

U.S. Department of Health and Human Services

HRSA

Health Resources & Services Administration

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2024

Federal Office of Rural Health Policy

Policy Research Division

Rural Maternal Health Data Support and Analysis Program

Funding Opportunity Number: HRSA-24-112

Funding Opportunity Type(s): New

Assistance Listing Number: 93.155

Application Due Date: July 15, 2024

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!

We will not approve deadline extensions for lack of registration.

Registration in all systems may take up to 1 month to complete.

Issuance Date: May 24, 2024

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

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

508 COMPLIANCE DISCLAIMER

Persons using assistive technology may not be able to fully access information in this file. For assistance, email or call one of the HRSA staff listed in [Section VII Agency Contacts](#).

SUMMARY

Funding Opportunity Title:	Rural Maternal Health Data Support and Analysis Program
Funding Opportunity Number:	HRSA-24-112
Assistance Listing Number:	93.155
Due Date for Applications:	July 15, 2024
Purpose:	This program will fund one entity to provide data support to rural maternal health care networks to assist efforts to improve maternal health care at the community- and regional-levels. This program will also fund the use of data to inform the improvement of rural maternal health care nationwide.
Program Objective(s):	<p>The goal of the program is to:</p> <ul style="list-style-type: none">▪ Increase capacity of rural maternal health care networks to: 1) collect and report data related to maternal health, obstetrics, and post-birth outcomes including infant health and 2) use this data to assess performance and identify promising practices in implementing sustainable models designed to improve health care during pregnancy, birth, and the postpartum period.▪ Enhance public awareness and understanding, through data analysis and dissemination of findings, of: 1) the unique considerations associated with delivering prenatal, labor and delivery, and postpartum services to rural areas and 2) opportunities for improving rural maternal health care.

Eligible Applicants:	<p>Eligible applicants include all domestic public, private, nonprofit and for-profit organizations.</p> <ul style="list-style-type: none"> • Native American tribal governments are eligible. • Native American tribal organizations are eligible. <p>See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.</p>
FY 2024 Total Available Funding:	\$750,000
Estimated Number and Type of Award(s):	Up to 1 new cooperative agreement
Estimated Annual Award Amount:	Up to \$750,000 per award
Cost Sharing or Matching Required:	No
Period of Performance:	September 30, 2024 through September 29, 2028 (4 years)
Agency Contacts:	<p>Business, administrative, or fiscal issues: Marie Mehaffey Grants Management Specialist Division of Grants Management Operations, OFAM Email: mmehaffey@hrsa.gov</p> <p>Program issues or technical assistance: Greta Stuhlsatz Statistician Federal Office of Rural Health Policy Email: gstuhlsatz@hrsa.gov</p>

Application Guide

You (the applicant organization / agency) are responsible for reading and complying with the instructions included in this NOFO and in [HRSA Application Guide](#) (*Application Guide*). Visit [HRSA's How to Prepare Your Application page](#) for more information.

Technical Assistance

We have scheduled the following webinar:

Tuesday, June 4, 2024

2 pm – 3 p.m. ET

Weblink: <https://hrsa.gov.zoomgov.com/j/1600404115?pwd=aThkbUZjdWRsTUplKZ0N1TE9XLzIqUT09>

Attendees without computer access or computer audio can use the following dial-in information:

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

Meeting ID: 160 040 4115

Passcode: 89202173

We will record the webinar. Please contact gstuhlsatz@hrsa.gov to request playback information 48 hours after the live event.

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Rural Maternal Health Data Support and Analysis Program. This program will fund one entity to provide data support to rural maternal health care networks to assist them in their efforts to improve maternal health care at the community- and regional-levels. This program will also fund the use of data to inform the improvement of rural maternal health care nationwide.

National trends in maternal health have worsened over time, and rural residents have a 9 percent greater chance of experiencing severe maternal morbidity and mortality compared with urban residents.¹ At the same time, rural residents are more likely to experience substance use disorder (SUD)-related deliveries than residents of urban areas.^{2,3} Over half of rural counties have no hospital-based obstetric services, and rural counties face greater risk of further loss of services compared to urban counties.⁴ To address serious disparities in rural maternal health care and outcomes, rural communities are implementing strategies through Federal Office of Rural Health Policy (FORHP) funding (e.g., [Rural Maternal and Obstetrics Management Strategies Program](#), programs addressing substance use disorder during pregnancy in rural areas) and other resources.

Understanding the rural maternal health landscape and the impact of various interventions is crucial to informing efforts to reduce disparities between rural and urban areas. Rural providers, policymakers, and the public need high-quality data and analysis to understand what works in rural maternal health care to improve pregnancy- and birthing- outcomes in rural communities nationwide. A comprehensive approach to data is particularly important to coordinate across the multiple entities involved in maternal health care including clinicians, hospitals, outpatient clinics, academic medical centers, payers, social service providers, and more. However, “data collection on maternal health risks, services, outcomes in the United States continues to be fragmented,

¹ Kozhimannil K, Interrante J, Henning-Smith C, Admon K. Rural-Urban Differences in Severe Maternal Morbidity and Mortality in the US, 2007-2015. *Health Affairs*. 2019; 38 (12): 2077-2085. Available at: <https://www.healthaffairs.org/doi/10.1377/hlthaff.2019.00805>

² Soni et al (2019), “Obstetric Delivery Inpatient Stays Involving Substance Use Disorders and Related Clinical Outcomes, 2016” AHRQ Healthcare Cost and Utilization Project, <https://www.hcupus.ahrq.gov/reports/statbriefs/sb254-Delivery-Hospitalizations-Substance-Use-Clinical-Outcomes2016.pdf><https://hcup-us.ahrq.gov/reports/statbriefs/sb254-Delivery-Hospitalizations-Substance-Use-Clinical-Outcomes-2016.jsp>

³ Jarlenski M and Krans E. Co-occurring substance use disorders identified among delivery hospitalizations in the United States. *J Addict Med*. 2021 Nov-Dec; 15(6): 504–507. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8166954/>

⁴ Kozhimannil KB, Interrante JD, Tuttle MKS, Henning-Smith C. Changes in Hospital-Based Obstetric Services in Rural US Counties, 2014-2018. *JAMA*. 2020;324(2):197. Available at: <https://jamanetwork.com/journals/jama/fullarticle/2768124>

unstandardized, nontransparent, and irregular,” according to the [White House Blueprint for Addressing the Maternal Health Crisis](#).⁵

Considering these issues, a key component of this program will include technical assistance (TA) to rural maternal health care networks to support improvements in data collection. TA shall include activities such as, but not limited to, reporting and collection of quantitative and qualitative data, maintenance of datasets, and assessment of data to support rural maternal health care networks in reaching their maternal health goals. Focusing on TA to rural maternal health care networks supports a holistic approach to data, considering the various components affecting maternal health care in rural areas at the community- and regional-levels. Another major objective of this program is to fund the analysis of rural maternal health data and the dissemination of findings for a broad, public audience to illustrate issues at the national level.

