

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

Federal Office of Rural Health Policy
Community Based Division

Rural Outreach Benefits Counseling Program

Announcement Type: New
Announcement Number: HRSA-15-137

Catalog of Federal Domestic Assistance (CFDA) No. 93.912

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2015

Application Due Date: March 30, 2015

*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.*

Modified January 30, 2015: Executive Summary and Page 31, project period

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Authority: Public Health Service Act, Section 330A(e) (42 U.S.C. 254(c)(e)), 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) 2015 Rural Outreach Benefits Counseling Program. The purpose of this grant program is to expand outreach, education and enrollment efforts that are targeted to eligible uninsured but not enrolled individuals and families and newly insured individuals and families in rural communities.

Funding Opportunity Title:	Rural Outreach Benefits Counseling
Funding Opportunity Number:	HRSA-15-137
Due Date for Applications:	03/30/2015
Anticipated Total Annual Available Funding:	\$750,000
Estimated Number and Type of Award(s):	Up to 10 grants
Estimated Award Amount:	Up to \$75,000 per year
Cost Sharing/Match Required:	No
Project Period:	08/01/2015 through 07/31/2018 (3 years)
Eligible Applicants:	<ul style="list-style-type: none"> • Located in a rural county or eligible rural census tract; and; • Rural public and rural non-profit private entities including faith-based and community organizations, and tribal governments and organizations; and; • In a consortium with at least two additional organizations. These two other organizations can be rural, urban, non-profit or for-profit. The consortium must include at least three or more health care providers. <p>[See Section III-1 of this funding opportunity announcement (FOA) for complete eligibility information.]</p>

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 Thursday, February 5, 2015 from 1:00-2:00pm EDT to assist applicants in preparing their applications. The Technical Assistance Webinar is open to the general public. No registration is required. The purpose of the webinar is to go over the funding opportunity announcement, 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 webinar to answer any questions. While the webinar is not required, it is highly recommended that anyone who is interested in applying for

the Rural Outreach Benefits Counseling Program plan to listen to the webinar. It is most useful to the applicants when the funding opportunity announcement is easily accessible during the call and if questions are written down ahead of time for easy reference.

Call-in number (for audio)^{1,2}: 800-619-7597// passcode: 7509059

URL (for web): https://hrsa.connectsolutions.com/rural_outreachfoa/ (log in as 'guest')

Prior to joining, please test your web connection:

https://hrsa.connectsolutions.com/common/help/en/support/meeting_test.htm.

¹ *You must dial into the conference line to hear the audio portion of the webinar.*

² *You can listen to the replay of the audio portion of the webinar by calling 866-346-2404 // passcode: 3915 approximately one hour after the webinar has concluded.*

Table of Contents

I. FUNDING OPPORTUNITY DESCRIPTION	1
1. <i>Purpose</i>	1
2. <i>Background</i>	2
II. AWARD INFORMATION	4
1. <i>Type of Award</i>	4
2. <i>Summary of Funding</i>	4
III. ELIGIBILITY INFORMATION.....	4
1. <i>Eligible Applicants</i>	4
2. <i>Cost Sharing/Matching</i>	7
3. <i>Dun and Bradstreet Universal Numbering System Number and System for Award Management (formerly, Central Contractor Registration)</i>	7
4. <i>Other</i>	7
IV. APPLICATION AND SUBMISSION INFORMATION.....	9
1. <i>Address to Request Application Package</i>	9
2. <i>Content and Form of Application Submission</i>	9
i. <i>Project Abstract</i>	9
ii. <i>Project Narrative</i>	10
iii. <i>Budget</i>	21
iv. <i>Budget Justification Narrative</i>	21
v. <i>Attachments</i>	21
3. <i>Submission Dates and Times</i>	25
4. <i>Intergovernmental Review</i>	25
5. <i>Funding Restrictions</i>	25
V. APPLICATION REVIEW INFORMATION	26
1. <i>Review Criteria</i>	26
2. <i>Review and Selection Process</i>	30
3. <i>Anticipated Announcement and Award Dates</i>	31
VI. AWARD ADMINISTRATION INFORMATION.....	31
1. <i>Award Notices</i>	31
2. <i>Administrative and National Policy Requirements</i>	31
3. <i>Reporting</i>	31
VII. AGENCY CONTACTS	32
VIII. OTHER INFORMATION.....	33
IX. TIPS FOR WRITING A STRONG APPLICATION.....	35

I. Funding Opportunity Description

1. Purpose

This announcement solicits applications for the Rural Outreach Benefits Counseling Program (Benefits Counseling Program).

The Benefits Counseling Program is a community-based pilot program targeted to improve outreach and service delivery in local and regional rural communities. The purpose of the three-year Benefits Counseling Program is to expand outreach, education and enrollment efforts to eligible uninsured individuals and families, and newly insured individuals and families in rural communities. For the purposes of this grant program, benefits counseling (outreach, education and enrollment efforts) will be limited to only public health insurance (Medicare, Medicaid and/or Children's Health Insurance Program), qualified health plans offered through Health Insurance Marketplace and/or private health insurance plans.

The overarching goals of this grant funding are to coordinate and conduct innovative outreach activities through a strong consortium in order to:

- 1) Identify and enroll uninsured individuals and families who are eligible for: public health insurance such as Medicare, Medicaid, and Children's Health Insurance Program, qualified health plans offered through Health Insurance Marketplaces and/or private health insurance plans in rural communities; and
- 2) Educate the newly insured individuals in rural communities about their health insurance benefits, help connect them to primary care and preventive services to which they now have access, and help them retain their health insurance coverage.

Proposed projects will have an outcomes-oriented approach that will enhance and sustain the delivery of effective benefits counseling in rural communities. Another important program element is the requirement of consortiums to deliver these benefits counseling services. Consortiums bring together rural providers, agencies and community organizations to address health care problems that are not easily solved by a single entity. The Federal Office of Rural Health Policy (FORHP) has found the most successful consortiums have the following common characteristics - involving all consortium members in the planning process and clearly defining roles for each consortium member. An effective benefits counseling project should be coordinated and leverage partnerships with organizations who share an interest in increasing outreach, enrollment and education of health insurance coverage. By leveraging these partnerships and other resources, an applicant can maximize federal funds by sharing administrative duties, referring clients/consumers to entities that have the capacity to enroll the uninsured or identifying opportunities to conduct joint outreach events.

Activities funded under this grant will focus on conducting outreach and education in settings where eligible uninsured individuals and families may be identified and enrolled in health insurance coverage. Outreach can include internal/"in reach" efforts and/or external efforts. Internal/ "in reach" efforts focus on contacting and enrolling people who are already getting services at a health care provider entity and streamlining the administrative processes to build outreach into the staff's daily work. External outreach focuses on proactively seeking out

uninsured people in the community, helping them find health care coverage and connecting them to care at an appropriate health care provider entity. Both kinds of outreach are important. All projects should incorporate enrollment and renewal assistance into their proposed activities. This may include providing direct help to individuals/families seeking to enroll in health coverage or linking individuals/families with entities in the community who are trained to provide such application assistance. This grant will also support activities designed to educate the newly insured in how to utilize health insurance and help connect them to primary and preventive health care services.

As health care increasingly moves toward a focus on enhancing value in health care delivery, applicants are encouraged to develop innovative and comprehensive approaches to improve health care coverage in their rural community. Applicants should think about how their proposed project addresses both goals of the Benefits Counseling Program and improves access for the large number of uninsured individuals and families in their community. The President's Improve Rural Health Care Initiative continues to increase efficiency and assess the way rural programs are administered by focusing on building an evidence base to improve health care in rural communities. The Benefits Counseling Program will support projects that demonstrate creative and effective models of outreach and benefits counseling services in rural communities that have a large number of uninsured individuals and families.

As a recipient of a Benefits Counseling Program award, organizations may be offered targeted technical assistance throughout the three years of the project period to assist in achieving the project's desired outcomes and ensure program sustainability. This additional support is provided at no extra cost to grantees as this is an investment made by FORHP to contribute to the success of the grantee projects. FORHP has found that most grantees benefit greatly from the one-on-one support provided through this technical assistance. Additional information about targeted technical assistance will be provided to organizations after award.

