

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Health Resources and Services Administration**

Office of Rural Health Policy  
Policy Research Team

***Rural Health Research Center Cooperative Agreement***

**Announcement Type:** New, Competing Continuation

**Announcement Number:** HRSA-12-164

**Catalog of Federal Domestic Assistance (CFDA) No. 93.155**

**FUNDING OPPORTUNITY ANNOUNCEMENT**

Fiscal Year 2012

**Application Due Date: April 13, 2012**

*Ensure your Grants.gov registration and passwords are current immediately!*

*Deadline extensions are not granted for lack of registration.*

*Registration may take up to one month to complete.*

**Release Date: February 23, 2012**

**Issuance Date: February 23, 2012**

Modified on 3/22 to clarify that one abstract should be submitted for each of the five (5)  
proposed projects

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Authority: Social Security Act, Title VII, §711, as amended

## **Executive Summary**

The Office of Rural Health Policy (ORHP), Health Resources and Services Administration (HRSA), is providing funding to organizations to support the Rural Health Research Center (RHRC) Cooperative Agreement Program. This program is authorized by Section 711 of the Social Security Act, as amended.

Recipients of cooperative agreements will establish RHRCs which conduct and disseminate policy-relevant, rural health services research on issues of national significance with a specific topic of concentration. Approximately \$4,620,000 will be available each year to fund seven (7) recipients. Each center may apply for a ceiling amount of \$660,000 per year for a 4-year project period. Funding beyond the first year will be subject to the availability of appropriations, satisfactory performance of the grantee, and a determination that continued funding is in the Federal Government's best interest. Four research projects are conducted each year. Each RHRC must produce studies where 2 of the 4 studies are within the RHRC's specific topic of concentration or expert area and the other topics may be outside of the RHRC's topic of concentration. The RHRC must be led by a principal investigator who has a substantial research background (at least five previously published rural-relevant publications) on the RHRC's topic of concentration. Recipients will examine critical issues facing rural communities in their effort to secure adequate, affordable, high quality health services. Research findings will inform rural stakeholders and policy-makers interested in rural issues at national, state, and local levels.

The Academy of Health Services Research defines health services research as the multi-disciplinary field of scientific investigation that studies how social factors, financing systems, organizational structures and processes, health technologies, and personal behaviors affect access to health care, health care quality and cost, and our well-being. Its research domains are individuals, families, organizations, institutions, communities and populations. Rural-urban comparison studies are included in this definition.

The objective of the RHRC Program is to increase the amount of high quality, impartial, policy-relevant research and to assist decision-makers at the federal, state and local levels to better understand problems faced by rural communities to improve access to health care and population health. The RHRC Program is the only Federal program authorized entirely to produce informative, policy-relevant health services research about rural areas. RHRCs conduct policy-oriented health services research on rural issues and synthesize the results into reports easily understood by a non-technical policy audience. They develop and disseminate research products in consultation with ORHP and other decision-makers. RHRCs maintain and keep up-to-date an extensive library of data sets on their rural topic of concentration geo-coded.

### **Summary of Changes from Previous Competitive Cycle**

- RHRCs will submit five research study proposals in their competitive application. In previous competitive cycles, RHRCs had to submit four research study proposals.
- All products will be submitted to ORHP by the RHRCs as policy briefs unless a full report format is warranted. All four research products may be submitted for journal publication as a manuscript according to the criteria specified in the narrative "Work Plan" section.
- All proposals must demonstrate a rural-relevant policy focus on emerging and current rural health issues.
- All products must be submitted for initial review to ORHP in word document format.
- RHRCs will not be required to submit hard copies of products through the fiscal year. Instead, RHRCs will be required to submit a compendium of each research product at the end of the fiscal year which consists of one hard copy document per product.

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# **I. Funding Opportunity Description**

## **1. Purpose**

This announcement solicits applications for the Rural Health Research Center (RHRC) Cooperative Agreement Program. The purpose of the RHRC Cooperative Agreement Program is to increase the amount of high quality, impartial, policy-relevant research to assist decision-makers at the federal, state and local levels to better understand problems faced by rural communities, and provide information that will improve access to health care and population health.

RHRC recipients will conduct policy-oriented health services research on rural issues and synthesize the results into reports easily understood by a non-technical policy audience. They will develop and disseminate research products in consultation with ORHP, in its official policy role, to State Offices of Rural Health and other decision-makers. RHRC recipients will maintain and keep up-to-date an extensive library of data sets on their rural topic of concentration (e.g., include access to health care for the under- and uninsured, health care quality and outcomes, home health, and rural health clinics, racial and ethnic disparities) geo-coded so they can analyze the data for a variety of definitions of rural. Recipients will develop a policy-relevant research portfolio each year with input from ORHP, their Expert Work Group (if applicable), and other decision-makers. RHRC recipients must frame rural issues into researchable questions. Applicants must demonstrate capabilities in manipulating complex data sets and in linking across data sets.

The awards provided through the RHRC Cooperative Agreement Program are designed to provide support for a four-year research center with a specific area of research concentration, and intended to provide an infrastructure to support health services researchers entering the field to explore the research complexities of rural health issues. This Cooperative Agreement Program will support health services research projects but excludes clinical/biomedical research and the expenditure of funds for delivery of services.

## **2. Background**

HRSA's Office of Rural Health Policy is the focal point for rural health activities within the U.S. Department of Health and Human Services. The Social Security Act also requires ORHP to coordinate activities within HHS that relate to rural health care and provide relevant information to the Secretary and others in the Department. The RHRC program is authorized by Title VII, Section 711 of the Social Security Act, as amended. The CFDA number for this program is 93.155. ORHP is statutorily required to advise the Secretary on the effects of current policies and proposed statutory, regulatory, administrative, and budgetary changes in the programs established under titles XVIII (Medicare) and XIX (Medicaid) on the financial viability of small rural hospitals, the ability of rural areas to attract and retain physicians and other health professionals and access to (and the quality of) health care in rural areas.

ORHP accomplishes this mission through a broad range of policy and program activities. The RHRC program focuses on informing ORHP's policy role. Policy-relevant research is useful because it informs decision-makers concerned with rural health issues, and it enhances knowledge about rural health and rural health services. In addition, rural health services research addresses critical concerns facing rural communities in their effort to secure adequate, affordable, high quality health services. Research findings are useful to inform a wide audience of national, state, and local decision-makers about rural

health issues. Research findings have been instrumental in bridging gaps between policy and program needs.

The Academy of Health Services Research defines health services research as the multi-disciplinary field of scientific investigation that studies how social factors, financing systems, organizational structures and processes, health technologies, and personal behaviors affect access to health care, the quality and cost of health care and ultimately our health and well-being. Its research domains are individuals, families, organizations, institutions, communities, and populations. Rural-urban comparison studies are included in this definition. Studies researching the effects of changes in the health care marketplace on rural health care systems and economies are also included.

## **II. Award Information**

### **1. Type of Award**

Funding will be provided in the form of a cooperative agreement. A cooperative agreement, as opposed to a grant, is an award instrument of financial assistance where substantial involvement is anticipated between HRSA and the recipient during performance of the contemplated project.

In addition to the usual monitoring and technical assistance provided under the cooperative agreement, **HRSA Program responsibilities shall include:**

- Participating in the planning and development of the RHRC's annual research portfolio and the final selection of research projects to inform diverse audiences,
- Reviewing/commenting on the RHRC's research design and methodology in the research proposals,
- Reviewing/approving the RHRC's products such as 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 project period, and
- Providing consultation with the RHRC to design 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.

**The cooperative agreement recipient's responsibilities, in consultation with ORHP, shall include:**

- Participating in the planning and development of the RHRC's annual research portfolio and the final selection of research projects to inform diverse audiences,
- Responding to ORHP requests, comments and questions on a timely basis,
- Conducting policy-oriented health services research on rural issues and synthesize the results into reports easily understood by a non-technical policy audience,
- Maintaining and keeping up-to-date an extensive library of data sets on their rural topic of concentration (e.g., include access to health care for the under- and uninsured, health care quality and outcomes, home health, and rural health clinics, racial and ethnic disparities) geo-coded so they can analyze the data for a variety of definitions of rural,
- Timely submission of research products (policy briefs, monographs, etc.) for ORHP review,

- Submission of all research products to the Rural Health Research Gateway and RHRC websites for publication,
- Design and implementation of 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.

