

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



Federal Office of Rural Health Policy
Policy Research Division

Rural Health Research Center Program

Funding Opportunity Number: HRSA-20-035
Funding Opportunity Types: New, Competing Continuation
Assistance Listings (CFDA) Number: 93.155

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2020

MODIFIED on January 6, 2020: Section IV.2.v. Attachments– Added Instructions for Biographical Sketches.

Application Due Date: February 21, 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. In addition, ensure your DUNS Number is visible to the public for
verification and the registration is current. Failure to comply will delay the processing of your
application.*

Issuance Date: November 15, 2019

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Authority: Social Security Act, Title VII, §711(b) (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 Rural Health Research Center Program. The purpose of this program is to increase the amount of high quality, impartial, policy-relevant research to assist providers and decision/policy-makers at the federal, state and local levels to better understand problems faced by rural communities and provide information that will be applied in ways that improve health care access and population health.

Funding Opportunity Title:	Rural Health Research Center Program
Funding Opportunity Number:	HRSA-20-035
Due Date for Applications:	February 21, 2020
Anticipated Total Annual Available FY 2020 Funding:	\$4,900,000
Estimated Number and Type of Awards:	Up to 7 cooperative agreements
Estimated Award Amount:	Up to \$700,000 per year subject to the availability of appropriated funds
Cost Sharing/Match Required:	No
Period of Performance:	September 1, 2020 through August 31, 2024 (4 years)
Eligible Applicants:	Eligible applicants include public and nonprofit entities. Faith-based and community-based organizations, tribes, and tribal organizations 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 R&R Application Guide*, available online at <http://www.hrsa.gov/grants/apply/applicationguide/sf424rrguidev2.pdf>, except where instructed in this NOFO to do otherwise.

Technical Assistance

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Friday, December 6, 2019

Time: 2 – 3 p.m. ET

Call-In Number: 1-800-988-9565

Participant Code: 1497500

Weblink: <https://hrsa.connectsolutions.com/rhrc-program-nofo/>

Playback Number: 1-203-369-2036

Passcode: 121019

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Rural Health Research Center (RHRC) Program. The purpose of this cooperative agreement is to support high-quality, impartial, policy-relevant research to assist health care providers and decision/policy-makers at the federal, state and local levels in better understanding the challenges faced by rural communities and in designing policies to improve health care access and population health. RHRC recipients will conduct policy-oriented health services research, update trend analyses and existing research, and conduct necessary literature reviews on rural issues and synthesize the issues into publically available policy briefs designed to be easily understood by a non-technical audience. In addition to primary and secondary research, the applicant must be willing and able to conduct literature syntheses and update existing research to produce timely and relevant information. The ratio of original research to other needed projects will be reviewed by the Federal Office of Rural Health Policy (FORHP) and the final ratio will be negotiated between the recipients and the Federal Office of Rural Health Policy.

The four-year RHRC Program awards are designed to support research centers with specific rural health research areas of concentration. The topic(s) of concentration must be policy-relevant and of enduring interest and importance to rural providers, rural stakeholders, policy makers and/or rural communities. A goal of the RHRC Program is to produce new information, through the research activities supported by this cooperative agreement, which can be applied in ways that directly inform improvements in access to health care and population health for rural America. This cooperative agreement program will support health services research projects and will exclude clinical/biomedical research and the expenditure of funds for delivery of health care services.

The Agency for Healthcare Research and Quality (AHRQ) defines the term “health services research” as research that examines “how people get access to health care, how much care costs, and what happens to patients as a result of this care.” The main goals of health services research are to “identify the most effective ways to organize, manage, finance, and deliver high quality care; reduce medical errors, and improve patient safety.”¹

2. Background

This program is authorized by Section 711(b) of the Social Security Act (42 U.S.C. 912(b)), as amended. The Health Resources and Services Administration’s (HRSA) FORHP is the focal point for rural health activities within the Department of Health and Human Services (HHS). FORHP is statutorily required to advise the Secretary on the effects of current policies and proposed statutory, regulatory, administrative and

¹ Agency for Healthcare Research and Quality. What is Health Services Research? Agency for Healthcare Research and Quality, 2002. [[Online](#)]

budgetary changes in Medicare and Medicaid programs on the financial viability of small rural hospitals, the ability of rural areas to attract and retain physicians and other health professions and access to and the quality of health care in rural areas. For additional information about FORHP, please see <http://www.hrsa.gov/ruralhealth/index.html>.

