U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration

Federal Office of Rural Health Policy
Rural Health Network Development Planning Program

Rural Health Network Development Planning Program

Announcement Type: Initial: New
Funding Opportunity Number: HRSA-16-017

Catalog of Federal Domestic Assistance (CFDA) No. 93.912

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2016

Application Due Date: January 8, 2016

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

Release Date: November 3, 2015

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Amber Berrian, MPH
Public Health Analyst, Federal Office of Rural Health Policy
Telephone: (301) 443-0845
Fax: (301) 443-2803
Email: aberrian@hrsa.gov

Authority: Section 330A(f) of the Public Health Service Act , (42 U.S.C. 254c(f)), as amended.

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Federal Office of Rural Health Policy (FORHP) is accepting applications for fiscal year (FY) 2016 Rural Health Network Development Planning Program. The purpose of this grant program is to promote the planning and development of healthcare networks in order to: (i) achieve efficiencies; (ii) expand access to, coordinate, and improve the quality of essential health care services; and (iii) strengthen the rural health care system as a whole.

Funding Opportunity Title:	Rural Health Network Development Planning Program
Funding Opportunity Number:	HRSA-16-017
Due Date for Applications:	January 8, 2016
Anticipated Total Annual Available Funding:	$2,400,000
Estimated Number and Type of Awards:	Up to 24 grants
Estimated Award Amount:	Up to $100,000 per year
Cost Sharing/Match Required:	No
Project Period:	June 1, 2016- May 31, 2017 (1 year)
Eligible Applicants:	To be eligible to receive a grant under this subsection, an entity - (A) shall be a rural public or rural nonprofit private entity; (B) shall represent a network composed of participants - (i) that include 3 or more health care providers; and (ii) that may be nonprofit or for-profit entities; and (C) shall not previously have received a grant under this subsection (other than a grant for planning activities) for the same or a similar project.[See Section III-1 of this funding opportunity announcement (FOA) for complete eligibility information.]

Application Guide
All applicants 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 funding opportunity announcement to do otherwise. A short video for applicants explaining the new *Application Guide* is available at http://www.hrsa.gov/grants/apply/applicationguide/.

Technical Assistance Webinar

The Federal Office of Rural Health Policy will hold a technical assistance webinar on **Wednesday, December 2, 2015** at 2:00 PM – 3:00 PM eastern time to assist applicants in preparing their applications.

The Adobe Connect webinar and call-in information is as follows:

Conference line (for audio): 800-593-0693, passcode: 2922383
URL (for web): https://hrsa.connectsolutions.com/networkplanningtawebinar/
(Please enter as a "guest")

Prior to joining, please test your web connection:
https://hrsa.connectsolutions.com/common/help/en/support/meeting_test.htm

Note: You must dial into the conference line to hear the audio portion of the webinar.
No pre-registration is required.

For your reference, the Technical Assistance call will be recorded and available for playback within one hour of the end of the call and will be available until **January 16, 2016**. The phone number to hear the recorded call is 800.395.6236, passcode: 2216.

The Technical Assistance call is open to the general public. The purpose of the call is to review the FOA and to provide any additional or clarifying information that may be necessary regarding the application process. There will be a Q&A session at the end of the call to answer any questions. While the call is not required, it is highly recommended for any organization interested in applying for the Rural Health Network Development Planning Program.

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I. Funding Opportunity Description

1. Purpose

This announcement solicits applications for the Rural Health Network Development Planning Grant Program ("Network Planning").

The purpose of the Network Planning program is to assist in the development of an integrated healthcare network, if the network participants do not have a history of formal collaborative efforts. Health care networks can be an effective strategy to help smaller rural health care providers and health care service organizations align resources and strategies, achieve economies of scale and efficiency, and address challenges more effectively as a group than as single providers. The Network Planning program promotes the planning and development of healthcare networks in order to: (i) achieve efficiencies; (ii) expand access to, coordinate, and improve the quality of essential health care services; and (iii) strengthen the rural health care system as a whole. The health care system is undergoing a significant amount of change and this can be particularly challenging for small rural providers. The goals of the Network Planning program are to help rural providers better serve their communities given changes taking place in health care, as providers move from focusing on the volume of services to focusing on the value of services. This program will bring together key parts of a rural health care delivery system, particularly those entities that may not have collaborated in the past under a formal relationship, to establish and improve local capacity and coordination of care. The program will support one year of planning with the primary goal of helping networks create a foundation for their infrastructure and focusing member efforts to address important regional or local community health needs.

To appropriately address emerging community health needs and challenges, systemic efforts are key. This program will assist communities in establishing a rural health network of health care providers committed to forming relationships with each other and stakeholders. It is expected that the rural health networks will maintain the highest level of access to care, increase the use of health information technology, explore alternative health care delivery models and continue to achieve a high level of quality health care across the continuum of care from prevention and wellness to acute and long term care.

A rural health network is defined as an organizational arrangement among at least three separately owned regional or local health care providers that come together to develop strategies for improving health services delivery systems in a community. For example, a critical access hospital, a community health center, and a public health department may collaborate to form a network around a shared purpose. Networks may include a wide range of community partners providing health care including social service agencies, faith-based organizations, mental health agencies, charitable organizations, educational institutions, employers, local government agencies or other entities with an interest in a community's health care system. Strong partnerships at the community level with organizations such as those mentioned above, are essential to the overall success of improving population health through alignment of goals and resources.

The passage of the Affordable Care Act has provided opportunities for expanded insurance coverage in rural areas. This law has the potential to positively change the payer mix for rural

providers but may also create a surge in demand for the existing providers in rural areas. The Affordable Care Act also focuses heavily on improving quality through new incentives in the Medicare program, ranging from avoidable re-admission and hospital-acquired condition penalties for hospitals to value-based reimbursement systems in acute, ambulatory and post-acute reimbursement. In addition to improving the way providers are paid by promoting value-based payment systems; improving the way care is delivered by encouraging integration and coordination of clinical services, population health and patient engagement is another paradigm shift with the passage of the Affordable Care Act. There are also new delivery models related to Accountable Care Organizations, Patient-Centered Medical Homes and payment. At the same time, there is greater consolidation in the health care market and increasing efforts across payers and employers to focus on health promotion and chronic disease management in order to improve patient outcomes and reduce downstream costs. The increasing focus on showing value in health care delivery creates incentives to develop regional systems of care that preserve local autonomy for rural communities while also ensuring access to the appropriate continuum of care for the local service population. Thus, it is more important now than ever for rural providers to participate in efforts such as implementing population health strategies to demonstrate the quality and value they provide rural residents. Each of the aims listed below offer activities that can help rural providers work together to adapt to the larger changes in the health care delivery system.

