in Division A of the Further Consolidated Appropriations Act, 2020 (P.L. 116-194) apply to this program. Please see Section 4.1 of HRSA's *SF-424 Application Guide* for additional information.

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

All program income generated as a result of awarded funds must be used for approved project-related activities. The program income alternative applied to the award(s) under the program will be the addition/additive alternative. You can find post-award requirements for program income at 45 CFR § 75.307.

V. Application Review Information

1. Review Criteria

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

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 Rural HIV/AIDS Planning program has six (6) review criteria. See the review criteria outlined below with specific detail and scoring points.

Criterion 1: NEED (25 points) – Corresponds to Section IV's INTRODUCTION AND NEEDS ASSESSMENT

1. The extent to which the application clearly describes the purpose of the proposed project, the local/regional health care environment expected outcomes, EHE key strategies and the legislative aim(s) (applicants must describe planning activities that support at least one(1) of the legislative aims) the Rural HIV/AIDS Planning project would support.
2. The extent to which the applicant clearly describes the HIV epidemiology in the geographic areas of impact. This should include the estimated number of persons living with HIV, the number of persons diagnosed with HIV, and the number of new HIV infections within the last 5 years.
3. The extent to which the applicant clearly describes how the rural HIV health network will strengthen their network infrastructure and capacity.
4. The extent to which the application clearly describes the health care service environment in which the rural HIV health network will be developed and includes appropriate data sources (i.e., socio-cultural determinants of health and health disparities, local, tribal, state, and/or federal) in the analysis of the environment in which the network is functioning.
    a. The degree to which the application supports the need for the proposed project by identifying the population of the service area using demographic data whenever appropriate. The extent to which the application documents the unmet health needs/problems in the service area that the network proposes to address and how the Rural HIV/AIDS Planning program would help to meet the identified needs.
    b. If applicable, the extent to which the application identifies the gaps of the existing health care service providers and the activities the network will perform to fill those gaps (i.e., personnel, service delivery needs, shared resources, etc.). In this case, the application includes information on the population in relation to these health provider factors).
5. The extent to which relevant services currently available in or near the rural HIV health network service area are discussed as well as the potential impact of the Rural HIV/AIDS Planning network activities on providers, programs, organizations, and other network entities in the community. The extent to which the network provides clear examples and strategies describing how the project will benefit the area health providers' ability to improve access to health care and serve the community.
6. The extent to which the applicant describes why federal funds are appropriate to support a rural HIV health network in this service area at this time.

7. The extent to which the application depicts the location of network members, the geographic area that will be served by the network and any other information that will help visualize and understand the scope of the proposed planning activities (see **Attachment 4**).

Criterion 2: RESPONSE (20 points) – Corresponds to Section IV's METHODOLOGY

1. The clarity and appropriateness of the proposed goals, objectives, and the aim(s) the activities are supporting, and the extent to which project activities would result in achieving the proposed goals outlined in the project work plan.
2. The extent to which the application includes a clear work plan that is aligned with the rural HIV health network's goals and objectives. The appropriateness of the work plan in identifying responsible individuals and organizations and a timeline for each activity throughout the 1-year period of performance.
3. The extent to which the applicant rural HIV health network describes an innovative approach to barriers to HIV testing, prevention, care and treatment likely to be encountered in designing and implementing the activities described in the work plan, particularly in how it relates to reorganizing health care delivery to help the local community or region transition to a health care environment that emphasizes, quality and efficiency, and increase access to HIV health care services across the continuum of care as a result of the planning activities carried out by the network.
4. The extent to which the application identifies the expertise, composition, and capacity of each proposed member and how the expertise relates to the rural HIV health network's goals as evidenced by the proposed roles and responsibilities of each network member and the key person who will oversee the network activities for each member (see **Attachment 8**).
5. The potential financial impact on the rural HIV health network members, i.e., cost sharing, joint purchasing, personnel sharing, etc.
6. The extent to which the rural HIV health network will impact their rural community and providers.
7. The extent to which the rural HIV health network will strengthen its relationship with the community/region it serves.
8. The clarity of the process for how the rural HIV health network will engage in strategic planning in order to develop the network plan, and if applicable, the identification of the models, evidence-based practices or promising practices used in relation to the proposed project.
9. The extent to which the applicant demonstrates the expected outcomes by the end of the period of performance.