FORHP accomplishes its mission through a broad range of policy and program activities. The RHRC program focuses on informing FORHP's policy role. Policy-relevant research is useful because it enhances knowledge about rural health and rural health services. In addition, rural health services research addresses critical concerns facing rural communities in their efforts to secure adequate, affordable, and high-quality health services. Research findings inform a wide audience of national, state, and local decision-makers about the health issues in rural communities and are instrumental in bridging gaps between policy and program needs. Research funded under this cooperative agreement is publically available on the Rural Health Research Gateway (<https://www.ruralhealthresearch.org/>).

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:

- Participating in the planning and development of the RHRC's annual research portfolio and the final selection of projects;
- Reviewing/commenting on the RHRC's project design and methodology in the research proposals;
- Reviewing the RHRC's products including the methodology, analysis, results, policy implications, format and tone prior to public dissemination;
- Participating, as appropriate, in the planning and implementation of any meetings, training activities or workgroups conducted during the period of performance; and
- Providing consultation with the RHRCs to design dissemination strategies of the RHRC's projects and findings to multiple audiences interested in rural health issues in the form of policy briefs, journal manuscripts, chart books, presentations to policy makers, responses to health policy programs and experts, and presentations at national, state, and regional conferences.

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;
- Adherence to Section 508 of the Rehabilitation Act of 1973, as amended;
- Developing research projects that aim to produce new information in alignment with FORHP's charge under Section 711 of the Social Security Act;
- Participating in the planning and development of the RHRC's annual research portfolio and the final selection of research projects;
- Responding to FORHP requests (including execution of short-term qualitative or quantitative analyses to assist in informing emerging policy questions), comments and questions within a timely manner;
- Conducting policy-oriented health services research on rural issues and synthesizing the results into reports easily understood by a non-technical policy audience;
- Updating preexisting research that has become outdated where advised by FORHP;
- Conducting literature reviews and syntheses when advised by FORHP;
- Sharing research findings (i.e., policy briefs, chart books, etc.) for FORHP review by work plan guidelines;
- Submission of all finalized research findings to the Rural Health Research Gateway (<https://www.ruralhealthresearch.org/>) and RHRC websites for publication;
- Designing and implementing dissemination strategies of the RHRC's research results to multiple audiences interested in rural health issues in the form of policy briefs, journal manuscripts, presentations to policy makers, responses to health policy programs and experts, and presentations at national, state, and regional conferences; and
- Attending and presenting research at annual RHRC meetings, including in fall 2020.

2. Summary of Funding

HRSA expects approximately \$4,900,000 to be available annually to fund seven recipients. You may apply for a ceiling amount of up to \$700,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. The period of performance is September 1, 2020 through August 31, 2024 (4 years). Funding beyond the first year is subject to the availability of appropriated funds for Rural Health Research Center 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 Research and Related (R&R) 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 R&R Application Guide](#) provides instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the *R&R 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 R&R 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 [SF-424 R&R 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 including biographical sketches (biosketches), and letters of commitment and support required in HRSA's [SF-424 R&R Application Guide](#) and this NOFO. Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Biographical sketches **do** count in the page limitation. 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 6-15: Other Relevant Documents.