Applicants **must** clearly identify **one** of the following focus areas that their network planning activities will address:

i. Population Health
1. Care Coordination
2. Patient Engagement
3. Data Analytics/Health Information Technology
4. Physician and health care provider-hospital alignment

ii. Alleviating Loss of Local Services and Access to Care
1. Rural Hospital Closure / Conversion
2. Rural Hospital Financially at-risk of closing
3. Enhancing sustainable Emergency Medical Services
4. Telehealth

Applicants **must** describe planning activities that support at least **one** of the legislative aims described below:

Aim #1: Achieve efficiencies
The network will focus on identifying ways to achieve better system efficiencies and improve regional and/or local rural health care services. Planning activities may include, but are not limited to:

1. 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 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.

2. 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.

3. Collaborating with the local charitable hospital to develop an implementation plan for addressing community needs identified by the triennial community health needs assessment.

4. Identifying a plan for developing regional systems of care to better meet rural patient concerns.

Aim #2: Expand access to, coordinate, and improve the quality of essential health care services
The network will focus on ways to build capacity and a network infrastructure that enables entities to coordinate care and increase access to care for rural communities both locally and regionally. Planning activities may include, but are not limited to:

1. Developing a 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.

2. Identifying the degree to which the network members are ready to integrate their functions and share clinical and/or administrative resources.

3. Assessing appropriateness/readiness for Patient Centered Medical Home accreditation.

4. Identifying strategies to communicate with the community about changes in the health care landscape and how to maintain access to viable health care services.

5. Developing a plan to expand the role of emergency medical services within the community.

6. Developing a plan to ensure access to essential services in communities that have lost a hospital or consider options for ensuring access in areas where the hospital is at risk of closing.

Aim #3: Strengthen the rural health care system as a whole
Network members will focus on ways to enhance community and partner relationships to promote involvement and participation in network planning activities. Planning activities may include, but are not limited to:

1. Identifying ways to encourage cross-organizational collaboration and leadership commitment.

2. Assessing the network's sustainability and viability.

3. Identifying opportunities for the network to better address regional and/or local population health needs.

4. Identifying and establishing ways to obtain regional and/or local community support/buy-in around the development of the network.

5. Identify a strategy to leverage broadband connectivity to support health information technology applications in rural communities. This may include developing partnerships to leverage broadband funding through the Federal Communications Commission Health Care Connect program and the United States Department of Agriculture Broadband Program.

6. Developing a transition plan that assures seamless access to care across a full range of services, in the event of a hospital closure/conversion.

Network planning activities that model evidence-based frameworks or models that work are encouraged. Proposals should emphasize innovations and creative approaches in adapting to a changing health care environment that may serve as a model to other rural communities.

Management Criteria
The applicant organization must have financial management systems in place and demonstrate the capability to manage the grant. The applicant organization must:

- Exercise administrative and programmatic direction over grant-funded activities;
- Be responsible for hiring and managing the grant-funded staff;
- Demonstrate the administrative and accounting capabilities to manage the grant funds;
- Have at least one permanent staff at the time a grant award is made; and
- Have an Employer Identification Number (EIN) from the Internal Revenue Service.

2. Background

This program is authorized by Section 330A(f) of the Public Health Service Act, 42 U.S.C. 254c(f), as amended, to expand delivery of health care services in rural areas through the planning of integrated health care networks in rural areas.

The realities of rural health care delivery such as a limited provider base, financial viability challenges, and higher rates of chronic disease pose as barriers for rural health care providers in delivering optimal care and for communities in accessing quality and coordinated care. These realities exist against the backdrop of ongoing challenges related to the economic viability of some existing low-volume health providers in rural communities. Thus, policymakers are

turning to the concept of population health to help address these challenges. Some rural communities may be negotiating how to best meet local health care needs, particularly in those rural communities that may be too small to support a full-service hospital but need more than an ambulatory clinic or a nursing home. It is necessary to leverage expertise, resources, and organizational influence across different segments of the health care system to coordinate their efforts in a strategic manner.

An increasing number of rural hospitals have closed or limited services due to diminishing financial viability. As of August 2015, fifty-seven (57) rural hospitals have either closed or suspended operations[1]. As the lynchpin of a community, the loss of a rural hospital can impact access to necessary health care services. Communities are beginning to explore innovative approaches to maintain access to essential health care services in rural areas while appropriately leveraging community resources and facilities to ensure sustainability.

Planning networks may provide an opportunity to address a broad range of challenges, unique to rural communities, by bringing together rural health care providers and other community organizations. Networks may help address local health care problems in an environment where its members focus efforts on pursuing mutual goals that benefit the community, while also developing ways to improve efficiencies in the current health care system. In addition, planning networks may tailor activities such as Health Insurance Marketplace outreach and enrollment efforts to the uninsured population in rural communities. They are also able to help educate the newly insured rural Americans about the health insurance coverage and care to which they now have access.

While this grant provides one-year funding, FORHP envisions that these networks will work towards becoming operational and sustainable beyond the one year and achieving long-term outcomes such as: network sharing services, enhancing service coordination and integration, and having a viable business model. The long-term impact of this program will help organizations achieve efficiencies, increase access to care and coordination, and strengthen the rural health care system as a whole. At the conclusion of this one-year grant, grantees will be expected to report on various process and outcome measures as well as fulfill other grant reporting requirements.

To view the abstracts of previous Network Planning grant recipients, visit "Find Grantees" at http://www.hrsa.gov/ruralhealth/about/community/rhnetworkplanning.html.