2. Background

The Rural Outreach Benefits Counseling Program (Benefits Counseling Program) is authorized by Section 330A(e) of the Public Health Service (PHS) Act (42 U.S.C. 254c(e)), Public Law 113-76 as amended. This authority directs the ORHP to support grants for eligible entities to "promote rural health care services outreach by expanding the delivery of health care services to include new and enhanced services in rural areas."

As part of the Affordable Care Act, two new opportunities for health care coverage for millions of uninsured individuals became effective beginning in 2014. The first opportunity was through the establishment of state Health Insurance Marketplaces that provide millions of Americans and small businesses with access to affordable health insurance coverage. The Marketplace allows individuals to compare health plans, find out if they are eligible for tax credits for private insurance or health programs like Medicaid or the Children's Health Insurance Program (CHIP), and enroll in a health plan that meets their needs. The health care law also gave states the opportunity to expand their Medicaid programs to most individuals under 65 years of age with household incomes of up to 133 percent of the federal poverty level (FPL). In addition, the law helps make prevention affordable and accessible for Americans by requiring health plans to cover certain recommended preventive services without cost sharing.

Whether it is going in for a routine medical visit or seeking preventive care, health insurance coverage helps facilitate access to important health care services. Insured Americans are more likely to obtain recommended screening and care for chronic conditions¹ and are less likely to suffer undiagnosed chronic conditions compared to the uninsured.² While there are health disparities between the uninsured and insured, there are also disparities among the uninsured between rural and urban residents. A greater proportion of rural residents lack health insurance in comparison to urban residents. A 2009 research study found that in the most remote rural areas, the uninsured rate was higher (23%) compared to the urban rate (19%).³

As of 2012, among the 27 million adults who lived in rural areas, 5.9 million were uninsured.⁴ The rural uninsured are more likely to have lower income levels⁵ and remain uninsured for longer periods of time.⁶ Some barriers that prevent eligible unenrolled individuals and families from applying for health benefits include: language and cultural barriers, the length and complexity of the insurance application process, lack of knowledge about eligibility requirements or enrollment procedures/resources and the stigma associated with government assistance programs.⁷

While it is important to have insurance to access health care services, it is also necessary for one to understand what it means to have health insurance and how to effectively utilize and retain coverage. Educating the newly insured is a key component of this grant program. Once enrolled in a health insurance plan, a newly insured individual may benefit from additional education ranging from understanding their benefits to knowing where to go for care. If an insured individual fails to renew their health insurance coverage, they are more likely to face higher out-of-pocket costs.⁸ Even paying the minimal out-of-pocket costs could cause low-income patients to delay or forgo necessary health care services and seek care only in emergency situations⁹.

As a result, FORHP developed the Benefits Counseling Program because community based organizations and consortiums in rural communities are poised to address the unique barriers to accessing care through their targeted and innovative programs that are planned with the community context and needs in mind. Not only can they serve as an additional entry point into health insurance coverage, community organizations in these rural areas are likely to have established relationships with individuals and families in the community, which can help facilitate a comprehensive approach in obtaining health insurance - from eligibility assessment to

¹ Ayanian JZ, Weissman JS, Schneider EC, Ginsburg JA, Zaslavsky AM. Unmet health needs of uninsured adults in the United States. *JAMA*. 2000; 284:2061–2069.

² Ayanian JZ, Zaslavsky AM, Weissman JS, Schneider EC, Ginsburg JA. Undiagnosed hypertension and hypercholesterolemia among uninsured and insured adults in the Third National Health and Nutrition Examination Survey. *Am J Public Health*. 2003; 93:2051–2054.

³ Source: <http://www.raconline.org/topics/uninsured-and-underinsured/faqs> (accessed on 6/2014)

⁴ Source: <http://kff.org/interactive/the-uninsured-an-interactive-tool/> (access on 9/2014)

⁵ Barker AR, Londeree JK, McBride TD, Kemper LM, Mueller K. The Uninsured: An Analysis by Income and Geograph, RUPRI Center for Rural Health Policy Analysis, Rural Policy Brief, June 2013.

⁶ The Kaiser Commission on Medicaid and the Uninsured (2003). The Uninsured in Rural America. Retrieved from <http://kaiserfamilyfoundation.files.wordpress.com/2013/01/the-uninsured-in-rural-america-update-pdf.pdf>.

⁷ Chung, P., Cavender, T. A., & Main, D. S. (2010). Trusted Hands: The role of community-based organizations in enrolling children in public health insurance programs. The Colorado Trust. Retrieved from http://www.coloradotrusted.org/attachments/0001/0489/TrustedHands_021010_FINAL.pdf.

⁸ Nakela L. Cook, LeRoi S. Hicks, A. James O'Malley, Thomas Keegan, Edward Guadagnoli, and Bruce E. Landon, "Access to Specialty Care and Medical Services in Community Health Centers," *Health Affairs* 26, no. 5 (2007): 1,459-1,468.

⁹ Rachel Gold, Jennifer E. DeVoe, Patti J. McIntire, Jon E. Puro, Susan L. Chauvie, and Amit R. Shah, "Receipt of Diabetes Preventive Care among Safety Net Patients Associated with Differing Levels of Insurance Coverage," *Journal of the American Board of Family Medicine* 25, no. 1 (2012): 42-49.

enrollment, renewal and utilization of benefits. These grants will work with rural residents to understand a broad range of insurance coverage options in rural areas, which include Affordable Care Act coverage options but also assisting in coverage options for seniors under Medicare Advantage and Medicare Part D as well as Veterans seeking care through the Veteran's Choice Act.

II. Award Information

1. Type of Award

Types of applications sought: New

Funding will be provided in the form of a grant.

2. Summary of Funding

This program will provide funding during Federal fiscal years 2015 – 2017. Approximately \$750,000 is expected to be available annually to fund ten (10) awardees. Applicants may apply for a ceiling amount of up to \$75,000 per year. The project period is three (3) years. Funding beyond the first year is dependent on the availability of appropriated funds for “Rural Outreach Benefits Counseling” in subsequent fiscal years, satisfactory awardee performance, and a decision that continued funding is in the best interest of the Federal Government.

The period of federal support for these grants may not exceed three years. All proposed project activities must be completed within this time frame with the expectation that grantees will be able to sustain most if not all of their efforts to create a lasting impact in the rural community.

Effective December 26, 2014, all administrative and audit requirements and the cost principles that govern Federal monies associated with this award are superseded by the Uniform Guidance [2 CFR 200](#) as codified by HHS at [45 CFR 75](#).

III. Eligibility Information

1. Eligible Applicants

The lead applicant must meet all three eligibility criteria to be considered for this funding opportunity:

A) RURAL; AND

- i) The applicant organization must be physically 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.
- ii) The lead applicant can ascertain rural eligibility by going to:
<http://datawarehouse.hrsa.gov/RuralAdvisor/RuralHealthAdvisor.aspx>.

This webpage allows potential lead applicants to search by county or street address to determine their rural eligibility. This is the same county or street address that the lead applicant should enter when completing the SF-424 Face Page of the grant application. The Federal Office of Rural Health Policy will verify rural eligibility based on the county or street address listed on SF-424 Face Page Box 8 of the

application (do not list a PO box as part of the address). The applicant organization's county name must be entered on the SF-424 Face Page in 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.

- iii) 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.
- iv) 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) from the Internal Revenue Service and can directly receive and administer the award 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 Federal Office of Rural Health Policy 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 1**.
- v) Federally-recognized Tribal governments and organizations, faith-based and community-based organizations are eligible to apply as long as they are located in a rural area (see Section III(1)(A)(i) to ascertain rural eligibility). For-profit or urban based organizations are not eligible to be the lead applicant
- vi) In addition to the 50 States, applicants can be located in 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.

B) A RURAL PUBLIC OR RURAL NON-PROFIT PRIVATE ENTITY; AND

- i) If the applicant organization is a non-profit entity, one of the following documents must be included in **Attachment 2** to prove non-profit status (not applicable to State, local and Tribal government entities, not counted in the page limit):
 - o A letter from the IRS stating the organization's tax-exempt status under Section 501(c)(3);
 - o A copy of a currently valid IRS Tax exemption certificate;
 - o 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;
 - o A certified copy of the organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization; or
 - o 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.
- ii) If the applicant organization is a public entity the proof of non-profit status is not necessary. The applicant organization must, however, submit an official signed letter on city, county, State, or Tribal government letterhead identifying them as a public entity in **Attachment 2**. (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>.