See Section 4.1 viii of HRSA's [SF-424 R&R 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 R&R Application Guide](#) (including the budget, budget justification, 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 R&R 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)**
Propose at least one area of concentration that the RHRC will focus on throughout the 4-year period of performance and briefly explain how the chosen topic(s) aligns with FORHP's charge as specified in Section 711 of the Social Security Act, as well as other emerging and historic health policy issues. You may propose to focus your work around one area of concentration for the entire RHRC, or propose to include multiple areas of concentration that draw on the varied expertise of your key personnel. The topic(s) of concentration must be policy-relevant and of enduring interest and importance to rural providers, rural stakeholders, policy makers and/or the health of rural communities. HRSA is particularly interested in areas of concentration that capture hospital payment and policy, primary care payment and policy, post-acute care, quality, health workforce, Medicare (including Medicare Advantage) and Medicaid, pharmacy and prescription drug policy, insurance provisions, ambulance and emergency medical services (EMS) policy, mental and behavioral health, access, health status, and health disparities.
- **NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion #1 (Need)**
The RHRCs have the important task of analyzing the possible effects of policy on the 57 million residents of rural communities in the United States. You must demonstrate a comprehensive understanding of the needs of the rural population as they pertain to health and health care services. Also, you must demonstrate a strong understanding of the unique characteristics of rural communities from a health care service, payment and provider point of view as well as why rural residents are considered an underserved population. Clearly articulate the issues and challenges facing rural communities and health care providers, as well as the associated factors that contribute to those challenges. This section should demonstrate how your proposed area(s) of concentration and proposed research studies will fill information gaps and inform rural health policy, particularly as it relates to Section 711 of the Social Security Act.
- **METHODOLOGY -- Corresponds to Section V's Review Criteria #1 (Need), #2 (Response), #4 (Impact), and #5 (Resources/Capabilities)**
In this section, you must include specific information about the proposed research projects for the first budget year. Proposed projects should aim to produce findings with a high likelihood of being applied in meaningful ways in a manner that advances RHRC program goals. Propose five projects. Four final projects will be chosen in consultation with HRSA and may include emerging priorities from HRSA/HHS. Competing continuation applicants must propose research projects that are not duplicative of past projects but they may propose projects that build on or update previously funded work. Post award, these projects will be defined

collaboratively between the successful applicants and HRSA. This process may include additional input from HRSA on possible alternative proposals and/or suggested proposal modifications, depending on policy needs at that time. The awarded applicants will be asked to submit a revised budget after consultation with HRSA.

The proposals must be national in scope and cannot be single state or regional studies in the first budget period; state/regional studies may be considered on a limited basis in years two through four.

You must avoid duplication with research that is already underway or recently completed by the currently funded centers; query the [Rural Health Research Gateway](#) for help in identifying projects previously funded and currently underway. Projects must not duplicate or overlap with work conducted by the [Flex Monitoring Team](#), which evaluates the Rural Hospital Flexibility Grant program and also conducts larger analyses on Critical Access Hospital (CAH) trends specific to quality and performance improvement.

It is expected that all research products proposed for the first year will be completed within the 12 month budget period.

Present **five** research proposals using the format outlined below. Limit each research proposal to a maximum of six pages.

Proposal Summary

- a. Project title
- b. Principal Investigator information (name, degree, telephone number, email address)
- c. Two sentence project description

Research Proposal

- a. *Project title*
- b. *Statement of the problem/issue and policy relevance:* Clearly state the purpose of the research. Identify the gaps in existing knowledge that the research is intended to fill. State the relevance of the research and its implications for rural health policy from the perspectives of national, state and local stakeholders and policy makers. Emphasize its potential value for members of rural communities. State how the proposed research will contribute to the current literature and how it is likely to advance the understanding of problems faced by rural communities and to be applied in meaningful ways to achieve RHRC program health care access and population health goals.
- c. *Geographic Coverage:* Describe the geographic coverage and any sub-populations of focus for the research and assess how generalizable the results will be for the purpose of informing policy-making. HRSA

recommends studies that are nationally representative or have implications for the design or implementation of national policies. Describe the ability of the data to represent varying levels of rurality. The research should include rural versus urban analyses as well as analyses by level of rurality so that the results are described for the rural continuum.

