

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



Federal Office of Rural Health Policy

Rural Tribal COVID-19 Response Program

Funding Opportunity Number: HRSA-20-135

Funding Opportunity Type: New

Assistance Listings (CFDA) Number: 93.912

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2020

Application Due Date: May 7, 2020

**MODIFIED on May 6, 2020: HRSA is extending the Grants.gov due date
Changed due dates: Cover Page, Executive Summary, IV. 4. Submission Dates
and Times.**

*SAM.gov and Grants.gov administrative flexibilities have been implemented. Please
see Section IV.3 for more information.*

Issuance Date: April 21, 2020

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Authority: 42 U.S.C. 912(b)(5); P.L. 116-136.

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2020 Rural Tribal COVID-19 Response program. The purpose of this program is to assist tribes, tribal organizations, urban Indian health organizations, and health services providers to tribes to prevent, prepare for, and respond to the novel coronavirus disease (COVID-19) in rural communities.

Funding Opportunity Title:	Rural Tribal COVID-19 Response Program
Funding Opportunity Number:	HRSA-20-135
Due Date for Applications:	May 7, 2020
Anticipated Total Annual Available FY 20 Funding:	\$15,000,000
Estimated Number and Type of Awards:	Approximately 50 grants
Estimated Award Amount:	Up to \$300,000 for a two-year period of performance and awarded fully in year 1.
Cost Sharing/Match Required:	No
Period of Performance:	May 31, 2020 through May 30, 2022 (2 years)
Eligible Applicants:	All tribes, tribal organizations, urban Indian health organizations, and health service providers to tribes are eligible to apply. 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

Day and Date: Friday, April 24, 2020

Time: 4-5:30 p.m. ET

Call-In Number: 1-800-857-4875

Participant Code: 3831230

Weblink: https://hrsaseminar.adobeconnect.com/rural_tribal_covid-19_response_applicaton_ta/

Playback Number: 1-203-369-0841

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Rural Tribal COVID-19 Response (RTCR) program.

The RTCR program is a Health Resources and Services Administration (HRSA) initiative focused on addressing the novel coronavirus disease (COVID-19). The purpose is to provide maximum flexibility to assist tribes, tribal organizations, urban Indian health organizations, and health service providers to tribes to prevent, prepare for, and respond to the coronavirus and the evolving needs in rural communities. Specifically, this program will provide funding to assist tribes to engage in activities that may include, but are not limited to: establishing testing sites, purchasing test kits, implementing telehealth strategies/activities, purchasing personal protective equipment (PPE) and other supplies, and hiring and/or training health care providers and other health care personnel to provide care for COVID-19 patients.

2. Background

On January 21, 2020, the Secretary of the Department of Health and Human Services (HHS) declared a public health emergency in response to COVID-19. The spread of COVID-19 within our nation's communities threatens to strain our nation's healthcare systems as all 50 states have reported cases of COVID-19. In response to this public health emergency, The Coronavirus Aid, Relief, and Economic Security (CARES) Act provides funding to HRSA to help communities prevent, prepare for, and respond to the Coronavirus. The CARES Act specifies that HRSA will allocate \$15 million to support rural tribal communities in their response to the novel coronavirus.

Rural tribal communities are particularly vulnerable to COVID-19 due to geographic barriers and inherent health care infrastructure and workforce insufficiencies. In developing this funding opportunity, the Federal Office of Rural Health Policy (FORHP) consulted with tribal leaders through several conference calls between the end of March and mid-April, to better understand the needs of tribal communities related to COVID-19.

This program is authorized by 42 U.S.C. § 912(b)(5); P.L. 116-136. In line with the mission of HRSA, FORHP helps increase access to care for underserved populations and build health care capacity in rural communities. For more information on HRSA's activities related to COVID-19, visit <https://www.hrsa.gov/coronavirus>.

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 \$15,000,000 to be available to fund approximately 50 recipients. You may apply for a ceiling amount of up to \$300,000 cost (includes both direct and indirect, facilities and administrative costs) for the two-year period of performance. The period of performance is May 31, 2020 through May 30, 2022. Recipients will receive the full award amount in the first year of the two-year period of performance. While the period of performance is two years, HRSA understands that there are immediate needs related to preventing, preparing for, and responding to COVID-19, and as such, it is anticipated that the majority of grant funds will be spent within the first year of the award. This is acceptable and the funds do **not** need to be evenly distributed across the two-year period of performance.