II. Award Information

1. Type of Award

Type(s) of applications sought: New

Funding will be provided in the form of a grant.

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[1] University of North Carolina. The Cecil G. Sheps Center for Health Services Research [August, 2015].

2. Summary of Funding

This program will provide funding during federal fiscal year 2016. Approximately $2,400,000 is expected to be available to fund twenty-four (24) recipients. Applicants may apply for a ceiling amount of up to $100,000 per year. The actual amount available will not be determined until enactment of the final FY2016 Federal budget. This program announcement is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds can be awarded in a timely manner. The project period is one (1) year.

Effective December 26, 2014, all administrative and audit requirements and the cost principles that govern federal monies associated with this award will be subject to the Uniform Guidance 2 CFR 200 as codified by HHS at 45 CFR 75, which supersede the previous administrative and audit requirements and cost principles that govern federal monies.

A funding preference is available for this opportunity. Applicants must specifically request the preference by including **Attachment 12**. The requirements for the funding preference are described in section V. 2. of this announcement.

III. Eligibility Information

1. Eligible Applicants

A) Eligibility and Geographic Requirements:
   i.   The applicant organization must be a rural nonprofit or rural public entity that represents a consortium/network of three or more health care providers. Federally-recognized tribal entities are eligible to apply as long as they are located in a rural 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.

        Applicant organizations with headquarters located in a metropolitan county that serve non-metropolitan or metropolitan counties are not eligible solely because of the areas they serve. In addition, applicant organizations located in a metropolitan county with branches in a non-metropolitan county are not eligible to apply if they are eligible only because of the areas or populations they serve.

        To ascertain rural eligibility, please refer to http://datawarehouse.hrsa.gov/RuralAdvisor/RuralHealthAdvisor.aspx. This webpage allows potential applicants to search by county or street address and determine their 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 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 grant

funds 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 the FORHP in writing that, for the grant, they will exert no control over or demand collaboration with the rural entity. This letter must be included in **Attachment 10**.

ii.   In addition to the several states, only the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau may apply. If applicants are located outside the 50 states, they still have to meet the rural eligibility requirements.

iii. Faith-based and community-based organizations are eligible to apply for these funds. For-profit or urban based organizations are <u>not</u> eligible to be the applicant organization but can participate in the network.

iv.   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 the applicant organization is a public entity, proof of nonprofit status is not necessary. However, the applicant organization must identify themselves as a public entity and submit an official signed letter on city, county, state or tribal government letterhead in **Attachment 1**. (Applicants 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.
- If the applicant has been previously awarded a grant from HRSA and their name has changed, a copy of both the organization's current by-laws and the IRS letter with the new organization name must be submitted.

v.   In determining eligibility for this funding, the FORHP 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, FORHP has created an exceptions 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. Those applicants must present documented evidence of total population for the core urbanized area and demonstrate through data from the Census Bureau and State or 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/geo/reference/ua/urban-rural-2010.html   Prisoners held in local jails cannot be removed from the core urbanized area population.

This exception is only for the purpose of eligibility for FORHP grant programs. To find out if you are eligible for a reclassification, please contact Steve Hirsch at 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 FORHP.

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

B) Network Requirements
The Rural Health Network Development Planning Program requires the establishment of a network. The 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 grant funds must have **separate and different** Employer Identification Numbers (EIN). The applicant organization must have an active SAM registration.

Please Note: Individuals do not need to register with SAM. Individuals are exempt from the requirements of 2 CFR 25.

The network can be a horizontal network (composed of the same type of organization, i.e., hospitals or clinics), or a vertical network (composed of different types of organizations, i.e., a critical access hospital and a rural health clinic and a community health center). The network members may be for-profit or nonprofit and may be in a rural or urban area. 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.

Existing networks that seek to expand services or expand their service area are not eligible to apply. Existing networks that are proposing to collaborate with at least two outside organizations that they have not worked with before under a formal relationship are eligible to apply.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

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

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

NOTE: Multiple applications from an organization are not allowable.

If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates), an application is submitted more than once prior to the application due date, HRSA will only accept the applicant's **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.

If the applicant organization has a history of receiving funds under the Rural Health Network Development Planning grant, they must propose a project which is different from what was previously funded <u>and</u> have two new network members. Abstracts from previous Rural Health Network Development Planning awards must be submitted in **<u>Attachment 11</u>**.

Notifying your State Office of Rural Health
Applicants are required to notify the State Office of Rural Health (SORH) of their intent to apply to this program. A list of the SORHs can be accessed http://nosorh.org/nosorh-members/nosorh-members-browse-by-state/. Applicants must include in **<u>Attachment 2</u>** a copy of the letter or email sent to the SORH, and any response received to the letter (including an exempt response), that was submitted to the SORH describing their project.

Each State has a SORH, and the FORHP recommends contacting the SORH entity early in the application process to advise them of your intent to apply. The SORH may be able to provide some consultation to applicants including information on model programs, data resources, technical assistance for consortiums, evaluation, introductions to partner organizations, or support of information dissemination activities. Applicants should make every effort to seek consultation from the State Office of Rural Health at least three weeks in advance of the due date and as feasible provide the State Office of Rural Health a simple summary of the proposed project. If no response is received, please include the original letter of intent requesting the support.

Applicants located in the Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau do not have a designated State Office of Rural Health. Applicants from these areas can request an email or letter confirming the contact from NOSORH. The email address is: [donnap@nosorh.org.](mailto:donnap@nosorh.org)

IV. Application and Submission Information

1. Address to Request Application Package

HRSA *requires* applicants for this funding opportunity announcement to apply electronically through Grants.gov. Applicants must download the SF424 application package associated with this funding opportunity following the directions provided at Grants.gov.

2. Content and Form of Application Submission

Section 4 of HRSA's *SF-424 Application Guide* provides instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the Application Guide in addition to the program specific information below. All applicants are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide* except where instructed in the funding opportunity announcement to do otherwise.