- d. *Hypotheses, Design and Analysis*: State the hypothesis(es) or research questions for the research project. Thoroughly describe the project design you will use to accomplish the specific aims of the proposed study (quantitative or mixed methods). All studies should have some quantitative component and qualitative work should not be the foundation for a study. Include a discussion of any anticipated limitations of the study design.
- e. *Methods and Data Sources*: Identify proposed methods and data sources. Include information on data availability, acquisition cost, and a time schedule for obtaining and preparing the data for analysis. If primary data will be used, discuss the data collection plan including sampling methods, estimated sample size, expected response rate, data collection schedule, etc.
- f. *Human Subjects Research*: Provide answers to the questions below.
 - i. Are human subjects involved? If activities involving human subjects are planned at any time during the proposed research project, indicate YES even if the proposed project is exempt from Regulations for the Protection of Human Subjects. Indicate NO if no activities involving human subjects are planned and skip to the Staff Qualifications and Staff-loading Chart section of the NOFO.
 - ii. If the answer was YES, indicate if the Institutional Review Board (IRB) review is pending. If the IRB has been approved, enter the approval date.
 - iii. If exempt from IRB approval enter the exemption numbers and a short description corresponding to one or more of the exemption categories. See [http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html#46.101\(b\)](http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html#46.101(b)) for a list of the six categories of research that qualify for exemption from coverage by the regulations as defined in the Common Rule for the Protection of Human Subjects.
 - iv. For the Human Subject Assurance Number provide the IRB approval number or the approved Federal Wide Assurance (FWA), Multiple Project Assurance (MPA), Single Project Assurance (SPA) or Cooperative Project Assurance Number (CPA) that the applicant has on file with the Office of Human Research Protections, if available.
 - v. If you have not yet been reviewed by IRB and you believe your research is exempt, provide a justification for the exemption(s) with sufficient information about involvement of human subjects to allow a tentative conclusion by HRSA staff that the claimed exemption(s) seems appropriate.
 - vi. Note that non-exempt research involving human subjects cannot be conducted under a HHS-sponsored award unless your organization

provides verification of the justification of the exemption per HHS regulations. Documentation of IRB review when it is completed and its exemption or approval must be sent to the Project Officer. This IRB certification must include the grant number, the title of the project, name of the appropriate IRB that has reviewed and exempted, or approved, the proposed activity, name of the principal investigator/program director, date of IRB exemption or approval, and appropriate signatures.

- g. *Staff-loading Chart*: Identify the project leader and other senior staff involvement. Include a staff-loading chart that presents the number of hours devoted to the project for each staff member and the total number of hours for each activity (e.g., data cleaning, mapping, analysis). Indicate the relevant expertise and experience of the staff.
- h. *Timetable*: Provide a schedule for the project work. Deliverable due dates for each project should be included. Gantt charts are not necessary. Dates should reflect time required for data acquisition, IRB approval, etc.
- i. *Literature Citations*: Provide citations to published literature relevant to this proposal.

▪ **WORK PLAN -- Corresponds to Section V's Review Criteria #2 (Response) and #4 (Impact)**

In this section you must describe the activities or steps proposed to complete the research and dissemination plan. This discussion must include the following:

1. Explanation of quality control processes, including data quality and the quality of the written products produced under this cooperative agreement. Including plan to comply with the Section 508 of the Rehabilitation Act of 1973, as amended.
2. Project management plan that will ensure each funded activity stays on track throughout the first 12 month budget period.
3. A general work plan for budget period two through four. This SHOULD NOT include specific research projects that will be conducted during those years but should highlight activities that will span all four years of the period of performance.
4. Plan for the Principal Investigator to review all draft reports to assure their policy-relevance, quality and readability.
5. Plan for disseminating the research products (e.g., policy briefs) produced under this cooperative agreement. At minimum, this plan should include strategy to:
 - a. Develop and maintain a website dedicated to FORHP funded research that will house completed research projects.
 - b. Provide the Rural Health Research Gateway with links to completed research products housed on the RHRC's individual website.
 - c. Alerting users to new research products through multiple channels of communication and targeting dissemination to State Offices of Rural Health, policy makers, and other relevant rural stakeholders.

- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion #2 (Response)*
 Discuss challenges (data authorization, accessibility, cost, etc.) that are likely to be encountered in designing and implementing the research projects proposed in the Methodology section as well as activities described in the Work Plan. Explain the approaches that will be used to resolve these challenges.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criterion #3 (Evaluative Measures)*
 This section should describe the following:
 1. The applicant's plan for reporting the number of times that each research product posted on the RHRC's website is accessed and/or downloaded as well as a plan to track journal citations, conference presentations and posters, speaking engagements (including webinars) and press inquiries/communications.
 2. The applicant should have a detailed plan for notifying HRSA prior to any public release of data directly or indirectly funded by HRSA (for instance, a courtesy copy of manuscripts submitted to HRSA prior to journal acceptance, advance notice of a presentation at a conference and any accompanying slides or materials, etc.).
 3. The applicant's plan for measuring the broader impact of their research findings.
 4. The applicant should have a tracking method that allows them to respond to an urgent HRSA request for data within a timely manner. These measures will be collected annually within the Non-Competing Continuation Application and also required 30 days after the end of the program year. This may not be a comprehensive list of all the necessary tracking measures, and additional elements may be included within the Notice of Award.
 5. The applicant's plan for self-monitoring progress on each of the research studies throughout each budget period.