Criterion 3: EVALUATIVE MEASURES (10 points) – Corresponds to Section IV's EVALUATION AND TECHNICAL SUPPORT CAPACITY

1. The extent to which the process measures are able to be tracked, to assess whether the program objectives will be met and the extent to which these can be attributed to the project.
2. The clarity and appropriateness of the data collected to inform rural HIV health network activities.
3. The extent to which the applicant clearly identifies factors and strategies that will lead to viability and sustainability of the rural HIV health network beyond federal funding, and after the project ends.
4. The strength of proposed process for evaluating how the Rural HIV/AIDS Planning resources are leveraged and utilized to enhance the community's health care delivery system; how the Rural HIV/AIDS Planning program enhanced the quality of collaboration among rural HIV health network partners and how a 1-year planning period is beneficial to network development.

Criterion 4: IMPACT (15 points) – Corresponds to Section IV's RESOLUTION OF CHALLENGES AND WORK PLAN

1. The feasibility of activities and objectives identified in the work plan including measurable outcomes.
2. The extent to which the applicant clearly identifies and discusses anticipated challenges that might be encountered in designing and implementing the activities described in the work plan.
3. The extent to which the applicant describes unique approaches to resolve each anticipated and/or existing challenge.
4. The extent to which the applicant documents the relevant barriers that it hopes to overcome, including:
    a. Any pertinent geographic, socio-economic, linguistic, cultural, ethnic, workforce or other barrier(s) (i.e., stigma) that prohibit access to health care in the target community.
    b. Any anticipated linguistic, social, or religious barriers to health care of the target population.
    c. Recent emerging health trends that impacts access to health care services within the community (if applicable).
5. The extent to which the applicant describes the strength of the proposed flow of the rural HIV health network communications.

Criterion 5: RESOURCES/CAPABILITIES (20 points) – Corresponds to Section IV's ORGANIZATIONAL INFORMATION

1. The qualifications, appropriateness of the resources, and capability of the applicant organization to meet project and financial requirements.
2. Clarity of the roles and responsibilities, within the rural HIV health network, of each network member. The extent to which the network members demonstrate the strength of their mutual commitment in carrying out the planning activities.

3. Clarity of the proposed rural HIV health network composition and any proposed network members that may be non-conventional partners.
4. Describe the developmental stage of the rural HIV health network (See Definitions at end of this NOFO).
5. The clarity of prior collaboration, if any, among the rural HIV health network members and strategies for further development and maturation of the network. The extent to which the application explains why the proposed network members are appropriate, what expertise they bring to the network, and why other key groups were not included.
6. Strength of the relationship between the rural HIV health network and the community/region it serves. Degree to which the network is capable of collaborating with appropriate organizations in the community to fulfill the goals of the network and Rural HIV/AIDS Planning program.
7. The extent to which the application provides sufficient information on potential future partners and what strategies have been developed for choosing them as well as what these potential partners will bring to the project.
8. Extent to which applicant demonstrates community support for committed involvement in rural HIV health network planning activities via letters entities such as, but not limited to, local clinics and providers, regional health systems, county officials, and area businesses.
9. The strength and appropriateness of the plans for development of a rural HIV health network governing board.
10. Strength and qualifications of the project director (or the individual who will serve as the interim director) who will allot adequate time to the project and be responsible for monitoring the project and ensuring award activities are carried out. If the rural HIV health network/project has an interim director, the timeliness and feasibility of the process for hiring a director. The effectiveness of the application in clearly demonstrating how the project director's role contributes to the success of the network and how it will contribute to the planning activities.
11. Describe the degree to which the rural HIV health network participants are ready to integrate their functions and share clinical and/or administrative resources.

Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV's BUDGET AND BUDGET NARRATIVE

The reasonableness of the proposed budget for each year of the period of performance in relation to the objectives. Items under this criterion will also reference Sections IV.2.iii and Section IV.2.iv – Budget and Budget Narrative, respectively.

1. The extent to which the proposed budget is reasonable in relation to the objectives, the complexity of the activities, and the anticipated results.
2. The extent to which the proposed budget is reasonable in relation to travel.
3. The extent to which the proposed budget is reasonable in relation to equipment, and legal services, if applicable.