## **2. Summary of Funding**

This program will provide funding during Federal fiscal years 2012 - 2015. Approximately \$4,620,000 is expected to be available annually to fund approximately seven (7) awardees. Applicants may apply for a ceiling amount of up to \$660,000 per year. The project period is four (4) years. Funding beyond the first year is dependent on the availability of appropriated funds for the Rural Health Research Center Cooperative Agreement Program in subsequent fiscal years, grantee satisfactory performance, and a decision that funding is in the best interest of the Federal Government.

## **III. Eligibility Information**

### **1. Eligible Applicants**

Eligible applicants include domestic public, for-profit, and nonprofit entities. Institutions of higher education, faith-based and community-based organizations, Tribes, and tribal organizations are eligible to apply.

Applicants should have experience in analyzing rural health issues as defined by the following: Principal Investigators should have 5-10 years of work experience specific to rural health research and should have a doctoral degree. The principal investigator should have substantial expertise on the rural health topic of concentration as evidenced by authorship or co-authorship of a combined five rural-relevant policy briefs, peer-reviewed journal articles (at least two of the five must be articles in journals such as Journal of Rural Health, American Journal of Public Health, Journal of Aging and Health), and other written materials and presentations at national, state, and regional conferences. Applicants should also be familiar and/or have used/manipulated appropriate and complex data sets pertinent to their proposals. Applicants should be able to demonstrate that the majority of their affiliated researchers have a track record in analyzing rural health services issues and each applicant organization should be able to clearly demonstrate that the topic and issue areas included in the application demonstrate a thorough understanding of policy relevant issues and their key impact on rural communities. Applications that fail to show such experience will not be competitive.

### **2. Cost Sharing/Matching**

Cost Sharing/Matching is not required for this program.

### **3. Other**

Applications that exceed the ceiling amount of \$660,000 per year will be considered non-responsive and will not be considered for funding under this announcement.

Any application that fails to satisfy the deadline requirements referenced in *Section IV.3* will be considered non-responsive and will not be considered for funding under this announcement.

## IV. Application and Submission Information

### 1. Address to Request Application Package

#### **Application Materials and Required Electronic Submission Information**

HRSA *requires* applicants for this funding opportunity announcement to apply electronically through Grants.gov. This robust registration and application process protects applicants against fraud and ensures that only authorized representatives from an organization can submit an application. Applicants are responsible for maintaining these registrations, which should be completed well in advance of submitting your application. All applicants *must* submit in this manner unless they obtain a written exemption from this requirement in advance by the Director of HRSA's Division of Grants Policy. Applicants must request an exemption in writing from [DGPWaivers@hrsa.gov](mailto:DGPWaivers@hrsa.gov), and provide details as to why they are technologically unable to submit electronically through the Grants.gov portal. Your email must include the HRSA announcement number for which you are seeking relief, the organization's DUNS number, the name, address, and telephone number of the organization and the name and telephone number of the Project Director as well as the Grants.gov Tracking Number (GRANTXXXX) assigned to your submission along with a copy of the "Rejected with Errors" notification you received from Grants.gov. **HRSA and its Digital Services Operation (DSO) will only accept paper applications from applicants that received prior written approval.** However, the application must still be submitted by the deadline. Suggestion: submit application to Grants.gov at least two days before the deadline to allow for any unforeseen circumstances.

Note: Central Contractor Registration (CCR) information must be updated at least every 12 months to remain active (for both grantees and sub-recipients). As of August 9, 2011, Grants.gov began rejecting submissions from applicants with expired CCR registrations. Although active CCR registration at time of submission is not a new requirement, this systematic enforcement will likely catch some applicants off guard. According to the CCR Website it can take 24 hours or more for updates to take effect, so ***check for active registration well before your grant deadline.***

An applicant can view their CCR Registration Status by visiting <http://www.bpn.gov/CCRSearch/Search.aspx> and searching by their organization's DUNS. The [CCR Website](#) provides user guides, renewal screen shots, FAQs and other resources you may find helpful.

Applicants that fail to allow ample time to complete registration with CCR and/or Grants.gov will not be eligible for a deadline extension or waiver of the electronic submission requirement.

All applicants are responsible for reading the instructions included in HRSA's *Electronic Submission User Guide*, available online at <http://www.hrsa.gov/grants/apply/userguide.pdf>. This Guide includes detailed application and submission instructions for both Grants.gov and HRSA's Electronic Handbooks. Pay particular attention to Sections 2 and 5 that provide detailed information on the competitive application and submission process.

Applicants are also responsible for reading the Grants.gov Applicant User Guide, available online at <http://www.grants.gov/assets/ApplicantUserGuide.pdf>. This Guide includes detailed information about using the Grants.gov system and contains helpful hints for successful submission.

Applicants must submit proposals according to the instructions in the Guide and in this funding opportunity announcement in conjunction with Application Form SF-424 Research and Related (SF-424 R&R). The forms contain additional general information and instructions for applications, proposal narratives, and budgets. The forms and instructions may be obtained by:

- 1) Downloading from <http://www.grants.gov>, or
- 2) Contacting the HRSA Digital Services Operation (DSO) at: [HRSADSO@hrsa.gov](mailto:HRSADSO@hrsa.gov)

Each funding opportunity contains a unique set of forms and only the specific forms package posted with an opportunity will be accepted for that opportunity. Specific instructions for preparing portions of the application that must accompany the SF-424 R&R appear in the “Application Format Requirements” section below.

## **2. Content and Form of Application Submission**

### **Application Format Requirements**

The total size of all uploaded files may not exceed the equivalent of 80 pages when printed by HRSA. The total file size may not exceed 10 MB. The 80-page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support. Standard forms are NOT included in the page limit. **We strongly urge you to print your application to ensure it does not exceed the 80-page limit. Do not reduce the size of the fonts or margins to save space. See the formatting instructions in Section 5 of the Electronic Submission User Guide referenced above.**

**Applications must be complete, within the 80-page limit, within the 10 MB limit, and submitted prior to the deadline to be considered under this announcement.**

### **Application Format**

Applications for funding must consist of the following documents in the following order:

## SF-424 R&R – Table of Contents

 **It is mandatory to follow the instructions provided in this section to ensure that your application can be printed efficiently and consistently for review.**

 **Failure to follow the instructions may make your application non-responsive. Non-responsive applications will not be considered under this funding opportunity announcement.**

 For electronic submissions, applicants only have to number the electronic attachment pages sequentially, resetting the numbering for each attachment, i.e., start at page 1 for each attachment. Do not attempt to number standard OMB approved form pages.

