U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

HRSA

Health Resources & Services Administration

Federal Office of Rural Health Policy
Community-Based Division

Delta Region Community Health Systems Development Program

Funding Opportunity Number: HRSA-20-086
Funding Opportunity Types: New, Competing Continuation
Assistance Listings (CFDA) Number: 93.912

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2020

Application Due Date: February 19, 2020

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

Issuance Date: December 2, 2019

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for fiscal year (FY) 2020 Delta Region Community Health Systems Development Program. The purpose of this program is to improve healthcare delivery in the Delta region through intensive, multi-year technical assistance to eligible healthcare facilities, including critical access hospitals (CAHs), small rural hospitals, rural health clinics, tribal healthcare facilities, and other healthcare organizations located in the 252 parishes and counties of the Mississippi Delta region.

The FY 2020 President's Budget does not request funding for this program. This notice is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds in a timely manner. You should note that this program may be cancelled prior to award.

Funding Opportunity Title:	Delta Region Community Health Systems Development Program
Funding Opportunity Number:	HRSA-20-086
Due Date for Applications:	February 19, 2020
Anticipated Total Annual Available FY 2020 Funding:	Up to $10,000,000
Estimated Number and Type of Award(s):	1 cooperative agreement
Estimated Award Amount:	Up to $10,000,000 per year subject to the availability of appropriated funds
Cost Sharing/Match Required:	No
Period of Performance:	September 30, 2020 through September 29, 2025 (5 years)
Eligible Applicants:	Eligible applicants include domestic public, private, and non-profit organizations, including tribes and tribal organizations, and faith-based and community-based organizations. See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.

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/Conference Call

Day and Date: December 16, 2019
Time: 2:00– 3:00 p.m.
Call-In Number: 1- 800-369-3182
Participant Code: 4699189
Weblink: https://hrsa.connectsolutions.com/drchsd_nofo_ta/
Playback Number: 1- 800-391-9854

Table of Contents

I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Delta Region Community Health Systems Development Program (DRCHSD). The purpose of this program is to improve healthcare delivery in the Delta region through intensive, multi-year technical assistance to eligible healthcare facilities, including critical access hospitals (CAHs), small rural hospitals, rural health clinics, tribal healthcare facilities and other healthcare organizations located in the 252 parishes and counties of the Mississippi Delta region.

Under this cooperative agreement, the award recipient will work with the selected communities across the eight state Mississippi Delta Region to make in-depth health system enhancements over multiple years. The award recipient will implement a phased approach that:
- Outlines a collaborative process for identifying high need communities in the Delta Region;
- Conducts an objective community analysis and assessment of financial status, quality indicators, locally available human services and gaps;
- Assesses how telehealth can help address the identified clinical service gaps and the availability of affordable broadband services;
- Develops a community assets and needs assessment within each identified community;
- Develops and implements a strategic plan for the provision of technical assistance for the local hospital and other rural providers in the selected communities;
- Provides technical assistance to each selected site based on the strategic plan for finance, quality, and telehealth and population health service coordination; and
- Evaluates the impact of the technical assistance.

The DRCHSD award recipient will provide targeted technical assistance to selected rural hospitals in need. Rural hospitals are eligible to receive targeted assistance from the DRCHSD recipient. For this cooperative agreement, "rural hospitals" are defined as short-term, non-federal general facilities located outside metropolitan Core-Based Statistical Areas (CBSAs), or located within metropolitan areas in locations with Rural-Urban Commuting Area (RUCA) codes of four (4) or greater, or facilities in any location participating in Medicare as CAHs. Hospitals operated by tribes and tribal organizations under the Indian Self-Determination and Education Assistance Act (Public Law 93-638, as amended) are also eligible.