In alignment with FORHP’s statutory authorization, funds under this award shall support activities related to improving health care in rural areas. For the purposes of this award, we consider rural areas to be those that conform with the definition of rural that FORHP maintains at its Defining Rural Population website available at:

<https://www.hrsa.gov/rural-health/about-us/what-is-rural>. Therefore, this award will support only TA to maternal health care networks providing services in rural areas.⁶

Further, for the purposes of this award, the term “maternal health care networks” refers to groups of health care providers that deliver health care services focused on pre-natal care, labor and delivery, and postpartum care in collaboration with other organizations supporting the delivery of maternal health care that may include, but are not limited to, payers, clinical experts at academic medical centers, and community-based organizations. Expected outcomes include:

- Increased capacity of rural maternal health care networks to: 1) collect and report data related to maternal health, obstetrics, and post-birth outcomes including infant health, and 2) use this data to assess performance and identify promising practices in implementing sustainable models designed to improve health care during pregnancy, birth, and the postpartum period.
- Enhanced public awareness and understanding, through data analysis and dissemination of findings, of: 1) the unique considerations associated with delivering prenatal, labor and delivery, and postpartum services to rural areas and 2) opportunities for improving rural maternal health care.

⁵ White House Blueprint for Addressing the Maternal Health Crisis. June 2022. Available at: <https://www.whitehouse.gov/wp-content/uploads/2022/06/Maternal-Health-Blueprint.pdf>

⁶ To determine whether an area is considered rural, please visit the Rural Health Grants Eligibility Analyzer at: <https://data.hrsa.gov/tools/rural-health>

2. Background

Section 711(b) of the Social Security Act (42 U.S.C. 912(b)) authorizes the Rural Maternal Health Data Support and Analysis Program. The Health Resources and Services Administration's (HRSA) Federal Office of Rural Health Policy (FORHP) is the focal point for rural health activities within the Department of Health and Human Services (HHS). By statute, FORHP advises the Secretary of HHS on the effects of current policies and proposed statutory, regulatory, administrative, and budgetary changes in Medicare and Medicaid programs on the financial viability of small rural hospitals, the ability of rural areas to attract and retain physicians and other health professionals, and access to and the quality of health care in rural areas. FORHP is also authorized to administer grants, cooperative agreements, and contracts to provide technical assistance and other activities as necessary to support activities related to improving health care in rural areas. For additional information about FORHP, please see <https://www.hrsa.gov/rural-health>.

FORHP accomplishes its mission through a broad range of policy and program activities. Program- and policy-relevant data and analysis enhances knowledge that supports the improvement of health care in rural areas.

II. Award Information

1. Type of Application and Award

Application type(s): New

We will fund you via a cooperative agreement.

A cooperative agreement is like a grant in that we award money, but we are substantially involved with program activities.

Aside from monitoring and technical assistance (TA), we also get involved in these ways:

- Consulting in the planning, development, and implementation of technical assistance (TA) provided to rural maternal health care networks to support the collection, use, and assessment of qualitative and quantitative data.
- Providing technical assistance to the recipient, upon request, on processes for the identification or selection of rural maternal health care networks to receive direct data support TA under this award.
- Reviewing and commenting on project design and methodology for collecting and analyzing quantitative and qualitative data in work plan proposals.
- Consulting in the planning and development of the annual work plan, including consulting in the data analysis projects and rapid data analyses.

- Facilitating the use of HRSA and FORHP-supported communications resources as needed to support the cooperative agreement.
- Reviewing and providing feedback and recommendations on data TA and analysis work products, including but not limited to presentations, program documents (e.g., program plans, work plans, budget, contracts, key personnel), reports, briefs, and manuscripts, prior to implementation or dissemination.
- Consulting in the planning and implementation of any meetings, webinars, or work groups conducted by the award recipient during the period of performance.

You must follow all relevant federal regulations and public policy requirements. Your other responsibilities will include:

- Following HRSA guidelines pertaining to acknowledgement and disclaimer on all products produced with HRSA award funds.
- Following accessibility requirements based on Section 508 of the Rehabilitation Act of 1973.
- Providing direct data support TA to rural maternal health care networks. TA provided will include assistance in how to collect, report, and use data on rural maternal health and birth outcomes including infant health.
- Maintaining and analyzing data from rural maternal health care networks, along with other rural maternal health data sources, and disseminating findings to rural maternal health care networks, interested parties, and the public as appropriate.
- Working closely with FORHP in the planning, development, and implementation of activities under this award. This includes FORHP review of methods for TA and data collection, maintenance of data, and data analysis.
- Utilizing HRSA and FORHP-supported communications resources as needed to support the cooperative agreement.
- Sharing resources and materials developed under this award for FORHP review prior to implementation or public dissemination.
- Assessing and measuring the impact of your activities under this award, in consultation with FORHP.
- Responding to FORHP requests (including the potential execution of short-term qualitative or quantitative analyses to inform emerging rural maternal health questions arising out of work under this award), comments, and questions in a timely manner.
- Submitting required reports, projects, or other work products to FORHP in a timely manner.
- Attending FORHP rural maternal health program meetings as applicable.

2. Summary of Funding

We estimate \$750,000 will be available each year to fund 1 recipient. You may apply for a ceiling amount of up to \$750,000 annually (reflecting direct and indirect costs).

The period of performance is September 30, 2024, through September 29, 2028 (4 years).

Support beyond the first budget year will depend on:

- Appropriation
- Satisfactory progress in meeting the project's objectives
- A decision that continued funding is in the government's best interest

HRSA may reduce funding or take other actions after the first year if the recipient of this award does not achieve their application goals.

[45 CFR part 75 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards](#) applies to all HRSA awards.

If you've never received a negotiated indirect cost rate, you may elect to charge a *de minimis* rate of 10 percent of modified total direct costs (MTDC)*. You may use this for the life of the award. If you choose this method, you must use it for all federal awards until you choose to negotiate for a rate. You may apply to do so at any time. See Section 4.1.v. Budget Narrative in the *Application Guide*.

*Note: One exception is a governmental department or agency unit that receives more than \$35 million in direct federal funding.

III. Eligibility Information

1. Eligible Applicants

You can apply if your organization is in the United States, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, Guam, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, or the Republic of Palau, and is one of the following:

- Public or private (nonprofit or for-profit) organizations
- Native American tribal governments
- Native American tribal organizations, nonprofit or for-profit

2. Cost Sharing or Matching

There is no cost sharing or matching requirement for this program.

3. Other

We may not consider an application for funding if it contains any of the following non-responsive criteria:

- Exceeds the funding ceiling amount
- Fails to satisfy the deadline requirements referenced in [Section IV.4](#)

Multiple Applications

We will only review your **last** validated application before the Grants.gov [due date](#).

IV. Application and Submission Information

1. Address to Request Application Package

We **require** you to apply online through [Grants.gov](#). Use the SF-424 workspace application package associated with this notice of funding opportunity (NOFO). Follow these directions: [How to Apply for Grants](#). If you choose to submit using an alternative online method, see [Applicant System-to-System](#).

Note: Grants.gov calls the NOFO “Instructions.”

Select “Subscribe” and enter your email address for HRSA-24-112 to receive emails about changes, clarifications, or instances where we republish the NOFO. You will also be notified by email of documents we place in the RELATED DOCUMENTS tab that may affect the NOFO and your application. *You’re responsible for reviewing all information that relates to this NOFO.*

2. Content and Form of Application Submission

Application Format Requirements

Submit your information as the *Application Guide* and this program-specific NOFO state. **Do so in English and budget figures expressed in U.S. dollars.** There’s an Application Completeness Checklist in the *Application Guide* to help you.