 For electronic submissions, no Table of Contents is required for the entire application. HRSA will construct an electronic table of contents in the order specified.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
SF-424 R&R Cover Page	Form	Pages 1 & 2.	Not counted in the page limit.
Pre-application	Attachment	Can be uploaded on page 2 of SF-424 R&R - Box 20.	Not Applicable to HRSA; Do not use.
SF-424 R&R Senior/Key Person Profile	Form	Supports 8 structured profiles (PD + 7 additional)	Not counted in the page limit.
Senior Key Personnel Biographical Sketches	Attachment	Can be uploaded in SF-424 R&R Senior/Key Person Profile form. One per each senior/key person. The PD/PI biographical sketch should be the first biographical sketch. Up to 8 allowed.	Counted in the page limit.
Senior Key Personnel Current and Pending Support	Attachment	Can be uploaded in SF-424 R&R Senior/Key Person Profile form.	Not Applicable to HRSA; Do not use.
Additional Senior/Key Person Profiles	Attachment	Can be uploaded in SF-424 R&R Senior/Key Person Profile form. Single document with all additional profiles.	Not counted in the page limit.
Additional Senior Key Personnel Biographical Sketches	Attachment	Can be uploaded in the Senior/Key Person Profile form. Single document with all additional sketches.	Counted in the page limit.
Additional Senior Key Personnel Current and Pending Support	Attachment	Can be uploaded in the Senior/Key Person Profile form.	Not Applicable to HRSA; Do not use.
Project/Performance Site Location(s)	Form	Supports primary and 29 additional sites in structured form.	Not counted in the page limit.
Additional Performance Site Location(s)	Attachment	Can be uploaded in SF-424 R&R Performance Site Location(s) form. Single document with all additional site location(s).	Not counted in the page limit.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
Other Project Information	Form	Allows additional information and attachments.	Not counted in the page limit.
Project Summary/Abstract	Attachment	Can be uploaded in SF-424 R&R Other Project Information form, Box 6.	Required attachment. Counted in the page limit. Refer to funding opportunity announcement for detailed instructions. Provide table of contents specific to this document only as the first page.
Project Narrative	Attachment	Can be uploaded in SF-424 R&R Other Project Information form, Box 7.	Required attachment. Counted in the page limit. Refer to funding opportunity announcement for detailed instructions. Provide table of contents specific to this document only as the first page.
SF-424 R&R Budget Period (1-5) - Section A – B	Form	Supports structured budget for up to 5 periods.	Not counted in the page limit.
Additional Senior Key Persons	Attachment	SF-424 R&R Budget Period (1-5) - Section A - B, End of Section A. One for each budget period.	Not counted in the page limit.
SF-424 R&R Budget Period (1-5) - Section C – E	Form	Supports structured budget for up to 5 periods.	Not counted in the page limit.
Additional Equipment	Attachment	SF-424 R&R Budget Period (1-5) - Section C – E, End of Section C. One for each budget period.	Not counted in the page limit.
SF-424 R&R Budget Period (1-5) - Section F – K	Form	Supports structured budget for up to 5 periods.	Not counted in the page limit.
SF-424 R&R Cumulative Budget	Form	Total cumulative budget.	Not counted in the page limit.
Budget Justification	Attachment	Can be uploaded in SF-424 R&R Budget Period (1-5) - Section F - J form, Box K. Only one consolidated budget justification for the project period.	Required attachment. Counted in the page limit. Refer to funding opportunity announcement for detailed instructions. Provide table of contents specific to this document only as the first page.
SF-424 R&R Subaward Budget	Form	Supports up to 10 budget attachments. This form only contains the attachment list.	Not counted in the page limit.
Subaward Budget Attachment 1-10	Attachment	Can be uploaded in SF-424 R&R Subaward Budget form, Box 1 through 10. Extract the form from the SF-424 R&R Subaward Budget form and use it for each consortium/contractual/subaward budget as required by the program funding opportunity	Filename should be the name of the organization and unique. Not counted in the page limit.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
		announcement. Supports up to 10.	
SF-424B Assurances for Non-Construction Programs	Form	Assurances for the SF-424 R&R package.	Not counted in the page limit.
Bibliography & References	Attachment	Can be uploaded in Other Project Information form, Box 9.	Optional: Counted in the page limit.
Facilities & Other Resources	Attachment	Can be uploaded in Other Project Information form, Box 10.	Optional: Counted in the page limit.
Equipment	Attachment	Can be uploaded in Other Project Information form, Box 11.	Optional: Counted in the page limit.
Disclosure of Lobbying Activities (SF-LLL)	Form	Supports structured data for lobbying activities.	Not counted in the page limit.
Other Attachments Form	Form	Supports up to 15 numbered attachments. This form only contains the attachment list.	Not counted in the page limit.
Attachment 1-15	Attachment	Can be uploaded in Other Attachments form 1-15.	Refer to the attachment table provided below for <b>specific</b> sequence. Counted in the page limit.
Other Attachments	Attachment	Can be uploaded in SF-424 R&R Other Project Information form, Box 12. Supports multiple.	Not Applicable to HRSA; Do not use.

-  **To ensure that attachments are organized and printed in a consistent manner, follow the order provided below. Note that these instructions may vary across programs.**
-  Evidence of Non-Profit status and invention related documents, if applicable, must be provided in the other attachment form.
  -  Additional supporting documents, if applicable, can be provided using the available rows. Do not use the rows assigned to a specific purpose in the program funding opportunity announcement.
  -  Merge similar documents into a single document. Where several documents are expected in one attachment, ensure that you place a table of contents cover page specific to the attachment. Table of Contents page will not be counted in the page limit.
  -  Limit the file attachment name to under 50 characters. Do not use any special characters (e.g., %, /, #) or spacing in the file name or word separation. (The exception is the underscore ( \_ ) character.) Your attachment will be rejected by Grants.gov if you use special characters or attachment names greater than 50 characters.

<b>Attachment Number</b>	<b>Attachment Description (Program Guidelines)</b>
Attachment 1	Tables, charts, etc.
Attachment 2	Staffing plan and job descriptions of key personnel
Attachment 3	Project organizational chart
Attachment 4	List of published rural journal articles, briefs, and presentations authored/co-authored by Principal Investigator and key personnel
Attachment 5	Letters of agreement to serve on Expert Work Group, if one is proposed
Attachment 6	Letter(s) of approval to collect data on Indian reservation(s)
Attachment 7	Summary progress report
Attachment 8	Explanation of federal debt delinquency, if applicable (see page 15 under certifications)
Attachments 9-15	Other documents, as necessary

## **Application Format**

### **i. Application Face Page**

Complete Standard Form 424 Research and Related (SF-424 R&R) provided with the application package. Prepare according to instructions provided in the form itself. For information pertaining to the Catalog of Federal Domestic Assistance, the CFDA Number is 93.155.

### **DUNS Number**

All applicant organizations (and subrecipients of HRSA award funds) are required to have a Data Universal Numbering System (DUNS) number in order to apply for a grant or cooperative agreement from the Federal Government. The DUNS number is a unique nine-character identification number provided by the commercial company, Dun and Bradstreet. There is no charge to obtain a DUNS number. Information about obtaining a DUNS number can be found at <http://fedgov.dnb.com/webform> or call 1-866-705-5711. Please include the DUNS number in item 5 on the application face page. Applications **will not** be reviewed without a DUNS number. Note: A missing or incorrect DUNS number is the number one reason for applications being “Rejected for Errors” by Grants.gov. HRSA will not extend the deadline for applications with a missing or incorrect DUNS number. Applicants should take care in entering the DUNS number in the application.

Additionally, the applicant organization (and any subrecipient of HRSA award funds) is required to register annually with the Central Contractor Registration (CCR) in order to do electronic business with the Federal Government. CCR registration must be maintained with current, accurate information at all times during which an entity has an active award or an application or plan under consideration by HRSA. It is extremely important to verify that your CCR registration is active and your Marketing Partner ID Number (MPIN) is current. Information about registering with the CCR can be found at <http://www.ccr.gov>.

### **ii. Table of Contents**

The application should be presented in the order of the Table of Contents provided earlier. Again, for electronic applications no table of contents is necessary as it will be generated by the system. (Note: the Table of Contents will not be counted in the page limit.)

### **iii. Budget**

Complete Research and Related Budget Form provided with the application package. The maximum yearly budget for a RHRC is \$660,000. Since only four of the five research proposals will be selected by ORHP for final submission, the RHRC, to the best of its ability, should submit a budget for any combination of four of the five proposals, not exceeding \$660,000. ORHP will consult with awardees to follow-up on any possible budget issues as a result of the selected four proposals.

Please complete the Research & Related Budget Form (Sections A – J and the Cumulative Budget) for each budget period. Upload the Budget Justification Narrative for the entire project period (all budget periods) in Section K of the Research & Related Budget Form. Following completion of Budget Period 1, you must click on the “NEXT PERIOD” button on the final page to allow for completion of Budget Period 2. You will repeat this instruction to complete Budget Periods 3 and 4.

The Cumulative Budget is automatically generated and provides the total budget information for the four-year grant request. Errors found in the Cumulative Budget must be corrected within the incorrect field(s) in Budget Period 1, 2, 3, or 4; corrections cannot be made to the Cumulative Budget itself.

**Salary Limitation:**

The Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011, limits the salary amount that may be awarded and charged to HRSA grants and cooperative agreements. Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II. The Executive Level II salary of the Federal Executive Pay scale is \$179,700. This amount reflects an individual’s base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to subawards/subcontracts under a HRSA grant or cooperative agreement.

As an example of the application of this limitation: If an individual’s base salary is \$350,000 per year plus fringe benefits of 25% (\$87,500) and that individual is devoting 50% of their time to this award, their base salary should be adjusted to \$179,700 plus fringe of 25% (\$44,925) and a total of \$112,312.50 may be included in the project budget and charged to the award in salary/fringe benefits for that individual. See the breakdown below:

Individual’s <i>actual</i> base full time salary: \$350,000 50% of time will be devoted to project	
Direct salary	\$175,000
Fringe (25% of salary)	\$43,750
Total	\$218,750
<b>Amount that may be claimed on the application budget due to the legislative salary limitation:</b> Individual’s base full time salary <i>adjusted</i> to Executive Level II: \$179,700 50% of time will be devoted to the project	
Direct salary	<b>\$89,850</b>
Fringe (25% of salary)	<b>\$22,462.50</b>
Total amount	<b>\$112,312.50</b>

**iv. Budget Justification**

Provide a narrative that explains the amounts requested for each line in the Research and Related Budget form. The RHRC should be able to describe the reasonableness of the proposed budget for each of the four years in relation to the project objectives, complexity of the research activities, and anticipated results. Costs outlined in the budget should be reasonable given the scope of work. Key RHRC personnel should have adequate time to devote to the project and achieve its objectives. The budget period is for ONE year. However, the applicant **must** submit one-year budgets for each of the subsequent budget periods within the requested project period (four years) at the time of application. Be very careful about showing how each item in the “other” category is justified. For subsequent budget years, the justification narrative should highlight the changes from year one or clearly indicate that there are no substantive budget changes during the project period. The budget justification **MUST** be concise. Do NOT use the justification to expand the project narrative.