2. Background

The Delta Region Community Health Systems Development Program is authorized by Section 711(b) of the Social Security Act (42 U.S.C. 912(b)), as amended. 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 Delta 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 Delta resides in one of these rural counties.[1] 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.[2]

There is extensive documentation regarding the distress of the counties and parishes in the Delta Region for both health and economic conditions. The population in the Delta Region has been decreasing, and 20 percent of the region's population has incomes below the poverty rate, compared with the national rate of 14 percent. Further, poverty is much more persistent in the Delta Region than nationally.[3] 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 Delta Region.[4]

Other research has indicated that Delta residents tend to have more complex health issues and chronic conditions. One study found Delta residents are 1.16 times more likely to die of cancer and 1.45 times more likely to die of injury than the nationwide rate, with higher blood pressure, diabetes rates, body mass index, and likelihood of smoking.[5] Research by the Centers for Disease Control and Prevention assessed factors contributing to health outcomes and found that factors such as tobacco use, diet and exercise, and access to care in Delta counties and parishes were on average, 22 percent worse than the rest of the United States.[6]

Furthermore, a high proportion of the rural hospitals that closed between 2010 and 2018 are located in the Delta Region. Recent analysis found that multiple Delta states are among those determined to have the highest number of rural hospitals at risk of

[1] HRSA FORHP internal analysis of 2010 Census data, March 27, 2017.
[2] Delta Regional Authority, www.dra.gov.
[3] 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.
[4] 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.
[5] Cosby, AG, and Bowser, DM. "The Health of the Delta Region: A Story of Increasing Disparities". Journal of Health and Human Services Administration 31:1, 58-71 (Summer 2008) https://www.jstor.org/stable/25790729?seq=1#page_scan_tab_contents.
[6] Gennuso, KP, et al. Assessment of Factors Contributing to Health Outcomes in the Eight States of the Mississippi Delta Region. CDC Original Research Vol. 13 (March 3, 2016). https://www.cdc.gov/pcd/issues/2016/15_0440.htm.

financial distress.[7] These areas, like rural areas in general, often have limited broadband capacity. The Federal Communications Commission (FCC) reported that 26 percent of rural Americans (16 million individuals nationwide) lacked access to basic broadband service.[8] Economic and health disparities, lower patient density, inadequate availability of rural health professional training sites, and lower reimbursement levels make it challenging to recruit physicians to rural communities.[9]

The Delta Region Community Health Systems Development Program aims to target rural communities in the Delta Region through providing technical assistance to help strengthen small rural hospitals, with a focus on improving quality of care, and increasing access through expanded use of telehealth.

II. Award Information

1. Type of Application and Award

Types of applications sought: New, Competing Continuation

HRSA will provide funding in the form of a cooperative agreement. A cooperative agreement is a financial assistance mechanism where substantial involvement is anticipated between HRSA and the recipient during performance of the contemplated project.

HRSA program involvement will include:
- Collaboration with DRA and award recipient to identify eligible communities, prioritize activities, and assess progress made in achieving the goals of this cooperative agreement.
- Facilitation and assistance with introductions to other HRSA programs, federal agencies and other partners as their work may pertain to the Delta communities.
- Sharing of relevant program data to ensure the greatest impact of technical assistance efforts in rural Delta communities.
- Review of proposed outcome measures specific to technical assistance provided.

The cooperative agreement recipient's responsibilities will include:
- Adherence to HRSA guidelines pertaining to acknowledgement and disclaimer on all products produced by HRSA award funds, per Section 2.2 of the Application Guide (Acknowledgement of Federal Funding).

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

[8] Federal Communications Commission. "2019 Broadband Deployment Report." May 2019. https://docs.fcc.gov/public/attachments/FCC-19-44A1.pdf

[9] Patterson DG, Andrilla CHA, Larson EH. Graduates of Rural-centric Family Medicine Residencies: Determinants of Rural and Urban Practice. Policy Brief #159. Seattle, WA: WWAMI Rural Health Center, University of Washington, July 2016. http://depts.washington.edu/fammed/rhrc/wp-content/uploads/sites/4/2016/07/RHRC_PB159_Patterson.pdf

