

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



Federal Office of Rural Health Policy
Hospital State Division

Delta Region Rural Health Workforce Training Program

Funding Opportunity Number: HRSA-21-105
Funding Opportunity Type: New
Assistance Listings (CFDA) Number: 93.912

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2021

Application Due Date: July 9, 2021

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

Issuance Date: June 3, 2021

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2021 Delta Region Rural Health Workforce Training Program. The purpose of this program is to educate and train future and current health professionals in the rural counties and parishes of the Mississippi River Delta Region and Alabama Black Belt (Delta Regional Authority (DRA) region) in the following critical administrative support occupations: medical coding and billing, claims processing, information management, and clinical documentation.

Funding Opportunity Title:	Delta Region Rural Health Workforce Training Program
Funding Opportunity Number:	HRSA-21-105
Due Date for Applications:	July 9, 2021
Anticipated Total Annual Available FY 2021 Funding:	Up to \$2,000,000
Estimated Number and Type of Awards:	Up to four grants; approximately one recipient will be funded for each service area.
Estimated Award Amount:	Up to \$600,000 per year, based on service area: Northern Service Area: \$500,000 per year Central Service Area: \$600,000 per year Southern Service Area: \$600,000 per year Eastern Service Area: \$300,000 per year
Cost Sharing/Match Required:	No
Period of Performance:	September 30, 2021 through September 29, 2026 (5 years)

<p>Eligible Applicants:</p>	<p>Eligible applicants include domestic public, private, and non-profit organizations, including tribes and tribal organizations, faith-based and community-based organizations, and accredited domestic institutions of higher education including public or private non-profit educational entities, such as four-year colleges and universities, community colleges, technical colleges, vocational schools, Historically Black Colleges and Universities (HBCUs), Hispanic Serving Institutions (HSIs), and Tribal Colleges and Universities (TCUs) located in one of the eight states in the DRA region.</p> <p>The DRA region includes 252 counties and parishes located across eight states - Alabama, Arkansas, Illinois, Kentucky, Louisiana, Mississippi, Missouri, and Tennessee. To view service area maps for each state, visit https://dra.gov/about-dra/map-room/.</p> <p>See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.</p>
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Application Guide

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

Technical Assistance

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Monday, June 14, 2021

Time: 2 – 3p.m. ET

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

Webinar ID: 160 097 3398

Passcode: 73214093

Weblink: <https://hrsa.gov.zoomgov.com/j/1600973398?pwd=NjhFdjRLZURwb3UrQnlvVkFkRXdBdz09>

Participants also have the option of using VOIP (Computer Audio).

HRSA will record the webinar. Please contact RMoscato@hrsa.gov for playback information.

Table of Contents

I. PROGRAM FUNDING OPPORTUNITY DESCRIPTION	1
1. PURPOSE.....	1
2. BACKGROUND	2
II. AWARD INFORMATION	4
1. TYPE OF APPLICATION AND AWARD.....	4
2. SUMMARY OF FUNDING	4
III. ELIGIBILITY INFORMATION.....	5
1. ELIGIBLE APPLICANTS	5
2. COST SHARING/MATCHING	9
3. OTHER.....	9
IV. APPLICATION AND SUBMISSION INFORMATION.....	10
1. ADDRESS TO REQUEST APPLICATION PACKAGE	10
2. CONTENT AND FORM OF APPLICATION SUBMISSION	10
i. Project Abstract	11
ii. Project Narrative	11
iii. Budget	17
iv. Budget Narrative.....	18
v. Attachments	20
3. DUN AND BRADSTREET DATA UNIVERSAL NUMBERING SYSTEM (DUNS) NUMBER TRANSITION TO THE UNIQUE ENTITY IDENTIFIER (UEI) AND SYSTEM FOR AWARD MANAGEMENT (SAM)	22
4. SUBMISSION DATES AND TIMES	23
5. INTERGOVERNMENTAL REVIEW	23
6. FUNDING RESTRICTIONS	23
V. APPLICATION REVIEW INFORMATION.....	24
1. REVIEW CRITERIA.....	24
2. REVIEW AND SELECTION PROCESS	30
3. ASSESSMENT OF RISK	31
VI. AWARD ADMINISTRATION INFORMATION	31
1. AWARD NOTICES	31
2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS	31
3. REPORTING	32
VII. AGENCY CONTACTS.....	33
VIII. OTHER INFORMATION.....	34

I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Delta Region Rural Health Workforce Training Program. The purpose of this program is to educate and train future and current health professionals in the rural counties and parishes of the Mississippi River Delta Region and Alabama Black Belt (Delta Regional Authority (DRA) region) in the following critical administrative support occupations: medical coding and billing, claims processing, information management, and clinical documentation.

This program supports HRSA's collaboration with the Delta Regional Authority (DRA) to enhance healthcare delivery in the rural counties and parishes of the DRA region, and addresses a key area of need identified by DRA and rural healthcare organizations in the region.

The Delta Region Rural Health Workforce Training Program addresses the ongoing need in healthcare facilities for trained administrative support or business operations professionals in rural communities through the development of Strategic Networks that support recruitment, formal training, certification, and placement of students. This program aims to provide training and pathways to professional certifications to current administrative support professionals working in rural DRA region healthcare facilities as well as new entrants to the workforce¹ and dislocated workers.²

The goals of the Delta Region Rural Health Workforce Training Program are:

- Enhance healthcare delivery in rural areas within the DRA region by creating training programs focused on building the skills and capacity of administrative support and business operations professionals in rural healthcare facilities.
- Create a sustainable pipeline of trained professionals to rural areas through the development of Strategic Networks between academic institutions, community based organizations, and rural healthcare facilities located in the DRA region.
- Provide students with training opportunities and experiences within community focused rural healthcare facilities, which will build and reinforce ties within rural communities in the DRA region.
- Retain current healthcare staff in rural areas with opportunities for training and education in critical positions.

¹ "New entrants to the workforce" refers to those who have never worked before or who have been out of the workforce for a long enough time to make it as if they are entering the workforce for the first time. For example, this may include, but is not limited to, the long-term unemployed and formerly incarcerated individuals. Also eligible, consistent with federal and state wage and employment laws, are youth who are enrolled in their junior or senior year of high school and who could be employed before or within six months after the end of the grant lifecycle, and youth who have dropped out of school and are seeking their first full-time job.

² "Dislocated workers" refers to individuals who were terminated or laid-off or have received a notice of termination or lay-off from employment; or were self-employed but are now unemployed, as well as other individuals described at WIOA sec. 3(15) (<https://www.congress.gov/113/bills/hr803/BILLS-113hr803enr.pdf>).

- Expand the uptake of industry-validated credentials that are competency based, empowering job seekers and reducing barriers to hiring and promotion in rural areas.