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion #5 (Resources/Capabilities)*
 This section should describe the applicant's expertise in the area of rural-focused health services research and their demonstrated experience conducting rural relevant research. This includes the applicant organization's structure and staffing plan.
 1. **Organizational Structure of the Proposed RHRC**
 The proposed RHRC must be a single entity or a consortium of organizations with a primary entity responsible for research, supervision, administrative activities and overall management of federal funds. No co-organizational arrangements are permitted. The RHRC must have its own identity including name, organizational structure, and dedicated website but may be located in a larger organizational entity. This discussion should include at minimum:

- a. The identity of the proposed RHRC as an entity and its relationship to its parent organization (if applicable). If the applicant has multiple sites or is a consortium, this information must be provided for each component.
- b. Relevant resources (e.g., personnel, computer facilities, dedicated office space, technical or analytic support) that will support the RHRC in conducting the proposed research.
- c. Description of the library of data sets currently maintained by the applicant that will support rural health research, including information on the types of geo-codes on files for different definitions of rural. Indicate any plans for purchasing data sets to keep these libraries up to date, especially data files relevant for the proposed area(s) of concentration. Applicant must provide rural relevant examples (one example at the minimum) of demonstrated experience working with each data set listed. Additionally, applicant must provide proof that they have access to the geographic variables necessary to conduct rural/urban research.

2. Staffing Plan and Personnel Requirements

Applicants must present a staffing plan and provide a justification for that plan that includes education and experience qualifications and rationale for the amount of time being requested for each staff position. Staff of the RHRC must include:

- a. Principal Investigator (i.e., the Project Director)
- b. Deputy Principal Investigator (i.e., the Deputy Project Director)
- c. Core Research Staff
- d. Technical Writer/Editor
- e. Project Manager

With the exception of the Principal Investigator and the Deputy Principal Investigator, multiple staff roles may be filled by the same person (i.e., a member of the core research staff can also fill the role of the project manager).

Include a staff-loading chart that presents the number of hours of FTE devoted to the proposed RHRC for each staff member and the total number of hours or FTE for all staff members (**Attachment 1**). Position descriptions that include the roles, responsibilities (**Attachment 2**), and qualifications of proposed project staff (**Attachment 3**) must be provided.

The principal investigator is expected to devote at least 25 percent of his or her time to the RHRC. The principal investigator leads the development and realization of the RHRC's research portfolio and is the lead investigator on at least two of the applicant's proposed research projects. The principal investigator is responsible for the administrative aspects of the RHRC and reviewing all draft research products. The principal investigator should also have a substantial number of rural health publications (at least ten) related to a proposed concentration of the RHRC, a minimum of ten years of work experience specific to rural health research, and a doctoral degree.

Describe the following regarding the Principal Investigator: (Note: A co-principal investigator is not permitted.)

- a. Evidence of successfully managing a research team and conducting and disseminating policy relevant rural health research.
- b. Experience informing/educating national, state, and community decision-makers about health and access issues for rural populations.
- c. How he/she will supervise staff.

The Deputy Principal Investigator is expected to devote at least 20 percent of his/her time to the proposed RHRC. Describe the following regarding the Deputy Principal Investigator:

- a. Experience, including roles and responsibilities in organizational lines of authority, conducting and disseminating policy relevant rural health research.
- b. Experience informing/educating national, state, and community decision-makers about health and access issues for rural populations.
- c. Process to assume the duties of the Principal Investigator when the Principal Investigator is on short-term (e.g., vacation) and extended (e.g., sabbatical) leave.