- Completion of activities proposed by the applicant and approved by HRSA, except as modified in consultation with HRSA through the appropriate prior approval processes.
- Application of knowledge of FORHP and other HRSA programs to link stakeholders to appropriate resources and programs.
- Collaboration with HRSA and DRA in selection of communities and ongoing review of activities.
- Working with HRSA and DRA to identify technical assistance needs within selected communities.
- Working collaboratively with partners and other key stakeholders to support the selected communities' technical assistance needs.
- Ensuring the interventions are responsive to the selected community's needs in order to ensure community buy-in.
- Working with the identified communities to make in-depth health system enhancements over multiple years under a phased approach as discussed in the Purpose section of this NOFO.
- Conducting a needs assessment to identify assets and gaps related to finance, quality, telehealth and broadband, coordination of care, population health, social services, and workforce recruitment and retention.
- Development and implementation of a strategy to assist CAHs, small rural hospitals, and other rural providers within the areas of technical assistance outlined throughout this NOFO.
- Development of a process whereby any entity receiving technical assistance makes a commitment to recommended improvement activities, as a condition of receiving the technical assistance.
- Assessment of the broadband capacity and capability of the targeted community to determine areas where telehealth would be most beneficial.
- Implementation of a strategy to provide technical assistance by assessing sites, including gaps in their resources and local services.
- Building and maintaining a strong understanding of the identified communities in the Delta Region and an ability to identify hospitals in those communities that want to improve and could benefit most from technical assistance.

2. Summary of Funding

HRSA estimates approximately $10,000,000 to be available annually to fund one recipient. The actual amount available will not be determined until enactment of the final FY 2020 federal appropriation. You may apply for a ceiling amount of up to $10,000,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. The FY2020 President's Budget does not request funding for this program. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds in a timely manner. The period of performance is September 30, 2020 through September 29, 2025 (5 years). Funding beyond the first year is subject to the availability of appropriated funds for the Delta Region Community Health Systems Development 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.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include domestic public or private, non-profit entities. Domestic faith-based and community-based organizations, tribes, and tribal organizations are also eligible to apply.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

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

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

NOTE: Multiple applications from an organization are not allowable.

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

IV. Application and Submission Information

1. Address to Request Application Package

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

The NOFO is also known as "Instructions" on Grants.gov. You must provide your email address when reviewing or preparing the workspace application package in order to receive notifications including modifications and/or republications of the NOFO on Grants.gov before its closing date. Responding to an earlier version of a modified notice may result in a less competitive or ineligible application. *Please note you are ultimately responsible for reviewing the For Applicants page for all information relevant to desired opportunities.*

2. Content and Form of Application Submission

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

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

Application Page Limit
The total size of all uploaded files may not exceed the equivalent of **80 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this NOFO. Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.**

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

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification
   1) You, on behalf of the applicant organization certify, 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 8: 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
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*

  Briefly describe the purpose of the proposed multi-year project to enhance health care delivery in the Delta Region through the provision of in-depth technical assistance to underserved rural communities in collaboration with HRSA and DRA.

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

  Outline the needs of rural communities in the Delta Region. You must describe and document the target population and its unmet health needs. Include demographic data whenever possible to support the information provided.

  This section must include discussion of the need for technical assistance in the Delta Region around:
  - Improving hospital or clinic financial operations;
  - Implementing quality improvement activities to promote the development of an evidence-based culture leading to improved health outcomes;
  - Increasing use of telehealth to address gaps in clinical service delivery and improve access to care;
  - Enhancing coordination of care;
  - Strengthening the local health care system to improve population health;
  - Providing social services to address broader socio-economic challenges faced by patients (e.g., housing, child care, energy assistance, access to healthy food, elderly support services, job training, etc.);
  - Ensuring access to and availability of emergency medical services; and
  - Addressing workforce recruitment and retention challenges.

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

  In narrative format, propose methods that you will use to address the stated needs and meet each of the previously described program requirements and expectations in this NOFO. Please use the following five sub-headings in responding to this section:
  - Strategic Vision
  - Intensive Technical Assistance
  - Capacity Building Technical Assistance
  - Sustainability
  - Collaboration and Community Engagement

  Strategic Vision:
  Outline the strategic vision of the project over the five-year period of performance, while identifying key milestones to measure success under the phased approach described in the Purpose section of this NOFO. Include specific goals and measurable program objectives. The strategic vision should ensure that activities are complementary to, and not duplicative of, other FORHP funded activities.