Application Page Limit

The total number of pages that count toward the page limit shall be no more than **80 pages** when we print them. We will not review any pages that exceed the page limit. Using the pages within the page limit, HRSA will determine eligibility using [Section III. Eligibility Information](#) of the NOFO.

These items do not count toward the page limit:

- Standard OMB-approved forms you find in the NOFO’s workspace application package

- Abstract (standard form (SF) “Project Abstract Summary”
- Indirect Cost Rate Agreement
- Proof of non-profit status (if it applies)

If there are other items that do not count toward the page limit, we’ll make this clear in Section IV.2.v [Attachments](#).

If you use an OMB-approved form that is not in the HRSA-24-112 workspace application package, it may count toward the page limit.

Applications must be complete and validated by Grants.gov under HRSA-24-112 before the [deadline](#).

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- When you submit your application, you certify that you and your principals⁷ (for example, program director, principal investigator) can participate in receiving award funds to carry out a proposed project. That is, no federal department or agency has debarred, suspended, proposed for debarment, claimed you ineligible, or you have voluntarily excluded yourself from participating.
- If you fail to make mandatory disclosures, we may take an action like those in [45 CFR § 75.371](#). This includes suspending or debarring you.⁸
- If you cannot certify this, you must include an explanation in *Attachments 6-15: Other Relevant Documents*.

(See Section 4.1 viii “Certifications” of the *Application Guide*)

Program-Specific Instructions

Include application requirements and instructions from Section 4 of the *Application Guide* (budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract). Also include the following:

i. *Project Abstract*

Use the Standard OMB-approved Project Abstract Summary Form that you’ll find in the workspace application package. Do not upload the abstract as an attachment or it may count toward the page limit. For information you must include in the Project Abstract Summary Form, see Section 4.1.ix of the *Application Guide*.

Abstract Heading Content

- Applicant Organization Name
- Organization Address

⁷ See definitions at [eCFR :: 2 CFR 180.995 -- Principal](#), and [eCFR :: 2 CFR 376.995 -- Principal \(HHS supplement to government-wide definition at 2 CFR 180.995\)](#).

⁸ See also 2 CFR parts [180](#) and [376](#), [31 U.S.C. § 3354](#), and [45 CFR § 75.113](#).

- Project Director Name
- Project Director E-mail Address and Phone Number
- Organization website (if applicable)
- Consortium members (if applicable)

Abstract Body Content

- Brief overview of the project including a description of organizational capabilities of the applicant organization, consortium members, or other collaborators (if applicable).
- Brief overview of the methods for carrying out the proposed project.

NARRATIVE GUIDANCE

The following table provides a crosswalk between the narrative language and where each section falls within the review criteria. Make sure you've addressed everything. We may consider any forms or attachments you reference in a narrative section during the merit review.

Narrative Section	Review Criteria
Introduction	<i>Criterion 1: NEED</i>
Organizational Information	<i>Criterion 5: RESOURCES/CAPABILITIES</i>
Need	<i>Criterion 1: NEED</i>
Approach	<i>Criterion 2: RESPONSE</i>
Work Plan	<i>Criterion 2: RESPONSE</i> <i>Criterion 4: IMPACT</i>
Resolution of Challenges	<i>Criterion 2: RESPONSE</i>
Evaluation and Technical Support Capacity	<i>Criterion 3: EVALUATIVE MEASURES</i> <i>Criterion 4: IMPACT</i>
Budget Narrative	<i>Criterion 6: SUPPORT REQUESTED</i>

ii. Project Narrative

This section must describe all aspects of the proposed project. Make it brief and clear. Provide the following information in the following order. Please use the section headers. This ensures reviewers can understand your proposed project.

- *Introduction – Corresponds to Section V’s Review Criterion #1 [NEED](#)*

Briefly describe the purpose of the proposed project and identify specific goals, objectives, and expected outcomes. Summarize how the proposed project will support the ability of rural maternal health care networks to collect, report, and interpret maternal health related data. Describe how the proposed project will use these data and other local, regional, and national data to illustrate for the public the unique challenges to and opportunities for the provision of maternal health care in rural areas. This description should demonstrate that the applicant has a strong understanding of the rural maternal health landscape.

- *Organizational Information -- Corresponds to Section V’s Review Criterion #5 [RESOURCES/CAPABILITIES](#)*

This section should describe the capacity of your organization to provide technical assistance (TA) to rural maternal health care networks for the collection and assessment of data. This section should also describe your organizational capacity to maintain datasets, analyze data, and publish analytical findings. This includes information about your organization’s structure and staffing plan and your experience and expertise.

- Provide information on your organization’s current mission and structure, including an applicant organizational chart (Attachment 1), staffing plan and job descriptions for key personnel (Attachment 2), and biographical sketches of key personnel (Attachment 3). Describe how this aligns with the scope of the proposed activities. If you are applying on behalf of a consortium, you (the applicant organization) must serve as the lead organization. This means the applicant retains responsibility for administration of the cooperative agreement, including administering federal funds in a manner consistent with underlying agreements. If a consortium operates the program, you must:
 - Describe the capabilities and roles of each member organization as part of the proposed project, including capabilities evidenced by relevant activities/products including completed or current research on rural maternal health care or specific engagements providing TA on data issues to rural maternal health care organizations.
 - Discuss the capability of the applicant organization to provide overall program management.
 - Submit a complete list of consortium members in Attachment 5.
 - Ensure that the organizational chart in Attachment 1 shows that the applicant organization is responsible for the overall management of the program and the relationship of all other involved member organizations.
 - In Attachment 4, provide any Letters of Agreement or Memoranda of Understanding that document the commitment of member organizations in a consortium model.

- Succinctly describe the capacity of your organization (including the consortium, as applicable) to effectively manage the programmatic, fiscal, and administrative aspects of the proposed project.
- Demonstrate your organization's significant experience conducting similar work (from any funder). Include specific examples of the following, as applicable:
 - Experience providing TA to rural health care organizations focused on supporting data collection, reporting, and using data to demonstrate impact.
 - Experience providing data TA on a national scale to rural health care organizations, including networks of rural health care organizations focused on maternal health care.
 - Experience collecting and maintaining qualitative and quantitative data from rural health care organizations, particularly small health care organizations with limited capacity to collect and report data.
 - Past publications or data analyses on maternal health or obstetrics that were national in scope and contained rural-centric or rural-urban comparisons as part of the analysis. Additionally, discuss experience with analyses completed in a three-to-six-month period.
 - Work communicating complex maternal health care policy issues and data analyses to varied audiences in ways that identify key rural concerns.
 - Substantial experience working with large, national data sets including Medicaid claims data, as well as experience working with data sets with small sample sizes.