Strong RHRCs most often have the core research staff within the same organization and lead all projects from within that organization. The core research staff should be multi-disciplinary and have the educational and professional experience necessary to conduct research proposed by the RHRC. This may include both social science (sociology, epidemiology, demography, economics, organizational behavior, statistics, public health, political science and/or geography) and clinical backgrounds. Describe the following:

- a. How the disciplines of the core research staff are related to the RHRC's topic(s) of concentration; and/or
- b. The implementation and execution of a rural health services research project or the dissemination of policy-relevant research.

An editor or technical writer must also be included on staff whose main/partial responsibility should be to review drafts of studies prior to FORHP submission for review to ensure high quality. This individual should be identified in the line item budget.

A project manager will be responsible for tracking the progress of each research project from inception to completion. The project manager should be able to provide information to FORHP staff on the current status of each research project. This individual may also fill another role (i.e., Deputy Director or Administrative Assistant) in the proposed RHRC. This individual should be identified in the line item budget.

3. Ability to Complete Research Projects in a Timely Manner
Applicants must demonstrate the capability (as evidenced by past performance) to conduct and disseminate complex, policy-relevant research studies in a 12-15 month time period. This past performance may be demonstrated by describing work completed for any funder.

4. OPTIONAL: Expert Work Group
The applicant may choose to appoint and convene an Expert Work Group (EWG) comprised of national and regional experts in its proposed area(s) of concentration. The EWG may meet with the RHRC virtually or in-person; however, no more than \$7,000 of the annual budget may be spent on this activity (including travel, per diem and honorarium). Note: The EWG is not a requirement. HRSA leaves it to the discretion of each applicant to decide whether or not an EWG will strengthen its products. If you choose to include an EWG, you are encouraged to include a diverse group of rural health stakeholders (e.g., State Offices of Rural Health, healthcare providers/healthcare organizations and patients/community organizations).

NARRATIVE GUIDANCE	
To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria. Any attachments referenced in a narrative section may be considered during the objective review.	
<u>Narrative Section</u>	<u>Review Criteria</u>
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(1) Need, (2) Response, (4) Impact, and (5) Resources/Capabilities
Work Plan	(2) Response and (4) Impact
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 R&R Application Guide](#). Please note: the directions offered in the [SF-424 R&R Application Guide](#) may differ from those offered by Grants.gov. Follow the instructions included in the *R&R Application Guide* and the additional budget instructions provided below. A budget that follows the *R&R 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.

The maximum yearly budget for a RHRC is \$700,000. For the purposes of responding to this NOFO, please base your \$700,000 budget on the first four research proposals included under *Section IV's Methodology*. After the awards have been made, the final projects will be chosen in consultation with FORHP and may include emerging priorities from FORHP, HRSA, and HHS; award recipients will be required to revise and resubmit a finalized budget. FORHP will work collaboratively with successful applicants post award to address any potential budget issues that arise during the proposal selection process. Successful applicants may be asked to submit individual budgets for each proposal post award to aid in this process.

NOTE: No more than \$7,000 of the annual budget may be spent on the optional Expert Work Group (EWG), including travel, per diem and honorarium.

NOTE: This cooperative agreement program will support health services research projects and will exclude clinical/biomedical research and the expenditure of funds for delivery of health care services.

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 R&R 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 Justification Narrative

See Section 4.1.v of HRSA's [SF-424 R&R 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: Staffing Plan (Staff-loading Chart) (see Section 4.1.vi. of HRSA's [SF-424 R&R Application Guide](#))

Attachment 2: Position Descriptions (see Section 4.1.vi. of HRSA's [SF-424 R&R Application Guide](#))

Attachment 3: Biographical Sketches

Biographical sketches should include the following information: name, position title, education/training, personal statement, positions/honors, contributions to science, and additional research support. In the personal statement you may wish to briefly describe why you are well-suited for your role(s) in this project. Relevant factors may include: aspects of your training; your previous work on this specific topic or related topics; your technical expertise; and/or your past performance in this or related fields. In the contributions to science you may wish to briefly describe up to three of your most significant contributions to science. In the additional research support you may wish to list ongoing and completed research projects from the past four years that you want to draw attention to describing the overall goals of the projects and your responsibilities. The biographical sketches should not exceed two pages in length.