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

Application Page Limit
The total size of all uploaded files may not exceed the equivalent of 80 pages when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this FOA. Standard OMB-approved forms are NOT included in the page limit. Indirect Cost Rate Agreement and proof of nonprofit status (if applicable) will not be counted in the page limit. **We strongly urge you to print your application to ensure it does not exceed the specified page limit.**

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

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

i. Project Abstract
Applicants must clearly indicate the focus area and legislative aim that their network planning activities support in the project abstract. For additional guidance, see Section 4.1.ix of HRSA's *SF-424 Application Guide*.

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

Applicants need to explain how their proposal incorporates elements of health care redesign, with a focus on transforming the health care delivery into a patient and value-driven system.

This includes, but is not limited to, supporting the current healthcare landscape to improve outcomes, reduce costs, ensure access and efficient transitions of care, and promote innovative approaches. The network composition should be diverse and encourage collaboration from multiple facets of the health care system.
A successful and sustainable network is built upon a strong infrastructure that requires planning and continuous development along with effective leadership. As a result, the Federal Office of Rural Health Policy (FORHP) created this program to help organizations build the capacity to plan and develop their network. It is expected that over the course of the year, the network and its members will, at a minimum, take steps in creating a strong network infrastructure by addressing and overcoming organizational barriers and conflicts amongst network members and ensuring strong leadership is present. It is expected that the network will develop a strategic plan and conduct a self-assessment so that network members can use the information to help identify areas of strengths and areas for improvement as they move forward with their network activities beyond federal funding. Laying out a careful strategic plan that articulates where an organization wants to go is a critical first step to getting there. Peer to peer and individual technical assistance will be available to grantees to assist in the completion of both the self-assessment and strategic plan.

If applicable, applicants should focus on network planning activities that mitigate the negative impact of hospital closures on rural communities.

Use the following section headers for the Narrative:

- *INTRODUCTION -- Corresponds to Section V's Review Criterion #1 (Need)*
  This section should briefly describe the purpose of the proposed project. It should summarize the project's goals, expected outcomes, focus area and the aim(s) the project will support. Applicants should briefly describe the planning activities it will conduct to build the network's infrastructure.

- *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion #1 (Need)*
  This section outlines the perceived needs of the community and how the network will address those unmet needs. This section should describe the rural community and how the network will serve the community.

  The following items must be addressed:

  1. The target population and its unmet health needs must be described and documented in this section as well as socio-cultural determinants of health and health disparities impacting the population or communities. Demographic data should be used and cited whenever possible to support the information provided and describe the need for creating a network. Please list the areas of impact in **Attachment 3**.
  2. Describe the relevant services currently available in or near the service area of the network. The applicant should describe the potential impact of the network on providers, programs, organizations and other entities within the community. The applicant should identify gaps in the existing health care service and activities that 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).

3. Explain how a network planning grant would address unmet needs. The applicant is expected to demonstrate the need for federal funding to support network planning activities by describe the environment in which the network has developed and why federal funds are appropriate at this time.
4. Provide a map that shows the location of network members, the geographic area that will be served by the network and any other information that will help reviewers visualize and understand the scope of the proposed planning activities should be included. Please include the map as **Attachment 4**. *Note:* Maps should be legible and in black and white.
5. Identify the potential barriers and challenges in forming the network and implementing the network activities along with possible solutions to address the barriers. Including any pertinent geographic, socio-economic, linguistic, cultural, ethnic, workforce, or other barrier(s) that prohibit access to health care in the target community. As well as any anticipated linguistic, social, or religious barriers to health care.

6. If applicable, describe the financial performance (e.g. unprofitability, insolvency, utilization, staffing) of the rural hospital within the community at risk of closing.

- *METHODOLOGY -- Corresponds to Section V's Review Criteria #2 (Response) and #4 (Impact)*
  This section describes proposed methods that will be used to address the stated needs and to meet each of the program requirements and expectations in this funding opportunity announcement.

  The following items must be addressed:

  1. Describe how the local community or region to be served will experience increased access to quality health care services across the continuum of care as a result of the planning activities carried out by the network, particularly how it relates to re-organizing health care delivery to make the transition to a health care environment that emphasizes value, quality and efficiency. The application should identify new services that could result as an outcome of planning for the integration and coordination of activities carried out by the network.
  2. Describe the potential level of impact of the network's services on the providers in the service area that are not network members.
  3. 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 five (5) years, it is strongly encouraged that a community health needs assessment be included as one of the process goals for completion during the project period.
  4. Include information on how the network members were identified for inclusion in the 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. Each network member should have an identified role in the project. Include a description of any previous collaboration among the network partners.

5. Explain the expected outcomes this project will accomplish by the end of the project period.
6. Identify factors and propose a plan that will lead to the network's sustainability after Federal support for the project ends. The applicant should discuss the network and community benefits of a successful network.
Factors/benefits may include:
   - Network Member contributions;
   - Shared purchasing;
   - Shared personnel;
   - Collaborative service delivery;
   - Potential for the project to be replicated in other rural areas, if applicable; and
   - Potential future partners. There should also be a short discussion on what potential future partners will bring to the project and why they were not included in the original network.
7. Identify how communication will flow between network members, and address how the network partners will resolve differences in executing the project and issues, should they arise.
8. Describe the potential financial impact on network members (i.e. cost sharing).
9. Describe the process for how the network will engage in strategic planning in order to develop the network plan.
10. 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 #4 (Impact)*
This section describes the activities or steps that will be used to achieve each of the activities proposed in the methodology section.

   Applicants should describe a clear and coherent work plan that is aligned with the network's goals and objectives. To accomplish this, applicants are strongly encouraged to present a workplan that illustrates the network's goals, strategies, activities and measurable process and outcome measures in **Attachment 5**. The work plan must outline the individual or organization responsible for carrying out each activity and reflect a timeline for completion of such activity.

- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion #2 (Response)*
This section discusses challenges that are likely to be encountered in designing and implementing the activities described in the work plan. Describe the challenges in the work plan and include approaches to resolve the challenges. Describe how network activities will be communicated and integrated into individual network members' organizational activities to the extent this is appropriate.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria #3 (Evaluative Measures) and #5 (Resources/Capabilities)*
This section describes how progress toward meeting project goals will be tracked, measured, and evaluated. Any assumptions made in developing the project work plan and the anticipated outputs and outcomes of activities should be explained. Both outcome and process measures may be used to assess progress.