4. The extent to which the budget narrative logically and clearly documents how and why each line item request (such as personnel, travel, equipment, supplies, information technology, and contractual services) supports the goals and activities of the proposed award-funded activities.

2. Review and Selection Process

The objective review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. In addition to the ranking based on merit criteria, HRSA approving officials will apply other factors (e.g., geographical distribution) described below in selecting applications for award. See Section 5.3 of HRSA's *SF-424 Application Guide* for more details.

For this program, HRSA will use funding preferences.

Funding Preferences
This program provides a funding preference for some applicants, as authorized by Section 330A(h)(3) of the Public Health Service Act (42 U.S.C. 254c(h)(3)). Applicants receiving the preference will be placed in a more competitive position among applications that can be funded. Applications that do not receive a funding preference will receive full and equitable consideration during the review process. HRSA staff will determine the funding factor and will grant it to any qualified applicant that demonstrates they meet the criteria for the preference(s) as follows:

Qualification 1: Health Professional Shortage Area (HPSA)
You can request this funding preference if the service area of the applicant is located in an officially designated health professional shortage area (HPSA). Applicants must include a screenshot or printout from the HRSA Shortage Designation website, which indicates if a particular address is located in a HPSA: https://data.hrsa.gov/tools/shortage-area/by-address.

Qualification 2: Medically Underserved Community/Populations (MUC/MUPs)
You can request this funding preference if the applicant is located in a medically underserved community (MUC) or serves medically underserved populations (MUPs). Applicants must include a screenshot or printout from the HRSA Shortage Designation website that indicates if a particular address is located in a MUC or serves an MUP: https://data.hrsa.gov/tools/shortage-area/by-address.

Qualification 3: Focus on Primary Care, and Wellness and Prevention Strategies
You can request this funding preference if your project focuses on primary care and wellness and prevention strategies. You must include a brief justification (no more than 3 sentences) describing how your project focuses on primary care and wellness and prevention strategies in **Attachment 12**.

If requesting a funding preference, please indicate which qualification is being met in the Project Abstract and **Attachment 12**. HRSA highly recommends that the applicant include this language:

> "Applicant organization name is requesting a funding preference based on qualification X. County Y is (in a designated HPSA; or in a MUC/MUP; or is focusing on primary care, and wellness and prevention strategies)."

Please provide documentation of funding preference and label documentation as "Proof of Funding Preference Designation/Eligibility." See page 41 of the HRSA SF-424 Application Guide.

You only have to meet one of the qualifications stated above to receive the preference. Meeting more than one qualification does not increase an applicant's competitive position.

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.

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award (NOA) prior to the start date of September 1, 2020. See Section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's *SF-424 Application Guide*.

Requirements of Subawards
The terms and conditions in the NOA apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients under awards, and it is the recipient's responsibility to monitor the compliance of all funded subrecipients. See 45 CFR § 75.101 Applicability for more details.

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.

3. Reporting

Award recipients must comply with Section 6 of HRSA's *SF-424 Application Guide* **and** the following reporting and review activities:

1. **Performance Measures Report.** A performance measures report is required during the budget period in the Performance Improvement Measurement System (PIMS). FORHP/HRSA developed a set of standard measures, PIMS, to assess the overall impact that FORHP programs have on rural communities and to enhance ongoing quality improvement. Recipients are required to collect, report and analyze data on PIMS through HRSA's Electronic Handbook (EHB) after each budget period. Data collected from PIMS will be aggregated by HRSA to demonstrate the overall impact of the program. Upon award, recipients will be notified of specific performance measures required for reporting.
2. **Strategic Plan.** A strategic plan is required during the period of performance in the EHB. The strategic plan should be used as a tool to help the rural HIV health network establish its goals and objectives, identify priority areas, and solutions. It may also include an external environmental scan. Further information will be provided upon receipt of award.
3. **Network Organizational Assessment.** A Network Organizational Assessment is required during the period of performance in the EHB. Further information will be provided upon receipt of the award.
4. **Grantee Directory and Source Book.** A Grantee Directory and Source Book is required during the period of performance in the EHB. Further information will be provided upon receipt of the award.

5. **Final Programmatic Report.** A Final Programmatic Report is required after the end of the period of performance in the EHB. The strategic plan should be used as a tool to help the rural HIV health network establish its goals and objectives, identify priority areas, and solutions. Further information will be provided upon receipt of the award.
6. **Sustainability Plan.** A Project Sustainability Plan is required during the period of performance in the EHB. HRSA expects recipients to include strategies which have been effective in improving practices and those that have led to improved outcomes for the target population, such as increased access to HIV care services. Further information will be available upon receipt of the award.