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: List of Published Journal Articles, Briefs, and Presentations Authored/Co-Authored by the Principal Investigator, Deputy Principal Investigator, and Key Personnel

Include all rural-relevant briefs, peer-reviewed journal articles, and other written materials and presentations at national, state, and regional conferences. For published materials include the full citation. For presentations include author(s), title, conference name, and date.

Attachments 6-15: 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 (e.g., 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 it is still active and that the Authorized Organization Representative (AOR) has been approved.

The Grants.gov registration process requires information in three separate systems:

- Dun and Bradstreet (<http://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 R&R 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.

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 21, 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 R&R Application Guide](#) for additional information.

5. Intergovernmental Review

The Rural Health Research Center 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 R&R Application Guide](#) for additional information.

6. Funding Restrictions

You may request funding for a period of performance of up to four years, at no more than \$700,000 per year (inclusive of direct **and** indirect costs). 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 cannot use funds under this notice for the following purposes:

- clinical/biomedical research, or
- to deliver health care services.

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, 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 from 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 Rural Health Research Center Program has six review criteria. See the review criteria outlined below with specific detail and scoring points.

Criterion 1: NEED (15 points) – Corresponds to Section IV’s Introduction, Needs Assessment, and Methodology

The extent to which the applicant:

- Demonstrates a strong understanding of current and emerging health policy trends relevant to rural communities and their connection to larger national health policy trends.
- Clearly articulates the issues and challenges facing rural communities and health care providers as well as the associated factors that contribute to those challenges and the needs of national and state policy makers.
- Proposes an area(s) of concentration and research projects that are policy-relevant, align with FORHP’s charge as specified in Section 711 of the Social Security Act, and address gaps in the current literature.
- Demonstrates a strong understanding of how to conduct rural-focused research.

Criterion 2: RESPONSE (20 points) – Corresponds to Section IV’s Methodology, Work Plan, and Resolution of Challenges

Sub-criterion One: 5 points

Policy Relevant Research Proposals

- Extent to which the application appropriately responds to the “Purpose” included in the program funding opportunity description and proposed research projects are policy-relevant and in line with FORHP’s charge as specified in Section 711 of the Social Security Act, and the application reflects the link between the proposed research and current and emerging national health policy issues.

Sub-criterion Two: 10 points

Strength and Feasibility

- The strength and feasibility of the proposed methodology in relation to achieving the purpose of the award (contributing policy relevant research, appropriate research methods that are quantitative whenever possible, data sources, realistic time frame for completing each project, appropriate personnel for the task, etc.).

Sub-criterion Three: 5 points

Leadership and Resolution of Challenges

- Feasibility and appropriateness of the plan to resolve potential challenges that have been identified by the applicant.

- Strength of the project management plan. Lead Investigators identified and qualified for the proposed projects they will lead and ability of Director to manage deadlines.

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

- Extent to which the applicant provides a clear and reasonable plan to assess the impact of the research funded under this cooperative agreement, including a plan for reporting the number of times each product is accessed/downloaded from the RHRC website and proposing means to demonstrate/measure the impact of the research findings.
- Strength of the applicant’s approach for self-monitoring progress on the approved research studies each year.

Criterion 4: IMPACT (15 points) – Corresponds to Section IV’s Methodology and Work Plan

- Extent to which the research proposals are national in scope or nationally representative, include rural versus urban analyses and, where appropriate and/or feasible, analyses that differentiate between levels of rurality (places adjacent to urban areas to places in frontier areas).
- Strength of the applicant’s plan to build/maintain an RHRC website, submit completed projects to the Rural Health Research Gateway, and alert relevant stakeholders to new research products through multiple communication channels.
- Extent to which the applicant demonstrates an understanding of how policy briefs and other research products produced by the RHRCs can be used to inform rural stakeholders and policy makers and align with FORHP’s charge to improve rural health as specified in Section 711 of the Social Security Act.

Criterion 5: RESOURCES/CAPABILITIES (37 points) – Corresponds to Section IV’s Methodology, Organizational Information, and Attachment 5 – List of Published Journal Articles, Briefs and Presentations

Sub-criterion One: Personnel Capabilities *22 points*

- Extent to which project personnel are qualified by training and/or experience to implement and carry out the proposed research projects including:
 - Appropriate work experience and educational training (including at least 8 years of work experience conducting rural-specific research for the Principal Investigator/Project Director)
 - Clearly demonstrated experience working with relevant complex national data sets, including examples of public facing products (journal articles, policy briefs, etc.) with rural relevance using each of the data sources listed in the library of data sets currently maintained by the applicant.