Program Requirements

Applicants will be required to facilitate the following program requirements:

1. Develop academic training programs focused on administrative support functions in healthcare facilities in the following areas: medical coding and billing, claims processing, information management, and clinical documentation, that lead to professional certification and academic degrees.
2. Develop a Strategic Network of partnerships to support recruitment, formal training, certification, and placement of participants/trainees that meets the requirements listed in the [Eligibility](#) section of this NOFO.
3. As part of the Strategic Network, establish or leverage partnerships with rural-serving DRA region community-based organizations to recruit participants/trainees from rural communities to participate in the program.
4. As part of the Strategic Network, establish or leverage partnerships with rural DRA region healthcare facilities to place participants/trainees for hands-on training and employment upon completion of the program.
5. As part of the Strategic Network, establish or leverage partnerships with healthcare facilities participating in the [Delta Region Community Health Systems Development Program](#) to recruit current administrative support staff to participate in training and facilities to serve as practicum sites for hands-on learning and future employment of participants/trainees in rural areas.
6. Provide financial support to participants/trainees for items such as tuition, books, software, certification testing fees, childcare support, etc. to facilitate successful completion of the program. Detailed information on trainee expenses is included in the [Budget Narrative](#) section of this NOFO.

2. Background

This program is authorized by §711(b)(5) of the Social Security Act, (42 U.S.C. 912(b)(5)). HRSA's Federal Office of Rural Health Policy (FORHP) is the focal point for rural health activities within the U.S. Department of Health and Human Services. FORHP programs provide technical assistance and other activities as necessary to support improving health care in rural areas. For additional information about FORHP, please see www.hrsa.gov/ruralhealth.

The DRA region includes eight states – Alabama, Arkansas, Illinois, Kentucky, Louisiana, Mississippi, Missouri, and Tennessee – that together have a population of almost 10 million people living in 252 counties and parishes. Of the 252 counties and parishes, 212 (84 percent) are rural (non-metropolitan area), and 41 percent of the total population in the DRA region resides in one of these rural counties.³ The [Delta Regional Authority \(DRA\)](#), established in 2000 by Congress, makes investments into Delta communities' human and physical infrastructure. The counties and parishes served by DRA are among the most distressed areas of the country.⁴

There is extensive documentation regarding the distress of the counties and parishes in the DRA region for both health and economic conditions. The population in the DRA region has been decreasing, and 20 percent of the region's population has income below the poverty rate, compared with the national rate of 14 percent. Further, poverty is much more persistent in the DRA region than nationally.⁵ Rural (non-metropolitan) counties with a high incidence of poverty are largely concentrated in the Southern region, with the most severe poverty found in the historically poor areas such as the DRA region.⁶

Approximately 13 percent of the rural hospitals that closed between 2010 and 2020 are located in a Delta county or parish.⁷ Recent analysis found that multiple DRA states are among those determined to have the highest number of rural hospitals at risk of financial distress.⁸ Findings from HRSA's [Delta Region Community Health Systems Development Program](#), which provides in-depth technical assistance to rural healthcare facilities in the DRA region, show that trained administrative support professionals⁹ (i.e., staff specializing in billing/coding, claims processing, data analysis, and clinical documentation) are necessary for hospitals to meet key performance indicators around financial and quality improvement.

Economic and health disparities in addition to inadequate availability of rural health professional training sites make it challenging to maintain a strong healthcare workforce in rural communities. The majority of rural areas do not have the adequate workforce supply to meet their population needs, especially in healthcare facilities.

³ HRSA FORHP internal analysis of 2010 Census data, March 27, 2017.

⁴ Delta Regional Authority, www.dra.gov.

⁵ Rural Health Reform Policy Research Center, Exploring Rural and Urban Mortality Differences in the Delta Region, <https://ruralhealth.und.edu/projects/health-reform-policy-research-center/pdf/exploring-rural-urban-mortality-differences-delta-region.pdf>, 2016.

⁶ United States Department of Agriculture, Economic Research Service. Geography of Poverty. <https://www.ers.usda.gov/topics/rural-economy-population/rural-poverty-well-being/geography-of-poverty.aspx>.

⁷ HRSA FORHP internal analysis of hospital closure data publicly available at: <https://www.shepscenter.unc.edu/programs-projects/rural-health/rural-hospital-closures/>

⁸ Thomas, S, et al. Geographic Variation in the 2019 Risk of Financial Distress among Rural Hospitals, April 2019. <https://www.ruralhealthresearch.org/publications/1251>.

⁹ The American Health Information Management Association: Health Information 101. Accessed 2/14/2021 at [https://www.ahima.org/certification-careers/certifications-overview/career-tools/career-pages/health-information-101/#:~:text=Health%20information%20management%20\(HIM\)%20is,%2C%20science%2C%20and%20information%20technology](https://www.ahima.org/certification-careers/certifications-overview/career-tools/career-pages/health-information-101/#:~:text=Health%20information%20management%20(HIM)%20is,%2C%20science%2C%20and%20information%20technology).

The Delta Region Rural Health Workforce Training Program aims to train and place future professionals in critical administrative roles in rural healthcare facilities in the DRA region. It is an expectation that proposed training programs would offer participants multiple pathways for training, including certificate programs and Associate Degree programs, and Bachelor's Degree programs if these are applicable to the occupational training supported through this HRSA program. Proposed training programs optimally should also offer participants the opportunity to obtain professional certification(s) from appropriate credentialing bodies such as The American Health Information Management Association (AHIMA) and American Academy of Professional Coders (AAPC).

For the purposes of this program, the training disciplines associated with the administrative support field include the following:

- Health Information Management
- Medical Coding and Billing (including reimbursement fundamentals for various healthcare provider types – Critical Access Hospital (CAH), Prospective Payment System (PPS), Rural Health Clinic (RHC), etc.)
- Insurance Claims Processing
- Clinical Documentation Improvement
- Business Operations for Healthcare Organizations (i.e., IT support, human resources, accounting, etc.)
- Supply Chain and Materials Management

II. Award Information

1. Type of Application and Award

Type of applications sought: New

HRSA will provide funding in the form of a grant

2. Summary of Funding

HRSA estimates approximately \$2,000,000 to be available annually to fund up to four recipients. Funding amounts will be based on the service areas included in the Eligibility section of this NOFO. The funding amount for each service area is based upon natural geographic boundaries and rural population size.

For the Central and Southern Service Areas, you may apply for a ceiling amount of up to \$600,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. For the Northern Service Area, you may apply for a ceiling amount of up to \$500,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. For the Eastern Service Area, you may apply for a ceiling amount of up to \$300,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. The specific counties and rural population for each service area are listed under the *Service Area Requirements* section below.

The period of performance is September 30, 2021 through September 29, 2026 (5 years). Funding beyond the first year is subject to the availability of appropriated funds for Delta Region Rural Health Workforce Training Program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

All HRSA awards are subject to the Uniform Administrative Requirements, Cost Principles, and Audit Requirements at [45 CFR part 75](#).

Indirect costs under training awards to organizations other than state, local or tribal governments will be budgeted and reimbursed at 8 percent of modified total direct costs rather than on the basis of a negotiated rate agreement, and are not subject to upward adjustment. Direct cost amounts for equipment, tuition and fees, and subawards and subcontracts in excess of \$25,000 are excluded from the direct cost base for purposes of this calculation.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include domestic public, private, and non-profit organizations, including tribes and tribal organizations, faith-based and community-based organizations, and accredited domestic institutions of higher education including public or private non-profit educational entities, such as four-year colleges and universities, community colleges, technical colleges, vocational schools, Historically Black Colleges and Universities (HBCUs), Hispanic Serving Institutions (HSIs), and Tribal Colleges and Universities (TCUs) located in one of the eight states in the DRA region.