▪ *Need -- Corresponds to Section V's Review Criterion #1 [NEED](#)*

The needs assessment must demonstrate an understanding of the challenges rural maternal health care networks face in collecting and utilizing maternal health data to meet organizational and programmatic objectives focused on improving maternal health care in rural areas. Further, the needs assessment must demonstrate a clear understanding of the role of technical assistance (TA) in addressing these data challenges and helping rural maternal health care networks meet their objectives and demonstrate the impact of their efforts as they relate to improving maternal health care in rural areas. Additionally, the needs assessment must demonstrate an understanding of how improved data capacity at the organizational-level and increased awareness of the issues on a broader, national-level can lead to improvements in rural maternal health care.

Underpinning the challenges rural maternal health care networks face related to maternal health data, the needs assessment must demonstrate a strong understanding of the issues affecting the ability to provide high-quality, sustainable maternal health care services to those living in rural areas. This should include a description of the larger contextual issues influencing rural maternal health care access and outcomes (e.g., loss of obstetric care in rural areas, financing and reimbursement challenges, maternal morbidity and mortality including issues such as

SUD). You must use and cite data whenever possible to support the information provided.

- *Approach – Corresponds to Section V's Review Criterion #2 [RESPONSE](#)*

Propose an overall strategic vision to provide data support on a national scale (not limited to specific states/regions) to rural maternal health care networks.

- 1. Providing data support technical assistance (TA) to rural maternal health care networks.** In describing the approach to TA, the application should:
 - Present a plan to identify rural maternal health care networks to receive TA under this award. Explain how you will ensure that the selection of rural maternal health care networks to receive TA under this award is consistent with the program objectives.
 - Discuss how you would assist rural maternal health care networks in identifying needs and resources (e.g., processes and technology) to collect and report accurate patient-level data to compile as aggregate, de-identified measures.
 - Indicate how you would provide TA to correct issues identified in the data collection and reporting processes for current and future submissions.
 - Discuss how you would review qualitative information from rural maternal health care networks collected through means such as work plans, logic models, annual reports and provide feedback to rural maternal health care networks.
 - Detail a plan to support continuity of data collection from various rural maternal health care networks over time for robust analyses now and in the future.
 - Indicate how you would help rural maternal health care networks understand how they can use data on rural maternal health care and birth outcomes, including infant health, to demonstrate the impact of their efforts.
- 2. Establishing and maintaining a data repository of rural maternal health relevant datasets.** In describing the approach to data collection and maintenance, the application should:
 - Discuss your approach for collecting quantitative and qualitative data from rural maternal health care networks including, but not limited to, primary data collection (e.g., patient-level data, interviews) and secondary data on rural maternal health topics of nationwide interest (e.g., access to obstetric care, maternal health, birth, and infant outcomes).
 - Indicate how you would ensure rural maternal health care networks have a standardized structure (e.g., templates, data dictionary) and system (e.g., data reporting processes, mechanisms, and timelines) for reporting both patient-level data and deidentified, aggregate data to the recipient of funding under this award.
 - Discuss how you may develop datasets from data received from rural maternal health care networks and perform quality checks and cleaning of data received.

- Detail your process to identify data elements to collect and maintain under this award and the rural maternal health care networks that may provide data.

3. Conducting data analyses to quantify and describe the impact of strategies and interventions undertaken by rural maternal health care networks as they relate to access to and the quality of maternal health care in rural areas. In describing the approach to data analysis, the application should:

- Discuss how you would conduct a combination of planned and rapid response data analyses, including studies and analyses of interventions undertaken by rural maternal health care networks.
 - Topics for analysis may include quantitative studies on the impact of rural maternal health strategies and interventions on cost, utilization, and quality of care, and qualitative analyses (e.g., analysis of interviews) of rural maternal health care provider experiences. Topics for analysis may also include, but are not limited to, issues of nationwide concern related to rural maternal health care (e.g., tracking obstetric unit closures).
 - Data sources may include, but are not limited to, T-MSIS Medicaid claims, CDC National Vital Statistics System (NVSS), and rural maternal health care network-reported data including patient-level and performance data.
- Detail your process to adjust plans for analysis in year one as needed and develop plans for analysis in subsequent years, including the review of any briefs or other resources developed through this funding.

4. Disseminating resources and information targeted to rural maternal health care networks and a more general, public audience, as appropriate. In describing the approach to information dissemination, the application should:

- Discuss how you would disseminate tools and resources, analytical findings, and data to the public for the purposes of informing the improvement of rural maternal health care.
- Indicate how you would utilize existing FORHP-sponsored resources whenever possible including publication of information on sites including the [RHIhub](#) and [Rural Health Research Gateway](#).

- *Work Plan -- Corresponds to Section V's Review Criteria #2 [RESPONSE](#) and #4 [IMPACT](#)*

Describe how you'll achieve each of the objectives during the period of performance. You find these in the Approach section. Use a timeline that includes each activity and identifies who is responsible for each.

- 1. Technical Assistance Plan:** Applicants should propose their plan for providing hands-on technical assistance (TA) to support rural maternal health care networks in the collection, reporting, and assessment of maternal health data. TA may also include the development and implementation of tools and

resources (e.g., toolkits, data dictionary, templates) designed specifically for rural maternal health care networks. These tools and resources should support the collection and reporting of data on maternal health measures. Rural maternal health care networks should be able to use these tools and resources to assess care and outcomes in their communities. The work plan should include the process for identifying recipients of TA under this award consistent with the program objectives.

2. **Data Management Plan:** Applicants should propose their plan for developing and maintaining datasets compiling data from rural maternal health care networks. This may include, but is not limited to, quantitative data (e.g., de-identified patient-level data) and qualitative data (e.g., data collected through structured interviews). This also includes management of data and ensuring the quality of data provided by rural maternal health care networks. Datasets maintained under this award may also include compilations of publicly available data on rural maternal health issues of nationwide interest and presentation in formats for public use including spreadsheets and maps.
3. **Analysis Plan:** The applicant should propose **two** analytical studies for the first year of the award assessing barriers to and opportunities for providing rural maternal health care, at least one of which should include a specific focus on maternal health care networks providing services in rural areas. Use the format outlined below. Limit each research proposal to a maximum of six pages.

Proposal Summary

- a. Project Title
- b. Project Director
- c. Two Sentence Project Description

Study Proposal

- a. *Project Title*
- b. *Statement of the Issue and Policy Relevance:* Clearly state the purpose of the study. Identify the gaps in existing knowledge that the study intends to fill. State the relevance of the analysis and its implications for policy on rural maternal health from a national, state, and local perspective. Demonstrate how policymakers, health care providers, and the public may use the information to support the improvement of health care in rural areas. State how the proposed analysis will address gaps in current understanding.
- c. *Geographic Coverage:* Describe the geographic coverage for the study and assess how generalizable the results will be for the purpose of informing policymaking. Studies should be nationally representative or have implications for the design or implementation of national policies. Describe the ability of the data to represent varying levels of rurality. The study should

include rural versus urban analyses, as well as analyses by level of rurality as applicable.

- d. *Hypotheses, Design, and Analysis*: State the hypothesis(es) or study questions for the analysis. Thoroughly describe the project design you will use to accomplish the specific aims of the proposed study (quantitative, qualitative, or mixed methods). Include a discussion of any anticipated limitations of the study design.

The work plan should document how the applicant plans to monitor progress towards completion of initial studies within a three-to-six-month timeframe. Applicants should also propose how to incorporate rapid response analyses and associated resources (e.g., briefs, data tables, progress reports) into their work plans.