Describe ongoing quality assurance/quality improvement strategies that will allow for the early detection and modification of ineffective strategies. The applicant should also describe how the self assessment will be used to help inform the network's quality improvement strategy and sustainability beyond federal funding. Specifically, this self-assessment should include, but not limited to, the following elements:

- **Outcomes focus:** Ensures that the goals and objectives of the project are assessed. Outcomes should demonstrate improved health outcomes and impact to the community. The applicant should explain how resources are leveraged and utilized to enhance the community's health care delivery system.
- **Data collection:** Illustrates the accuracy and consistency of data to be collected, and the ability to produce objective results. Ensures that data collection methods are feasible for the project and data are collected in a timely manner.
- **Sustainability:** Identify factors and strategies that will lead to viability and sustainability after Federal funding ends. Describe the tools and resources that will be used to illustrate the economic impact of the project throughout the project period. Explain how sustainability data will inform quality improvement strategies and future efforts.

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criteria #5 (Resources/Capabilities) and #6 (Support Requested)*
  This section describes 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 their mission, structure, and current primary activities. The applicant organization should describe its ability to manage the grant project and personnel. It should also identify and describe financial practices and systems that assure that the applicant organization has financial resources to manage Federal funds. Documentation is required to identify that that the applicant organization is a rural nonprofit or rural public entity (**Attachment 1**).

  State whether the applicant organization has a network director in place, or an interim director. If the network has an interim director, discuss the process and timeline for hiring a permanent network director for this project. The network director may also be the project director. The project director must be identified in the Abstract, as well as key personnel. Include information on the individual who will serve as the network director (or interim) and will be responsible for project monitoring and ensuring the grant activities are carried out. The proposed network may identify a permanent director prior to receiving grant funds. Provide evidence that the network director will allot at least 25 percent of their time to the project and has management experience involving multiple organizational arrangements. The applicant organization should have at least one paid full-time staff employed at the time of application.

  Include a description of the roles of key personnel and how their roles relate to the network and the planning project. Key personnel are individuals who will be funded 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 FOA.), extent of

prior collaboration among network members and strategies for further development and maturation of the network.

Provide information on each of the network members and a one page organizational chart of the proposed network that depicts the relationship between the proposed network members and includes the network governing board, if applicable. 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**.

Outline the roles and responsibilities within the network for each network member while addressing the capacity to carry out program goals. Describe the relationship between the applicant 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.

Describe the relationship of the 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.

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

NARRATIVE GUIDANCE

In order to ensure that the Review Criteria are fully addressed, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.

Narrative Section	**Review Criteria**
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response and (4) Impact
Work Plan	(4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures and (5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities and 6) Support

	Requested
Budget and Budget Narrative	(6) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

iii. Budget

See Section 4.1.iv of HRSA's *SF-424 Application Guide*. Please note: the directions offered in the SF-424 Application Guide differ from those offered by Grants.gov. Please follow the instructions included in the Application Guide and, if applicable, the additional budget instructions provided below.

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

In addition, because the primary purpose of this program is to fund planning activities, we strongly recommend that applicants adhere to the following budget considerations.

Travel: Please allocate travel funds for one program staff to attend a one (1) day technical assistance workshop at a location to be determined and include the cost of this as a budget line item.

Equipment: Based on historical data gathered from prior grant cycles, equipment costs for this program have averaged 5% of the total award amount. Accordingly, equipment costs which exceed 5% of the total award amount will generally be considered unreasonable and therefore are not allowable (see the definition of Equipment in Section VIII. Other Information).

Legal Costs: Based on historical data gathered from prior grant cycles, legal costs for this program have averaged 20% of the total award amount. Accordingly, legal costs which exceed 20% of the total award amount will generally be considered unreasonable and therefore are not allowable. Legal costs include services and activities such as: consults, 501 (c) 3 application preparation, articles of incorporation and by-laws development.

Contractual: Applicants are responsible for ensuring that their 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, applicants must provide a clear explanation as to 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 to pay for the direct provision of clinical health services will be deemed unresponsive and will not be considered for funding under this announcement.

Please refer to the HHS Grants Policy Statement and Uniform Guidance for further information on allowable and unallowable costs.

The Consolidated and Further Continuing Appropriations Act, 2015, Division G, § 203, (P.L. 113-235) states, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.". Please see Section 4.1.iv Budget – Salary Limitation of HRSA's *SF-424 Application Guide* for additional information. Note that these or other salary limitations will apply in FY 2016, as required by law.

iv. *Budget Justification Narrative*

See Section 4.1.v. of HRSA's *SF-424 Application Guide.* In addition, the Rural Health Network Development Planning program requires the following:

Please provide a budget narrative justification that explains the amounts requested for each line in the budget. The budget justification should specifically describe how each item will support the achievement of proposed objectives. The budget period is for one (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 justification MUST be concise. Do NOT use the justification to expand the project narrative.

v. *Attachments*

Please provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit**. Indirect cost rate agreements and proof of nonprofit status (if applicable) will not count toward the page limit. **Each attachment must be clearly labeled**.

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 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 themselves as a public entity and submit an official signed letter on city, county, State or Tribal government letterhead in **Attachment 1**. (Applicants 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 Office of Rural Health (SORH) early in the application process to advise them of their intent to apply. The SORH 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 identified here as well as the county and census tracts of the network partners.

Attachment 4: *Map of service area.*
Include a map that clearly shows the location of network members, the geographic area that will be served by the network, and any other information that will help reviewers visualize and understand the scope of the proposed planning activities.

Attachment 5: *Work Plan*
Attach the work plan for the project that includes all information detailed in Section IV. ii. Project Narrative.

The work plan should illustrate the network's goals, strategies, activities, and measurable progess and outcome measures. The work plan must outline the individual or organization responsible for carrying out each activity and include a timeline for the project period.

Attachment 6: *Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of the HRSA's* [SF-424 Application Guide](#)*)*
Provide a staffing plan that discusses the staffing requirements necessary to run the 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 portion of the application.