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 tribes, tribal organizations, urban Indian health organizations, and health service providers to tribes serving rural communities at risk for COVID-19. While the applicant organization may be located in an urban or rural area, all activities supported by the Rural Tribal COVID-19 Response program must exclusively target tribal populations residing in HRSA-designated rural counties or rural census tracts in urban counties. HRSA uses components from the U.S. Census Bureau's and the Office of Management and Budget's definitions to determine whether a county or census tract is rural. You may use the [Rural Health Grants Eligibility Analyzer](#) to see whether your service area is defined as 'rural' by HRSA.

2. Cost Sharing/Matching

Cost sharing is not required for this program.

3. Other

Please see [Section IV.4](#) for information about 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 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>. If you have questions or concerns regarding the electronic submission process, please email RuralCOVIDNOFO@hrsa.gov.

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 and budget narrative. 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

HRSA anticipates that an application package may range between **10 to 20 pages**. This is a suggested range of page numbers, however, what is most important is that you provide the information requested in this announcement. If you are able to succinctly convey your information and request for funding in fewer than 10 pages, you may do so knowing that this gives the application neither a competitive advantage nor disadvantage. Similarly, you are not at a competitive advantage or disadvantage if you go over the suggested 20 pages so long as the information you are providing is relevant to this funding opportunity. **If you have questions or concerns about the length of your application, please reach out to Erin Towner at RuralCOVIDNOFO@hrsa.gov.**

Applications must be complete and validated by [Grants.gov](https://www.grants.gov) under the correct funding opportunity number prior to the deadline. If you have questions or concerns regarding the electronic submission process, please email RuralCOVIDNOFO@hrsa.gov.

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 4: Any additional supporting documentation**.

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

Program-Specific Instructions

Your application will include the following elements:

i. Project Narrative

HRSA understands the challenges communities are currently facing as they work to prevent, prepare for, and respond to COVID-19. HRSA also recognizes the need to allow for flexibility so recipients are able to respond to the unique needs of their communities. As such, your project narrative should provide a description of how you propose to meet the needs specific to the rural tribal population you will be serving as they relate to preventing, preparing for, and responding to COVID-19. Activities may include, but are not limited to conducting outreach and education within the community, establishing testing sites, purchasing test kits, implementing telehealth, purchasing personal protective equipment (PPE) and other supplies, and the hiring and/or training of health care providers and other health care personnel for delivering care related to COVID-19.

Your proposal must include the following information:

1. Proof of eligibility
 - a. Please share your federally recognized tribe designation. If you are not a federally recognized tribe, explain your eligibility per the eligibility criteria in [Section III](#). Please reach out to RuralCOVIDNOFO@hrsa.gov with any questions concerning eligibility.
2. Overview of the rural tribal population to be served
 - a. Provide a demographic overview of the rural tribal population that will be served through the Rural Tribal COVID-19 Response program. *(This should include information that will help the reviewer understand your population, such as the size of your population, the health status of your population, how distant or close your population is to one another geographically, regular access to health care providers, and any other relevant information you would like to share.)*
 - b. You may also choose to include a map of your service area. If you do, please include a map that captures the entire service area by taking a screen capture of its location using the map [here](https://www.ssa.gov/open/maps/AIAN_details.html) (https://www.ssa.gov/open/maps/AIAN_details.html), being sure to include at least one clicked-on blue star in the screen capture so that geolocation information is included in your response.¹
3. Needs of the population to be served and plans to respond to those needs
 - a. Describe the needs of the rural tribal population to be served as it specifically relates to preventing, preparing for, and responding to COVID-19. This should include a description of the services and resources currently available to help you address COVID-19, a discussion of unmet needs and gaps that you are proposing to fill with these funds, and any known information about COVID-19 exposures or patients in your community. *(For example, you may identify that your community has not yet had any patients test positive for COVID-19, but the communities surrounding yours are starting to see cases so you know you need to prepare to respond. Perhaps you already have a small supply of testing kits but are in need of more, and you do not have enough PPE for your health care providers to conduct the testing in a safe manner. You have also identified the need for an isolated location away from other patients to conduct the testing and/or provide for patient care. You would also like to provide training for your health care workforce, as they have never encountered an infectious disease such as COVID-19 previously.)*
 - b. Provide details of how you plan to serve your proposed rural tribal community as it relates to preventing, preparing for, and responding to COVID-19. This should be based on the needs you identified. You should also include a proposed timeline for completing activities. *(Further examples: Based on the sample needs identified in 3a, here you would explain that you plan to purchase masks, gloves, gowns,*