Post-award, the successful applicants may adjust the scope and details of proposed studies. This process may include technical assistance and additional input from FORHP on possible alternative projects and/or suggested project modifications. After receiving technical assistance, recipients may submit revised project proposals and a revised budget to align with any changes to project proposals. Your proposals must be national in scope and cannot be single state or regional studies in the first budget period.

- 4. Communications Plan:** The applicant should propose how they would use a web-based platform (including FORHP-sponsored resources such as the [RHlhub](#) and [Rural Health Research Gateway](#)) to disseminate information associated with activities under this award. This may include, but is not limited to, the publication of data analysis findings; tools and resources to support the ability of rural maternal health care networks to collect, report, assess, and use data to inform the delivery and improvement of rural maternal health care; tools and resources to support greater public understanding and awareness of rural maternal health issues related to or illustrated by data; and presentations given in public settings including conferences and FORHP maternal health award recipient meetings.

- *Resolution of Challenges – Corresponds to Section V’s Review Criterion #2*
[RESPONSE](#)

Discuss internal and external barriers or challenges that you are likely to encounter in designing and implementing the activities described in the work plan in pursuit of program objectives. Illustrate approaches you will use to resolve such barriers and challenges. Include a specific discussion around challenges or difficulties that may arise from working with organizations with limited data experience and capacity. Describe challenges in working with datasets involving small sample sizes and the need for rural and urban geographic indicators in datasets. Additionally, discuss challenges or difficulties that may arise in maintaining the confidentiality of data reported from rural maternal health care networks and steps to protect sensitive data, as applicable.

- *Evaluation and Technical Support Capacity – Corresponds to Section V’s Review Criteria #3 [EVALUATIVE MEASURES](#) and #4 [IMPACT](#)*

Indicate how your organization will self-assess and track progress toward achievement of program objectives and the effectiveness and impact of the project. Propose clearly defined, viable metrics, for the purpose of self-assessment including descriptions of the inputs (e.g., key personnel, consortium members, and other collaborators and resources), key processes, and meaningful project outcomes that you will use to measure the effectiveness of activities under this award including TA, data collection and maintenance, and data analysis and dissemination. Describe your plan for tracking the number of downloads/views of resources or other materials posted online and funded under this cooperative agreement to demonstrate the extent that resources developed are reaching a public audience. Demonstrate an understanding of how data collected and analyzed will inform the improvement of maternal health care in rural areas at various levels (e.g., organizationally, locally, regionally, nationally).

iii. **Budget**

The *Application Guide* directions may differ from those on Grants.gov.

Follow the instructions in Section 4.1.iv Budget of the *Application Guide* and any specific instructions listed in this section. Your budget should show a well-organized plan.

Reminder: The total project or program costs are all allowable (direct and indirect) costs used for the HRSA activity or project. This includes costs charged to the award and non-federal funds used to satisfy a matching or cost-sharing requirement (which may include MOE, if applicable).

Program Income

You must use any program income you generate from awarded funds for approved project-related activities. Use program income under the addition alternative (45 CFR § 75.307(e)(2)). Find post-award requirements for program income at [45 CFR § 75.307](#).

Specific Instructions

As required by the Further Consolidated Appropriations Act, 2024 (P.L. 118-47), Division D, Title II, § 202, “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.” Effective January 2024, the salary rate limitation is \$221,900. As required by law, salary rate limitations may apply in future years and will be updated.

iv. **Budget Narrative**

See Section 4.1.v. of the *Application Guide*.

The budget justification narrative must describe all line-item federal funds (including subawards) proposed for this project for each year of the period of performance. The budget narrative does count towards the page limit.

If your program proposal includes hiring new personnel, awarding contracts, or making subawards, then you must consider the processes and time needed to put these parts of your plan in place. Recipients shall work to ensure that new hires are on-board within three months of the planned start date. If your program proposal includes using consultant services, list the total costs for all consultant services for each year. In the budget narrative, identify each consultant, the services they will perform the total number of hours, travel costs, and the total estimated costs

v. Attachments

Provide the following attachments in the order we list them.

Most attachments count toward the [application page limit](#). Indirect cost rate agreement (if it applies) and biographical sketches of key personnel are the only exceptions. They will not count toward the page limit.

Clearly label each attachment. Upload attachments into the application. Reviewers will not open any attachments you link to.

Attachment 1: Organizational Chart

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

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of the Application Guide)

Keep each job description to one page as much as possible. Include the role, responsibilities, and qualifications of proposed project staff. Describe your organization's timekeeping process. This demonstrates that you'll comply with federal standards related to recording personnel costs.

Attachment 3: Biographical Sketches of Key Personnel (Do not count towards the page limit)

Include biographical sketches for people who will hold the key positions you describe in *Attachment 2*. Keep it to two pages or less per person. Do **not** include potentially sensitive information such as personal addresses or social security numbers. If you include someone you have not hired yet, include a letter of commitment from that person with the biographical sketch.

Attachment 4: Letters of Agreement, Memoranda of Understanding (if applicable)

Provide any documents that describe working relationships between your organization and other entities and programs you cite in the proposal. Documents that confirm actual or pending contracts or agreements should clearly describe the roles of the contractors and any deliverable(s). Make sure you sign and date any letters of agreement.

Attachment 5: Consortium Member List (if applicable)

If applicable, provide a member list for the consortium. Provide the following information for each consortium member in a table format:

- Member Organization Name
- Member Organization Complete Address
- Primary Point of Contact Name, Title, E-mail Address, Phone Number
- Organization Employer Identification Number (EIN)
- Brief Description of Organization and Project Role

Note: If applicable, you must include any Letters of Agreement, MOU, etc., for all consortium members in Attachment 4.

Attachments 6–15: Other Relevant Documents (no more than 15)

Include any other documents that are relevant to the application.

3. Unique Entity Identifier (UEI) and System for Award Management (SAM)

A UEI is required to apply for this funding. You must register in the SAM.gov to receive your UEI.

You cannot use a DUNS number to apply. For more details, visit the following webpage: [General Service Administration's UEI Update](#)

After you register with SAM, maintain it. Keep your information updated when you have: an active federal award, application, or plan that an agency is considering.⁹

When you register, you must submit a notarized letter naming the authorized Entity Administrator.

We will not make an award until you comply with all relevant SAM requirements. If you have not met the requirements by the time we're ready to make an award, we will deem you unqualified and award another applicant.

If you already registered on Grants.gov, confirm that the registration is active and that the Authorized Organization Representative (AOR) has been approved.

To register in Grants.gov, submit information in two systems:

- [System for Award Management \(SAM\) \(SAM Knowledge Base\)](#)
- [Grants.gov](#)

⁹ Unless 2 CFR § 25.110(b) or (c) exempts you from those requirements or the agency approved an exemption for you under 2 CFR § 25.110(d)).

Effective March 3, 2023, individuals assigned a SAM.gov [Entity Administrator](#) role must be an employee, officer, or board member, and cannot be a non-employee. This change is to ensure entities are in control of who has permission to control roles within their entity.