Eligible entities must be located in the DRA region. The DRA region includes 252 counties and parishes located across eight states - Alabama, Arkansas, Illinois, Kentucky, Louisiana, Mississippi, Missouri, and Tennessee. To view service area maps for each state, visit <https://dra.gov/about-dra/map-room/>. Applicants do not need to be located in a rural DRA region county or parish, but training must be provided to the rural counties and parishes listed in the [Service Area Requirements](#) section below.

Accreditation/Approval Documentation

Strategic Network members providing academic training must be accredited by a nationally recognized accrediting agency, and provide a copy of their active accreditation or active approval from state government as **Attachment 7**, as specified by the U.S. Department of Education.

HRSA may consider any application that fails to attach a copy of the required accreditation or related documentation as **Attachment 7** to be non-responsive and may not consider it for funding under this notice. Applicants are required to maintain their accreditation or state approval status, as appropriate, throughout the period of performance and to notify HRSA of change in status.

Strategic Network Requirements

Applicants are required to create a Strategic Network of partnerships that must meet the following requirements:

1. Develop a Strategic Network that is composed of at least four separate organizations, which each have their own EIN number. These members may be for-profit or non-profit and may be in a rural or urban area. All partners must be located in one of the eight states in the DRA region. Note: the award will be made to only one member of the Strategic Network, the applicant organization, which will serve as the recipient of record.
2. The Strategic Network must include at least one institution of higher education located in one of the eight states in the DRA region, such as four-year colleges and universities, community colleges, technical colleges, vocational schools, Historically Black Colleges and Universities (HBCUs), Hispanic Serving Institutions (HSIs), and Tribal Colleges and Universities (TCUs).
3. The Strategic Network must include at least one rural-serving community-based organization located in the DRA region to assist in addressing the social needs of the students enrolled in the proposed training program.
4. The Strategic Network must include at least two rural community-based healthcare entities located in the DRA region to support placement opportunities for trainees. Partnerships can include entities such as critical access hospitals, small rural hospitals, rural health clinics, federally qualified health centers, and tribal healthcare facilities. Applicants are strongly encouraged to include the healthcare facilities participating in the [Delta Region Community Health Systems Development Program](#).
5. Strategic Networks that include a four-year college or university must include at least one additional institution of higher education located in the DRA region such as community colleges, technical colleges, and vocational schools to broaden the reach of the proposed training program in the region.
6. All applicants are encouraged to include additional institutions of higher education located in one of the eight states in the DRA region, such as four-year colleges and universities, community colleges, technical colleges, vocational schools, Historically Black Colleges and Universities (HBCUs), Hispanic Serving Institutions (HSIs), and Tribal Colleges and Universities (TCUs) to broaden the reach of training programs throughout the DRA region.
A list of Minority Serving Institutions, including HBCUs, HSIs, and TCUs can be found here:
https://www.minorityhealth.hhs.gov/assets/PDF/2020_Minority_Serving_Institutions.pdf
7. Applicants are encouraged to form partnerships with appropriate state and regional-level entities in order to support the development of training programs that are responsive to rural communities. Partnerships can include entities such as CareerOneStop Centers, State Workforce Agencies, State or Local Workforce Boards, Local Economic Development Organizations (which can include Chambers of Commerce), Community Action Agencies, Primary Care

Associations, Primary Care Organizations, State Offices of Rural Health, Area Health Education Centers, and State Education Agencies.

8. Each member of the Strategic Network must sign a Memorandum of Agreement or a Memorandum of Understanding (MOAMOU) submitted in **Attachment 4**. The purpose of this document is to signify the formal commitment of Strategic Network members. The MOAMOU must describe the Strategic Network’s purpose. It must also describe each member’s expertise relevant to the goals of the Strategic Network and the member’s responsibilities in terms of financial contribution, participation and membership benefits.
9. Applicants must notify DRA early in the process of their intent to submit an application.

Service Area Requirements

Applicants are required to identify which of the following service areas the proposed training program will cover. Applicants must identify one of the proposed services areas.

These service areas are based upon natural geographic boundaries and rural population size. Due to the lack of proximity to the other DRA region states, Alabama has a single service area that encompasses all of the rural DRA counties in the state. Based on the rural population size of each service area, the following award ceiling amounts will apply:

- Northern Service Area: \$500,000 per year
- Central Service Area: \$600,000 per year
- Southern Service Area: \$600,000 per year
- Eastern Service Area: \$300,000 per year

Service areas only include rural counties and parishes in the DRA region of the states listed. Counties and parishes outside of the DRA region will not be considered for funding. HRSA intends to fund one recipient for each service area- the highest ranked application for each service area will receive consideration for award.

Northern Service Area:

State	DRA region counties included	Estimated Rural Population¹⁰
Illinois	Alexander, Franklin, Gallatin, Hamilton, Hardin, Jackson, Johnson, Massac, Perry, Pope, Pulaski, Randolph, Saline, Union, White	258,321
Kentucky	Ballard, Caldwell, Calloway, Carlisle, Christian, Crittenden, Fulton, Graves, Hickman, Hopkins, Livingston, Lyon, Marshall, McCracken, McLean, Muhlenberg, Todd, Trigg, Union, Webster	443,406

¹⁰ All population estimates based on 2020 estimates from ESMI. Obtained from Delta Regional Authority, February 25, 2021.

Missouri	Butler, Carter, Crawford, Dent, Douglas, Dunklin, Howell, Iron, Madison, Mississippi, New Madrid, Oregon, Ozark, Pemiscot, Perry, Phelps, Reynolds, Ripley, Ste. Genevieve, St. Francois, Scott, Shannon, Stoddard, Texas, Washington, Wayne, Wright	582,855
Total Rural Population		1,284,582

Central Service Area:

State	DRA region counties included	Estimated Rural Population
Arkansas	Arkansas, Ashley, Baxter, Bradley, Calhoun, Chicot, Clay, Cross, Dallas, Desha, Drew, Fulton, Grant, Greene, Independence, Izard, Jackson, Jefferson, Lawrence, Lee, Lincoln, Lonoke, Marion, Mississippi, Monroe, Ouachita, Phillips, Poinsett, Prairie, Randolph, St. Francis, Searcy, Sharp, Stone, Union, Van Buren, White, Woodruff	850,912
Mississippi	Attala, , Bolivar, Carroll, Coahoma, Grenada, Holmes, Humphreys, Lafayette, Leflore, Montgomery, Panola, Quitman, Sunflower, Tallahatchie, Tippah, Tunica, Union, Washington, Yalobusha	412,098
Tennessee	Benton, Carroll, Chester, Decatur, Dyer, Gibson, Hardeman, Hardin, Haywood, Henderson, Henry, Lake, Lauderdale, Madison, McNairy, Obion, Tipton, Weakley	568,725
Total Rural Population		1,831,735

Southern Service Area:

State	DRA region counties included	Estimated Rural Population
Louisiana	Acadia Parish, Allen Parish, Ascension Parish, Assumption Parish, Avoyelles Parish, Beauregard Parish, Bienville Parish, Caldwell Parish, Catahoula Parish, Claiborne Parish, Concordia Parish, East Carroll Parish, Evangeline Parish, Franklin Parish, Jackson Parish, Jefferson Davis Parish, Lafourche Parish, LaSalle Parish, Lincoln Parish, Madison Parish, Morehouse	1,381,234