C) REPRESENT A CONSORTIUM OF AT LEAST THREE (3) HEALTH CARE PROVIDERS

- i) As stated in Section 330A(e) of the Public Health Service Act (42 U.S.C. 254c(e)), a consortium composed of at least three or more health care providers will be required to be eligible for this funding opportunity announcement. Health care providers are defined as entities such as black lung clinics, hospitals, local and State public health agencies, home health providers, mental health centers and providers, 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 health centers/federally qualified health centers, Tribal health programs, churches and civic organizations that are providing health care services. Only one consortium member will serve as the applicant of record and that applicant organization is required to meet the geographic and ownership requirements stated in Section III(1)(A) and Section III(1)(B). Other consortium members do not have to meet the geographic and ownership eligibility requirements.
- ii) For-profit organizations are not eligible to be the applicant organization but are eligible to be consortium members. Nonprofit organizations that support the delivery of health care are eligible consortium members and are eligible applicants. Examples of eligible consortium member entities include hospitals, public health agencies, home health providers, mental health centers, primary care service providers, oral health service providers, substance abuse service providers, rural health clinics, social service agencies, health professions schools, local school districts, emergency services providers, community and migrant health centers, churches and other faith-based organizations, and civic organizations that provide health care services. The Federal Office of Rural Health Policy recommends that applicants engage State Health Insurance Program entities, non-profit hospitals and non-traditional stakeholders in outreach and enrollment efforts, including but not limited to, independent insurance brokers, small businesses and community action agencies.
- iii) Each consortium member must demonstrate substantial involvement in the project and contribute significantly to the goals of the project. The roles and responsibilities of each consortium member must be clearly defined in a Memorandum of Understanding/Agreement (MOU/A). The MOU/A must be signed by all consortium members and submitted as **Attachment 3**.
- iv) For the purposes of this program, a consortium is defined as an organizational arrangement among at least three separately owned local or regional health care providers in which each member has their own EIN from the Internal Revenue Service and has a substantial role in the project. The consortium must maintain at least three separate and different organizational members throughout the entire project period.

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

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Dun and Bradstreet Universal Numbering System Number and System for Award Management (formerly, Central Contractor Registration)

Applicant organizations must obtain a valid DUNS number and provide that number in their application. 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. Other

A. Management Criteria

The lead applicant (if awarded, this will be the grantee of record) must have financial management systems in place and must have 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.
- B. Applications that exceed the ceiling amount will be considered non-responsive and will not be considered for funding under this announcement.
- C. Any application that fails to satisfy the deadline requirements referenced in *Section IV.3* will be considered non-responsive and will not be considered for funding under this announcement.
- D. Multiple applications from an organization are not allowable.

E. 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 at <http://nosorh.org/nosorh-members/nosorh-members-browse-by-state/>. Applicants must include in **Attachment 4** a copy of the letter or email sent to the SORH, and any response received to the letter that was submitted to the SORH describing their project.

Each State has a SORH and the ORHP 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 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. Therefore, applicants from these areas can request an email or letter confirming the contact from NOSORH. The email address is: donna@nosorh.org.

- F. If the lead applicant is a **current and/or former grantee** of any FORHP community-based grant program, they are eligible to apply if the proposed project is a new proposal (entirely new project) or an expansion or enhancement of a previous project (per PHS Act, § 330A(e)(2)(C)). The project should not supplant an existing/currently funded award. The proposal should differ significantly from the previous projects by expanding the service area of the project, serving a new population, providing a new service or expanding the scope of the previous award activities. Please provide a 1-page synopsis for any and all previously funded FORHP grant projects in **Attachment 5**.
- G. Applicants who are receiving funds from other entities (ex: Federal, State, local government or foundation) to provide benefits counseling type services (as described in this funding opportunity announcement) are eligible to apply if the proposal is an expansion or enhancement of the currently funded service. This project should not supplant an existing award. The proposal should differ significantly by expanding the service area of the project and/or serving a new population. Funds requested for this

program may not duplicate costs already provided under another source of funding. Please provide a 1-page synopsis for any and all similarly funded projects in **Attachment 14**.

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 SF-424 application package associated with this funding opportunity following the directions provided at [Grants.gov](https://www.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 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 that are included in the application package are NOT included in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) will not be counted in the page limit. **We strongly urge you to 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

See Section 4.1.ix of HRSA's [SF-424 Application Guide](#). In addition, the abstract must include:

- A brief description of the target population group(s) to be served and target service area(s).
- A brief description of the proposed activities to support benefits counseling.
- The number of consortium members involved in the project who have signed a Memorandum of Understanding/Agreement.
- A brief description on the expected outcome(s) of the proposed activities.

- **Please place request for funding preference at the bottom of the abstract.** The applicant must explicitly request a qualifying funding preference and cite the qualification that is being met (see [Section V.2](#)). ORHP highly recommends that the applicant include the following language at the bottom of the abstract if requesting a funding preference: “Applicant’s organization name is requesting a funding preference based on qualification X. If requesting a funding preference, provide supporting documentation in Attachment 6. Please refer to [Section V.2](#) for further information.

ii. *Project Narrative*

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

Use the following section headers for the Narrative:

- *INTRODUCTION -- Corresponds to Section V’s Review Criterion #1 (Need)*
This section should briefly describe the purpose of the proposed project and the consortium members involved in the benefits counseling project. It should summarize the project’s goals and expected outcomes. Include the number of individuals anticipated to be reached, educated, and enrolled in health insurance.
- *NEEDS ASSESSMENT -- Corresponds to Section V’s Review Criterion #1 (Need)*
This section outlines the needs of your community for the proposed project. Describe how the target population was involved in determining the need and relevant barriers the project intends to overcome, and provide a geographical snapshot of the targeted service area(s).

Please use the following four sub-headings in responding to this section: Target Population Details, Program Development/Target Population Involvement, Barriers/Challenges, and Target Service Area Details.

1. **Target Population Details**

- a. Disparities based on race, ethnicity, gender identity, sexual orientation, geography, socioeconomic status, disability status, primary language, health literacy, and other relevant dimensions should be considered. Applicants should also consider people with disabilities; non-English speaking populations; lesbian, gay, bisexual, and transgender populations; people with limited health literacy; or populations that may otherwise be overlooked when identifying their target population.
- b. Describe the target population of your proposed benefits counseling project (if funded, this is the population you will be monitoring and tracking). Discuss the community and level of need for health insurance coverage and education. Compare local data to State and Federal data where possible to highlight the local community’s or region’s level of need for health insurance. For example, the rate of uninsurance in Community A is 75 percent whereas the State rate of uninsurance is 60 percent and the national rate is 20 percent. Cite data for factors that are relevant to the project, such as specific health status indicators, age, etc. This section should help reviewers understand the target population that will be served by the proposed project.

- c. If there is no data that can support the level of need for health insurance coverage and education, provide other demographic data that can support the target population's need for benefits counseling. Supportive data may include poverty data, income data, and socioeconomic status.
- d. Discuss the barriers the target population encounters when enrolling in health insurance programs and any barriers the target population encounters when they are newly insured.

2. Program Development/Target Population Involvement

- a. The Benefits Counseling Program requires the target population being served to be involved in the development and ongoing operations of the project to ensure that the project is responding to their needs. Involving the target population in the planning phase to identify the needs and develop activities increases the likelihood of success of the project by creating ownership and buy-in. A description of how the needs of the target population were identified and the role that they played should be provided.
- b. Discuss the manner and degree to which target population was included in planning for the activities of the project. Provide details (frequency, number of participants, etc.) about the tools and methods (e.g., needs assessments, focus groups, questionnaires/surveys, etc.) that were used to identify special needs of the target population. Also, describe the involvement of representatives of local, regional, Tribal and/or State government that were involved in the planning process, as well as the involvement of local non-government organizations.

3. Barriers/Challenges

- a. Identify and discuss any barriers/challenges to outreach, education, enrollment and retention efforts in the service area that the project hopes to overcome. Any pertinent geographic, socioeconomic, linguistic, cultural, ethnic, workforce, other barrier(s) and a plan to overcome those barriers should be discussed in this section.
- b. All projects that will primarily serve multiple ethnic or racial groups must describe specific plans for ensuring the services provided address the cultural, linguistic, religious, and social differences of the target populations.