### Budget for Multi-Year Award

This announcement is inviting applications for project periods up to four (4) years. Awards, on a competitive basis, will be for a one-year budget period; although the project period may be for up to four (4) years. Submission and HRSA approval of your Progress Report(s) and any other required submission or reports is the basis for the budget period renewal and release of subsequent year funds. Funding beyond the one-year budget period but within the four-year project period is subject to availability of funds, satisfactory progress of the awardee, and a determination that continued funding would be in the best interest of the Federal Government.

ORHP understands that proposals will vary in terms of their individual budgets which may complicate the total budget line **post-selection** of the final four proposals. RHRCs will work collaboratively with ORHP during the proposal deliberation process to ensure that the totality of the proposals fit within the \$660,000 limit per year. Application reviewers should not penalize a center in this case. But RHRCs should attempt to create budgets per proposals that are reasonable and within the total budget limit so that any four proposals selected will be close to the \$660,000 limit per year.

Include the following in the Budget Justification narrative:

*Personnel Costs:* Personnel costs should be explained by listing each staff member who will be supported from funds, name (if possible), position title, percentage of full-time equivalency, and annual salary. Staff of the RHRC must include: A principal investigator (i.e., the Director), a deputy principal investigator (i.e., Deputy Director), an administrative assistant, and core research staff. The principal investigator must devote at least 25% of his/her time to the RHRC. The deputy principal investigator must devote at least 20% of his/her time to the RHRC. Personnel must also include a technical writer or editor. Reminder: Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II or \$179,700. An individual's base salary, per se, is NOT constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to HRSA grants and cooperative agreements. Please provide an individual's actual base salary if it exceeds the cap. See the sample below.

Sample:

Name	Position Title	% of FTE	Annual Salary	Amount Requested
J. Smith	Director/Principle Investigator	50	\$179,700*	\$89,850
R. Doe	Technical writer/editor	100	\$75,950	\$75,950
D. Jones	Data/AP Specialist	25	\$33,000	\$8,250

\*Actual annual salary = \$350,000

*Fringe Benefits:* List the components that comprise the fringe benefit rate, for example health insurance, taxes, unemployment insurance, life insurance, retirement plans, and tuition reimbursement. The fringe benefits should be directly proportional to that portion of personnel costs that are allocated for the project. If an individual's base salary exceeds the legislative salary cap, please adjust fringe accordingly.

*Travel:* List travel costs according to local and long distance travel. For local travel, the mileage rate, number of miles, reason for travel and staff member/study participants completing the travel should be outlined. The budget should also reflect the travel expenses associated with participating in meetings and other proposed trainings or workshops. Travel should include two trips to the DC metro area for the RHRC Directors Meeting. It may also include annual trips for a State Office of Rural Health regional meeting, a National Organization of State Offices of Rural Health conference, and National Rural Health Association conferences.

*Equipment:* List equipment costs and provide justification for the need of the equipment to carry out the program's goals. Extensive justification and a detailed status of current equipment must be provided when requesting funds for the purchase of computers and furniture items that meet the definition of equipment (a unit cost of \$5,000 or more and a useful life of one or more years).

*Supplies:* List the items that the project will use. Office supplies could include paper, pencils, and the like. Items must be listed separately.

*Contractual:* Applicants are responsible for ensuring that their organization or institution has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts. Applicants must provide a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables. Reminder: Recipients must notify potential sub-recipients that entities receiving sub-awards must be registered in CCR and provide the recipient with their DUNS number.

*Other:* Put all costs that do not fit into any other category into this category and provide an explanation of each cost in this category. In some cases, rent, utilities and insurance fall under this category if they are not included in an approved indirect cost rate.

Applicants may include the cost of access accommodations as part of their project's budget, including sign interpreters, plain language and health literate print materials in alternate formats (including Braille, large print, etc.); and cultural/linguistic competence modifications such as use of cultural brokers, translation or interpretation services at meetings, clinical encounters, and conferences, etc.

*Indirect Costs:* Indirect costs are those costs incurred for common or joint objectives which cannot be readily identified but are necessary to the operations of the organization, e.g., the cost of operating and maintaining facilities, depreciation, and administrative salaries. For institutions subject to OMB Circular A-21, the term "facilities and administration" is used to denote indirect costs. If an organization applying for an assistance award does not have an indirect cost rate, the applicant may wish to obtain one through HHS's Division of Cost Allocation (DCA). Visit DCA's website at: <http://rates.psc.gov/> to learn more about rate agreements, the process for applying for them, and the regional offices which negotiate them.

#### **v. *Staffing Plan and Personnel Requirements***

Applicants must present a staffing plan and provide a justification for the 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 Director), a deputy principal investigator (i.e., Deputy Director), an administrative assistant, and core research staff. Personnel must also include a technical writer or editor. Include a staff-loading chart that presents the number of hours or FTE devoted to the project for each staff member and the total number of hours or FTE for all staff members. Position descriptions that include the roles, responsibilities, and qualifications of proposed project staff must be included in **Attachment 2**. When applicable, biographical sketches should include training, language fluency and experience working with the cultural and linguistically diverse populations that are served by their programs.

The following lists the descriptions the organization should include in the application regarding roles and responsibilities:

- 1) The principal investigator must devote at least 25% of his/her time to the RHRC. The principal investigator should be an experienced health services researcher who provides research leadership, leads the development and realization of the Center's research portfolio, and is the lead investigator of some of the Center's individual projects with a rural emphasis. The principal investigator is responsible for the administrative aspects of the Center and the review of all draft reports to assure their policy-relevance, quality, and readability before submission to ORHP. The principal investigator should also have a substantial number of prior research products dedicated to the topic of concentration as evidence for a solid knowledge base of the subject matter. Describe the following regarding the principal investigator (researcher who has organizational authority and rural background to supervise and review the work of all the staff working on the Center's individual projects): Note: A co-principal investigator is not permitted.
  - a. Experience, role, and responsibilities in managing a research team, conducting and disseminating policy relevant research, and relating to the RHRC's concentration topic.
  - b. Experience informing/educating national, state, and community decision-makers, especially those concerned with rural health issues.
  - c. How he/she will supervise staff from other parts of the parent organization.
  - d. Ability and authority to review draft reports before submission to ORHP with special attention to multiple sites and consortium situations.
- 2) The deputy principal investigator must devote at least 20% of his/her time to the RHRC. Describe the following regarding the Deputy Principal Investigator:
  - a. Experience, roles and responsibilities in organizational lines of authority, conducting and disseminating policy relevant research, and relation to the RHRC's concentration topic.
  - b. Experience informing/educating national, state, and community decision-makers, especially those concerned with rural health issues.
  - 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.
- 3) RHRC's core research staff should be multi-disciplinary, representing social science disciplines such as sociology, epidemiology, demography, economics, organizational behavior, statistics, public health, political science, and geography. Center staff may also include researchers from other relevant disciplines, for example, medicine, nursing, and law. Affiliate research staff with lesser time commitments may also be

available. An editor or technical writer should also be included on staff whose main/partial responsibility should be to review drafts of studies prior to ORHP submission for review to ensure high quality. This individual should be identified in the line item budget. Provide a staff loading chart by major tasks. Describe the following regarding the core research team and organization as a whole:

- a. Multiple disciplines and how they relate to the RHRC's topic of concentration and implementation of a health services research project, and how they conduct and disseminate policy-relevant research.
- b. Capabilities in designing and maintaining websites and disseminating research results.
- c. Mentoring conducted within the RHRC. The RHRC may mentor graduate level researchers but is not a requirement. Mentoring should serve the purpose of interesting new researchers into entering the field of rural health services research by providing graduate students direct experience in this discipline.

#### **vi. Assurances**

Complete Application Form SF-424B Assurances – Non-Construction Programs provided with the application package.