	Parish, Natchitoches Parish, Plaquemines Parish, Pointe Coupee Parish, Rapides Parish, Red River Parish, Richland Parish, James Parish, Landry Parish, St. Martin Parish, St. Mary Parish, Tangipahoa Parish, Tensas Parish, Union Parish, Washington Parish, West Carroll Parish, West Feliciana Parish, Winn Parish	
Mississippi	Adams, Amite, Claiborne, Copiah, Covington, Franklin, Issaquena, Jasper, Jefferson, Jefferson Davis, Lawrence, Lincoln, Marion, Pike, Sharkey, Smith, Walthall, Warren, Wilkinson, Yazoo	369,840
Total Rural Population		1,778,074

Eastern Service Area:

State	DRA region counties included	Estimated Rural Population
Alabama	Barbour, Bullock, Butler, Choctaw, Clarke, Conecuh, Dallas, Escambia, Greene, Macon, Marengo, Monroe, Perry, Pickens, Sumter, Washington, Wilcox	307,081
Total Rural Population		307,081

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

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

HRSA will consider any application that exceeds the page limit referenced in [Section IV](#) non-responsive and will not consider it for funding under this notice.

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

NOTE: Multiple applications from an organization are not allowable.

HRSA will only accept your **last** validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application.

Beneficiary Eligibility Requirements:

A student/trainee receiving support from award funds must be a citizen of the United States or a foreign national having in his/her possession a visa permitting permanent residence in the United States, or a non-citizen national. All students/trainees receiving support from award funds must currently reside in the DRA region or formally commit to working in the DRA region upon completion of the program.

IV. Application and Submission Information

1. Address to Request Application Package

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

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

2. Content and Form of Application Submission

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

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

Application Page Limit

The total size of all uploaded files included in the page limit shall not exceed the equivalent of **70 pages** when printed by HRSA. The page limit includes the project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this NOFO. Please note: Effective April 22, 2021, the abstract is no longer an attachment that counts in the page limit. The abstract is the standard form “Project_Abstract Summary.” Standard OMB-approved forms that are included in the

workspace application package do not count in the page limit. Note: If you use an OMB-approved form that is not included in the workspace application package for HRSA-21-105, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **It is therefore important to take appropriate measures to ensure your application does not exceed the specified page limit. Any application exceeding the page limit of 70 will not be read, evaluated, or considered for funding.**

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

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- 1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3321).
- 3) Where you are unable to attest to the statements in this certification, an explanation shall be included in *Attachment 9: Other Relevant Documents*.

See Section 4.1 viii of HRSA's [SF-424 Application Guide](#) for additional information on all certifications.

Program-Specific Instructions

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

i. Project Abstract

Use the Standard OMB-approved Project Abstract Summary Form 2.0 that is included in the workspace application package. Do not upload the abstract as an attachment. For information content required in the Project Abstract Summary Form, see Section 4.1.ix of HRSA's [SF-424 Application Guide](#).

ii. Project Narrative

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

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

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

This section should briefly describe the purpose of the proposed project. It should be succinct, self-explanatory and well organized so that reviewers can understand the proposed project.

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

This section will help reviewers understand the service area the Strategic Network will serve with the proposed project. Describe and document the target population and its unmet administrative workforce needs. Use and cite demographic data whenever possible to support the information provided.

Include a description of the proposed student population. Describe the educational and social support needs of the identified student population. Include a discussion focused on the needs of students from underrepresented backgrounds. These populations include, but are not limited to, racial and ethnic minorities, veterans, people with disabilities, first generation college students, etc.

Describe the needs of healthcare facilities for trained administrative support professionals in the selected service area.

Present concrete data that supports the need for the targeted discipline(s), such as the turnover rate, service gaps, etc. (Targeted disciplines must fall under the approved discipline categories listed in the [Background](#) section of this NOFO. Applicants that propose disciplines outside of the list will not be considered for funding.)

Include a clear description of the rural service area to be addressed by the proposed training program. Compare local data to state and federal data where possible to highlight the proposed service area's unique need.

Identify key challenges and barriers to training, recruiting, and retaining administrative support or business operations professionals in healthcare facilities.

Describe how the target rural service area will benefit from the proposed training program.

- *METHODOLOGY* -- Corresponds to Section V's Review Criteria [#2 Response](#) and [#4 Impact](#)

Propose methods that the Strategic Network will use to address the stated needs and meet each of the previously described program requirements and expectations in this NOFO. Include a description of any innovative methods that the Strategic Network will use to address the stated needs.

Define the specific goals and objectives of the Strategic Network's proposed activities as well as the strategy for meeting these goals and objectives. Goals and objectives should directly relate to the information presented in the Needs Assessment section.

Outline the specifics of the proposed training program and address the following questions:

- a) From what populations will the Strategic Network recruit students into the training program?
- b) How will the program ensure that students demonstrate a substantive commitment to working in rural communities in the DRA region upon completion of the training program?
- c) How will the Strategic Network address barriers and challenges to recruiting students into training and retaining students in and after training?
- d) How will the program be advertised to local professionals already working in healthcare settings?
- e) How will the program prioritize recruiting/accepting staff from facilities participating in the [Delta Region Community Health Systems Development Program](#)?
- f) How will the program meet the unique needs of rural and underrepresented student populations – both from a recruitment and a retention standpoint?
- g) What tools or resources will the program provide to all students to ensure successful completion of the program?
- h) What specific tools or resources will the program provide to meet the unique needs of underrepresented students?
- i) What various instruction modalities will the program offer to support students?
- j) How will the Strategic Network actively place students in rural DRA region healthcare facilities to provide them hands-on experience?
- k) How will the Strategic Network help place students in rural employment in the DRA region after completing the training program?

Propose a plan for project sustainability after the period of federal funding ends. HRSA expects recipients to sustain key elements of their projects, e.g., strategies or services and interventions, which have been effective in improving practices and those that have led to improved outcomes for the target population. A sustainability plan that incorporates recruitment, training, and retention of rural administrative support professionals is essential to the Strategic Network's ability to create meaningful long-term change in rural DRA region communities. Address the following elements in the sustainability plan:

1. Recruitment
 - a) How the Strategic Network plans to sustain rolling recruitment of students for the program;
 - b) How the Strategic Network plans to disseminate information about the training program to members of the communities within the selected service area; and
 - c) How the Strategic Network will provide ongoing assessments of trainee and provider needs regarding administrative support workforce in the service area and recruitment barriers and challenges.
2. Training
 - a) How the Strategic Network will provide trainees with peer support and services to support the needs of identified trainee population;
 - b) How the Strategic Network plans to sustain the hands-on training components of the program; and
 - c) How the Strategic Network plans to build diverse sources of network revenue to support ongoing training.
3. Retention
 - a) How the Strategic Network plans to continually retain graduates in rural DRA region communities via various strategies, such as developing career pathways, and how the Strategic Network plans to continually assess and address retention barriers and challenges;
 - b) How the Strategic Network plans to acquire sustained financial commitment from its members to support ongoing network activities; and
 - c) How the Strategic Network plans to identify additional DRA region partners.