¹ <https://learn.g2.com/how-to-take-a-screenshot-on-windows>, <https://support.apple.com/en-us/HT201361>

and face shields in order to keep your health care providers safe when they are conducting COVID-19 testing and treating COVID-19 patients. You will be making these purchases immediately upon receipt of your award and you already have a supplier identified. You have also identified training resources for your providers, but those courses will be taking place over the next 2 months, and you will be offering one training every other week. You also propose to set up a testing site at a location other than your clinic or hospital, such as converting a school gymnasium to a testing site, or setting up tents in the parking lot of a hospital or school. Because you still need to identify which location you will use, you anticipate this activity to be completed in 4 months. Please note: construction is an unallowable cost.)

- c. Include in your discussion how you will ensure you are exclusively serving a rural population if you are an urban entity. *(Here you can indicate that you checked the Rural Health Grants Eligibility Analyzer to confirm that the location(s) of the population(s) you are serving is considered rural.)*

4. Staffing

- a. Provide information about the person(s) who will be responsible for managing this award (Project Director). Note: If the staff member(s) identified also serve as staff for other federal awards, the full-time equivalent (FTE) for that staff member(s) may not exceed 1.0 FTE in total across all awards. *(You should identify a person that will be responsible for managing the activities of this grant, and who will be the main point of contact with HRSA staff upon award.)*
- b. Funds from this grant may be used to pay for extra staff hours, overtime, or hazardous duty pay for staff due to the public health emergency as long as the amount of direct salary paid to each individual is reasonable and does not exceed \$197,300 (the Federal Executive Level II salary limit).

ii. Budget Narrative

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

In addition to the information provided in the project narrative, you will need to submit a budget narrative. The information provided should include the following:

- Provide a clear justification on how you will use RTCR program grant funding over the two-year period of performance. The funding request should align with the COVID-19 related needs and activities that you identified in the project narrative portion of your application. You **can** request reimbursement of allowable costs incurred retroactive to January 20, 2020². *(Required budget categories include Personnel, Fringe Benefits, Travel, Equipment, Supplies,*

² HRSA is permitted to grant pre-award costs per the Office of Management and Budget (OMB) Memorandum M-20-11 for costs incurred from January 20, 2020, to the date of the award.

*Contractual, Construction, Other Direct Charges, and Indirect Charges. Please see **Appendix A** for an example of how you may break down your budget narrative.)*

- Note: HRSA understands that there are immediate needs related to preventing, preparing for, and responding to COVID-19, and as such, it is anticipated that the majority of grant funds will be spent within the first year of the award. This is acceptable and the funds do **not** need to be evenly distributed across the two-year period of performance.
- Describe how, if awarded, this RTCR program funding will supplement and align with, and not duplicate, activities you may already be conducting if you are receiving any other CARES Act funding for COVID-19 response from HRSA or other federal sources.

You must also include the required SF-424 application and budget forms. *(Examples of completed SF-424 and SF-424A forms are included in **Appendix B**.)*

iii. Application Components

For this funding opportunity, these are the components that must be included in your submission to have a complete application package:

- **Attachment 1: Project Narrative**
- **Attachment 2: Budget Narrative**
- **Attachment 3: Map of service area (Optional)**
- **Attachment 4: Any additional supporting documentation (Optional)**
- **SF-424 Application Form**
- **SF-424A Budget Form**

iv. Additional Budget Information

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.

Salary Limitation

The Further Consolidated Appropriations Act, 2020 (P.L. 116-94), Division A, § 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.

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

The requirements for SAM (System of Award Management) registration have temporarily changed due to the federal government’s response to the COVID-19 pandemic. To support entities impacted by COVID-19, applicants are not required to have an active SAM registration at the time of submission of the application under this Notice of Funding Opportunity (NOFO). HHS encourages applicants to start their SAM registration early in the process, and the awarding agency may require documented proof of the registration submission confirmation after award. Please contact the grants official identified in this NOFO with any questions.