If research involving human subjects is anticipated, you must meet the requirements of the DHHS regulations to protect human subjects from research risks as specified in the Code of Federal Regulations, Title 45 – Public Welfare, Part 46 – Protection of Human Subjects (45 CFR 46), available online at [www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html](http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html). Categorical exemptions are contained in section 46.101 (b).

Note: If **all** of the proposed human subjects research meets the criteria for one or more of the exemptions from the requirements in the DHHS regulations (46.101(b)), **Yes** should be designated in Item 1 on the SF424 R&R Other Project Information page, the appropriate exemption number checked in Item 1a, and “NA” entered for the Human Subject Assurance Number since no OHRP assurance number is required for exempt research.

HRSA will make a final determination as to whether the proposed activities are covered by the regulations or are in an exempt category, based on the information provided in the Research Plan. When in doubt, consult with the Office for Human Research Protections (OHRP), Department of Health and Human Services by accessing their website <http://www.hhs.gov/ohrp/> for guidance and further information.

#### **vii. Certifications**

Use the Certifications and Disclosure of Lobbying Activities Application Form provided with the application package. Any organization or individual that is indebted to the United States, and has a judgment lien filed against it for a debt to the United States, is ineligible to receive a federal grant. By signing the SF-424 R&R, the applicant is certifying that they are not delinquent on federal debt in accordance with OMB Circular A-129. (Examples of relevant debt include delinquent payroll or other taxes, audit disallowances, guaranteed and direct student loans, benefits that were overpaid, etc.). If an applicant is delinquent on federal debt, they should attach an explanation that includes proof that satisfactory arrangements have been made with the Agency to which the debt is owed. This explanation should be uploaded as **Attachment 8**.

**viii. *Research Proposal Abstracts (each abstract should be single-spaced and limited to one page for a total of five abstracts or pages)***

Provide a summary or abstract per research proposal (total of five (5) abstracts, one per research proposal). Because abstracts are sometimes distributed to provide information to the public and Congress, please prepare abstracts so they are clear, accurate, concise, and without reference to other parts of the application.

Each abstract must include the following items:

- Full title of research proposal
- Expected completion date (Month/Year)
- RHRC name
- Topic of concentration which the research proposal falls under
- Address
- Principal Investigator information: name, preferred degrees (e.g. MD., Ph.D.), telephone number, and email address Contact Phone Numbers (Voice, Fax)
- Project leader/contact person's name and email address (if different from PI)
- Funder (i.e., ORHP). Please spell out in full.
- Date the research proposal was funded (9/2012)
- E-Mail address of main contact
- Web site address, if applicable
- Stand-alone 2-sentence summary of the proposed project
- Brief description (within the one-page abstract): Prepare a brief description (one to two paragraphs) of each proposed research project per abstract. Include a problem statement, project goals, general methodology, needs to be addressed, proposed services if applicable, population group to be addressed, and anticipated publications or products.

**ix. *Project Narrative***

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

▪ ***INTRODUCTION***

Applicants are to propose one rural research subject that the RHRC will concentrate on throughout the 4-year award cycle and explain how the chosen topic aligns with ORHP's charge as specified in Section 711 of the Social Security Act, as well as other emerging health policy issues. As each RHRC develops its yearly research portfolio, a substantial number of projects must be in the topic of concentration. The topic of concentration must be policy-relevant, of enduring interest to rural health, and the principal investigator should have substantial expertise on the topic, as evidenced by authorship of a combined five rural-relevant policy briefs, peer-reviewed journal articles, and other written materials and presentations. Justify the topic choice in relation to policy-relevancy, importance to the field, implications for decision-makers and rural communities, particular expertise of the RHRC and its staff.

▪ ***NEEDS ASSESSMENT***

RHRCs have the important task of analyzing the possible effects of policy on 62 million residents of rural communities. Rural citizens make up approximately 20 percent of the population (according to Census) and are spread across 80 percent of the country's land

mass, typically in isolated communities not large enough to support their own health care workforces, far removed from major urban medical centers. Applicants should demonstrate a comprehensive understanding of the needs of rural population as they pertain to health care and health care services. They should demonstrate how their research or proposals will fill information gaps that can inform rural health policy. Applicants should understand the unique dynamics affecting rural populations compared to urban populations from a health care service, payment and provider point of view, and why they are considered an underserved population. Keeping these aspects in mind, applicants should propose a rural research topic on which the RHRC will focus its research portfolio throughout the 4-year award cycle. This could include topics such as public insurance coverage (Medicare, Medicaid, Children's Health Insurance), health workforce, health insurance coverage including the insured, access to health care for the uninsured and underinsured, health finance, care quality and patient safety, access and outcomes, home health, rural health clinics, and racial and ethnic disparities. The intent is to focus on emerging issues and better understand the impact of changing national health policy concerns on rural communities in a manner that more closely aligns with but also supports broader health care issues. Describe in your application how projects will address the health issues that rural communities face. Moreover, the research results should not consist of recommendations but should strictly inform decision and policy makers regarding rural health.

- *METHODOLOGY*

Propose methods that will be used to meet each of the previously-described program requirements and expectations in this funding opportunity announcement. As appropriate, include development of effective tools and strategies for ongoing staff training, outreach, collaborations, clear communication, and information sharing/dissemination. Present five research proposals in the application for a RHRC research portfolio for budget year one (1). At least two of the five proposals must be in the RHRC's topic of concentration; the other three may be outside the topic of concentration. Post-award, four of the five most preferred research proposals will be selected by ORHP via input on possible alternative proposals and/or suggested proposal modifications. Applicants are required to present research proposals that address critical issues in the health and health care of rural populations and demonstrate rural-relevant policy. Each research proposal can be a maximum of six (6) pages. The proposals must be national in scope and cannot be single state studies in the first budget period, but may be considered in project periods two through four. Therefore, each project should require a similar amount of staff time and other resources.

Avoid duplication with research that is underway or recently completed by querying the Rural Health Research Gateway at <http://www.ruralhealthresearch.org>. If an application is submitted with any proposals focusing on underway or recently completed research, the application will be considered non-responsive and will not be competitive. Projects should not overlap or duplicate with studies supported by the Flex Monitoring Team (<http://www.flexmonitoring.org/>), which evaluates the Rural Hospital Flexibility Grant program and also does larger analysis on Critical Access Hospital (CAH) trends specific to quality and performance improvement. Any proposed studies focusing on rural hospitals should include a broader range of small rural hospitals than just CAHs.

With regards to the methodology in the proposal responses, the RHRC should be capable of addressing the purported issue by framing rural issues or problems into researchable

questions, and manipulating and linking complex data sets. Applicants will need to provide sufficient evidence of their understanding of the relative strengths and weaknesses of existing national data sets in analyzing rural health services research. Applicants should also provide evidence of those areas where primary data collection might be necessary. The proposed data sources for each research proposal should demonstrate relevance to the analysis. For projects where data must be purchased, the applicant should demonstrate reasonableness for the schedule for buying and editing/cleaning the data. For projects based on original data, the viability for the plan for data collection in relation to the approach for achieving an adequate response rate relevant to the proposed respondents and content. Provide evidence that Federal requirements for human subjects research are met completely. Literature citations to the proposed research should be relevant.

Research methodology should be appropriate for the project's hypothesis(es) and may be qualitative, quantitative, or a combination of both, but three of five studies must use a quantitative methodology. Hypotheses should be directly related to the purpose of the research and the goal of filling gaps in knowledge about rural issues. ORHP appreciates that qualitative research may be the only means or appropriate methodology to answer the question an RHRC puts forth in its proposals. ORHP also understands that quantitative data for secondary research may not always be available to answer the questions put forth by a RHRC in its proposal. For the purposes of this funding opportunity announcement, ORHP considers the following working definition of qualitative research: Qualitative methodology used for rural health services research often includes structured or semi-structured interviews, examination of documents, case studies, and focus groups. These are often used in a mixed methods approach: a) Used before quantitative studies to develop and refine hypotheses and to focus the quantitative data collection and analysis, and b) Used following quantitative analysis to seek explanations for quantitative findings. Qualitative research does not involve large data sets, nor involve statistics in its methodology. However, large data sets and statistics may be used to select units of observation such as census data or financial data. Samples are often small and therefore, statistical analysis is inappropriate. Any inference to a larger population must be corroborated with quantitative research.

Additionally, an RHRC may be requested to execute short-term qualitative or quantitative analysis to assist in informing emerging policy questions in a timely fashion (e.g., two business days).