Find additional rural-specific sustainability planning tools at:

<https://www.ruralhealthinfo.org/sustainability>

- *WORK PLAN -- Corresponds to Section V's Review Criterion Section V's Review Criteria #2 Response*

Describe the activities or steps that you will use to achieve each of the objectives proposed during the entire period of performance in the Methodology section. Use a time line that includes each activity and identifies responsible staff. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including developing the application.

Present a work plan matrix that illustrates the Strategic Network's goals, objectives, strategies, activities, and measurable process and outcome measures in **Attachment 1**. The work plan must outline the individual or organization responsible for carrying out each activity and include a timeline for all five years of the program. It is expected that year one of the program will focus on planning, while years two through five will be focused on program implementation.

To ensure the program will be ready for implementation, the following activities and deliverables are required within year one of the program:

Year 1: Planning Year

- **Month 3:** By the end of Month 3, finalize all Strategic Network members; clearly identify roles/responsibilities of each member; submit an updated MOU/MOA to HRSA, if needed.
- **Month 6:** By the end of Month 6, the formal recruitment process for trainees commences. Finalize plan to assess program performance.
- **Month 12:** By the end of Month 12, develop a strategic plan for remaining four years of the program.

▪ *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion [#2 Response](#)*

Discuss challenges the Strategic Network is likely to encounter in designing and implementing the activities described in the work plan, and approaches the Strategic Network will use to resolve such challenges.

Discuss barriers specific to the DRA region such as geographic, socioeconomic, cultural, or other barriers and the plan to address these barriers.

▪ *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria [#3 Evaluative Measures](#) and [#4 Impact](#)*

1. Logic Model

Provide an "outcomes approach" logic model that clearly illustrates the inputs, activities, outputs, short-term and long-term outcomes, and the impact of the proposed training program and clearly provides a basis for the work plan.

The logic model should illustrate how the proposed training program relates to students, Strategic Network members, and the service area at all social-ecological levels (intrapersonal/individual, interpersonal, organizational/institutional, community, and public policy).

Include the following information in the logic model:

- Goals of the project (e.g., reasons for proposing the intervention, if applicable);
- Assumptions (e.g., beliefs about how the program will work and support resources. Base assumptions on research, best practices, and experience.);
- Inputs (e.g., organizational profile, collaborative partners, key personnel, budget, other resources);
- Target population (e.g., the individuals to be served);
- Activities (e.g., approach, listing key intervention, if applicable);
- Outputs (i.e., the direct products of program activities); and

- Outcomes (i.e., the results of a program, typically describing a change in people or systems).

Although there are similarities, a logic model is not a work plan. A work plan is an “action” guide with a time line used during program implementation; the work plan provides the “how to” steps. You can find additional information on developing logic models at the following website:

<https://www.acf.hhs.gov/archive/ana/training-technical-assistance/ana/resource/ana/resource/logic-model-template>.

Include the logic model in **Attachment 6**.

2. Program Evaluation Plan

To support the information included in the logic model, describe the plan for tracking, measuring and evaluating program performance. Explain any assumptions made in developing the logic model and discuss the anticipated outputs and outcomes of proposed activities. Both outcome and process measures may be used to evaluate the progress of the program.

At a minimum, the evaluation plan must contain the following measures. Please note this list is not exhaustive and additional measures should be included, as applicable:

- Number of trainees enrolled in training program, per year
- Number of trainees completing either a certificate or Associate Degree
- Number of trainees placed in a rural healthcare practicum site
- Number of trainees placed in salaried positions upon completion of the program

Describe the process for collecting and analyzing data for these measures.

Discuss how the Strategic Network will track students after they complete training to determine employment and retention in rural areas of the DRA region.

Describe any potential obstacles for implementing the program performance evaluation and your plan to address those obstacles.

Discuss plans for dissemination of project results.

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

Succinctly describe the Strategic Network's mission and structure, scope of current activities for each Strategic Network member, and ability of each member to meet program expectations.

Provide evidence of the applicant organization's ability to collaborate with appropriate partners to carry out all the program requirements. Describe the relationship between the applicant organization and the other Strategic Network members. Explain why each of the Strategic Network members are appropriate collaborators and what expertise they bring to the network. Outline the roles and responsibilities of each Strategic Network member. Address each member's capacity to meet program goals.

The network must have a Memorandum of Agreement or Memorandum of Understanding (MOA/MOU). The MOA/MOU must be signed and dated by all Strategic Network members and reflect the mutual commitment of each member to the program. Include the Strategic Network MOA/MOU as **Attachment 4**.

Include an organizational chart of the Strategic Network that depicts the relationship between the Strategic Network members as **Attachment 5**. Identify and describe each Strategic Network member and include each partner's organization name, address, primary contact person, and current role in the DRA region. Use a table to present this information and include with **Attachment 5**.

Describe the relationship of each Strategic Network member within the DRA region. Describe the extent to which the Strategic Network will engage rural DRA communities in its planning.

Discuss how the Strategic Network will follow the approved work plan, as outlined in the application, properly account for the federal funds, and document all costs to avoid audit findings. Describe how you will routinely assess and improve the unique needs of target populations of the communities served.

Provide examples of prior experience delivering training programs of a similar nature as outlined in this NOFO. Include a discussion of the outcomes and results of these experiences to show that they were successful.

Describe current experience, knowledge, and skills, including subject matter expertise of staff, materials published, and previous work of a similar nature. Include a staffing plan and job descriptions for key personnel that clearly identifies a project director of at least 0.5 FTE capable of overseeing the program's administrative, fiscal, and business operations for the entirety of the project as **Attachment 2**. Include biographical sketches for all key personnel as **Attachment 3**.

iii. Budget

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

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

The Consolidated Appropriations Act, 2021(P.L. 116-260), Division H, § 202 states, “None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.” See Section 4.1.iv Budget – Salary Limitation of HRSA’s [SF-424 Application Guide](#) for additional information. Note that these or other salary limitations may apply in the following fiscal years, as required by law.

Indirect costs under training awards to organizations other than state, local or tribal governments will be budgeted and reimbursed at 8 percent of modified total direct costs rather than on the basis of a negotiated rate agreement, and are not subject to upward or downward adjustment. Direct cost amounts for equipment, tuition and fees, and subawards and subcontracts in excess of \$25,000 are excluded from the direct cost base for purposes of this calculation.

iv. Budget Narrative

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

In addition to requirements included in the [SF-424 Application Guide](#), the Delta Region Rural Health Workforce Training Program requires the following, which corresponds to *Section V’s Review Criteria #6 Support Requested*:

Participant/Trainee Support Costs: List tuition/fees, books, stipends, travel, subsistence, and other related education expenses, and the number of participants/trainees. Ensure that your budget breakdown separates these trainee costs, and includes a separate sub-total entitled “Total Participant/Trainee Support Costs” which includes the summation of all trainee costs.

Stipends: Requests for stipends (general living expenses to help defray the student’s costs and shall be used at the discretion of the student) for students participating in the training program should be entered under a separate budget justification heading, entitled “Trainee Expenses.” Enter the number of students and the total amount requested under “Stipend.”