Here's what this means:

- Entity Administrators assigning roles to non-employees will only be able to assign a Data Entry role or lower.
- Any entities assigning Entity Administrator roles using an Entity Administrator Role Request Letter (formerly called “notarized letter”) will no longer be able to assign the Entity Administrator role to a non-employee.
- Entity Administrator roles assigned to non-employees will be converted to Data Entry roles. With a Data Entry role, non-employees can still create and manage entity registration data entry but cannot manage roles.

If you are an entity using a non-employee or if you are a non-employee working with an entity to manage registrations, please read (and share) [more about this change on the BUY.GSA.gov blog](#) to know what to expect.

For more details, see Section 3.1 of the *Application Guide*.

Note: Allow enough time to register with SAM and Grants.gov. We do not grant application extensions or waivers if you fail to register in time.

4. Submission Dates and Times

Application Due Date

Your application is due on *July 15, 2024, at 11:59 p.m. ET*. We suggest you submit your application to Grants.gov at least 3 calendar days before the deadline to allow for any unexpected events. See the *Application Guide's* Section 8.2.5 – Summary of emails from Grants.gov.

5. Intergovernmental Review

The Rural Maternal Health Data Support and Analysis Program must follow the terms of [Executive Order 12372](#) in 45 CFR part 100.

See Section 4.1 ii of the *Application Guide* for more information.

6. Funding Restrictions

The General Provisions in Division D, Titles II and V, that reference the Further Consolidated Appropriations Act, 2024 (P.L. 118-47) apply to this program. See Section 4.1 of the *Application Guide* for information. Note that these and other restrictions will apply in fiscal years that follow, as the law requires.

Program-specific Restrictions

You must have policies, procedures, and financial controls in place. Anyone who receives federal funding must comply with legal requirements and restrictions, including those that limit specific uses of funding.

- Follow the list of statutory restrictions on the use of funds in Section 4.1 (**Funding Restrictions**) of the *Application Guide*. We may audit the effectiveness of these policies, procedures, and controls.
- 2 CFR § 200.216 prohibits certain telecommunications and video surveillance services or equipment. For details, see the [HRSA Grants Policy Bulletin Number: 2021-01E](#).

If funded, for-profit organizations are prohibited from earning profit from the federal award (45 CFR § 75.216(b)).

V. Application Review Information

1. Review Criteria

We review your application on its technical merit. We have measures for each review criterion to help you present information and to help reviewers evaluate the applications.

We use six review criteria to review and rank Rural Maternal Health Data Support and Analysis Program applications. Here are descriptions of the review criteria and their scoring points.

Criterion 1: NEED (15 points) – Corresponds to Section IV's [Introduction](#) and [Need](#)

The extent to which your application:

- Describes how the proposed project will support the ability of rural maternal health care networks to collect, report, and interpret maternal health related data.
- Describes how the proposed project will use rural maternal health care network data and other local, regional, and national data to illustrate the unique challenges to and opportunities for the provision of maternal health care in rural areas.
- Demonstrates an understanding of the challenges rural maternal health care networks face in collecting and using maternal health data to meet objectives focused on improving maternal health care in rural areas.
- Demonstrates a clear understanding of the role of technical assistance (TA) in addressing these data challenges and helping rural maternal health care networks meet their maternal health objectives and demonstrate the impact of their efforts.

- Demonstrates an understanding of how improved data capacity at the organizational-level and increased awareness of the issues on a broader, national-level can lead to improvements in rural maternal health care.
- Demonstrates a strong understanding of the issues affecting the ability to provide high-quality, sustainable maternal health care services to those living in rural areas, including factors influencing access and outcomes (e.g., loss of obstetric care in rural areas, financing and reimbursement challenges, maternal morbidity and mortality including issues such as SUD).
- Cites data whenever possible to support the information provided.

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

Technical Assistance (TA)

10 points

The extent to which the application describes an approach and plan to provide data support TA to rural maternal health care networks on a national scale (not limited to specific states/regions), considering the quality of the application with respect to:

- Presenting a plan to identify rural maternal health care networks to receive TA under this award, including how the applicant intends to identify and select rural maternal health care networks to receive TA consistent with the program objectives.
- Assisting rural maternal health care networks in identifying needs and resources (e.g., processes and technology) to collect and report accurate patient-level data to compile as aggregate, de-identified measures.
- Providing TA to correct issues identified in the data collection and reporting processes for current and future submissions.
- Reviewing qualitative information from rural maternal health care networks collected through means such as work plans, logic models, and annual reports and providing feedback to rural maternal health care networks.
- Supporting continuity of data collection from various rural maternal health care networks over time for robust analyses now and in the future.
- Helping rural maternal health care networks understand how they can use data on rural maternal health and birth outcomes, including infant health, to demonstrate the impact of their efforts.
- Including a detailed work plan with specific activities, timelines, key staff, and points of collaboration in the provision of technical assistance (TA) to support rural maternal health care networks in the collection, reporting, and assessment of maternal health data.

- TA activities may include both direct TA and the development and implementation of tools and resources (e.g., toolkits, data dictionary, templates) designed specifically for rural maternal health care networks.
- Describing a plan to address challenges in working with organizations that have more limited data experience and capacity.

Data Management

10 points

The extent to which the application describes a data management approach and plan for establishing and maintaining a data repository of rural maternal health relevant datasets, considering the quality of the application with respect to:

- Collecting quantitative and qualitative data from rural maternal health care networks including, but not limited to, primary data collection (e.g., patient-level data, interviews) and secondary data on rural maternal health topics of nationwide interest (e.g., access to obstetric care, maternal health, birth, and infant outcomes).
- Ensuring rural maternal health care networks have a standardized structure (e.g., templates, data dictionary) and system (e.g., data reporting processes, mechanisms, and timelines) for reporting data to the recipient of funding under this award.
- Developing datasets from data received from rural maternal health care networks and performing quality checks and cleaning of data received.
- Describing a process to identify data elements to collect and maintain under this award and the rural maternal health care networks that may provide data.
- Including a detailed work plan with specific activities, timelines, key staff, and any points of collaboration in developing and maintaining datasets compiling data from rural maternal health care networks.
 - This may include, but is not limited to, quantitative data (e.g., de-identified, aggregated patient-level data) and qualitative data (e.g., data collected through structured interviews).
 - This also includes management of data and ensuring the quality of data provided by rural maternal health care networks and including steps to protect sensitive data, as applicable.
 - Datasets maintained under this award may also include compilations of publicly available data on rural maternal health issues of nationwide interest and presentation in formats for public use including spreadsheets and maps.

Data Analysis

10 points

The extent to which the application describes a data analysis approach and plan to quantify and describe the impact of strategies and interventions as they relate to maternal health care in rural areas, considering the quality of the application with respect to:

- Proposing two analytical studies for the first year of the award (and associated public-facing resources) based on qualitative and/or quantitative data assessing barriers and successes in various approaches to providing rural maternal health care, at least one of which should include a focus specifically on maternal health care networks providing services in rural areas.
 - Indicates proposed topics of study which may include, but are not limited to, quantitative studies on the impact of rural maternal health strategies and interventions (including, but not limited to, those associated with FORHP maternal health awards) on cost, utilization, and quality of care, and qualitative analyses (e.g., analysis of interviews) of rural maternal health care provider experiences. Topics for analysis may also include, but are not limited to, issues of nationwide concern related to rural maternal health care (e.g., tracking obstetric unit closures).
 - Describes potential data sources for analysis including, but not limited to T-MSIS Medicaid claims, CDC National Vital Statistics System (NVSS), and rural maternal health care network-reported data including patient-level and performance data.
- Incorporating rapid response analyses and associated resources (e.g., briefs, data tables, progress reports) into the work plan based upon emerging issues in the field.
- Describing a process for the selection of topics for analysis and in the review of any briefs or other resources developed through this funding.
- Proposing activities, staffing plans, and timelines that indicate an ability to complete initial studies within a three-to-six-month timeframe.
- Describing plans to address challenges associated with datasets involving small sample sizes and the need for rural and urban geographic indicators in datasets.