  Intensive Technical Assistance:
  Discuss the proposed approach for providing intensive technical assistance to meet the identified needs of the selected Delta Region communities around the following areas:
  - Improving hospital or clinic financial operations;
  - Implementing quality improvement activities to promote the development of an evidence-based culture leading to improved health outcomes;
  - Increasing use of telehealth to address gaps in clinical service delivery and improve access to care;
  - Enhancing coordination of care;
  - Strengthening the local health care system to improve population health;
  - Providing social services to address broader socio-economic challenges faced by patients (e.g., housing, child care, energy assistance, access to healthy food, elderly support services, job training, etc.);
  - Ensuring access to and availability of emergency medical services; and
  - Addressing workforce recruitment and retention challenges.
    - Workforce recruitment and retention is an ongoing challenge in rural areas, particularly in the Delta Region. Describe the methodology for addressing workforce recruitment and retention at DRCHSD sites. Include a discussion on engaging rural recruitment and retention experts to support workforce needs in the selected communities, and include letters of support from proposed partners.

  Discuss methods for the provision of technical assistance including activities such as:
  - Pre-on-site planning;
  - Setting mutually agreed upon goals and objectives;
  - Action planning;

- Developing measurable outcomes; and
- Coaching as the hospital implements recommended activities.

Capacity Building Technical Assistance:
Many healthcare facilities in the Delta Region may not have adequate capacity to participate in multi-year, intensive technical assistance. Although capacity may be limited, this program must address the needs of all healthcare facilities in the Delta Region. Discuss the proposed approach to build the capacity of healthcare facilities in the Delta Region to ensure facilities are prepared to take on multi-year, intensive technical assistance. Include a description of any innovative methods that you will use and/or resources you will create to build capacity.

Sustainability:
Develop a sustainability plan that discusses how your proposed methodology will support communities receiving technical assistance to sustain the impacts of the program after the period of federal funding ends. .

Collaboration and Community Engagement:
Discuss the methodology for ensuring collaboration with HRSA and DRA in identifying the communities that will receive the technical assistance, and in carrying out the activities proposed.

Discuss the method for ensuring appropriate buy-in from community health leadership to identify communities that would benefit from the support and carry out the strategies needed to enhance health care delivery. Describe the process for communicating with the communities in the Delta Region that will receive technical assistance.

Selection of technical assistance interventions should align services to community need. Describe how your proposed interventions will be designed to meet local clinical need in an economically viable manner.

Discuss plans for broad dissemination of best practices and stories of success as the project progresses.

- *WORK PLAN -- Corresponds to Section V's Review Criterion (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 timeline that includes each activity and identifies responsible staff. Identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities.

Include the work plan in Attachment #1.

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

  Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan, and approaches that you will use to resolve such challenges.

  Discuss barriers specific to the targeted Delta 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 Criterion (3) Evaluative Measures*

  Evaluation of Technical Assistance:
  Describe the plan for program performance evaluation that will contribute to continuous quality improvement. Include descriptions of the inputs (e.g., organizational profile, collaborative partners, key personnel, budget, and other resources), key processes, and expected outcomes of the funded activities.

  You must describe the systems and processes that will support your organization's performance management through tracking of performance outcomes, including a description of how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes.

  Include proposed outcome measures for each area of TA to measure progress at individual hospital and community levels. These measures may vary among the hospitals, but each hospital should be assessing progress against specific outcomes.

  Describe the strategy to collect, track and analyze data to measure process and performance outcomes, and explain how the data will be used to inform program development and service delivery for each site and across the program.

  Describe how you will routinely assess and improve the technical assistance and support your organization provides to the communities served.

  External Program Evaluation:
  Outline the strategy to conduct an evaluation of the impacts of the DRCHSD program in the Mississippi Delta Region. This evaluation should look at the impact of the DRCHSD program at each of the participating communities, specifically around the key areas identified for technical assistance. Include the process for objectively selecting an external partner to conduct this evaluation.

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

  <u>Organizational Capacity</u>
  Succinctly describe your organization's mission and structure, scope of current

activities, and your organization's ability to meet program expectations. Include an organizational chart (Attachment #5).