Regarding the RHRC's dissemination strategy of research products (policy briefs, journal manuscripts, presentations to policy makers, responses to health policy programs and experts, and presentations at national, state, and regional conferences), describe the following:

- 1) Strategy to provide the Rural Health Research Gateway with research products,
- 2) Approaches for alerting users to new research outputs through multiple channels of communication,
- 3) Strategy to develop and maintain a website (design, content, search capabilities and linkages to related sites in the description) dedicated to RHRC research that includes RHRC product postings,
- 4) Training needed to increase the capacity of the RHRC staff to design and disseminate research products,

- 5) Approach and general content of the dissemination plan to be prepared for each individual research project, including approaches for special dissemination of ground-breaking results and target audiences (State Offices of Rural Health, rural health providers, other rural stakeholders, etc.), and
- 6) Approach and schedule for updating the dissemination plan once research results are available.
- 7) Feasibility of the proposed timeline and dissemination plan/strategy to ensure comprehensive study approaches and marketing of the research products to key stakeholders.

**Present your research proposals using the following sections. Limit each research proposal to six pages.**

*Title:* Provide a prospective title, geographic coverage, and the RHRC's topic of concentration if the research falls in that area, (e.g., public insurance coverage, health workforce, health insurance coverage including the insured, access to health care for the under- and uninsured, health finance, care quality and patient safety, access and outcomes, home health, rural health clinics, and racial and ethnic disparities).

*Research Description and Policy Relevance:* Describe 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 decision-makers and how it supports the policy role of ORHP, HRSA, and DHHS. Emphasize its potential value for members of rural communities.

*Geographic Coverage:* Describe the geographic coverage for the research. Assess the generalizability of the results for national decision-making. To be considered national in scope, the proposal must cover at least four states total (at least one state per census region) in four different Census regions: North, South, Midwest, and West. Research projects covering a single community, multiple communities, a single state, or a single region are not acceptable. Applications that do not have national geographic coverage will have points deducted. Research should include rural versus urban analyses and analyses by levels of rurality so that results are applicable to the rural continuum from places adjacent to urban areas to places in frontier areas. Assess the ability of the research to address the entire rural continuum including frontier areas. If the data allows and is available, ORHP prefers rural sublevel or regional analysis. Otherwise, ORHP will accept base level or non-metro vs. metro analysis. Applicants will need to demonstrate experience working in these areas in order to be considered for review including a thorough knowledge of the various definitions of rural and the ability to analyze data on a sub-rural basis.

*Hypotheses, Design, and Analysis:* Describe the hypotheses, project design, and the procedures to be used to accomplish the specific aims of the research. Describe the approach for data analysis (e.g., logistic regression, descriptive statistics, qualitative methods) and justify why that approach was selected. Describe limitations of the proposed methodology.

*Data Sources:* Identify the data sources. If based on secondary data, describe the experience in using these data. Include the data source's availability, cost for acquisition of data not currently held in-house, and time schedule to obtain the data. If relevant, describe

the need and level of efforts to edit/clean the data files prior to the beginning of analysis. If based on original data, include approach and plan to collect data, type of respondents, estimated sample size, expected response rate, special activities to achieve response rate, collection schedule and data content. If the project includes interviews or data collection on Indian reservations, proposal must include description of approach and contacts to gain approval to conduct data collection from each reservation authority. Include letter(s) of approval to conduct data collection for each relevant Indian reservation in Attachment 6.

*Relationship to Other Projects:* Describe any relationships this project has with research funded by sources other than ORHP, such as Agency for Healthcare Research and Quality, Centers for Medicare and Medicaid, Robert Wood Johnson Foundation, other HRSA agencies, etc. Relationships can include expanding the project to include the ORHP component, using other research results as a baseline, sharing literature review efforts, sharing consultant panels, etc.

*Products and Dissemination:* Describe the variety of products from this project to fit the information needs of and appeal to different audiences. Describe the plan for dissemination, addressing the types of products, the audiences for the products, and which products will be placed on the website dedicated to the RHRC's research. Products may be 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. Describe any dissemination efforts targeted to State Offices of Rural Health or other rural stakeholders. Describe the approach for special dissemination of groundbreaking results, if any. Describe the schedule for updating the original dissemination plan as research results become available. Describe a means for submitting research products to the Rural Health Research Gateway as soon as they are available. Describe the strategy for developing a website dedicated to the RHRC's research, including its design, content, search capabilities, and linkages to related sites, are effective for disseminating the RHRC's products widely and quickly.

*Literature Citations:* Provide citations to published literature key to this proposal. Maximum length for citations is one page per proposal.

▪ **WORK PLAN**

The RHRC produces a variety of products to meet the needs of different stakeholders and audiences, including ORHP in its official policy role. ORHP requires that four policy briefs be submitted for review by ORHP. If a topic/study, in general, warrants a long-form format such as a full report for which a policy brief is insufficient to disseminate critical information, an alternative product is acceptable (full report, chart book, monograph, etc.), but a policy brief must still be submitted. All products submitted to ORHP for review should be submitted in a Word Document compatible with Track Changes to allow for efficient and effective ORHP review. PDF versions for ORHP review are not acceptable except for final publication to the Gateway website. RHRCs must submit at the end of each fiscal year a compendium or binder of all hard copy briefs, reports, and manuscripts (1 hard copy per project) to the ORHP Research Coordinator. No other mailed final hard copy products are required.

Studies may be submitted to journals for publication adhering to the following criteria:

- 1) ORHP will allow delay of one policy brief for publication on the Rural Health Research Gateway website if an RHRC submits the study for journal publication (delay caused by journal peer review and acceptance). ORHP will allow the RHRC six months to complete the journal publication process for this specific one study. If the study does not get published within the six-month time frame to the journal, the RHRC must submit it for Gateway publication.
- 2) The RHRC may submit the remaining three studies for journal publication, but these three must be posted immediately upon completion of the study, ORHP review, and final RHRC revisions. No delay caused by the journal publication process, impeding Gateway website publication, will be allowed for the remaining policy briefs.

Describe the activities or steps proposed during the entire project period in the Methodology section. Use a time line (not to exceed 12 months) that includes each activity and identifies responsible staff. Provide a schedule of release of each product, including release of research briefs and final research reports in relation to the date for submitting manuscripts to peer-reviewed journals. Discuss how the RHRC will give priority to releasing policy briefs and/or final reports prior to submitting manuscripts to peer-reviewed journals. Release of research briefs are scheduled well in advance of manuscripts being submitted to journals. Final products to the Rural Research Gateway website must be in the form of policy briefs. Provide a schedule for release of products on the RHRC's website. RHRCs should provide a probable release date of each deliverable both in the application as well as in subsequent progress reports required each fiscal year. If a deliverable will likely not meet the expected timeline, the RHRC must explain the reasons to the Research Coordinator by email as well as provide a strategy for how the project will get back on track to the original timeline. The Research Coordinator may approve of later deadlines for reasonable study challenges, but RHRCs should make every effort to deliver their products in a timely manner. The Research Coordinator will also attempt to have all research ORHP reviews of briefs and full reports completed within two months from the time the RHRC submits its project for ORHP review.

As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities; including development of the application and, further, the extent to which these contributors reflect the cultural, racial, linguistic and geographic diversity of the populations and communities served. Include in your work plan the variety of products the RHRC intends to use to meet the diverse needs of audiences at national, state, and community level, including ORHP in its official policy role. Address the general content and design of each type of product to fit the information needs and appeal to different audiences.

▪ *RESOLUTION OF CHALLENGES*

Discuss challenges (data authorization, accessibility, and cost, etc.) that are likely to be encountered in designing and implementing the activities described in the Work Plan, and approaches that will be used to resolve such challenges.

▪ *EVALUATION AND TECHNICAL SUPPORT CAPACITY*

As appropriate, describe the data collection strategy to collect, analyze and track data to measure process and impact/outcomes, with different cultural groups (e.g., race, ethnicity, language). The RHRC maintains evaluative measures of their program results.

Describe the organizational arrangements that will technically support the proposed RHRC. Include descriptions of the computer facilities and other relevant research facilities, and any other information that will establish the organization's competence to conduct the proposed research. Describe approaches for maintaining working relationships with other RHRCs and the State Offices of Rural Health. Describe lines of communication and working relationships between staff and contractors, if any.

The RHRC may choose to appoint and convene an Expert Work Group comprised of up to five national and regional experts in its topic of concentration. Expert Work Group members are not staff of the RHRC's parent organization. The Expert Work Group provides input to the RHRC in developing its research portfolio and in evaluating the success of the Center. Through annual RHRC progress reports (due at the end of each fiscal year), the Research Coordinator will confirm that the Expert Work Groups are achieving their goal to provide appropriate input and assist in advancing the research. Meetings with the Expert Work Group may be in-person or over the phone. The RHRC must be vigilant of its budget in planning and executing these meetings.