- Experience conducting rural-urban analyses and using multiple definitions of rural
- Extent to which key personnel, the Principal Investigator in particular, has rural-specific publications in peer-reviewed journals, briefs, and presentations (included in Attachment 5 – List of Published Journal Articles, Briefs and Presentations).
- Quality of and extent to which the staffing plan is appropriate for completing the proposed research products, includes all requested personnel roles (e.g., Project Director, Deputy Director, Project Manager, etc.), includes key personnel with a wide variety of backgrounds relevant to the scope of research proposed by the applicant, and key personnel have adequate time devote to the project. This includes the following time commitments:
 - Principal Investigator/Project Director has sufficient time devoted to the cooperative agreement.
 - Deputy Principal Director/Deputy Project Director has sufficient time devoted to the cooperative agreement.

Sub-criterion Two:

6 points

Rural Data Experience

- Extent to which the application demonstrates a clear understanding of how existing national data sets and data sources can be used to identify key research questions and assist in answering them and the level of geographic identifiers.
- The extent to which the applicant demonstrates ability to access data sources for projects where data must be purchased, the applicant should provide a reasonable schedule for buying and cleaning/editing the data. For projects based on primary data collection, the applicant should provide a viable plan for data collection that includes achieving adequate response rate relevant to the proposed respondents and content.

Sub-criterion Three:

9 points

Resources

- Strength of the applicant’s demonstrated capability to conduct and disseminate complex, policy-relevant research studies in a 12-15 month time frame.
- Ability of the organizational structure of the proposed RHRC to support/facilitate conducting and disseminating rural health services research. This includes infrastructure resources such as access to necessary technology, dedicated office space, etc.

Criterion 6: SUPPORT REQUESTED (8 points) – Corresponds to Section IV’s Budget and Budget Justification Narrative

- The reasonableness of the proposed budget for each of the research proposals and each year of the four-year period of performance in relation to the objectives, the complexity of the research activities, and the anticipated results. This includes the extent to which the costs are reasonable given the scope of the work.

- Strength of the budget justification that documents logically and in adequate detail how and why each line item request (such as personnel, travel, equipment, supplies, etc.) supports the objectives and activities of the proposed projects.

2. Review and Selection Process

The objective review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below.

See Section 5.3 of HRSA's [SF-424 R&R 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 1, 2020. See Section 5.4 of HRSA's [SF-424 R&R Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's [SF-424 R&R 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.

Data Rights

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

Human Subjects Protection

Federal regulations ([45 CFR part 46](#)) require that applications and proposals involving human subjects must be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. If you anticipate research involving human subjects, you must meet the requirements of the HHS regulations to protect human subjects from research risks.

3. Reporting

Award recipients must comply with Section 6 of HRSA's [SF-424 R&R 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. Specific measures will be outlined in the progress report guidelines and may include but are not limited to: number or research products produced, number of downloads per product, number of citations, number of presentations, examples of press/media attention, etc.
- 2) **Integrity and Performance Reporting**. The NOA will contain a provision for integrity and performance reporting in [FAPIS](#), as required in [45 CFR part 75 Appendix XII](#).

VII. Agency Contacts

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

Potie Pettway
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-1014
Email: PPettway@hrsa.gov

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

Jennifer Burges
Public Health Analyst
Attn: Rural Health Research Center Program
Federal Office of Rural Health Policy
Health Resources and Services Administration
5600 Fishers Lane, Room 17N172B
Rockville, MD 20857
Telephone: (301) 945-3985
Email: JBurges@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 the following technical assistance:

Webinar

Day and Date: Friday, December 6, 2019
Time: 2 – 3 p.m. ET
Call-In Number: 1-800-988-9565
Participant Code: 1497500
Weblink: <https://hrsa.connectsolutions.com/rhrc-program-nofo/>
Playback Number: 1-203-369-2036
Passcode: 121019

Tips for Writing a Strong Application

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