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.

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

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](#).

4. Submission Dates and Times

Application Due Date

The due date for applications under this NOFO is *May 7, 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

Rural Tribal COVID-19 Response program is 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 from May 31, 2020 to May 30, 2022 (two years) for no more than \$300,000 total (including both direct and indirect costs). The General Provisions in the Further Consolidated Appropriations Act, 2020 (P.L. 116-94) 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.

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. HRSA will use the following criteria in order to complete the review and score applications. HRSA will conduct reviews for completeness, eligibility, and allowable costs. HRSA reserves the right to request budget modifications and/or narrative revisions if an application is not fully responsive to the instructions or if ineligible activities or purchases are proposed.

1. Does the application provide proof of eligibility? (yes/no; 1 point)
2. Does the application provide a demographic overview of the rural tribal population to be served? (3 points)
3. Does the application outline the needs, specifically related to COVID-19, of the population to be served through the RTCR program? (5 points)

4. Does the application describe a plan to address the identified needs of the population as related to COVID-19 along with a timeline for completion of these activities? (5 points)
5. Does the application describe a plan to ensure that services exclusively benefit a rural population? (3 points)
6. Does the application include a designated person(s) responsible for managing the RTCR program? (2 points)
7. Does the application provide a budget narrative that explains how the requested budget aligns with the activities and project timeline being proposed? (5 points)
 - a. Does the application indicate whether there are additional COVID-19 funding being received and, if so, explain how duplication will be avoided? (yes/no; 1 point)
8. Does the application include the completed SF-424 budget forms as required? (yes/no; 1 point)

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 fund all responsive applications, subject to availability of funds. 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. If HRSA requires additional details from applicants, applicants must provide further documentation in the future.

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 \(FAPIIS\)](#). 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 [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 approximate start date of May 31, 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, and it is the recipient's responsibility to monitor the compliance of all funded subrecipients. 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 progress report to HRSA on an **annual** basis. Further information will be available in the NOA.

- 2) **Federal Financial Report.** The Federal Financial Report (SF-425) is required no later than January 30 for each budget period. The report is an accounting of expenditures under the project that year. The recipient must submit financial reports electronically through EHB. HRSA will provide more specific information in the Notice of Award.
- 3) **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](#).
- 4) **Final performance/closeout report(s):** Organizations are required to submit quantitative and/or qualitative performance data and information to HRSA at the end of the period of performance to enable HRSA to determine the impact of the activities and Rural Tribal COVID-19 Response program more generally. The report will focus on the recipient's progress towards meeting program-specific goals and activities; successes and challenges; and overall experience during the period of performance. Further instructions for this report will be provided during the period of performance.

VII. Agency Contacts

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

Olusola Dada
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-0195
Email: odada@hrsa.gov

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

Erin Towner, MPH
Public Health Analyst, Federal Office of Rural Health Policy
Attn: Rural Tribal COVID-19 Response
Federal Office of Rural Health Policy
Health Resources and Services Administration
5600 Fishers Lane, Room 17W55A
Rockville, MD 20857
Telephone: (301) 443-3829
Email: RuralCOVIDNOFO@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: Friday, April 24, 2020

Time: 4-5:30 p.m. ET

Call-In Number: 1-800-857-4875

Participant Code: 3831230

Weblink: https://hrsaseminar.adobeconnect.com/rural_tribal_covid-19_response_applicaton_ta/

Playback Number: 1-203-369-0841

Tips for Writing a Strong Application

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

Appendix A: Sample Budget Narrative

This is an example of how you can put together a budget narrative. You do not need to copy this exactly, but you should include all of the budget categories.

We are requesting \$300,000 to prepare for, prevent, and respond to COVID-19. Our funding request details are as follows.

Total Request: \$300,000

As our needs are immediate, we anticipate utilizing our entire budget in year 1. This budget narrative reflects only one planned year of funding at the full award amount of \$300,000

Personnel total: \$10,500

We will have one full-time staff member managing this award. This staff member will be responsible for the overall management of the award, ensuring that activities are completed and timelines are met.

Fringe Benefits total: \$4,500

Our fringe benefits includes health and life insurance and is calculated at 42.9% of salary.