Provide the job descriptions for key personnel listed in the application. Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff. 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*
Provide biographical sketches for persons occupying the key positions described in **Attachment 6** (each sketch should not exceed two pages in length). In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch. If 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 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., community health center, hospital, 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 ID Number (EIN). 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 network members. Letters of commitment must identify what the organization's roles and responsibilities in the project will be, what 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 grant funds will be used for the development of a health care network and are not to be used for the exclusive benefit of any one network partner or to provide clinical services.

In place of individual letters, the applicants may insert a Memorandum of Agreement (MOA) or Memorandum of Understanding (MOU) describing the responsibilities and roles each organization will be responsible for in the project. The MOA/MOU should be signed by each network partner.

Attachment 10: *Letter from Urban Parent Organization*
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 the FORHP 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 the applicant organization has received any FORHP 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 requesting a funding preference, the application must provide documentation that supports the funding preference qualification. For further information on funding preferences and the required documentation, please refer to Section V.2.

Attachments 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. This letter specifically states that the organization writing the letter supports the project and would like to see it funded.

Attachment 14: Exception Request (If Applicable) If a Metropolitan Area would otherwise be considered non-Metropolitan if the core, urbanized area population count did not include Federal and/or State prison populations present documented evidence of the total population for the core urbanized area and demonstrate validity through data from the Census Bureau and State of Federal Bureaus of Prisons or Corrections Departments. Please refer to Section III. v. This exception is only for the purpose of eligibility for FORHP grant programs. To find out if you are eligible for a reclassification, please contact Steve Hirsch at 301-443-7322.

Attachment 15: Other Related Documents (Optional) Include here any other documents that may be relevant to the application (e.g. Indirect Cost Rate Agreement).

3. Dun and Bradstreet Universal Numbering System Number and System for Award Management

Applicant organizations must obtain a valid DUNS number and provide that number in their application. Each applicant must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which it has an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or Federal agency that is exempted from those requirements under 2 CFR 25.110(b) or (c), or has an exception approved by the agency under 2 CFR 25.110(d).

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

If an applicant/awardee organization has already completed Grants.gov registration for HRSA or another Federal agency, confirm that it is still active and that the Authorized Organization Representative (AOR) has been approved.

The Grants.gov registration process requires information in three separate systems:
- Dun and Bradstreet (http://fedgov.dnb.com/webform/pages/CCRSearch.jsp)
- 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*.

Applicants that fail to allow ample time to complete registration with SAM or Grants.gov 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 FOA is January 8, 2016 at 11:59 P.M. Eastern Time.

See Section 8.2.5 – Summary of e-mails from Grants.gov of HRSA's *SF-424 Application Guide* for additional information.

5. Intergovernmental Review

The Rural Health Network Development Planning program is a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100. See Executive Order 12372 in the HHS Grants Policy Statement.

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

6. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to one (1) year, at no more than $100,000 per year.

Funds under this announcement may not be used for the following purposes:
- To build or acquire real property
- For construction

Because, as noted above, 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.

The General Provisions in Division G of the Consolidated and Further Continuing Appropriations Act, 2015 (P.L. 113-235) apply to this program. Please see Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Note that these or other restrictions will apply in FY 2016, as required by law.

All program income generated as a result of awarded grant funds must be used for approved project-related activities.

V. Application Review Information

1. Review Criteria

Procedures for assessing the technical merit of applications have been instituted to provide for an objective review of applications and to assist the applicant in understanding the standards against which each application will be judged. Critical indicators have been developed for each review criterion to assist the applicant in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. Review criteria are outlined below with specific detail and scoring points.

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

Review Criteria are used to review and rank applications. The Rural Health Network Development Planning program has six (6) review criteria:

CRITERION	Number of Points
1. Need	25
2. Response	25
3. Evaluative Measures	10
4. Impact	15
5. Resources/Capabilities	15
6. Support Requested	10
TOTAL POINTS	100

Criterion 1: NEED (25 points)
Items under this criterion address the Introduction and Needs Assessment sections of the Project Narrative.

1. The extent to which the application clearly describes the purpose of the proposed project, the local/regional health care environment, expected outcomes, focus area and the aim(s) the network planning project would support.
2. The extent to which the application clearly describes the health care service environment in which the network will be developed and includes appropriate data sources (local, Tribal, State, 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 network 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).
3. The extent to which relevant services currently available in or near the network service area are discussed as well as the potential impact of the network's activities on providers, programs, organizations, and other network entities in the community.
4. The recognition of new and emerging challenges facing rural communities.
5. 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 other information that will help visualize and understand the scope of the proposed planning activities (see **Attachment 4**).

6. 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) 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 hospital closure or conversion that impacts access to health care services within the community
7. The clarity with which the applicant describes the recent hospital closure or conversion that impacts access to health care services within the community (e.g. financial performance information).

Criterion 2: RESPONSE (25 points)
Items under this criterion address the Methodology and Resolution of Challenges sections of the Project Narrative.
Sub-criterion 2.1:   *22 points*

1. The clarity and appropriateness of the proposed goals and objectives and the aim(s) the activities are supporting, and the extent to which project activities would result in achieving the proposed goals.
2. The degree to which the applicant network is addressing an innovative approach to addressing new and emerging challenges likely to be encountered in designing and implementing the activities described in the work plan, particularly in how it relates to re-organizing health care delivery to make the transition to a health care environment that emphasizes value, quality and efficiency.
3. The extent to which the application identifies the expertise and capacity of each proposed member and how the expertise relates to the 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**).
4. The strength of the expected outcomes and the explanation of how the award will be used to accomplish tasks associated with the outcomes.
5. 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. The extent to which the applicant clearly describes how the network will strengthen their network infrastructure and capacity.

Sub-criterion 2.2   *3 points*

1. The strength of the proposed flow of network communications and evidence that communication will be used to resolve differences in executing the project and addressing issues should they arise.
2. The extent to which the applicant clearly demonstrates how the network will develop a strategic plan that will lead the network to sustainability after the Federal support for the project ends.

Criterion 3: EVALUATIVE MEASURES (10 points)

Items under this criterion address the Evaluation and Technical Support Capacity section of the Project Narrative.