VII. Agency Contacts

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

Jessica Sanders
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Rockville, MD 20857
Telephone: (301) 443-0736
Email: JSanders@hrsa.gov

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

Jillian Causey, MHA
Public Health Analyst, Federal Office of Rural Health Policy
Attn: Rural HIV/AIDS Planning Program
Health Resources and Services Administration
5600 Fishers Lane,
Rockville, MD 20857
Telephone: (301) 443-1493
Email: JCausey@hrsa.gov

You may need assistance when working online to submit your application forms electronically. Always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, 7 days a week, excluding federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)
Email: support@grants.gov
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 the EHBs, contact the HRSA Contact Center, Monday–Friday, 8 a.m. to 8 p.m. ET, excluding federal holidays at:

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

VIII. Other Information

Technical Assistance

HRSA has scheduled following technical assistance:

Webinar

Day and Date: Thursday, May 21, 2020
Time: 1 – 2 p.m. ET
Call-In Number: 1-888-989-6492
Participant Code: 3641731
Weblink: https://hrsa.connectsolutions.com/ending-hiv-erhndpp-nofo/
Playback Number: 1-800-333-1825
Passcode: 8435

Tips for Writing a Strong Application

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

Appendix A: Pre-Application Planning Advice

a. Successful applicants have shared that an effective strategy in their pre-application planning process was to involve all parties having a stake in their project. HRSA urges significant community involvement in the project from the very beginning. You should work closely with community representatives and organizations that will be affected by the projects or involved with its implementation.

   Community involvement can be accomplished with town meetings, focus groups, surveys, and other appropriate techniques, both virtually and in person.

   This engagement will help identify and reach consensus on community needs that will be addressed by the project. Community representatives and participating organizations should also be involved in setting the specific goals for the program and in decisions on the allocation of award resources. You may conduct a formal needs assessment in your communities or can rely on assessments conducted by others. If a formal needs assessment has not been conducted, you can demonstrate community needs with demographic data for your community or region, state and national data, and other appropriate information.

b. Projects that bring together multiple sources of support are encouraged. If other resources are available or anticipated (e.g. federal, state, philanthropic, etc.), it will strengthen the sustainability of the project. HRSA is interested in developing strategies to address the health care needs of underserved populations that can be adapted to other rural communities around the country.

c. Rural HIV/AIDS Planning awards require substantive participation by at least three different health care provider organizations. Many applications fail to establish a meaningful and substantive role for each member of the rural HIV health network, which results in the application receiving a less than satisfactory rating. All network members must be fully involved in the proposed project and all must work together to achieve the project goals.

d. Applications that delay planning, consensus building and approval by appropriate consortium members until close to the application deadline may risk the appearance that the project does not have sufficient commitment by all rural HIV health network members. This weakness could jeopardize a positive review of the application. Assure your community and rural HIV health network members are involved from the start and final signatures are secured well before the application deadline. With the electronic submission process, signed copies of letters of commitment can be scanned for upload.

e. Prepare a complete budget for the full duration of your period of performance. Your budget narrative should explain how the funds will be spent. The budget narrative must link back to the activities of the proposed project.

f. Examples of planning activities within the legislative aim(s) #1, #2, and #3 are:

Aim #1: Achieve efficiencies: Planning activities may include, but are not limited to:

- Conducting a community health and/or provider needs assessments at the regional and/or local level:
    - Develop and implement a needs assessment in the community;
    - Identify the most critical need of rural HIV health network partners to ensure their viability;
    - Identify additional collaborating network partners in the community/region;
    - Identify and develop a plan to address workforce issues; or
    - Identify financial resources or gaps available to support services.
- Updating a health information technology plan, which helps to improve outcomes for rural patients, based on the current standards of care, reporting enhancements and/or capacity.
- Identifying a plan for developing regional systems of care to better meet rural patient concerns.
- Identifying opportunities for the network to better address regional and/or local population health needs.