Travel total: \$0

We are not requesting any funds for travel.

Equipment total: \$17,388

We are requesting \$17,388 to purchase a tent that can be set up as an alternate testing site for administering COVID-19 testing to suspected patients. This purchase will be completed by August 2020.

Supplies total: \$230,688

We will be purchasing COVID-19 testing kits, cots for our alternate testing site, and PPE for our providers including masks, gloves, gowns, and face shields.

COVID-19 Testing kits: \$157,500 (630 kits @ \$250/each)

Masks: \$25,000 (12,500 masks @ \$2/each)

Gloves: \$25,000 (25,000 gloves @ \$1/each)

Gowns: \$15,000 (1000 gowns @ \$15/each)

Face Shields: \$8188 (1000 face shields @ \$8.19 each)

Contractual total: \$4,299

We will contract with a company that provides training to health care providers and other health care personnel related to proper infection control practices and use of PPE. The contract will cover one trainer to provide 6 trainings, at the rate of \$716.50 per training. This cost covers the trainer and all training supplies and materials.

Construction: *This category is not applicable*

Other Direct Charges total: \$2,625

These costs will cover printing of educational materials and signage for our testing sites. It will also cover administrative charges related to the personnel assigned to manage this grant program, including telephone and internet service charges.

Indirect Charges total: \$30,000

We are requesting the de minimus indirect cost rate.

Appendix B: Sample SF-424 and SF-424A Forms

SF-424 Page 1

Application for Federal Assistance SF-424			
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	
		* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>	
* 3. Date Received: <input type="text" value="05/27/2020"/>		4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: <input type="text"/>		5b. Federal Award Identifier: <input type="text"/>	
State Use Only:			
6. Date Received by State: <input type="text"/>		7. State Application Identifier: <input type="text"/>	
8. APPLICANT INFORMATION:			
* a. Legal Name: <input type="text" value="ABC Organization"/>			
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="XX-XXXXXX"/>		* c. Organizational DUNS: <input type="text" value="XXXXXXXXXXXX"/>	
d. Address:			
* Street1:	<input type="text" value="999999 Anywhere Road"/>		
Street2:	<input type="text"/>		
* City:	<input type="text" value="City, State"/>		
County/Parish:	<input type="text" value="XXXXX"/>		
* State:	<input type="text" value="State"/>		
Province:	<input type="text"/>		
* Country:	<input type="text" value="USA: UNITED STATES"/>		
* Zip / Postal Code:	<input type="text" value="XXXXX-XXXX"/>		
e. Organizational Unit:			
Department Name: <input type="text"/>		Division Name: <input type="text"/>	
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix:	<input type="text"/>	* First Name:	<input type="text" value="John"/>
Middle Name:	<input type="text"/>		
* Last Name:	<input type="text" value="Doe"/>		
Suffix:	<input type="text"/>		
Title:	<input type="text" value="CEO"/>		
Organizational Affiliation: <input type="text"/>			
* Telephone Number: <input type="text" value="(989) 999-9999"/>		Fax Number: <input type="text"/>	
* Email: <input type="text" value="JohnDoe@Doe.org"/>			

SF-424 Page 2

Application for Federal Assistance SF-424			
* 9. Type of Applicant 1: Select Applicant Type:			
<input type="text" value="M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)"/>			
Type of Applicant 2: Select Applicant Type:			
<input type="text"/>			
Type of Applicant 3: Select Applicant Type:			
<input type="text"/>			
* Other (specify):			
<input type="text"/>			
* 10. Name of Federal Agency:			
<input type="text" value="Health Resources and Services Administration"/>			
11. Catalog of Federal Domestic Assistance Number:			
<input type="text" value="99.xxxx"/>			
CFDA Title:			
<input type="text" value="Rural Tribal COVID-19 Response"/>			
* 12. Funding Opportunity Number			
* Title: HRSA-20-135			
<input type="text" value="Rural Tribal COVID-19 Response"/>			
13. Competition Identification Number:			
<input type="text" value="HRSA-20-135"/>			
Title:			
<input type="text" value="Rural Tribal COVID-19 Response"/>			
14. Areas Affected by Project (Cities, Counties, States, etc.):			
<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
* 15. Descriptive Title of Applicant's Project:			
<input type="text" value="To improve health outcomes, and health efficiencies of rural tribal communities affected by COVID-19"/>			
Attach supporting documents as specified in agency instructions.			
<input type="button" value="Add Attachments"/>	<input type="button" value="Delete Attachments"/>	<input type="button" value="View Attachments"/>	