In the budget justification, provide the stipend rate (e.g., \$40/day), the number of stipends to be awarded, and total stipend amount for the training program. The methodology for determining stipend rates should be clear and justifiable. If stipend rates vary across individual students or programming those differences should be clearly explained. If stipends are being paid for through sources other than the Delta Region Workforce Training funding, please provide the number, amount of stipend, and funding source.

Scholarships: Include the amount requested for student scholarship support to cover tuition, fees, books, and other related educational expenses. Scholarship funds must be disbursed in logical increments throughout the academic or calendar year and may not exceed \$10,000 in an academic year. Scholarships should be disbursed at the beginning of each period within the academic year (e.g., semester, quarter, term). A student can receive both a scholarship and a stipend as long as the scholarship award limitation is not exceeded and the awards do not cover the same expenses.

Students are designated to receive scholarships by the applicant institution in accordance with the guidelines established by the applicant organization. The proposed project must use scholarship funds in a manner that will meet the needs of eligible disadvantaged students. The budget narrative must indicate the number of students to receive scholarships for each year of the award and the proposed amount of each scholarship per student. Whatever is stated in the budget narrative should agree with the total amount listed in the budget line item.

Trainee Travel: Enter amount requested for trainee travel necessary to the training experience. Describe the purpose of the travel and provide the number of trips involved, the travel allowance used, the destinations, and the number of individuals for whom funds are requested.

Student travel to a training site distant from the school may be charged to the grant if such travel is a necessary and integral part of the training provided through the project. The cost of a trainee's initial travel from his or her residence to the training program is not allowable except in cases of extreme need or hardship.

Upon justification in such cases, a travel allowance may be authorized at the level consistent with the institution's formal travel policy or at the applicable government mileage rate, whichever is less. Such authorization must be requested in advance and written authorization must be received from the Grants Management Officer, Division of Grants Management Operations with a copy to the program project officer. Travel support may also be provided for field trips and other appropriate training activities. Daily commuting costs and costs of routine local travel are not allowable.

NARRATIVE GUIDANCE

To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria. Any attachments referenced in a narrative section may be considered during the objective review.

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

v. **Attachments**

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

Attachment 1: Work Plan

Attach the work plan for the project that includes all information detailed in [Section IV.2.ii. Project Narrative](#). If you will make subawards or expend funds on contracts, describe how your organization will ensure proper documentation of funds.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of HRSA's [SF-424 Application Guide](#))

Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff. Also, please include a description of your organization's timekeeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

Attachment 3: Biographical Sketches of Key Personnel

Include biographical sketches for persons occupying the key positions described in *Attachment 2*, not to exceed two pages in length per person. In the event that a biographical sketch is included for an identified individual not yet hired, include a letter of commitment from that person with the biographical sketch.

Attachment 4: Strategic Network Memoranda of Understanding (does not count toward page limit)

The Strategic Network must have a Memorandum of Agreement or Memorandum of Understanding (MOA/MOU) signed and dated by all Strategic Network members, that reflects the mutual commitment of the members. Note: The original signed and dated MOA/MOU should be kept by the applicant organization. If the application is funded, the signed original will be required for submission to HRSA within 30 days of award.

Attachment 5: Project Organizational Chart

Provide a one-page figure that depicts the organizational structure of the project. Additionally, provide a table that identifies and describes each Strategic Network member, includes each partner's organization name, address, primary contact person, and current role in the DRA region.

Attachment 6: Logic Model

Submit a logic model for designing and managing the project. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements.

Attachment 7: Documentation of Accreditation of the Certificate Training Program (does not count toward page limit)

Entities must be accredited by a nationally recognized accrediting agency, as specified by the U.S. Department of Education.

Training programs must be recognized by the state government(s) within the proposed geographic coverage of the training program. Provide documentation in the form of a letter on state government letterhead. For example, the certificate training program may be part of a career pathway with stackable credentials that leads to the attainment of the knowledge and skills required at different stages of a career. Prerequisites for certificate training programs must be at a minimum a high school diploma or GED, and the certificate must be able to lead to an associate and/or bachelor's degree in the future, as applicable.

Attachment 8: For Multi-Year Budgets--5th Year Budget

After using columns (1) through (4) of the SF-424A Section B for a 5-year period of performance, you will need to submit the budget for the 5th year as an attachment. Use the SF-424A Section B, which does not count in the page limit: however, any related budget narrative does count. See Section 4.1.iv of HRSA's [SF-424 Application Guide](#).

Attachments 9–15: Other Relevant Documents

Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.). Include tables, charts, etc. to give further details about the proposal (e.g., Evidence-based models, Gantt or PERT charts, flow charts).

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

You must obtain a valid DUNS number, also known as the Unique Entity Identifier (UEI), and provide that number in the application. In April 2022, the *DUNS number will be replaced by the UEI, a “new, non-proprietary identifier” requested in, and assigned by, the System for Award Management (SAM.gov). For more details, visit the following pages: [Planned UEI Updates in Grant Application Forms](#) and [General Service Administration’s UEI Update](#).

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

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

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

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

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

For further details, see Section 3.1 of HRSA’s [SF-424 Application Guide](#).

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

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

assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through SAM located at [SAM.gov](https://sam.gov).

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

4. Submission Dates and Times

Application Due Date

The due date for applications under this NOFO is *July 9, 2021 at 11:59 p.m. ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's [SF-424 Application Guide](#) for additional information.

5. Intergovernmental Review

The Delta Region Rural Health Workforce Training Program is a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

See Section 4.1 ii of HRSA's [SF-424 Application Guide](#) for additional information.

6. Funding Restrictions

You may request funding for a period of performance of up to 5 years, at no more than \$600,000 per year (inclusive of direct **and** indirect costs) for the Central and Southern Service Areas, \$500,000 (inclusive of direct **and** indirect costs) for the Northern Service Area, and \$300,000 (inclusive of direct **and** indirect costs) for the Eastern Service Area. The funding amount for each service area is based upon natural geographic boundaries and rural population size. The specific counties and rural population for each service area are listed under the *Service Area Requirements* section of this NOFO. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division H of the Consolidated Appropriations Act, 2021 (P.L. 116-260) 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 the following fiscal years, as required by law.

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

Be aware of the requirements for HRSA recipients and subrecipients at 2 CFR § 200.216 regarding prohibition on certain telecommunications and video surveillance services or equipment. For details, see the [HRSA Grants Policy Bulletin Number: 2021-01E](#).

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

V. Application Review Information

1. Review Criteria

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

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

Review criteria are used to review and rank applications. The Delta Region Rural Health Workforce Training Program has six review criteria. See the review criteria outlined below with specific detail and scoring points.

Criterion 1: NEED (10 points) – Corresponds to Section IV's [Introduction](#) and [Needs Assessment](#)

1. The extent to which the application succinctly explains the purpose of the proposed project.
2. The quality of and extent to which the relationship is clear and logical between the challenges affecting the proposed service area and the need for the proposed training program.
3. The extent to which the application describes the proposed student population and includes a discussion on the educational and support needs of underrepresented populations including, but not limited to, racial and ethnic minorities, veterans, people with disabilities, first-generation college students, etc.
4. The extent to which the application describes the needs of rural healthcare facilities for trained administrative support professionals.