4. Target Service Area Details

- a. Identify the target service area(s) for the proposed project
- b. Every project is located in an area that is bound geographically in some way. There may be important physical features to the landscape that are important for reviewers to understand. In order to fully depict the environment of the service area, a description of geographical features of the area must be included in this section.
- c. A map must also be included that clearly shows the entire target service area(s), to be used as a reference by reviewers. The map does not have to be "tailor

made” for this application but it will help reviewers visualize and understand the scope of the proposed activities. It can be a copy or portion of an existing map that has been altered, by hand if necessary, to show where the project activities will be provided and where pertinent geographical barriers may be located (e.g., mountainous terrain). Please include any maps in **Attachment 7**.

FORHP has provided a list of resources that may be helpful for applicants as they develop this section of their project narrative. See [Section VIII](#) - Other Information.

- **METHODOLOGY** -- *Corresponds to Section V's Review Criterion #2 (Response)*
In narrative format, propose methods that will be used to meet each of the previously-described program requirements and expectations in this funding opportunity announcement.

Please use the following four sub-headings in responding to this section: Goals and Objectives, Benefits Counseling Plan, Program Goals and Healthy People 2020 Initiative, and Sustainability Approach.

1. Goals and Objectives

- a. Define the specific goals and objectives of the proposed project. These goals and objectives should directly relate to the information presented in the “Needs Assessment” section. The stated goals and objectives should be specific, measurable, realistic, and achievable in a specific timeframe.
- b. In narrative format, explain the consortium’s strategy for accomplishing the stated goals and objectives. The narrative should include a description of how the proposed activities will further increase health insurance coverage.

2. Benefits Counseling Plan

- a. Describe the outreach, education and enrollment activities and strategies that will be undertaken through this project. How will the applicant plan to identify eligible uninsured individuals and help them enroll and maintain continuity in coverage? How will the applicant educate the newly insured and help establish links to the health care system for these newly insured?
- b. As part of the Benefits Counseling Program, applicants must ensure they have adequate outreach, enrollment, and education assistance staffing capacity to help fulfill the goals of this program. The applicant must ensure all outreach, enrollment and education assistance workers (who are supported by this funding) comply with and successfully complete all required and applicable Federal and/or State consumer assistance training. State training requirements will vary by State. Outreach, enrollment, and education assistance staff supported by this funding must:
 - i. Demonstrate and maintain expertise in eligibility and enrollment rules and procedures; the range of qualified health plan options and insurance affordability programs; knowledge about coverage and care to which the newly insured enrollees will have access; and privacy and security standards.
 - ii. Perform, at a minimum, the following required duties:
 1. Conduct public education activities to raise awareness about coverage options available under Medicare, Medicaid, Children’s

- Health Insurance Program, and/or under the qualified health plans offered through the Marketplace, and/or private health insurance plans;
 - 2. Help individuals understand and access affordability options;
 - 3. Help newly insured individuals understand the coverage and care to which they now have access (ex: from learning to use insurance to selecting a primary care physician to using preventive services and screenings); provide information and assistance in a fair, accurate, and impartial manner; and
 - 4. Provide information and assistance in a manner that is culturally and linguistically appropriate to diverse communities and accessible to individuals with disabilities.
- c. The applicant should describe how they will ensure they have adequate staffing capacity. If applicable, the applicant should describe how they have experience and credibility with the specific community in which the benefits counseling project would take place.
 - d. Describe how the applicant will collaborate with other organizations in their area (including consortium members) so that outreach, enrollment, and education assistance activities are coordinated with other local, regional, and/or State-wide outreach, enrollment and assistance efforts and training requirements. ORHP recommends that applicants engage State Health Insurance Program entities, non-profit hospitals and non-traditional stakeholders in outreach and enrollment efforts, including but not limited to, independent insurance brokers, small businesses and community action agencies.
 - e. Because personal identifiable information (PII) is involved in order to help enroll individuals in health insurance, the applicant must describe how they will develop a uniform plan to protect the privacy and security of consumers' PII across all entities involved with the outreach, education, and enrollment activities.

FORHP has provided a list of resources that maybe helpful for applicants as they develop their benefits counseling project and strategies. See [Section VIII](#) - Other Information.

3. Program Goals and Healthy People 2020 Initiative

The goals of the project activities must be consistent with the Healthy People 2020 initiative. Please visit: <http://www.healthypeople.gov/2020/default.aspx> for more information about Healthy People 2020 initiative. The applicant should clearly describe how specific project goals relate to the Healthy People 2020 initiative. Please see Section 2 of HRSA's [SF-424 Application Guide](#) for more information.

4. Sustainability Approach:

- a. FORHP characterizes sustainability as “programs or services that continue because they are valued and draw support and resources”.¹⁰ The applicant should describe the anticipated sustainability of the program funded by the Benefits Counseling Program.
- b. Funding from the Benefits Counseling Program provides an initial source of support to awardees and their consortia to establish or expand activities that

¹⁰ *Georgia Health Policy Center (GHPC) Formative Assessment Tool (2011)*

positively impact rural communities. While FORHP understands that ongoing support for this initiative may be challenging in rural communities, awardees should consider how their Benefits Counseling funded program can be sustained. The prospect for having a long-term impact from your Benefits Counseling grant is greatly increased if the potential for sustainability is considered during the planning phase of the project. The applicant should describe the strategies that will be utilized to achieve the desired sustainability of the project.

- c. Organizations funded by other FORHP programs have experienced a sustainable impact from their grant through the continuation of activities and services, the ongoing work of consortia partners, policy change or systemic changes in the process. Most successful sustainability strategies include a variety of sources of support which may include absorption of some activities by consortia partners (i.e., a partner/s take on a project activity as part of their standard practices) or contributions. The applicant should describe some of the potential sources of support for achieving sustainability. Sources of support could include but are not limited to: financial, in-kind, or the absorption of activities by consortium members. If funded, organizations are expected to sustain key elements of their grant projects, e.g., strategies which have been effective in improving outreach, enrollment and education and those that have led to increased access to care for the target population, after the three year federal funding has ended.
 - d. FORHP understands that the sustainability approach may evolve as the project is implemented. However, the prospect of being able to continue the project is increased if strategies for sustainability are identified during the planning stages of the project. The applicant should describe how realistic and feasible the proposed sustainable approach is for their project.
- *WORK PLAN -- Corresponds to Section V's Review Criterion #2(Response) and #4 (Impact)*
Please use the following four sub-headings in responding to this section: Work Plan, Impact, Replicability, and Dissemination Plan.

1. Work Plan

- a. Applicants must submit a work plan which will describe the activities or steps that will be used to achieve each of the activities proposed during the entire project. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities, including development of the application and, further the extent to which these contributors reflect the cultural, racial, linguistic, and geographic diversity of the populations and communities served.
- b. Applicants should provide clear and coherent work plan that is aligned with the project's goals and objectives. To accomplish this, applicants are strongly encouraged to present a matrix that illustrates the project's goals, strategies, activities, and measurable process and outcome measures. **Where appropriate, the work plan should also contain performance benchmarks to help monitor progress for each activity.**

- c. The work plan must outline the **individual and/or organization responsible** for carrying out each activity and **include a timeline for all three years of the grant**. The workplan can be in a tabular formate for ease of readability. The work plan for the second and third year of the grant may be somewhat less detailed. ORHP is aware that the work plan may change as the project is implemented. However, a project's success is increased if there is a thorough and detailed work plan in the planning stages.

2. Impact

- a. Describe the expected impact on the target population.
- b. Although FORHP recognizes that it is a challenge to directly relate the effects of an activity or program to the long-term impact of a project because of the other (external) influences on the target audience or community which occur over time, applicants should still describe the expected or potential long-term changes and/or improvements in access to care as a result of the benefits counseling program. Examples of potential long-term impact could include:
 - i. Cost savings
 - ii. Health status improvement
 - iii. Coordinated and integrated care

3. Replicability

Describe the expected impact from the project on the target population and the extent and effectiveness of the value of the project to other communities with similar needs. Applicants must describe the extent to which project results may be national in scope. Applicants must describe the degree to which the project activities are replicable to other rural communities with similar needs.