Discuss the organization's capability to execute the proposed work plan.

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 as Attachment # 2. Include biographical sketches for all key personnel as Attachment #3.

Collaborative Capacity
Provide specific examples to describe knowledge of, as well as successful experience working with, quality improvement organizations, HRSA's Regional Telehealth Resource Center(s), and DRA.

Provide evidence of your organization's capability to collaborate with appropriate partners to carry out all the program requirements. Identify staff and/or consultants who are located in, and familiar with, the Delta Region. Include Letters of Support/Agreement, MOU, etc. from all proposed partners and consultants, including DRA and at least one partner located in the Delta Region, as Attachment #4.

Discuss other relevant HRSA programs that could complement the technical assistance provided by this program in improving the health of these rural Delta communities.

Organizational Expertise
Provide specific examples of prior experience providing in-depth technical assistance as outlined in this NOFO. Include a discussion of the outcomes and results of these experiences to show that they were successful.

Provide information that demonstrates specific expertise in providing technical assistance in the Mississippi Delta Region around the following areas:
- Improving hospital or clinic financial operations;
- Implementing quality improvement activities to promote the development of an evidence-based culture leading to improved health outcomes;
- Increasing use of telehealth to address gaps in clinical service delivery and improve access to care;
- Enhancing coordination of care;
- Strengthening the local health care system to improve population health;
- Providing social services to address broader socio-economic challenges faced by patients (e.g., housing, child care, energy assistance, access to healthy food, elderly support services, job training, etc.);
- Ensuring access to and availability of emergency medical services;
- Addressing workforce recruitment and retention challenges.

NARRATIVE GUIDANCE	
To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria. Any attachments referenced in a narrative section may be considered during the objective review.	
Narrative Section	***Review Criteria**
Introduction	(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
Organizational Information	(5) Resources/Capabilities
Budget and Budget Narrative	(6) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

iii. Budget

See Section 4.1.iv of HRSA's *SF-424 Application Guide*. Please note: the directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov. Follow the instructions included in the 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 can 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) incurred by the recipient to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by the recipient to satisfy a matching or cost-sharing requirement, as applicable.

The Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245), Division B, § 202, pursuant to the Continuing Appropriations Act, 2020, and Health Extenders Act of 2019 (P.L. 116-59), Division A, § 101(8), 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.

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

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

Attachment 1: 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: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific)
Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverable. Make sure any letters of agreement are signed and dated.

Attachment 5: Project Organizational Chart
Provide a one-page figure that depicts the organizational structure of the project.

Attachment 6: Tables, Charts, etc.
To give further details about the proposal (e.g., Gantt or PERT charts, flow charts).

Attachment 7: 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 8 – 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.).

3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number and System for Award Management

You must obtain a valid DUNS number, also known as the Unique Entity Identifier, for your organization/agency and provide that number in the application. You must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which 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))**.**

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

If 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.

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 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.

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 *February 19, 2020 at 11:59 p.m. ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's *SF-424 Application Guide* for additional information.

5. Intergovernmental Review

The Delta Region Community Health Systems Development 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 five years, at no more than $10,000,000 per year (inclusive of direct **and** indirect costs). This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds in a timely manner. 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 B of the Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245), pursuant to the Continuing Appropriations Act, 2020, and Health Extenders Act of 2019 (P.L. 116-59), Division A, § 101(8), are in effect at the time this NOFO is posted. Please see Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Note that these or other restrictions will apply, as

required by law in subsequent appropriations acts for FY 2020. HRSA will issue an NOA that references the final FY 2020 appropriations act.

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

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

V. Application Review Information

1. Review Criteria

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

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

Review criteria are used to review and rank applications. The Delta Region Community Health Systems Development 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

Introduction (5 points)

The extent to which the application describes the purpose of the proposed multi-year project to enhance health care delivery in the Delta Region through the provision of in-depth technical assistance to underserved rural communities in collaboration with HRSA and DRA.

Needs Assessment (5 points)

The extent to which the application outlines the needs of rural communities in the Delta Region.