Information Dissemination

5 points

The extent to which the application describes a communications approach and plan to disseminate tools, resources, and key findings to rural maternal health care networks as well as a more general, public audience, considering the quality of the application with respect to:

- How the applicant would use a web-based platform, utilizing existing FORHP-sponsored resources whenever possible such as the [RHIhub](#) and [Rural Health](#)

[Research Gateway](#), to disseminate information associated with activities under this award. This may include, but is not limited to:

- The publication of data analysis findings.
- Tools and resources to support the ability of rural maternal health care networks to collect, report, assess, and use data to improve rural maternal health care.
- Tools and resources to support greater public understanding and awareness of rural maternal health care issues related to or illustrated by data.
- Presentations given in public settings including, but not limited to, conferences and award recipient meetings.

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

The extent to which the application:

- Proposes clearly defined, viable metrics, for the purpose of self-assessment including descriptions of the inputs (e.g., key personnel, consortium members, and other collaborators and resources), key processes, and meaningful project outcomes. This should include, at a minimum, the applicant's plan for:
 - Tracking the number of downloads/views of resources or other materials posted online and funded under this cooperative agreement to demonstrate the extent that resources developed are reaching a public audience.

Criterion 4: IMPACT (10 points) – Corresponds to Section IV's [Work Plan](#) and [Evaluation and Technical Support Capacity](#)

The strength of the application with respect to:

- Proposing a feasible approach/plan for achieving each of the objectives during the period of performance, as demonstrated by the extent of the stated activities in the work plan compared to the associated timeline and staffing.
- Demonstrating an understanding of how data collected and analyzed will inform the improvement of maternal health care in rural areas at various levels (e.g., organizationally, locally, regionally, nationally).
- Presenting a plan to assess and track progress toward achievement of program objectives and the effectiveness and impact of the project.

Criterion 5: RESOURCES/CAPABILITIES (30 points) – Corresponds to Section IV's [Organizational Information](#)

The feasibility of the applicant organization (including its consortium members or other collaborators) to achieve the stated goals of this program, based on the quality of the application with respect to:

Organizational Capacity

15 points

- Information on the organization's current mission and structure, including an applicant organizational chart (Attachment 1), staffing plan and job descriptions for key personnel (Attachment 2), and biographical sketches of key personnel (Attachment 3) and how this aligns with the scope of the proposed activities.
- Information on the elements below if you are applying under a consortium model.
 - The capabilities and roles of each member organization as part of the proposed project (e.g., capabilities evidenced by relevant activities/products including completed or current research on rural maternal health care or specific engagements providing TA on data issues to rural maternal health care organizations).
 - The capability of the applicant organization to provide overall program management.
 - A complete list of consortium members in Attachment 5.
 - The organizational chart in Attachment 1 shows that the applicant organization is responsible for the overall management of the program and the relationship of all involved consortium members or other collaborators.
 - Any Letters of Agreement or Memoranda of Understanding in Attachment 4 that document the commitment of member organizations in a consortium model.
- Capacity of the organization (including the consortium, as applicable) to effectively manage the programmatic, fiscal, and administrative aspects of the proposed project.

Organizational Experience

15 points

- Significant experience conducting similar work (from any funder), including specific examples of:
 - Experience providing TA to rural health care organizations focused on supporting data collection, reporting, and using data to demonstrate impact.
 - Experience providing data TA on a national scale to rural health care organizations, including networks of rural health care organizations focused on maternal health care.

- Experience collecting and maintaining qualitative and quantitative data from rural health care organizations, particularly small health care organizations with limited capacity to collect and report data.
- Past publications or data analyses on maternal health or obstetrics that were national in scope and contained rural-centric or rural-urban comparisons as part of the analysis, including any analyses completed in a three-to-six-month time period.
- Work communicating complex maternal health care policy issues and data analyses to varied audiences in ways that identify key rural concerns.
- Substantial experience working with large, national data sets including Medicaid claims data, as well as experience working with data sets with small sample sizes.

Criterion 6: SUPPORT REQUESTED (5 points) – Corresponds to Section IV's [Budget Narrative](#)

The quality and extent to which the application:

- Clearly proposes reasonable costs as outlined in the budget and required resources sections and given the scope of work and period of performance to achieve the goals of the cooperative agreement.
- Clearly identifies key personnel and devotes adequate time to the project to achieve project objectives.

2. Review and Selection Process

Subject matter experts provide an impartial evaluation of your application. Then, they pass along the evaluations to us, and we decide who receives awards. See Section 5.3 of the *Application Guide* for details. When we make award decisions, we consider the following when selecting applications for award:

- How high your application ranks
- Funding availability
- Risk assessments
- Other pre-award activities, as described in Section V.3 of this NOFO

3. Assessment of Risk

If you have management or financial instability that directly relates to your ability to carry out statutory, regulatory, or other requirements, we may decide not to fund your high-risk application ([45 CFR § 75.205](#)).

First, your application must get a favorable merit review. Then we:

- Review past performance (if it applies)
- Review audit reports and findings
- Analyze the cost of the project/program budget
- Assess your management systems

- Ensure you continue to be eligible
- Make sure you comply with any public policies.

We may ask you to submit additional information (for example, an updated budget) or to begin activities (for example, negotiating an indirect cost rate) as you prepare for an award.

However, even at this point, we do not guarantee that you'll receive an award. After a full review we'll decide whether to make an award, and if so, if special conditions are required, and what level of funding is appropriate.

Award decisions are discretionary and final. You cannot appeal them to any HRSA or HHS official or board.

As part of this review, we use SAM.gov Entity Information [Responsibility / Qualification](#) (formerly named FAPIIS) to check your history for all awards likely to be over \$250,000. You can comment on your organization's information in SAM.gov. We'll consider your comments before making a decision about your level of risk.

VI. Award Administration Information

1. Award Notices

The Notice of Award (NOA) is issued on or around the [start date](#) listed in the NOFO. See Section 5.4 of the *Application Guide* for more information.

2. Administrative and National Policy Requirements

See Section 2.1 of *the Application Guide*.

If you receive an NOA and accept the award, you agree to conduct the award activities in compliance/accordance with:

- All provisions of [45 CFR part 75](#), currently in effect.
- The termination provisions in [45 CFR 75.372](#). No other specific termination provisions apply.
- Other federal regulations and HHS policies in effect at the time of the award. In particular, the following provision of 2 CFR part 200, which became effective on or after August 13, 2020, is incorporated into this NOFO: [2 CFR § 200.301 Performance measurement](#).
- Any statutory provisions that apply
- The [Assurances](#) (standard certification and representations) included in the annual SAM registration.