SF-424 Page 3

Application for Federal Assistance SF-424			
16. Congressional Districts Of:			
* a. Applicant	<input type="text" value="XX-001"/>	* b. Program/Project	<input type="text" value="XX-006"/>
Attach an additional list of Program/Project Congressional Districts if needed.			
<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
17. Proposed Project:			
* a. Start Date:	<input type="text" value="05/31/2020"/>	* b. End Date:	<input type="text" value="05/30/2022"/>
18. Estimated Funding (\$):			
* a. Federal	300,000.00		
* b. Applicant	0.00		
* c. State	0.00		
* d. Local	0.00		
* e. Other	0.00		
* f. Program Income	0.00		
* g. TOTAL	300,000.00		
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?			
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text"/> .			
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.			
<input checked="" type="checkbox"/> c. Program is not covered by E.O. 12372.			
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If "Yes", provide explanation and attach			
<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)			
<input checked="" type="checkbox"/> ** I AGREE			
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.			
Authorized Representative:			
Prefix:	<input type="text"/>	* First Name:	<input type="text" value="John Doe"/>
Middle Name:	<input type="text"/>		
* Last Name:	<input type="text" value="Doe"/>		
Suffix:	<input type="text"/>		
* Title:	<input type="text" value="CEO"/>		
* Telephone Number:	<input type="text" value="(999) 999-9999"/>	Fax Number:	<input type="text"/>
* Email:	<input type="text" value="JDoe@Doe.org"/>		
* Signature of Authorized Representative:	<input type="text" value="John Doe"/>	* Date Signed:	<input type="text" value="5/17/2020"/>

BUDGET INFORMATION - Non-Construction Programs

OMB Number: 4040-0008
Expiration Date: 02/28/2022

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Rural Tribal COVID-19 Response	93.912	\$	\$	\$ 300,000.00	\$	\$ 300,000.00
2.						
3.						
4.						
5. Totals		\$	\$	\$ 300,000.00	\$	\$ 300,000.00

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SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
	Rural Tribal COVID-19 Response				
a. Personnel	\$ 10,500.00	\$	\$	\$	\$ 10,500.0
b. Fringe Benefits	4,500.00				4,500.00
c. Travel					
d. Equipment	17,388.00				17,388.0
e. Supplies	230,688				230,688.0
f. Contractual	4,299				4,299.0
g. Construction					
h. Other	2,625.00				2,625.00
i. Total Direct Charges (sum of 6a-6h)	270,000.00				\$ 270,000.00
j. Indirect Charges	30,000				\$
k. TOTALS (sum of 6i and 6j)	\$ 300,000.00	\$	\$	\$	\$ 300,000.00
7. Program Income	\$	\$	\$	\$	\$

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SECTION C - NON-FEDERAL RESOURCES					
	(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8.	Rural Tribal COVID-19 Response	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
9.		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10.		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11.		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12.	TOTAL (sum of lines 8-11)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

SECTION D - FORECASTED CASH NEEDS						
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	
13.	Federal	\$ <input type="text" value="300,000.00"/>	\$ <input type="text" value="100,000.00"/>	\$ <input type="text" value="100,000.00"/>	\$ <input type="text" value="100,000.00"/>	<input type="text"/>
14.	Non-Federal	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15.	TOTAL (sum of lines 13 and 14)	\$ <input type="text" value="300,000.00"/>	\$ <input type="text" value="100,000.00"/>	\$ <input type="text" value="100,000.00"/>	\$ <input type="text" value="100,000.00"/>	\$ <input type="text"/>

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
	(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)			
		(b) First	(c) Second	(d) Third	(e) Fourth
16.	Rural Tribal COVID-19 Response	\$ <input type="text" value="300,000.00"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
17.		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
18.		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
19.		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
20.	TOTAL (sum of lines 16 - 19)	\$ <input type="text" value="300,000.00"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

SECTION F - OTHER BUDGET INFORMATION	
21. Direct Charges:	22. Indirect Charges:
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
23. Remarks: <input style="width: 98%;" type="text"/>	

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