The extent to which the application describes and documents the target population and its unmet health needs.

The extent to which the applicant includes demographic data to support their knowledge and understanding of the target population and unmet health needs in the Delta Region.

The extent to which the application discusses the need for technical assistance in the Delta Region around:
- Improving hospital or clinic financial operations;
- Implementing quality improvement activities to promote the development of an evidence-based culture leading to improved health outcomes;
- Increasing use of telehealth to address gaps in clinical service delivery and improve access to care;
- Enhancing coordination of care;
- Strengthening the local health care system to improve population health;
- Providing social services to address broader socio-economic challenges faced by patients (e.g., housing, child care, energy assistance, access to healthy food, elderly support services, job training, etc.);
- Ensuring access to and availability of emergency medical services; and
- Addressing workforce recruitment and retention challenges.

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

Methodology (15 points):

The extent to which the application proposes realistic methods to address the stated needs and meet the program requirements and expectations described in this NOFO.

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.

Intensive Technical Assistance:
The extent to which the applicant discusses the proposed approach for providing technical assistance to meet the identified needs of the selected Delta Region communities around the following areas and includes a plan to engage expert partners in each of these areas:
- Improving hospital or clinic financial operations;
- Implementing quality improvement activities to promote the development of an evidence-based culture leading to improved health outcomes;
- Increasing use of telehealth to address gaps in clinical service delivery and improve access to care;
- Enhancing coordination of care;
- Strengthening the local health care system to improve population health;
- Providing social services to address broader socio-economic challenges faced by patients (e.g., housing, child care, energy assistance, access to healthy food, elderly support services, job training, etc.);

- Ensuring access to and availability of emergency medical services; and
- Addressing workforce recruitment and retention challenges.

The extent to which the application discusses methods for the provision of technical assistance including activities such as:
- Pre-on-site planning;
- Setting mutually agreed upon goals and objectives;
- Action planning;
- Developing measurable outcomes; and
- Coaching as the hospital implements recommended activities.

Capacity Building Technical Assistance:
The quality and clarity of the application's plan for capacity building technical assistance.

The extent to which the plan includes a description of innovative methods and/or resource development for capacity building.

Collaboration and Community Engagement:
The extent to which the application discusses the methodology for ensuring collaboration with HRSA and DRA in identifying the communities that will receive the technical assistance, and in carrying out the activities proposed.

The extent to which the application describes the process for communicating with the communities in the Delta Region that will receive technical assistance.

The extent to which the application discusses the method for ensuring appropriate buy-in from community health leadership to identify communities that would benefit from the support and carry out the strategies needed to enhance health care delivery.

The extent to which the selection of technical assistance interventions align services to community need and interventions meet local clinical need in an economically viable manner.

Work Plan (10 points):

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.

The extent to which the work plan clearly identifies responsible staff for each activity.

The extent to which the work plan clearly identifies activities requiring collaboration with key stakeholders in planning, designing, and implementing all activities.

Resolution of Challenges (5 points):

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.

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 (10 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity

The extent to which the applicant includes a clear plan for program performance evaluation that will contribute to continuous quality improvement that includes descriptions of the inputs (e.g., organizational profile, collaborative partners, key personnel, budget, and other resources), key processes, and expected outcomes of the funded activities.

The extent to which the application describes the systems and processes that will support the organization's performance management through tracking of performance outcomes, including a description of how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes.

The extent to which the applicant includes outcome measures for each area of TA provided such as improved finances, improved quality of care, improved care coordination, etc. and describes a strategy to collect, track and analyze data to measure process and performance outcomes, and explain how the data will be used to inform program development and service delivery.

The extent to which the applicant discusses a plan to routinely assess and improve the technical assistance and support your organization provides to the communities served.

The extent to which the application outlines a strategy to conduct an evaluation of the impacts of the DRCHSD program in the Mississippi Delta Region and includes the process for objectively selecting an external partner to conduct this evaluation.

Criterion 4: IMPACT (10 points) – Corresponds to Section IV's Methodology

The application includes a clear and concise strategic vision that identifies key milestones to measure success, specific goals, and measureable program objectives.