Accessibility Provisions and Non-Discrimination Requirements

If you receive an award, you must follow all applicable nondiscrimination laws. You agree to this when you register in SAM.gov. You must also submit an Assurance of Compliance ([HHS-690](#)). To learn more, see the [Laws and Regulations Enforced by the HHS Office for Civil Rights](#).

Contact the [HHS Office for Civil Rights](#) for more information about obligations and prohibitions under federal civil rights laws or call 1-800-368-1019 or TDD 1-800-537-7697.

The HRSA Office of Civil Rights, Diversity, and Inclusion (OCRDI) offers technical assistance, individual consultations, trainings, and plain language materials to supplement OCR guidance. Visit [OCRDI's website](#) to learn more about how federal civil rights laws and accessibility requirements apply to your programs, or contact OCRDI directly at HRSACivilRights@hrsa.gov.

Executive Order on Worker Organizing and Empowerment

[Executive Order on Worker Organizing and Empowerment \(E.O. 14025\)](#) encourages you to support worker organizing and collective bargaining. Bargaining power should be equal between employers and employees.

This may include developing policies and practices that you could use to promote worker power. Describe your plans and activities to promote this in the application narrative.

Subaward Requirements

If you receive an award, you must follow the terms and conditions in the NOA. You'll also be responsible for how the project, program, or activity performs; how you and others spend award funds; and all other duties.

In general, subrecipients must comply with the award requirements (including public policy requirements) that apply to you. You must make sure your subrecipients comply with these requirements. [45 CFR § 75.101 Applicability](#) gives details.

Data Rights

All publications you develop or purchase with award funds must meet program requirements.

You may copyright any work that's subject to copyright and was developed, or for which ownership was acquired, under an award.

However, we reserve a royalty-free, nonexclusive, and irrevocable right to your copyright-protected work. We can reproduce, publish, or otherwise use the work for federal purposes and allow others to do so. We can obtain, reproduce, publish, or otherwise use any data you produce under the award and allow others to do so for federal purposes. These rights also apply to works that a subrecipient develops.

Human Subjects Protection

All research that was commenced or ongoing on or after December 13, 2016, and is within the scope of subsection 301(d) of the Public Health Service Act is deemed to be issued a Certificate of Confidentiality (Certificate) and awardees are therefore required to protect the privacy of individuals who are subjects of such research. As of March 31, 2022, HRSA will no longer issue Certificates as separate documents. More information about HRSA's policy about Certificates can be found [via this link to HRSA's website](#).

3. Reporting

Award recipients must comply with Section 6 of the *Application Guide* and the following reporting and review activities:

- 1) **Federal Financial Report.** The Federal Financial Report (SF-425) is required. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically. Visit [Reporting Requirements | HRSA](#). More specific information will be included in the NOA
- 2) **Progress Report(s).** The recipient must submit a progress report to us monthly. The NOA will provide details.
- 3) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in SAM.gov Entity Information [Responsibility / Qualification](#) (formerly named FAPIIS), as [45 CFR part 75 Appendix I, F.3.](#) and [45 CFR part 75 Appendix XII](#) require.

VII. Agency Contacts

Business, administrative, or fiscal issues:

Marie Mehaffey
Grants Management Specialist
Division of Grants Management Operations, OFAAM
Health Resources and Services Administration
Call: 301-945-3934
Email: mmehaffey@hrsa.gov

Program issues or technical assistance:

Greta Stuhlsatz, PhD
Statistician
Attn: Rural Maternal Health Data Support and Analysis Program
Federal Office of Rural Health Policy
Health Resources and Services Administration
Call: 301-443-4274
Email: gstuhlsatz@hrsa.gov

You may need help applying through Grants.gov. Always get a case number when you call.

Grants.gov Contact Center (24 hours a day, 7 days a week, excluding federal holidays)

Call: 1-800-518-4726 (International callers: 606-545-5035)

Email: support@grants.gov

[Search the Grants.gov Knowledge Base](#)

Once you apply or become an award recipient, you may need help submitting information and reports through [HRSA's Electronic Handbooks \(EHBs\)](#). Always get a case number when you call.

HRSA Contact Center (Monday – Friday, 7 a.m. – 8 p.m. ET, excluding federal holidays)

Call: 877-464-4772 / 877-Go4-HRSA

TTY: 877-897-9910

[Electronic Handbooks Contact Center](#)

The EHBs login process changed on May 26, 2023, for applicants, recipients, service providers, consultants, and technical analysts. To enhance EHBs' security, the EHBs now uses **Login.gov** and **two-factor authentication**. Applicants, recipients, service providers, consultants, and technical analysts must have a Login.gov account for the new login process. For step-by-step instructions on creating a Login.gov account refer to the [EHBs Wiki Help page](#).

VIII. Other Information

Technical Assistance

See [TA details](#) in Summary.

Tips for Writing a Strong Application

See Section 4.7 of the *Application Guide*.

Appendix: Page Limit Worksheet

The purpose of this worksheet is to give you a tool to ensure the number of pages uploaded into your application is within the specified page limit (80 pages). (Do not submit this worksheet as part of your application). The Standard Forms listed in column 1 do not count against the page limit; however, attachments to the Standard Forms listed in column 2 do count toward the page limit. For example, the Budget Narrative Attachment Form does not count, however the attachment uploaded in that form does count against the page limit.

Standard Form Name <i>(Forms themselves do not count against the page limit)</i>	Attachment File Name <i>(Unless otherwise noted, attachments count against the page limit)</i>	# of Pages <i>Applicant Instruction – enter the number of pages of the attachment to the Standard Form</i>
Application for Federal Assistance (SF-424 - Box 14)	Areas Affected by Project (Cities, Counties, States, etc.)	<i>My attachment = ___ pages</i>
Application for Federal Assistance (SF-424 - Box 16)	Additional Congressional District	<i>My attachment = ___ pages</i>
Application for Federal Assistance (SF-424 - Box 20)	Is the Applicant Delinquent On Any Federal Debt?	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 1: Organizational Chart	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 2: Staffing Plan and Job Descriptions for Key Personnel	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 3: Biographical Sketches of Key Personnel	<i>(Does not count against the page limit)</i>
Attachments Form	Attachment 4: Letters of Agreement, Memoranda of Understanding	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 5: Consortium Member List	<i>My attachment = ___ pages</i>
Attachments Form	Attachments 6-15: Other Relevant Documents	<i>My attachment = ___ pages</i>
Project Narrative Attachment Form	Project Narrative	<i>My attachment = ___ pages</i>
Budget Narrative Attachment Form	Budget Narrative	<i>My attachment = ___ pages</i>

Standard Form Name <i>(Forms themselves do not count against the page limit)</i>	Attachment File Name <i>(Unless otherwise noted, attachments count against the page limit)</i>	# of Pages <i>Applicant Instruction – enter the number of pages of the attachment to the Standard Form</i>
# of Pages Attached to Standard Forms	Applicant Instruction: Total the number of pages in the boxes above.	
Page Limit for HRSA-24-112 is 80 pages		My total = ___ pages