For each research proposal, provide the following information regarding consultations:

- 1) Describe proposed consultations with the RHRC's Expert Work Group and those outside the group.
- 2) Provide name, organization, and reason for use of any consultations.
- 3) Describe the purpose, meeting content, proposed schedule of yearly face-to-face or conference call meetings, and list of members of the Expert Work Group. The Expert Work Group can have up to five members; none may be members of the staff of the parent organization. For each member, include a summary of his or her relevant qualifications to provide input to the RHRC in developing its portfolio and evaluating its success.
- 4) Include letters of commitment for three members that will join the Expert Work Group in Attachment 5.

Note: The Expert Work Group is not a requirement. ORHP leaves it up to the discretion of each RHRC to decide whether an Expert Work Group will strengthen its final research products. RHRCs may instead choose to budget for a different activity pertinent to this guidance over the Expert Work Group.

▪ ***ORGANIZATIONAL INFORMATION***

RHRC organizations are not entities which operate essentially to pass the cooperative agreement funds through to individual researchers working independently, either in the same or different organizational locations. Each RHRC maintains collegial working relationships with other RHRCs and with State Offices of Rural Health (SORH) and should be aware of key stakeholders.

The RHRC is either a single entity or a consortium of organizations whereby the consortium has a primary/lead entity responsible for research, supervision, administrative activities, and overall management of Federal funds. It has its own identity including name, organizational structure, and dedicated website but may be located in a larger organizational entity. Describe the identity of the RHRC as an entity and its relationship to its parent organization, including sharing of resources. For the RHRC which has multiple sites or is a consortium, provide the information for each component. It may share

common resources with other components of the organizational entity, including personnel (technical, clerical and administrative), library, computer resources, and databases with geo-codes for various definitions of rural. No co-organizational arrangements are permitted. Regardless of whether the RHRC is a single entity or a consortium, it has formal opportunities for staff to collaborate on research projects. If multiple sites or a consortium are proposed, describe the sites, the rationale for multiple sites or consortium arrangement, and which entity will be primarily responsible for the cooperative agreement award. Also describe how the multiple sites relate to each other in terms of responsibility, program management, supervisory authority, and management of Federal grant funds. Describe the approach and structure so that all draft reports are reviewed by the Principal Investigator before their submission to ORHP, regardless of which site authors them. Describe formal opportunities for staff to collaborate across sites on research projects. Identify the researchers who are leaders for each of the proposed projects and indicate if they are from the parent organization or the other member(s) of the multiple sites or the consortium.

Describe library of data sets currently maintained by the applicant that will support rural health research, including information on types of geo-codes on files for different definitions of rural. Indicate any plans for purchasing data sets to keep abreast of release of new data files and emerging issues, especially in the topic of concentration.

**x. Attachments**

Please provide the following items to complete the content of the application. Please note that these are supplementary in nature, and are not intended to be a continuation of the project narrative. Unless otherwise noted, attachments count toward the application page limit. **Each attachment must be clearly labeled.**

***Attachment 1: Tables, charts, etc.***

To give further details about the proposal (e.g., Gantt or PERT charts, flow charts, etc.).

***Attachment 2: Staffing Plan and job descriptions for key personnel***

Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff.

***Attachment 3: Project organizational chart***

Provide a one-page figure that depicts the organizational structure of the project, and other significant collaborators.

***Attachment 4: List of published rural journal articles, briefs and presentations authored/co-authored by 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 author(s), title, full name of journal (no abbreviations), volume number of journal, date of publication, and page numbers. For presentations include author(s), title, conference name, and date.

***Attachment 5: Letters of agreement to serve on Expert Work Group (if applicable)***

***Attachment 6: Letter(s) of approval to collect data on Indian reservation(s)***

*Attachment 7: Summary Progress Report*

**SUMMARY PROGRESS REPORT (FOR COMPETING CONTINUATIONS ONLY/PREVIOUS AWARDEES)**

A well planned accomplishment summary can be of great value by providing a record of accomplishments. It is an important source of material for HRSA in preparing annual reports, planning programs, and communicating program specific accomplishments. The accomplishments of competing continuation applicants are carefully considered during the review process; therefore, applicants are advised to include previously stated goals and objectives in their application and emphasize the progress made in attaining these goals and objectives. Because the Accomplishment Summary is considered when applications are reviewed and scored, **competing continuation applicants who do not include an Accomplishment Summary may not receive as high a score as applicants who do.** The Accomplishment Summary will be evaluated as part of Review Criterion 4: IMPACT.

The accomplishment summary should be a brief presentation of the accomplishments, in relation to the objectives of the program during the current project period. The report should include:

- (1) The period covered (dates).
- (2) Specific Objectives - Briefly summarize the specific objectives of the project as actually funded. Because of peer review recommendations and/or budgetary modifications made by the awarding unit, these objectives may differ in scope from those stated in the competing application.
- (3) Results- Describe the program activities conducted for each objective. Include both positive and negative results or technical problems that may be important.

*Attachment 8: Explanation of federal debt delinquency, if applicable*

*Attachments 9-15: Other documents, as necessary*

### **3. Submission Dates and Times**

#### **Application Due Date**

The due date for applications under this funding opportunity announcement is **April 13, 2012 at 8:00 P.M. ET.** Applications completed online are considered formally submitted when the application has been successfully transmitted electronically by your organization's Authorized Organization Representative (AOR) through Grants.gov and has been validated by Grants.gov on or before the deadline date and time.

**Receipt acknowledgement:** Upon receipt of an application, Grants.gov will send a series of email messages advising you of the progress of your application through the system. The first will confirm receipt in the system; the second will indicate whether the application has been successfully validated or has been rejected due to errors; the third will be sent when the application has been successfully downloaded at HRSA; and the fourth will notify the applicant of the Agency Tracking Number assigned to the application.

The Chief Grants Management Officer (CGMO) or designee may authorize an extension of published deadlines when justified by circumstances such as natural disasters (e.g., floods or hurricanes) or other disruptions of services, such as a prolonged blackout. The CGMO or designee will determine the affected geographical area(s).

**Late applications:**

Applications which do not meet the criteria above are considered late applications and will not be considered in the current competition.

**4. Intergovernmental Review**

Rural Health Research Center Cooperative Agreement Program is a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100. Executive Order 12372 allows states the option of setting up a system for reviewing applications from within their states for assistance under certain federal programs. Application packages made available under this funding opportunity will contain a listing of states which have chosen to set up such a review system, and will provide a State Single Point of Contact (SPOC) for the review. Information on states affected by this program and State Points of Contact may also be obtained from the Grants Management Specialist listed in the Agency Contact(s) section, as well as from the following Web site: [http://www.whitehouse.gov/omb/grants\\_spoc](http://www.whitehouse.gov/omb/grants_spoc).

All applicants other than federally recognized Native American Tribal Groups should contact their SPOC as early as possible to alert them to the prospective applications and receive any necessary instructions on the state's process used under this Executive Order.

Letters from the SPOC in response to Executive Order 12372 are due sixty days after the application due date.

**5. Funding Restrictions**

Applicants responding to this announcement may request funding for a project period of up to four (4) years, at no more than \$660,000 per year. 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.

Funds under this announcement may not be used for the following purposes:

Pay for foreign travel, patient care, alterations, renovations, and/or preparation of this application.

**Salary Limitation:** The Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011, limits the salary amount that may be awarded and charged to HRSA grants and cooperative agreements. Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II. The Executive Level II salary of the Federal Executive Pay scale is \$179,700. This amount reflects an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to subawards/subcontracts under a HRSA grant or cooperative agreement.

Per Division F, Title V, Section 503 of the Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011 (a) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself. (b) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government. (c) The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

Per Division F, Title V, Section 523 of the Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011, no funds appropriated in this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.

## 6. Other Submission Requirements

As stated in Section IV.1, except in very rare cases HRSA will no longer accept applications in paper form. Applicants submitting for this funding opportunity are **required** to submit **electronically** through Grants.gov. To submit an application electronically, please use the APPLY FOR GRANTS section at <http://www.grants.gov>. When using Grants.gov you will be able to download a copy of the application package, complete it off-line, and then upload and submit the application via the Grants.gov site.

It is essential that your organization **immediately register** in Grants.gov and become familiar with the Grants.gov site application process. If you do not complete the registration process, you will be unable to submit an application. The registration process can take up to one month.