4. Dissemination Plan

Describe the plans and methods for dissemination of project results and assessment of the three funded project. Applicants must articulate a clear approach for widely disseminating information regarding results and assessment of their project. A dissemination plan must be outlined describing strategies and activities for informing respective target audiences, and stakeholders (i.e., policymakers, research community, etc.), including the general public.

- *RESOLUTION OF CHALLENGES - Corresponds to Section V's Review Criterion #2(Response)*
 - a. Discuss challenges that are likely to be encountered in designing and implementing the activities described in the work plan, and approaches that will be used to resolve such challenges.
 - b. The applicant should discuss any challenges that could be encountered with keeping the consortium actively engaged throughout the project period, and approaches that will be used to resolve such challenges.
 - c. The applicant should discuss any challenges that could be encountered with staffing turnover and the approaches that will be used to ensure proper staff coverage in the interim.

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

Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. As appropriate, describe the data collection strategy to collect, analyze, and track data to measure process and impact/outcomes, and explain how the data will be used to inform program development and service delivery.

Please use the following four sub-headings in responding to this section: Logic Model, Data Collection and Reporting, Project Assessment, and Resources/Capabilities.

1. Logic Model

- a. Applicants are required submit a logic model that illustrates the inputs, activities, outputs, outcomes and impact of the project. A logic model is a simplified picture of a program, initiative, or intervention in response to a given situation. It shows the logical relationships among the resources that are invested, the activities that take place, and the benefits or changes that result. An “outcomes approach” logic model attempts to logically connect program resources with desired results and is useful in designing effective assessment results and strategies. Include the project’s logic model and narrative description in **Attachment 8**.
- b. The logic model must clearly include these elements: inputs, outputs, short-term and long-term outcomes, and impacts. Only charts may be generated in 10-pitch fonts. See [Section VIII](#) - Other Information for resources on logic models.

2. Data collection and reporting

- a. The applicant will need to discuss how they will collect, analyze and report the following required data:
 - i. *FORHP Benefits Counseling Program Specific Measures (PIMS measures)*
 1. FORHP will develop standard program measures to assess the impact that FORHP programs have on rural communities and to enhance ongoing quality improvement. Final Performance Improvement Measurement Systems (PIMS) measures will be shared upon notice of award and if funded, all Benefits Counseling grantees will be required to provide data on these measures annually at the end of each budget period.
- b. The applicant will need to discuss how they will collect, analyze and report additional data proposed by the applicant:
 - i. *Project Specific Measures (non-PIMS measures)*
 1. Because every project is unique, applicants must describe and develop measures to be implemented for assuring effective performance of the proposed grant-funded project activities. The applicant must include outcome and process measures that will be tracked throughout the grant period. These measures are specific to the project and not to be confused with the general PIMS measures described in the previous section. These project specific

measures must align with the goals and objectives of the proposed project and measure the outcome of their project. It is expected that grantees will be able to articulate the outcomes of their project justified by these measures at the end of the grant period.

2. Applicants must propose measures that they can monitor and track throughout the grant period in order to demonstrate the effectiveness of their outreach, education and enrollment efforts and to determine the replicability of the project to other rural communities.
 3. Applicants will need to establish baseline data for the project specific measures that they have developed. The need for baseline data is one key reason for designing the assessment plan before implementation begins because they establish a starting place and frame of reference for the program. Baseline data also helps determine the current status of the community or target population and inform the benchmarks/targets against which program managers and decision makers will assess program performance. Baseline data can also be used to describe the current level of program activities and allow measurement of the program's progress (i.e., process measures) over time.¹¹
- c. List all proposed measures and corresponding baseline data in **Attachment 9**. Organize your proposed measures (non-PIMS measures) and corresponding baseline data in a tabular format when listing them in **Attachment 9**.
 - d. If the applicant expects it will be able to obtain relevant data from another entity, the applicant should discuss how they will establish procedures for data sharing related to the funded activities. If the entity is not part of the consortium, the applicant should consider developing a Memorandum of Understanding with that entity.
 - e. In addition, the applicant must describe on-going quality assurance/quality improvement strategies that will assist in the early identification and modification of ineffective efforts. The applicant must address how they will use the results of their data collection efforts to make continuous improvements to their benefits counseling activities.

3. Project Assessment

- a. Applicants are required to periodically assess their individual project throughout the project period.
- b. Identify the strategies and measures that will be used to assess the project based on your logic model. Applicants should describe how progress toward meeting project goals will be tracked, measured, and assessed. Explain any assumptions

¹¹ *CDC Workplace Health Promotion Evaluation*
<http://www.cdc.gov/workplacehealthpromotion/evaluation/index.html#4>

made in developing the project work plan and discuss the anticipated outputs and outcomes of grant-funded activities. As previously stated, applicants must include outcome and process measures (including baseline measures) that will be tracked throughout the project period. These measures must align with the goals and objectives of the proposed project and the potential health impact. Although FORHP recognizes that it may be challenging to demonstrate impact in three years, applicants' assessment should demonstrate how likely their proposed project contributed to the health improvement of their community.

- c. As mentioned in the "Data Collection and Reporting" section, FORHP has developed a required set of standard performance measures. Therefore, FORHP's PIMS must also be included in the project's assessment in addition to other measures applicants decide to include.

4. Resources/Capabilities

- a. Applicants should describe a clear coherent plan for staff, detailing the requirements necessary to run the project. This discussion will help ensure that the potential candidate is qualified for the position and the integrity of the grant project is maintained.
 - b. A staffing plan is required and should be included in **Attachment 11**. Specifically, the following should be addressed:
 - i. the job descriptions for key personnel listed in the application (key personnel include the Project Director and any one that has a significant role in the administration and management of the grant).
 - ii. the number and types of staff, qualification levels, and FTE equivalents
 - iii. the information necessary to illustrate both the capabilities (current experience, skills, knowledge, and experience with previous work of a similar nature) of key staff already identified and the requirements that the applicant has established to fill other key positions if the grant is received. Resumes/biographical sketches of each key personnel should be included in **Attachment 10**.
 - c. Staffing needs should have a direct link to the activities proposed in the project narrative and budget portion of the application.
- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion #5 (Resources/Capability) & #6 (Support Requested)*
This section describes the abilities and contributions of the applicant organization and the consortium member organizations.

Please use the following three sub-headings in responding to this section: Applicant organization, consortium composition and consortium involvement.

1. Applicant organization

- a. Provide a brief overview of the lead applicant organization that includes information such as their mission, structure, and current primary activities. The lead applicant should describe its ability to manage the project and personnel. Applicants should also identify and describe financial practices and systems that

assure the applicant organization has the capacity to manage Federal funds. Provide documentation that the lead applicant is a non-profit or public entity (**Attachment 2**).

- b. Provide an organizational chart of the applicant organization in **Attachment 12**.
- c. State whether the applicant has a Project Director in place, or an interim Project Director. If the applicant has an interim Project Director, discuss the process and timeline for hiring a permanent project director for this project. The applicant should also describe the system/process it has in place to deal with staff turnover.
- d. Provide information on the individual who will serve as the Project Director (or interim) and be responsible for monitoring the project and ensuring the grant activities are carried out. It is preferable, but not required, that the applicant identifies a permanent Project Director. Provide evidence that the Project Director will allot adequate 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.
- e. A description of the roles of key personnel and how their roles relate to the consortium and the proposed project (**Attachment 11**).

2. Consortium composition

- a. The applicant organization is encouraged to carefully consider the selection of participants for the consortium to ensure that the consortium positively contributes to the success of common project goals. The purpose of the consortium is to: 1) encourage creative and lasting collaborative relationships among health providers in rural areas; 2) ensure that the applicant organization receives regular input from relevant and concerned entities within the health sector; and 3) to ensure that the grant-funded project addresses the health needs of the identified community.
- b. Discuss the strategies employed for creating and defining the consortium. Explain why each of the consortium partners are appropriate collaborators and, what expertise they bring to the project. The applicant should identify when each of the consortium members became involved in the project and detail the nature and extent of each consortium member's responsibilities and contributions to the project.
- c. If applicable, describe the history of the consortium.
- d. Provide a list of the consortium members. A table may be used to present the following information on each consortium member: the organization name, address, primary contact person, current role in the community/region, and **the Employer Identification Number (EIN) issued by the Internal Revenue Service must be provided for each consortium member**. Also provide a consortium organizational chart that depicts the structure of the consortium for the project and describes how authority will flow from the applicant organization

receiving the Federal award to the consortium members. This should be included in **Attachment 13**.