Aim #2: Expand access to, coordinate, and improve the quality of essential health care services: Planning activities may include, but are not limited to:

- Developing a rural HIV health network business and/or operations plan, which may include:
    - A formal memorandum of agreement or understanding (MOA/MOU);
    - A shared mission statement;
    - A network/governance board or decision making structure;
    - A set of network bylaws;
    - The roles and responsibilities of the network partners; or
    - A business model.
- Identifying the degree to which the network members are ready to integrate their functions and share clinical and/or administrative resources.
- Assessing appropriateness/readiness for Patient Centered Medical Home accreditation.
- Identifying strategies to communicate with the community about changes in the health care landscape and how to maintain access to viable health care services.
- Developing a plan to expand the role of emergency medical services within the community, including loss of services as a result of a hospital closure/conversion.

Aim #3: Strengthen the rural health care system as a whole: Planning activities may include, but are not limited to:

- Identifying ways to encourage cross-organizational collaboration and leadership commitment.
- Assessing the rural HIV health network's sustainability and viability.
- Identifying and establishing ways to obtain regional and/or local community support/buy-in around the development of the network.
- Identify a strategy to leverage broadband connectivity to support health information technology applications in rural communities.

Appendix B: Common Definitions

For the purpose of this notice of funding opportunity, the following terms are defined:

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

Developmental Stages of Networks – Successful rural health networks pass through developmental stages similar to the lifecycle of a single organization. The maturation process is not necessarily linear and a network's effectiveness is not necessarily related to its age; changes in the industry, the market, and members' conditions can cause a temporary downturn or upswing in the network's effectiveness. For purposes of the application, networks can use the following three categories to identify their current stage:

Formative: A formative network is in the start-up phase of becoming organized and typically has been in operation for less than two years. Usually the impetus for organizations to form a network is to address a particular problem faced within a community. A formative network typically focuses on program and strategic planning, formalizes relationships among the network participants, and develops a strategic plan including performance measures and financial sustainability strategies. Prior collaboration is not required for network members.

Evolving: An evolving network typically has worked together for at least two or three years, may have begun to develop shared services, or developed joint community-based initiatives, and may have begun to integrate functions such as joint purchasing, information systems, and shared staffing.

Mature: A mature network consists of network members that have extensive collaborative experience with each other. The network has skilled and experienced staff as well as a highly functioning network board and typically offers integrated products and services. It may engage in common resource planning and bring in revenue from diverse sources, thereby enabling it to build capital reserves and be financially self-sufficient.

Direct Health Services – A documented interaction between a patient/client and a clinical or non-clinical health professional that has been funded with FORHP grant dollars. Examples of direct services include (but are not limited to) patient visits, counseling and education.

Equipment – Tangible nonexpendable personal property that has a useful life of more than one year and an acquisition cost of $5,000 or more per unit or the capitalization threshold established by the recipient, whichever is less. See Section 45 CFR 75.320.

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

Health Information Technology – The electronic storage of records, electronic billing, electronic ordering of tests and procedures, and even a shared, interoperable network to allow providers to communicate with one another.

Horizontal Network – A network composed of the same type of health care provider, e.g., all hospitals or all community health centers as one network.

Hospital Closure – The cessation of general, short-term, acute inpatient care within the past three years.

Hospital Conversion – A former hospital that now provides a mix of health services, but no inpatient care. Converted facilities could provide urgent care, rehabilitation, primary care, skilled nursing care, etc.

Integrated Rural Health Network – A formal organizational arrangement among at least three separately owned health care providers or other entities that provide or support the delivery of health care services. The purpose of an Integrated Rural Health Network is to foster collaboration and integration of functions among network entities to strengthen the rural health care system.

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

Network Director – An individual designated by the award recipient institution to direct the project or program being supported by the award. The Network Director is responsible and accountable to the recipient organization officials for the proper conduct of the project or program. The entity (organization) is, in turn, legally responsible and accountable to HRSA and HHS for the performance and financial aspects of the award-supported activity. The interim Network Director may be employed by or under contract to the award recipient organization. The permanent Network Director may be under contract to the award recipient and the contractual agreement must be explained.

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

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

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

Period of Performance – The total time for which support of a discretionary project has been approved. A period of performance may consist of one or more budget periods.

The total period of performance comprises the original period of performance and any extension periods.