5. The quality of and extent to which the application presents concrete data that supports the need for the targeted discipline(s) listed in the [Background](#) section of this NOFO, such as the turnover rate, service gaps, etc.
6. The extent to which the application includes a clear description of the rural service area to be addressed by the proposed training program and compares local data to state and federal data, where possible, to highlight the proposed rural service area's unique need.
7. The extent to which the application identifies key challenges and barriers to training, recruiting, and retaining administrative health professionals.
8. The extent to which the application describes how the target rural service area will benefit from the proposed training program.

Criterion 2: RESPONSE (30 points) – Corresponds to Section IV's [Methodology](#), [Work Plan](#) and [Resolution of Challenges](#)

Methodology (15 points):

1. The extent to which the proposed project responds to the [Program Requirements](#) included in the program description.
2. The adequacy of the proposed methods to address the stated needs and meet the program requirements and expectations described in this NOFO.
3. The extent to which stated goals and objectives are clear, concise and appropriate for the proposed activities. The degree to which these goals and objectives directly relate to the information presented in the Needs Assessment section. The appropriateness of these activities and extent to which they flow logically from the goals and objectives. Appropriateness of the strategy for accomplishing the stated goals and objectives.
4. The extent to which the application includes a description of innovative methods to address the stated needs and meet the program requirements and expectations described in this NOFO.
5. The extent to which the proposed training program addresses the following questions:
 - a. From what populations will the Strategic Network recruit students into the training program?
 - b. How will the program ensure that students demonstrate a substantive commitment to working in rural communities in the DRA region?
 - c. How will the Strategic Network help address barriers and challenges to recruiting students into training and retaining students in and after training?

- d. How will the program be advertised to local health professionals already working in healthcare settings?
 - e. How will the program prioritize recruiting/accepting staff from facilities participating in the Delta Region Community Health Systems Development Program?
 - f. How will the program meet the unique needs of rural student populations – both from a recruitment and a retention standpoint?
 - g. What tools or resources will the program provide to all students participating in the program to ensure successful completion of the program?
 - h. What specific tools or resources will the program provide to meet the unique needs of underrepresented students?
 - i. What various instruction modalities will the program offer to support students?
 - j. How will the Strategic Network place students in healthcare facilities to provide them hands-on experience?
 - k. How will the Strategic Network help place students in rural employment in the DRA region after completing the training program?
6. The degree to which the application has assessed populations from which the Strategic Network will recruit students into the training program and addressed barriers and challenges for recruitment and retention of the students in and after training, such as transportation, remedial education needs, etc.
 7. The thoroughness of the plan to advertise the program to local health professionals already working in healthcare settings, particularly those from facilities participating in the [Delta Region Community Health Systems Development Program](#). The effectiveness of proposed measures the program will take to ensure that students demonstrate a substantive commitment to working in rural healthcare facilities in the DRA region upon completion of the program.
 8. The thoroughness of the plan to place students in rural hospitals/clinics to provide them adequate hands-on experience, prioritizing facilities participating in the [Delta Region Community Health Systems Development Program](#).
 9. The detail and appropriateness of the plan to place students in rural employment in the DRA region after completing the training program, prioritizing facilities participating in the [Delta Region Community Health Systems Development Program](#).

Work Plan (10 Points):

1. The extent to which the application provides a detailed work plan that is logical, in a timeline format and has strong objectives and goals to ensure achievement of projected outcomes.

2. The appropriateness of the work plan in identifying responsible individual(s) and organization(s) and a timeline for each activity for all five years. The appropriateness of associated process and outcome measures for each activity and respective goal.
3. The degree to which the work plan aligns with the implementation timeline and deliverables set out for the year one planning year.

Resolution of Challenges (5 points):

1. The extent to which the application identifies and clearly describes potential challenges and barriers that may be encountered in implementing program activities and attaining the project objectives.
2. The extent to which the application clearly describes approaches to address challenges and barriers that may be encountered during implementation of program activities.

Criterion 3: EVALUATIVE MEASURES (15 points) – Corresponds to Section IV's [Evaluation and Technical Support Capacity](#)

1. The degree to which the logic model strengthens the work plan as evidenced by the inputs, activities, outputs, short-term and long-term outcomes, and the impact of the project in **Attachment 6**. The extent to which the logic model presents a rational flow that emphasizes a correlation between program components for students, Strategic Network members, and the community at all social-ecological levels (i.e., intrapersonal/individual, interpersonal, organizational/institutional, community, and public policy).
2. The strength and effectiveness of the proposed plan to monitor and evaluate the project results. Evidence that the evaluative measures will be able to assess:
 - a. to what extent the program objectives have been met, and
 - b. to what extent these can be attributed to the project.
3. The strength, feasibility and effectiveness of the identified outcome and process measures for assessing the progress of efforts.
4. The effectiveness of the process for collecting and analyzing data/information for program evaluation measures and the approach for assessing the Strategic Network's progress in relation to proposed outputs and outcomes.
5. The feasibility and effectiveness of the Strategic Network's method for tracking trainees after they complete training to determine employment and retention in rural areas of the DRA region. Does the application discuss specific methods for tracking employment and retention (i.e., surveys, wage data, education data, etc.)?

6. The extent to which the application describes any potential obstacles for implementing the program performance evaluation and the strength of the plan to address those obstacles.

Criterion 4: IMPACT (13 points) – Corresponds to Section IV's [Methodology](#) and [Evaluation and Technical Support Capacity](#)

1. The extent to which the proposed project has a public health impact and the project will be effective, if funded. This may include: the effectiveness of plans for dissemination of project results, the impact results may have on the service area or target student population, the degree to which the project activities are replicable, and the sustainability of the program beyond the federal funding.
2. The extent to which the applicant proposed a plan for project sustainability after the period of federal funding ends that addressed the following items related to recruitment, training, and retention.
 - a. Recruitment
 - i. How the Strategic Network plans to sustain rolling recruitment of students for the program;
 - ii. How the Strategic Network plans to disseminate information about the training program to members of the communities within the selected service area;
 - iii. How the Strategic Network will provide ongoing assessments of trainee and provider needs regarding health information workforce in the community, the local health information workforce needs, and recruitment barriers and challenges;
 - b. Training
 - i. How the Strategic Network will support students with peer support and services to support the needs of identified student population;
 - ii. How the Strategic Network plans to sustain the hands-on training components of the program;
 - iii. How the Strategic Network plans to build diverse sources of network revenue;
 - c. Retention
 - i. How the Strategic Network plans to continually retain graduates in rural DRA region communities via various strategies, such as developing career pathways, and how the Strategic Network plans to continually assess and address retention barriers and challenges;
 - ii. How the Strategic Network plans to acquire sustained financial commitment from its members to support ongoing network activities;
 - iii. How the Strategic Network plans to identify additional DRA region partners.
3. The appropriateness of the approach to disseminate the program results widely and to the community and general public.