1. The clarity and appropriateness in which the network plans to use quality assurance/quality improvement strategies to inform the network's self-assessment and sustainability beyond federal funding.
2. The extent to which the process and outcome 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.
3. The clarity and appropriateness of the data collected to inform network activities.
4. The strength of proposed ongoing quality assurance/quality improvement strategies that will allow the early identification and modification of ineffective strategies.

Criterion 4: IMPACT (15 points)
Items under this criterion address the Methodology and Work Plan section of the Project Narrative.

Sub-Criterion 4.1   *12 points*

1. The feasibility of the work plan that outlines the goals, objectives/strategies, activities, measurable outcomes and process measures, and includes the person or organization responsible for carrying out each activity and an anticipated timeframe (see **Attachment 5**).
2. The potential level of impact of the network's services on the providers that are not members of the network in the service area.
3. The potential financial impact on the network members, i.e., cost sharing, joint purchasing, personnel sharing, etc.
4. The extent to which the network will impact their rural community and providers
5. The extent to which the network will strengthen its relationship with the community/region it serves.

Sub-Criterion 4.2   *3 points*

1. The clarity and appropriateness in which the network plans to develop a strategic plan and use the information to inform future network activities.
2. The extent to which the applicant clearly describes the network's sustainability efforts as indicated by:
    i. Reasonableness of evidence that the provider collaboration will increase their viability and ability to serve the needs of the community beyond the project period.
    ii. Feasibility of network support to include items such as:
        1. Network Member contributions
        2. Shared purchasing
        3. Shared personnel
        4. Collaborative service delivery
        5. Potential for replicability
        6. Potential for future partners

Criterion 5: RESOURCES/CAPABILITIES (15 points)
Items under this criterion address the Evaluation and Technical Support Capacity and Organizational Information sections of the Project Narrative.

Sub-Criterion 5.1   *12 points*

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 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. Strength of the relationship between the network and the community/region it serves. Degree to which the network is capable of partnering with appropriate organizations in the community to fulfill the goals of the network and Rural Health Network Development Planning program.
4. 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.Extent to which applicant demonstrates community support for committed involvement in network planning activities via letters entities such as, but not limited to, local clinics and providers, regional health systems, county officials, and area businesses.

Sub-Criterion 5.2   *3 points*

1. The strength and appropriateness of the plans for development of a network governing board.
2. Strength and qualifications of the network director (or the individual who will serve as the interim director) who will be responsible for monitoring the project and ensuring grant activities are carried out. If the network 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 network director's role contributes to the success of the network and how it will contribute to the planning activities.

Criterion 6: SUPPORT REQUESTED (10 points)
Items under this criterion address Section IV's Budget, Budget Justification Narrative, and Organizational Information

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, equipment, and legal services.
3. The extent to which the budget justification 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 grant-funded activities.
4. The extent to which key personnel have adequate time devoted to the project to achieve project objectives. The extent to which network members have adequate time devoted to

achieve project objectives and the degree to which participants are ready to integrate their functions.

5. The extent to which the applicant describes why federal funds are appropriate to support a network in this service area at this time.

2. Review and Selection Process

Please see section 5.3 of the HRSA's *SF-424 Application Guide*.

HRSA will use other factors other than merit criteria in selecting applications for federal award. For this program, HRSA will use funding preferences.

Funding Preferences

The authorizing legislation (Section 330A(h) of the Public Health Service Act (42 U.S.C. 254c(f)) provides a funding preference for some applicants. 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 be given full and equitable consideration during the review process. The funding factor will be determined by the Objective Review Committee. The law provides that a funding preference be granted to any qualified applicant organization that specifically requests and demonstrates that they meet the criteria for the preference as follows:

> *Qualification 1: Health Professional Shortage Area (HPSA)*
> An applicant can request this funding preference if the service area of the applicant is located in an officially designated health professional shortage area (HPSA). Applicants should include a screenshot or printout from the HRSA Shortage Designation website which indicates if a particular address is located in a HPSA: http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx.

> *Qualification 2: Medically Underserved Community/Populations (MUC/MUPs)*
> An applicant can request this funding preference if the applicant is located in a medically underserved community (MUC) or serves medically underserved populations (MUPs). Applicants should include a screenshot or printout from the HRSA Shortage Designation website which indicates if a particular address is located in a MUC or serves an MUP: http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx.

> *Qualification 3: Focus on primary care and wellness and prevention strategies.*
> An applicant can request this funding preference if their project focuses on primary care and wellness and prevention strategies. This focus must be evident throughout the project narrative.

If requesting a funding preference, please indicate which qualification is being met in the **Project Abstract.** See page 41 of the HRSA SF-424 Application Guide. FORHP highly recommends that the applicant include this language: "***Applicant's 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)."*

If a funding preference is requested, documentation of funding preference must be placed in **Attachment 12**. (Please label documentation as "Proof of Funding Preference Designation/Eligibility.") If the applicant does not provide appropriate documentation in **Attachment 12**, the applicant will not receive the funding preference.

Applicants 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.

Please Note: The Health Resources and Services Administration 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). The decision not to make an award or to make an award at a particular funding level, is discretionary and is not subject to appeal to any OPDIV or HHS official or board.

3. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of June 1, 2016.

VI. Award Administration Information

1. Award Notices

The Notice of Award will be sent prior to the start date of June 1, 2016. See section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

2. Administrative and National Policy Requirements

See section 2 of HRSA's *SF-424 Application Guide*.

3. Reporting

The successful applicant under this funding opportunity announcement must comply with Section 6 of HRSA's *SF-424 Application Guide* **and** the following reporting activities:

- **Performance Measures Report.** A performance measures report is required after the end of the budget period in the Performance Improvement Measurement System (PIMS). FORHP developed a set of standard measures, called Performance Improvement Measurement System (PIMS), to assess the overall impact that FORHP programs have on rural communities and to enhance ongoing quality improvement. Grantees 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 FORHP to demonstrate the overall impact of the program. Upon award, grantees will be notified of specific performance measures required for reporting.