3. Consortium Involvement

- a. All consortium members must provide a significant contribution to the project and be actively engaged in the project; each member must have an identifiable role, specific responsibilities, and a realistic reason for being a consortium member. The roles and responsibilities for each of the organizations in the consortium must be clearly defined in the application.
- b. Provide evidence of the ability for each organization participating in the consortium to deliver the services, contribute to the consortium, and otherwise meet the needs of the project. Please note that each participating consortium member must have a substantive and vital role to the achievement of project goals. Applicants must submit a Memorandum of Understanding /Agreement (MOU/A) that is signed and dated by all consortium members as **Attachment 3**. A MOU/A is a written document that must be signed by all consortium members to signify their formal commitment as a consortium. An acceptable MOU/A should at least describe the consortium's purpose and activities; clearly specify each organization's role in the consortium, responsibilities, and any resources (cash or in-kind) to be contributed by the member to the consortium. For the purposes of this grant program, a letter of commitment is not the same as a MOU/A; a letter of commitment may represent one organization's commitment to the project but does not necessarily outline the roles and responsibilities that are mutually agreed upon among the consortium.
- c. Provide detail on how and when the consortium will meet and explain the proposed process for soliciting and incorporating input from the consortium for decision-making, problem solving, and urgent or emergency situations. Provide a plan for communication and discuss how coordination will work with the consortium members. Indicators should be included to assess the effectiveness of the communication and coordination of the consortium and its timely implementation. Discuss potential challenges with the consortium (e.g., consortium disagreements, personnel actions, expenditure activities, etc.) and identify approaches that can be used to resolve the challenges.
- d. Address how communication and coordination will occur between the Project Director and consortium members and how often communication is expected. Discuss how frequently project updates will be given to the consortium members and the extent to which the project director will be accountable to the consortium. The applicant should identify a process for periodic feedback and program modification as necessary.
- e. Describe the relationship of the consortium with the community/region it proposes to serve. If appropriate, the applicant should describe the extent to which the consortium and/or its members engage the community in its planning and functioning.

iii. Budget

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.

See Section 4.1.iv of HRSA's [SF-424 Application Guide](#). In addition, the Rural Outreach Benefits Counseling Program requires the following:

Budget for Multi-Year Award

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

In addition, FORHP would like to note the following:

- 1) Travel – Please allocate travel funds for up to two program staff to attend an annual 1.5 day technical assistance workshop in Washington, DC and include the cost in this budget line item.
- 2) Equipment – Up to 10 percent of Federal grant funds may be used for equipment for each budget period (Please see Section 2.6 of HRSA's [SF-424 Application Guide](#) for definition of equipment)
- 3) Funding restrictions – See Section IV(5) of funding opportunity announcement

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 Outreach Benefits Counseling Program requires a budget narrative for each year of the three year project period.

v. Attachments

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

Attachment 1: Letter from Urban Parent Organization

If the lead applicant organization is owned by an urban parent, the urban parent must assure FORHP, in writing, that for this project, they will exert no control over the rural organization. If applicable, a letter stating this should be submitted in this attachment. Please note that the rural entity must have its own Employer Identification Number (EIN) from the Internal Revenue Service 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. This attachment **will count** against the 80-page limit.

Attachment 2: Proof of Non-profit/Public Status (not counted in the page limit)

If the applicant organization is a non-profit entity, one of the following documents must be included in **Attachment 2** to prove non-profit status (not applicable to state, local and tribal government entities):

- A letter from the IRS stating the organization's tax-exempt status under Section 501(c)(3);
- 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 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.

If the applicant organization is a public entity the proof of non-profit status is not necessary. The applicant organization must, however, submit an official signed letter on city, county, State, or Tribal government letterhead identifying them as a public entity in **Attachment 2**. (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>.

This attachment **will not count** against the 80-page limit.

Attachment 3: Memorandum of Understanding/Agreement (MOU/A)

The applicant must include a MOU/A (signed and dated by all consortium members). The MOU/A should at least clearly specify each organization's role in the consortium; each member's responsibilities and any resources (cash or in-kind) to be contributed by the member to the consortium. This attachment **will count** against the 80 page limit.

Attachment 4: State Office of Rural Health Letter

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. Applicants should request an email or letter confirming the contact. State Offices of Rural Health also may or may not, at their own

discretion, offer to write a letter of support for the project. Please include a copy of the letter or confirmation of contact in **Attachment 4**. In the case that you do not receive a response from the SORH, submit a copy of your request for consultation to the SORH as **Attachment 4**. This attachment **will count** against the 80-page limit.

Attachment 5: Federal Office of Rural Health Policy Funding History Information

If the lead applicant is a current and/or former grantee of any FORHP community-based programs, they must include: dates of any prior award(s) received; grant number assigned to the previous project(s); a copy of the abstract or project summary that was submitted with the previously awarded grant application(s); and description of the role of the applicant and consortium members in the previous grant. This attachment **will count** against the 80-page limit.

Attachment 6: Proof of Funding Preference Designation/Eligibility

If requesting a Funding Preference, include proof of funding preference designation/eligibility in this section. Include a printout or screenshot that displays the HPSA and/or MUC/P designation and respective score:

<http://datawarehouse.hrsa.gov/geoadvisor/ShortageDesignationAdvisor.aspx>. The printout or screenshot of the HPSA designation can also be found at <http://hpsafind.hrsa.gov/> and the MUC/P designation can also be found at <http://muafind.hrsa.gov/>.

For further information on Funding Preferences, please refer to [Section V.2](#). This attachment **will count** against the 80-page limit.

Attachment 7: Map(s)

A map must be included that clearly shows the entire target service area(s). Please be sure that any maps included will photocopy clearly in black and white. This attachment **will count** against the 80-page limit.

Attachment 8: Logic Model and Narrative Description

Applicants are required to submit a logic model and narrative that illustrates the inputs, activities, outputs, outcomes, and impact of the project. This attachment **will count** against the 80-page limit.

Attachment 9: Baseline Measures

List all proposed measures (non-PIMS measures) and corresponding baseline data in **Attachment 9**. This attachment **will count** against the 80-page limit.

Attachment 10: Biographical Sketches for Key Personnel

Include biographical sketches for persons occupying the key positions (key positions as described in Attachment 11). Each biographical 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 an evaluator has been identified at the time of application, biographical information of the evaluator should also be included. This attachment **will count** against the 80-page limit.

Attachment 11: Staffing Plan and Job Descriptions for Key Personnel

Provide a staffing plan for the proposed project and the job descriptions for key personnel listed in the application. In the staffing plan, explain the staffing requirements necessary to complete the project, the qualification levels for the project staff, and rationale for the amount of time that is requested for each staff position. Provide the job descriptions for key personnel listed in the application that describes the specific roles, responsibilities, and qualifications for each proposed project position. Keep each job description to one page, if possible. For the purposes of this grant application, Key Personnel is defined as persons funded by this grant or persons conducting activities central to this grant program. If the Project Director (PD) serves as a PD for other Federal grants, please list the Federal grants as well as the percent FTE for that respective Federal grant. This attachment **will count** against the 80-page limit. Provide a table of contents for this attachment.

Attachment 12: Applicant Organization's Organizational Chart

Provide an organizational chart of the applicant organization in **Attachment 12**. This attachment **will count** against the 80-page limit.

Attachment 13: Consortium Member List and Consortium Organizational Chart

Applicants must provide a consortium member list and organizational chart for the consortium. A table may be used to present the following information on each consortium member: the organization name, address, primary contact person, current role in the community/region, and **the Employer Identification Number (EIN) must be provided for each consortium member**. A list of each of the consortium member organizations' roles, responsibilities and contributions to the project should be included. The consortium organizational chart should depict the structure of the consortium for the project and should describe how authority will flow from the applicant organization receiving the Federal grant funds to the consortium members. This attachment **will count** against the 80-page limit.

Attachment 14: Related Funding History Information

Applicants who are receiving funds from other entities (ex: Federal, State, local government or foundation) to provide benefits counseling type services (as described in this funding opportunity announcement) must provide dates of any award(s) received; the name of the funder; and a copy of the abstract or project summary. Funds requested for this program may not duplicate costs already provided under another source of funding. This attachment **will count** against the 80-page limit.