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

Rural – All counties that are not designated as parts of Metropolitan Areas (MAs) by the Office of Management and Budget (OMB) are considered rural. In addition, HRSA uses the Rural Urban Commuting Area Codes (RUCAs), developed by the WWAMI Rural Research Center at the University of Washington and the Department of Agriculture's Economic Research Service, to designate "Rural" areas within MAs. https://datawarehouse.hrsa.gov/tools/analyzers/geo/Rural.aspx

Rural Hospital – Any short-term, general, acute, non-federal hospital that is not located in a metropolitan county, is located in a RUCA type 4 or higher, or is a Critical Access Hospital.

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

Telehealth – The use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health, and health administration.

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

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

Vertical Network – A network composed of a variety of health care provider types, e.g., a hospital, rural health clinic, and public health department.

Appendix C: Useful Resources

Several sources offer data and information that will help you in preparing the application. You are especially encouraged to review the reference materials available at the following websites:

Academy for Health Services Research and Health Policy/ Robert Wood Johnson's Networking for Rural Health

- Reference material available at the website, which includes:
    - Principles of Rural Health Network Development and Management
    - Strategic Planning for Rural Health Networks
    - Rural Health Network Profile Tool
    - The Science and Art of Business Planning for Rural Health Networks
    - Shared Services: The Foundation of Collaboration
    - Formal Rural Health Networks: A Legal Primer

Website: http://www.academyhealth.org (click on search and enter rural health network)

Centers for Medicare and Medicaid (CMS) Services Value-Based Programs
Provides incentive payment rewards to health care providers for the value of care they provide to people with Medicare.
Website: https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/value-based-programs/value-based-programs.html

Community Health Systems Development team of the Georgia Health Policy Center
Offers a library of resources on topics such as collaboration, network infrastructure and strategic planning.
Website: http://ruralhealthlink.org/Resources/ResourceLibrary.aspx

Health Resources and Services Administration
Offers links to helpful data sources including state health department sites, which often offer data.
Website: http://www.hrsa.gov

Kaiser Family Foundation
Resource for data and information.
Website: http://www.kff.org

Maternal and Child Health Data System
Offers data, sorted by state, on services to women and children.
Website: https://mchb.tvisdata.hrsa.gov/

National Association of County and City Health Officials (NACCHO):
Provides a guide that demonstrates how building partnerships among local health departments, community health centers, health care organizations, offices of rural health, hospitals, nonprofit organizations, and the private sector is essential to meet the needs of rural communities.
Website:
http://www.naccho.org/topics/infrastructure/mapp/framework/clearinghouse/upload/Mobilizi ngCommunityPartnerships_7-29.pdf

National Center for Health Statistics
Provides statistics for the different populations.
Website: http://www.cdc.gov/nchs/

National Institutes of Health (NIH) Centers for AIDS Research (CFAR)
Provides administrative and shared research support to synergistically enhance and coordinate high quality AIDS research projects.
Website: https://www.niaid.nih.gov/research/centers-aids-research

Rural Health Research Gateway
Provides access to projects and publications of the HRSA-funded Rural Health Research Centers, 1997-present.
Website: http://www.ruralhealthresearch.org/

Rural Health Value
This Value-Based Assessment Tool helps assess readiness for the shift of health care payments from volume to value.
Website: https://ruralhealthvalue.public-health.uiowa.edu/TnR/vbc/vbctool.php

Technical Assistance and Services Center
Provides information on the rural hospital flexibility and network resource tools.
Website: http://www.ruralcenter.org/tasc

The Rural Health Information Hub (RHI Hub)
The RHI Hub is a national resource for rural health and human services information.
Website: https://www.ruralhealthinfo.org

- **Rural Health Networks and Coalitions Toolkit:**
  https://www.ruralhealthinfo.org/toolkits/networks
- **Rural HIV/AIDS Prevention and Treatment Toolkit:**
  https://www.ruralhealthinfo.org/toolkits/hiv-aids

The U.S. Department of Health and Human Resources Prevention through Active Community Engagement (PACE) Program
A team of interagency and nonfederal leadership spearheading the 'Ending the HIV Epidemic' effort, to develop targeted, public health interventions.
Website: https://www.hiv.gov/blog/pace-announcement

University of North Carolina - Cecil G. Sheps Center for Health Services Research
Resource for data and information on rural hospital closures.
Website: https://www.shepscenter.unc.edu/programs-projects/rural-health/rural-hospital-closures/