The application discusses plans for broad dissemination of best practices and stories of success as the project progresses.

The application clearly describes how communities receiving technical assistance will sustain the impacts of the technical assistance after the period of federal funding ends.

Criterion 5: RESOURCES/CAPABILITIES (35 points) – Corresponds to Section IV's Organizational Information

Organizational Capacity (5 points)

The extent to which the applicant clearly describes the mission and structure of the organization, the scope of current activities and the organization's ability to meet program expectations as well as an organizational chart.

The extent to which the application clearly describes the capability of the organization to follow the proposed work plan, and properly account for the federal funds.

The extent to which the application describes current experience, knowledge, and skills, including individuals on staff, materials published, and previous work of a similar nature and includes a staffing plan, job descriptions and biographical sketches for all key personnel.

Collaborative Capacity (10 points)

The extent to which the applicant organization provides specific examples to describe knowledge of, as well as successful experience, working with quality improvement organizations, HRSA's Regional Telehealth Resource Center(s), and DRA.

- The application includes a signed letter of support from DRA that discusses specific previous work in the Delta Region.
- The application includes a signed letter of support from at least one partner **located in the Delta Region** that discusses specific previous work in the region.
- The application includes signed letters of support from all proposed partners and consultants.

The extent to which the application discusses other relevant HRSA programs that could complement the technical assistance provided by this program in improving the health of these rural Delta communities.

Organizational Expertise (20 points)

The extent to which the application includes specific examples of prior experience providing the level of in-depth technical assistance outlined in this NOFO as well as outcomes and results of these experiences to show that they were successful.

The extent to which the applicant provides specific evidence of expertise of providing technical assistance in the **Delta Region** in the following areas:

- Improving hospital or clinic financial operations;
- Implementing quality improvement activities to promote the development of an evidence-based culture leading to improved health outcomes;
- Increasing use of telehealth to address gaps in clinical service delivery and improve access to care;
- Enhancing coordination of care;
- Strengthening the local health care system to improve population health;

- Providing social services to address broader socio-economic challenges faced by patients (e.g., housing, child care, energy assistance, access to healthy food, elderly support services, job training, etc.);
- Ensuring access to and availability of emergency medical services;
- Addressing workforce recruitment and retention resources challenges.

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

The reasonableness of the proposed budget for each year of the period of performance in relation to the objectives, the complexity of the research activities, and the anticipated results.
- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- 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. 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.

Effective January 1, 2016, HRSA is required to review and consider any information about your organization that is in the Federal Awardee Performance and Integrity

Information System (FAPIIS). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider any of your comments, in addition to other information in FAPIIS 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 FAPIIS 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, 2020. See Section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

2. Administrative and National Policy Requirements

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

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

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 non-competing continuation progress report to HRSA on an **annual** basis. Additionally, the recipient must submit a year-end progress report at the end of each program year as well as a cumulative period of performance closeout report at the end of the five-year cooperative agreement. Further information will be available in the NOA.

2) **Federal Financial Report.** The Federal Financial Report (SF-425) is required according to the following schedule: http://www.hrsa.gov/grants/manage/technicalassistance/federalfinancialre port/ffrschedule.pdf. The report is an accounting of expenditures under the project that year. Financial reports must be submitted annually through the electronic handbook (EHB).

More specific information will be included in the Notice of Award.

3) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in FAPIIS, as required in 45 CFR part 75 Appendix XII.

VII. Agency Contacts

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

Ann Maples
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-2693
Fax: (301) 443-6343
Email: amaples@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, Hospital State Division
Attn: Delta Region Community Health Systems Development Program
Federal Office of Rural Health Policy
Health Resources and Services Administration
5600 Fishers Lane, Room 17W59D (Mail Stop)
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 HRSA's 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/Conference Call

Day and Date: December 16, 2019
Time: 2:00– 3:00 p.m.
Call-In Number: 1- 800-369-3182
Participant Code: 4699189
Weblink: https://hrsa.connectsolutions.com/drchsd_nofo_ta/
Playback Number: 1- 800-391-9854

Tips for Writing a Strong Application

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