Attachment 15: Other Relevant Documents (Optional)

Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate support to the project/program. This attachment **will count** toward the 80-page limit.

3. Submission Dates and Times

Application Due Date

The due date for applications under this funding opportunity announcement is *March 30, 2015 at 11:59 P.M. Eastern Time*.

See Section 8.2.5 HRSA's [SF-424 Application Guide](#) to learn more about the series of emails an applicant will receive when they have submitted their application in Grants.gov.

4. Intergovernmental Review

The Rural Outreach Benefits Counseling 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](#).

It is the applicant's responsibility to identify what is needed to be done within their state's intergovernmental review process. See Section 4.1 ii of HRSA's [SF-424 Application Guide](#) for additional information.

5. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to three (3) years at no more than \$75,000 per year. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the grant-funded objectives, and a determination that continued funding would be in the best interest of the Federal government.

Funds under this announcement may not be used for the following purposes:

- (1) To build or acquire real property or for construction or major renovation or alteration of any space; or
- (2) To pay for subsidies for insurance premiums; or
- (3) To purchase equipment above 10 percent of the Federal share of funding for each budget period; or
- (4) To provide inpatient care.

The General Provisions in Division G, Title V 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 Outreach Benefits Counseling Program has six (6) (number) review criteria:

CRITERION	Number of Points
1. Need	10
2. Response	35
3. Evaluative Measures	20
4. Impact	10
5. Resources/Capabilities	15
6. Support Requested	10
TOTAL POINTS	100

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

The extent to which the applicant demonstrates the problem and associated contributing factors to the problem.

- a) The applicant clearly identifies and establishes the unmet health coverage needs of the target population as evidenced by:
 - i. The data provided regarding the level of need for health insurance coverage and education and/or data to support the target population’s need for benefits counseling.
 - ii. The extent to which the applicant illustrates the entire population of the service area and its demographics in relation to the target population to be served. The applicant provides supporting local, State, and national data for the community and the target population and compares local data versus State and national data.
 - iii. The level of involvement the target community has held in identifying the needs of the population and in planning the project activities
 - iv. The strength and appropriateness of the details (frequency, number of participants, etc.) about the tools and methods (e.g., needs assessments, focus groups, questionnaires/surveys, etc.) that were used to identify special needs of the target population.

- b) The extent to which applicant documents the relevant barriers that it hopes to overcome including:
 - i. Any pertinent geographic, socio-economic, linguistic, cultural, ethnic, workforce, or other barrier(s) that prohibit enrollment into health insurance among the target population.
- c) The extent to which the target service area is clearly defined and described.

Criterion 2: RESPONSE (35 points) – Corresponds to Section IV’s Methodology, Work Plan and Resolution of Challenges

- a) The extent to which:
 - i. The proposed project responds to the “Purpose” included in the funding opportunity description and directly relates with the information presented in the “Needs Assessment” section of the program narrative.
 - ii. The proposed activities are capable of addressing the problem and attaining the project objectives.
 - iii. The proposed goals and objectives have a clear correlation to addressing the identified need as well as barriers and are measurable, realistic, and achievable in a specific timeframe.
 - iv. Proposed activities ensure that possible cultural, linguistic, social, and religious differences of target populations are identified and addressed.
- b) The applicant clearly discusses the benefits counseling plan methodology as evidenced by:
 - i. The strength and comprehensiveness of the outreach, education, and enrollment activities and strategies that the applicant will undertake.
 - ii. The strength and feasibility of how the applicant will ensure adequate staffing capacity and protect the privacy and security of consumer’s personal identifiable information.
 - iii. The strength and feasibility of how the applicant will collaborate with consortium members and other organizations to ensure benefits counseling activities are coordinated.
- c) The strength and feasibility of the following:
 - i. The plan for project sustainability.
 - ii. The sustainable impact of the program funded by grant.
 - iii. The proposed strategies to achieve the desired sustainable impact.
 - iv. Potential sources of support for achieving sustainability after the three-year project period has ended.
- d) The strength and feasibility of the proposed work plan that is logical and easy to follow, clearly addressing the project activities, responsible parties, the timeline of the proposed activities, anticipated outputs, and the steps that must be taken to achieve each of the project goals.
- e) The extent to which the application addresses and resolves identified challenges and anticipated barriers.

Criterion 3: EVALUATIVE MEASURES (20 points) – Corresponds to Section IV’s Evaluation and Technical Support Capacity

- a) The strength of the logic model as evidenced by the inputs, activities, outputs, short-term and long-term outcomes, and the impact as it relates to the project and the target population that it serves as described in logic model in **Attachment 8**.
- b) The strength and effectiveness of the method proposed to collect, analyze and report on the required (PIMS measures) and additional (non-PIMS measures) data to help monitor and assess the applicant’s benefits counseling project.
- c) Strength of the evidence that progress toward meeting project goals will be tracked, measured, and assessed.
 - i. The appropriateness of baseline (process and outcome) measures that will be monitored and tracked throughout the grant period in order to demonstrate the effectiveness of the intervention and to determine the replicability of the project to other rural communities. These measures must align with the goals and objectives of the proposed project and the potential health impact.
- d) The strength of proposed on-going quality assurance/quality improvement strategies that will assist in the early identification and modification of ineffective efforts.
- e) The strength of the proposed assessment strategies; indicators; data sources; assessment methods (e.g. review of documents, interviews with project staff and participants, surveys of participants etc.).

Criterion 4: IMPACT (10 points) – Corresponds to Section IV’s Work Plan

- a) The extent to which the proposed project will positively impact the target population, and the extent to which the project may be replicable in other communities with similar needs.
- b) The feasibility and effectiveness of the proposed approach for widely disseminating information regarding results and assessment of the project.

Criterion 5: RESOURCES/CAPABILITIES (15 points) – Corresponds to Section IV’s Evaluation and Technical Support Capacity and Organizational Information.

- a) The quality and appropriateness of the resources and the abilities of the applicant organization and the consortium members in fulfilling program requirements and meeting program expectations.
- b) The capability of the applicant to implement and fulfill the requirements of the proposed project based on the resources available and the qualifications of the project staff.
- c) The strength of the consortium as evidenced by:
 - i. Effective strategies employed for creating and defining the consortium.
 - ii. The nature and extent of each consortium member’s responsibilities and contributions to the project.
 - iii. The extent to which the consortium partners are appropriate collaborators and the expertise they bring to the project.

- iv. Clearly defines the roles and responsibilities for each of the organizations in the consortium and how authority will flow from the applicant organization receiving the Federal grant funds to the consortium members.
 - v. The ability of each organization participating in the consortium to deliver the services, contribute to the consortium, and otherwise meet the needs of the project.
- c) The strength of the proposed strategies for communication and coordination of the consortium members as evidenced by:
- i. How and when the consortium will meet and the proposed process for soliciting and incorporating input from the consortium for decision-making, problem solving, and urgent or emergency situations.
 - ii. The plan for communication and coordination between the project director and consortium members, including how often communication is expected.
 - iii. The proposed frequency of project updates that will be given to the consortium members and the extent to which the project director will be accountable to the consortium.
 - iv. The strength and feasibility of the proposed process for periodic feedback and program modification as necessary.
- d) The strength of the proposed indicators to assess the effectiveness of the communication and coordination of the consortium and its timely implementation.
- e) The degree to which the applicant discusses potential challenges with the consortium (consortium disagreements, personnel actions, expenditure activities, etc.) and identifies approaches that can be used to resolve the challenges.

Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV’s Budget and Budget Justification.

The budget forms SF-424A, along with the Budget Justification components of the itemized budget and budget narrative, are to be used in the review of this section. Together, they will provide reviewers with the information to determine the reasonableness of the requested support.

- a) The budget justification logically documents how and why each line item request (such as personnel, travel, equipment, supplies, and contractual services) supports the goals and activities of the proposed grant-funded activities over the length of the three-year project period.
- b) The degree to which the estimated cost to the government for proposed grant-funded activities appears reasonable.

2. Review and Selection Process

Please see Section 5.3 of HRSA's [SF-424 Application Guide](#). Applicants have the option of providing specific salary rates or amounts for individuals specified in the application budget or the aggregate amount requested for salaries.