Criterion 5: RESOURCES/CAPABILITIES (22 points) – Corresponds to Section IV's Organizational Information

1. The strength of the Strategic Network's mission and structure, scope of current activities for each Strategic Network member. The extent to which the ability of each member to meet program expectations is discussed.
2. The extent to which the application provides evidence of the applicant organization's capability to collaborate with appropriate partners to carry out all the program requirements. The strength of evidence as to why the Strategic Network members are appropriate collaborators and thorough indication of the expertise each member brings to the Strategic Network. Clarity of the roles and responsibilities of each Strategic Network member and evidence for a strong relationship between the applicant organization and the other Strategic Network members.
3. The application includes a Memorandum of Agreement or Memorandum of Understanding (MOA/MOU), which is signed and dated by all Strategic Network members. The degree to which the MOA/MOU reflects the mutual commitment of each member to the program.
4. Degree of collective strength of the Strategic Network as evidenced by the extent to which each Strategic Network member is identified and respective current roles are described. The extent to which application identifies and describes each of the Strategic Network members and includes each partner's organization name, address, primary contact person, and current role in the DRA region. The extent to which the organizational chart(s) demonstrates a clear and distinct relationship between the Strategic Network member organizations.
5. The strength of the Strategic Network's relationship in serving the DRA region. The extent to which the Strategic Network describes plans to engage rural DRA communities in its planning.
6. The strength of the discussion on how the Strategic Network will follow the approved work plan, as outlined in the application, properly account for the federal funds, and document all costs to avoid audit findings. The extent to which the application discusses plans to assess and the needs of training participants and make program adjustments accordingly.
7. The strength of examples of prior experience delivering training programs of a similar nature as outlined in this NOFO, which include a discussion of the outcomes and results of these experiences to show that they were successful.
8. Extent to which the application demonstrates a strong and feasible staffing plan that incorporates requirements necessary to run the Strategic Network and the training program. Degree to which the staffing plan and resumes establish and appropriately specify:
 - a. The number and types of staff, qualification levels, and FTE equivalents.

- b. The capabilities (current experience, skills, knowledge, experience with previous work of a similar nature, and materials published) of key staff already identified and the requirements that the applicant has established to fill other key positions if the grant is received.
- c. Staffing needs in relation to the activities proposed in the project narrative and budget portion of the application.
- d. The process and timeline for hiring a 0.5 FTE project director, if the Strategic Network does not already have a project director. The extent to which the application clearly demonstrates how the project director's role contributes to the success of the training program.

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

1. The inclusion, clarity, and appropriateness of an itemized budget table or spreadsheet for each year of requested funding.
2. The extent to which the budget narrative provides a detailed justification for each item presented in the budget tables.
3. The extent to which the budget narrative abides by the funding restrictions described in the [Budget Narrative](#) section of this NOFO.
4. The degree to which the budget justification logically documents how and why each line item request (such as personnel, travel, equipment, supplies, information technology, and contractual services) supports the goals and activities of the proposed grant-funded activities.
5. The inclusion, appropriateness and reasonableness of the estimated participant/trainee support costs, outlined in the budget.
6. The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
7. The extent to which key personnel have adequate time devoted to the project to achieve project objectives.

2. Review and Selection Process

The objective review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. See Section 5.3 of HRSA's [SF-424 Application Guide](#) for more details.

3. Assessment of Risk

HRSA may elect not to fund applicants with management or financial instability that directly relates to the organization's ability to implement statutory, regulatory, or other requirements ([45 CFR § 75.205](#)).

HRSA reviews applications receiving a favorable objective review for other considerations that include past performance, as applicable, cost analysis of the project/program budget, assessment of your management systems, ensuring continued applicant eligibility, and compliance with any public policy requirements, including those requiring just-in-time submissions. HRSA may ask you to submit additional programmatic or administrative information (such as an updated budget or "other support" information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that HRSA will make an award. Following review of all applicable information, HRSA's approving and business management officials will determine whether HRSA can make an award, if special conditions are required, and what level of funding is appropriate.

Award decisions are discretionary and are not subject to appeal to any HRSA or HHS official or board.

HRSA is required to review and consider any information about your organization that is in the [Federal Awardee Performance and Integrity Information System \(FAPIS\)](#). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider your comments, in addition to other information in [FAPIS](#) in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed as described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

HRSA will report to FAPIS a determination that an applicant is not qualified ([45 CFR § 75.212](#)).

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award (NOA) prior to the start date of September 30, 2021. See Section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's [SF-424 Application Guide](#).

If you are successful and receive a Notice of Award, in accepting the award, you agree that the award and any activities thereunder are subject to all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award, other Department regulations and policies in effect at the time of the award, and applicable statutory provisions.

Accessibility Provisions and Non-Discrimination Requirements

Federal funding recipients must comply with applicable federal civil rights laws. HRSA supports its recipients in preventing discrimination, reducing barriers to care, and promoting health equity. For more information on recipient civil rights obligations, visit the HRSA Office of Civil Rights, Diversity, and Inclusion [website](#).

Requirements of Subawards

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

Data Rights

All publications developed or purchased with funds awarded under this notice must be consistent with the requirements of the program. Pursuant to 45 CFR § 75.322(b), the recipient owns the copyright for materials that it develops under an award issued pursuant to this notice, and HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for federal purposes, and to authorize others to do so. In addition, pursuant to 45 CFR § 75.322(d), the Federal Government has the right to obtain, reproduce, publish, or otherwise use data produced under this award and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes, e.g., to make it available in government-sponsored databases for use by others. If applicable, the specific scope of HRSA rights with respect to a particular grant-supported effort will be addressed in the NOA. Data and copyright-protected works developed by a subrecipient also are subject to the Federal Government's copyright license and data rights.

3. Reporting

Award recipients must comply with Section 6 of HRSA's [SF-424 Application Guide](#) and the following reporting and review activities:

- 1) **Progress Report(s)**. The recipient must submit a progress report to HRSA annually. Further information will be available in the NOA.
- 2) **Integrity and Performance Reporting**. The NOA will contain a provision for integrity and performance reporting in [FAPIS](#), as required in [45 CFR part 75 Appendix XII](#).

Please note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at [2 CFR § 200.340 - Termination](#) apply to all federal awards effective August 13, 2020.

VII. Agency Contacts

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

Benoit Mirindi
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-6606
Email: BMirindi@hrsa.gov

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

Rachel Moscato, MPH
Public Health Analyst
Federal Office of Rural Health Policy
Attn: Delta Region Rural Health Workforce Training Program
Health Resources and Services Administration
5600 Fishers Lane, Room 17W-54
Rockville, MD 20857
Telephone: (301) 443-2724
Fax: (301) 443-2803
Email: rmoscato@hrsa.gov

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

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)
Email: support@grants.gov
Self-Service Knowledge Base: <https://grants-portal.psc.gov/Welcome.aspx?pt=Grants>

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through [HRSA's Electronic Handbooks \(EHBs\)](#). For assistance with submitting information in the EHBs, contact the HRSA Contact Center, Monday–Friday, 8 a.m. to 8 p.m. ET, excluding federal holidays at:

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

VIII. Other Information

Technical Assistance

HRSA has scheduled following technical assistance:

Webinar

Day and Date: Monday, June 14, 2021
Time: 2 – 3p.m. ET
Call-In Number: 1-833-568-8864
Webinar ID: 160 097 3398
Passcode: 73214093
Weblink: <https://hrsa.gov/zoomgov.com/j/1600973398?pwd=NjhFdjRlZURwb3UrQnlvVkFkRXdBdz09>

Participants also have the option of using VOIP (Computer Audio).

HRSA will record the webinar. Please contact RMoscato@hrsa.gov for playback information.

Tips for Writing a Strong Application

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

508 Compliance Disclaimer

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