- **Self-Assessment.** An informal self-assessment report is required after the end of the project period in the Electronic Handbooks (EHB). Self-assessments are designed to assist formative, evolving and mature networks in assessing their current local and/or

regional network capacity. The tool, to be used as a guide, is intended for a team of network members to use during the establishment of local or regional networks and when reviewing their current work by identifying network strengths as well as areas needing improvement. Further information will be provided upon receipt of the award.

- **Strategic Plan.** A strategic plan is required after the end of the project period in the Electronic Handbooks (EHB). The strategic plan should be used as a tool to help the network establish its goals and objectives, identify priority areas, and solutions.   Further information will be provided upon receipt of the award.

VII. Agency Contacts

Applicants may obtain additional information regarding business, administrative, or fiscal issues related to this funding opportunity announcement by contacting:

Nancy Gaines, Grants Management Specialist
HRSA Division of Grants Management Operations, OFAM
Parklawn Building
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-5382
Fax: (301) 594-4073
Email: Ngaines@hrsa.gov

Additional information related to the overall program issues and/or technical assistance regarding this funding opportunity announcement may be obtained by contacting:

Amber Berrian, MPH
Public Health Analyst
Attn: Rural Health Network Development Planning Program
Federal Office of Rural Health Policy, HRSA
Parklawn Building, Room 17W25D
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-0835
Fax: (301) 443-2803
Email: aberrian@hrsa.gov

Applicants may need assistance when working online to submit their application forms electronically. Applicants should always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, seven days a week, excluding Federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726   (International Callers, please dial 606-545-5035)
E-mail: support@grants.gov
iPortal: https://grants-portal.psc.gov/Welcome.aspx?pt=Grants

Successful applicants/awardees may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). For assistance with submitting information in HRSA's EHBs, contact the HRSA Call Center, Monday-Friday, 8:00 a.m. to 8:00 p.m. ET:

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

VIII. Other Information

1. Technical Assistance Webinar

The Federal Office of Rural Health Policy will hold a technical assistance webinar on **Wednesday, December 2, 2015** at 2:00 PM – 3:00 PM Eastern Time to assist applicants in preparing their applications.

The Adobe Connect webinar and call-in information is as follows:

Conference line (for audio): 800-593-0693, passcode: 2922383
URL (for web): https://hrsa.connectsolutions.com/networkplanningtawebinar/
(Please enter as a "guest")

Prior to joining, please test your web connection:
https://hrsa.connectsolutions.com/common/help/en/support/meeting_test.htm

Note: You must dial into the conference line to hear the audio portion of the webinar.
No pre-registration is required.

For your reference, the Technical Assistance call will be recorded and available for playback within one hour of the end of the call and will be available until **January 16, 2016**. The phone number to hear the recorded call is 800.395.6236, passcode: 2216.

The Technical Assistance call is open to the general public. The purpose of the call is review the grant guidance and to provide any additional or clarifying information that may be necessary regarding the application process. There will be a Q&A session at the end of the call to answer any questions. While the call is not required, it is highly recommended for any organization interested in applying for the Rural Health Network Development Planning Program.

2. 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. The Federal Office of Rural Health Policy urges significant community involvement in the project from the very beginning. Applicant organizations 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 through the use of town meetings, focus groups, surveys, and other appropriate techniques.

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 grant program and in decisions on the allocation of grant resources. Applicants may conduct a formal needs assessment in their communities or can rely on assessments conducted by others. If a formal needs assessment has not been conducted, applicants can demonstrate community needs through the use of demographic data for their 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. The Federal Office of Rural Health Policy 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. Network Development Planning grants 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 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. Applicants that put off planning, consensus building and sign-off by appropriate consortium members until close to the application deadline may risk the appearance, in the final application, that the project does not have sufficient commitment by all network members. This weakness could jeopardize a positive review of the application. Please make sure the community and 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 grant proposal. Your budget narrative should explain how the funds will be spent. The budget narrative must link back to the activities of the proposed project.

3. Common Definitions

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

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

Developmental Stages of Networks – Successful rural health networks pass through developmental states similar to the lifecycle of a single organization. The maturation process isn't 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 state:

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.

Equipment – Tangible nonexpendable personal property that has a useful life of more than 1 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 urgent care, rehabilitation, primary care, skilled nursing care, etc.

Hospital Financially At-Risk – A hospital under financial distress or likely to be in the future. Financial distress can be characterized by unprofitability, insolvency and/or decline in equity.

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 grantee institution to direct the project or program being supported by the grant. 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 the Office of Rural Health Policy and the Department of Health and Human Services for the performance and financial aspects of the grant-supported activity. The interim Network Director may be employed by or under contract to the grantee organization. The permanent Network Director may be under contract to the grantee 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 Health and Human Services accounting system.

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

Project Period – The total time for which support of a discretionary project has been approved. A project period may consist of one or more budget periods. The total project period comprises the original project period 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 subrecipients.

Rural Hospital – Any short-term, general acute, non-federal hospital that is a. not located in a metropolitan county or 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.

4. Useful Web Sites

Several sources offer data and information that will help you in preparing the applicant. Applicants 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:
o Principles of Rural Health Network Development and Management
o Strategic Planning for Rural Health Networks
o Rural Health Network Profile Tool
o The Science and Art of Business Planning for Rural Health Networks
o Shared Services: The Foundation of Collaboration
o Formal Rural Health Networks: A Legal Primer
Website: **http://www.academyhealth.org** (click on search and enter rural health network)

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 Website
Resource for data and information.
Website: **http://www.kff.org**

Maternal and Child Health Data System
Offers data by State on services to women and children.
Website: **https://mchdata.hrsa.gov/tvisreports/ProgramData/ProgramMenu.aspx**

National Association of County and City Health Officials (NACCHO):

NACCHO created a guide that demonstrates how building partnerships among local health departments (LHDs), community health centers, healthcare 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/MobilizingCommunityPartnerships_7-29.pdf

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

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

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

The Rural Assistance Center (RAC)
The RAC is a national resource for rural health and human services information. This Center serves as a single-point-of-entry for rural communities.
Website: **http://www.raconline.org**

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/

IX. Tips for Writing a Strong Application

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