Funding Preferences

The authorizing legislation (Section 330A(h) of the Public Health Service (PHS) Act (42 U.S.C. 254c(e))) 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 the preference and meets 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 qualifier is being met in the **Project Abstract**. ORHP highly recommends that the applicant include this language: "**Applicant's organization name** is requesting a funding preference based on **qualification X**."

If a funding preference is requested, documentation of funding preference must be placed in **Attachment 6**. Please label documentation as "Proof of Funding Preference Designation/Eligibility." If the applicant does not provide appropriate documentation in **Attachment 6**, the applicant will not receive the funding preference.

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

3. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of August 1, 2015.

VI. Award Administration Information

1. Award Notices

The Notice of Award will be sent prior to the start date of 08/01/2015. 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 and review activities:

- 1) Submit a **Federal Financial Status Report (FFR)**. A Federal Financial Report (FFR) is required at the end of each budget period. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically through EHB. More specific information will be included in the Notice of Award.
- 2) Submit a **Strategic Plan**. Awardees will be required to submit a Five-Year Strategic Plan during the first year of their grant period. This strategic plan will provide guidance for program development throughout the grant period and beyond. The strategic plan must be submitted electronically through EHB. Further information will be provided upon receipt of the award.
- 3) Submit an **Assessment Plan**. Awardees will be required to submit an assessment plan sometime during the first year of their grant period. This assessment plan will help inform their assessment strategies. The assessment plan must be submitted electronically through EHB. Further information will be provided upon receipt of the award.
- 4) Submit a final **Sustainability Plan**. As part of receiving the grant, awardees are required to submit a final Sustainability Plan during the third year of their grant period. The sustainability plan must be submitted electronically through EHB. Further information will be provided upon receipt of the award.
- 5) Submit a **Progress Report**. Awardees must submit a progress report to HRSA on an annual basis. *Submission and HRSA approval of your Progress Report(s) triggers the budget period renewal and release of subsequent year funds.* This report demonstrates grantee progress on program-specific goals. The progress report must

be submitted electronically through EHB. Further information will be provided in the award notice.

- 6) Submit a **Performance Measures Report**. A performance measures report is required after the end of each budget period in the Performance Improvement Measurement System (PIMS). The performance measures report must be submitted electronically through EHB. Upon award, grantees will be notified of specific performance measures required for reporting.
- 7) Submit a **Final Assessment Report**. Awardees are required to submit a final Program Assessment Report at the end of their grant period that would show, explain, and discuss their results and outcomes. The final assessment report must be submitted electronically through EHB. Further information will be provided in the award notice.
- 8) Submit **Final Closeout Report**. A final report is due within 90 days after the project period ends. The final report collects program-specific goals and progress on strategies; core performance measurement data; impact of the overall project; the degree to which the grantee achieved the mission, goal and strategies outlined in the program; grantee objectives and accomplishments; barriers encountered; and responses to summary questions regarding the grantee's overall experiences over the entire project period. The final closeout report must be submitted electronically through EHB. Further information will be provided in the award notice.

VII. Agency Contacts

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

Belinda Williams
Grants Management Specialist
HRSA Division of Grants Management Operations, OFAM
Parklawn Building, Room 18-75
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-1565
Fax: (301) 443-9810
E-mail: bwilliams@hrsa.gov

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

Linda Kwon, MPH
Federal Office of Rural Health Policy
5600 Fishers Lane, Room 17W17A
Rockville, MD 20857
Telephone: (301) 594-4205
Fax: (301) 443-2803
E-mail: lkwon@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

FORHP has provided a list of resources that may be helpful for applicants as they develop the NEEDS ASSESSMENT section of the project narrative:

- 1) Your local health department may be a valuable resource in acquiring data in responding to this section.
- 2) The Rural Assistance Center is supported by funding from ORHP and helps rural communities and other rural stakeholders access the full range of available programs, funding, and research that can enable them to provide quality health and human services to rural residents. Please visit RAC's website at: <http://www.raconline.org>.

RAC also provides free customized assistance that can provide support in gathering data, statistics and general rural health information. Applicants can contact RAC and information specialists can provide the information that applicants need in responding to this section. To utilize RAC's free customized assistance, please call 1-800-270-1898 or email them at info@raconline.org.

FORHP has provided a list of resources that maybe helpful for applicants as they develop the METHODOLOGY - benefits counseling plan section of the project narrative:

- 1) The Rural Assistance Center collects and shares stories about rural health and human services programs and interventions. These stories are housed in the "Rural Health Models and Innovations Hub" and applicants can read stories about successful health insurance strategies to reach the rural uninsured at <http://www.raconline.org/success/project-examples/topics/health-insurance-and-uninsured>

- 2) Outreach and enrollment lessons learned from ORHP grantees during the initial Affordable Care Act Open Enrollment Period. Webinars can be accessed at <http://ruralhealthlink.org/Resources/TrainingMaterials.aspx#>. It should be noted that this resource is provided to give applicants a general idea on outreach and enrollment lessons identified to help rural Americans.
- 3) Resources to help educate the newly insured. Website: <http://marketplace.cms.gov/technical-assistance-resources/c2c.html>
- 4) Enroll America has developed toolkits and publications to help increase the number of individuals who are enrolled in and retain coverage. Website: <http://www.enrollamerica.org>
- 5) The Kaiser Commission on Medicaid and the Uninsured developed a report on the “Migrant and Seasonal Farmworkers: Health Insurance Coverage and Access to Care”. The report can be accessed at <http://kff.org/medicaid/report/migrant-and-seasonal-farmworkers-health-insurance-coverage/>.
- 6) See Section 2.2 of HRSA’s [*SF-424 Application Guide*](#) to learn about some Affordable Care Act Outreach and Education resources
- 7) Visit <http://www.hrsa.gov/ruralhealth/affordablecareact/index.html> for a list of rural outreach, education and enrollment resources, including a 10 page document titled “Best Practices Guide in Rural Outreach and Enrollment”

FORHP has provided a list of resources that maybe helpful for applicants as they develop their Logic Model:

Below are resources on logic models:

1. Kellogg Foundation
<http://www.wkcf.org/knowledge-center/resources/2006/02/WK-Kellogg-Foundation-Logic-Model-Development-Guide.aspx>
2. University of Wisconsin Cooperative Extension
<http://www.uwex.edu/ces/pdande/evaluation/evallogicmodel.html>
3. CDC Program Evaluation Resources
<http://www.cdc.gov/healthyyouth/evaluation/pdf/brief2.pdf>
4. Innovation Network
http://www.innonet.org/client_docs/File/logic_model_workbook.pdf

Although there are similarities, a logic model is not a work plan. A work plan is an “action” guide with a timeline used during program implementation; the work plan provides the “how to” steps. Information on how to distinguish between a logic model and work plan can be found at the following website: <http://www.cdc.gov/healthyyouth/evaluation/pdf/brief5.pdf>

Additional information on developing logic models can be found at the following website: http://www.cdc.gov/nccdphp/dnpao/hwi/programdesign/logic_model.htm.

Technical Assistance Webinar

The Federal Office of Rural Health Policy will hold a technical assistance webinar on Thursday, February 5, 2015 from 1:00-2:00pm EDT to assist applicants in preparing their applications. The Technical Assistance Webinar is open to the general public. No registration is required. The purpose of the webinar is to go over the funding opportunity announcement, 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 webinar to answer any questions. While the webinar is not required, it is highly recommended that anyone who is interested in applying for the Rural Outreach Benefits Counseling Program plan to listen to the webinar. It is most useful to the applicants when the funding opportunity announcement is easily accessible during the call and if questions are written down ahead of time for easy reference.

Call-in number (for audio)^{1,2}: 800-619-7597// passcode: 7509059

URL (for web): https://hrsa.connectsolutions.com/rural_outreachfoa/ (log in as 'guest')

Prior to joining, please test your web connection:

https://hrsa.connectsolutions.com/common/help/en/support/meeting_test.htm.

¹ *You must dial into the conference line to hear the audio portion of the webinar.*

² *You can listen to the replay of the audio portion of the webinar by calling 866-346-2404 // passcode: 3915 approximately one hour after the webinar has concluded.*

IX. Tips for Writing a Strong Application

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