To be able to successfully register in Grants.gov, it is necessary that you complete all of the following required actions:

- Obtain an organizational Data Universal Numbering System (DUNS) number
- Register the organization with Central Contractor Registration (CCR)
- Identify the organization's E-Business Point of Contact (E-Biz POC)

- Confirm the organization’s CCR “Marketing Partner ID Number (M-PIN)” password
- Register and approve an Authorized Organization Representative (AOR)
- Obtain a username and password from the Grants.gov Credential Provider

Instructions on how to register, tutorials and FAQs are available on the Grants.gov website at <http://www.grants.gov>. Assistance is also available 24 hours a day, 7 days a week (excluding federal holidays) from the Grants.gov help desk at [support@grants.gov](mailto:support@grants.gov) or by phone at 1-800-518-4726. Applicants should ensure that all passwords and registration are current well in advance of the deadline.

**It is incumbent on applicants to ensure that the AOR is available to submit the application to HRSA by the published due date. HRSA will not accept submission or re-submission of incomplete, rejected, or otherwise delayed applications after the deadline.** Therefore, you are urged to submit your application in advance of the deadline. If your application is rejected by Grants.gov due to errors, you must correct the application and resubmit it to Grants.gov before the deadline date and time. Deadline extensions will not be provided to applicants who do not correct errors and resubmit before the posted deadline.

**If, for any reason, an application is submitted more than once prior to the application due date, HRSA will only accept the applicant’s last validated electronic submission prior to the application due date as the final and only acceptable submission of any competing application submitted to Grants.gov.**

**Tracking your application:** It is incumbent on the applicant to track their application by using the Grants.gov tracking number (GRANTXXXXXXXX) provided in the confirmation email from Grants.gov. More information about tracking your application can be found at <https://apply07.grants.gov/apply/checkAppStatus.faces>. Be sure your application is validated by Grants.gov prior to the application deadline.

## V. Application Review Information

### 1. Review Criteria

Procedures for assessing the technical merit of applications have been instituted to provide for an objective review of applications and to assist the applicant in understanding the standards against which each application will be judged. Critical indicators have been developed for each review criterion to assist the applicant in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. Review criteria are outlined below with specific detail and scoring points.

Review Criteria are used to review and rank applications. The *Rural Health Research Center Cooperative Agreement Program* has 6 (six) review criteria:

*Criterion 1: NEED (25 points)*

- The extent to which the application demonstrates an understanding of the unique challenges facing rural providers and the people they serve, the associated contributing factors to the problems, and the subtleties of conducting rural-focused research that require dedicated rural health research centers.

- The strength of the proposed topic of concentration in relation to rural-relevant policy, covering issues that differ across various levels of rurality, filling any rural policy research gaps, policy implications for decision-makers and rural communities, and particular expertise of the RHRC staff.
- Evidence that the proposed topic of concentration is of enduring policy interest to decision-makers at national, state and local levels, and to members of rural communities.
- The extent to which the research proposals (five included) demonstrate a strong focus on rural-relevant policy issues that are emerging, support broader health care issues, and help to support the policy role of the ORHP.

*Criterion 2: RESPONSE (25 points)*

- The extent to which the proposed project responds to the “Purpose” included in the program description.
- The strength of the linkages between the proposed goals and objectives and identified rural health care issues.
- The extent to which the proposed project will inform rural health care challenges or policy.
- The strength and feasibility of the proposed methodology (appropriate qualitative/quantitative methodology, appropriate data source, experienced/appropriate personnel, etc.).
- The strength of the linkage to rural health policy issues from the perspectives of national, state, and local decision-makers interested in rural health.
- The extent to which the application demonstrates a clear understanding of how emerging national health policy trends affect rural communities.
- The extent to which the application demonstrates an understanding of how existing national data sets and data sources will enable the identification of the key research questions and assist in answering them.

*Criterion 3: EVALUATIVE MEASURES (5 points)*

- The extent to which the applicant demonstrates a strong and effective proposed method to monitor and evaluate the project results.
- The extent to which the proposed evaluation plan is logical, technically sound and practical, and able to yield meaningful findings about key areas of project process and outcome.

*Criterion 4: IMPACT (15 points)*

- The extent to which the research proposals are national in scope, include rural versus urban and rurality level analyses applicable to the rural continuum (places adjacent to urban areas to places in frontier areas).
- The extent to which the applicant demonstrates an understanding of the uses of rural data analyses and research projects as a mechanism to inform diverse audiences of rural health care issues in informing health care policy.
- The strength and feasibility of the proposed strategies for reaching the project’s proposed national target audiences.
- The extent to which the applicant proposes a well-designed, achievable and coherent work and dissemination plan that describes how appropriate and effective communication materials will be developed for, and disseminated to, and used by its target audiences according to schedule.
- The strength of the dissemination plan that includes a means to maintain a website inclusive of RHRC products, submission of completed projects to the Rural Health

Research Gateway website (ORHP-funded website which serves as the warehouse for all RHRC research products), and alerts users to new research outputs through multiple communication channels.

- A means to execute short-term qualitative or quantitative analysis on emerging policy questions in a timely fashion (e.g. two business days).

*Criterion 5: RESOURCES/CAPABILITIES (20 points)*

- The extent to which project personnel are qualified by training and/or experience, specifically, designing research with appropriate and complex data sets and disseminating products to key decision-makers, to implement and execute the proposed policy-relevant rural health research. For competing continuations, past performance will also be considered.
- The extent that the facilities are qualified and available to fulfill the needs and requirements of the proposed project.
- Evidence of an extensive library of data sets related to the topic of concentration and the extent to which these data sets:
  - have been geo-coded to produce analyses for a variety of definitions of rural, and
  - may be updated via established purchasing plans.

*Criterion 6: SUPPORT REQUESTED (10 points)*

- The reasonableness of the proposed budget for each year of the four-year project period in relation to the objectives, the complexity of the research activities, and the anticipated results. This includes the extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of 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, information technology, dissemination of research results, purchase of data types are necessary and appropriate, and contractual services) supports the objectives and activities of the proposed project.

## **2. Review and Selection Process**

The Division of Independent Review is responsible for managing objective reviews within HRSA. Applications competing for federal funds receive an objective and independent review performed by a committee of experts qualified by training and experience in particular fields or disciplines related to the program being reviewed. In selecting review committee members, other factors in addition to training and experience may be considered to improve the balance of the committee, e.g., geographic distribution. Each reviewer is screened to avoid conflicts of interest and is responsible for providing an objective, unbiased evaluation based on the review criteria noted above. The committee provides expert advice on the merits of each application to program officials responsible for final selections for award.

Applications that pass the initial HRSA eligibility screening will be reviewed and rated by a panel based on the program elements and review criteria presented in relevant sections of this funding opportunity announcement. The review criteria are designed to enable the review panel to assess the quality of a proposed project and determine the likelihood of its success. The criteria are closely related to each other and are considered as a whole in judging the overall quality of an application.

### **3. Anticipated Announcement and Award Dates**

It is anticipated that awards will be announced prior to the start date of September 1, 2012.

## **VI. Award Administration Information**

### **1. Award Notices**

Each applicant will receive written notification of the outcome of the objective review process, including a summary of the expert committee's assessment of the application's strengths and weaknesses, and whether the application was selected for funding. Applicants who are selected for funding may be required to respond in a satisfactory manner to Conditions placed on their application before funding can proceed. Letters of notification do not provide authorization to begin performance.

The Notice of Award sets forth the amount of funds granted, the terms and conditions of the award, the effective date of the award, the budget period for which initial support will be given, the non-federal share to be provided (if applicable), and the total project period for which support is contemplated. Signed by the Grants Management Officer, it is sent to the applicant's Authorized Organization Representative, and reflects the only authorizing document. It will be sent prior to the start date of September 1, 2012.

### **2. Administrative and National Policy Requirements**

Successful applicants must comply with the administrative requirements outlined in 45 CFR Part 74 [Uniform Administrative Requirements for Awards and Subawards to Institutions of Higher Education, Hospitals, Other Nonprofit Organizations, and Commercial Organizations](#) or 45 CFR Part 92 [Uniform Administrative Requirements For Grants And Cooperative Agreements to State, Local, and Tribal Governments](#), as appropriate.

HRSA grant and cooperative agreement awards are subject to the requirements of the HHS Grants Policy Statement (HHS GPS) that are applicable based on recipient type and purpose of award. This includes, as applicable, any requirements in Parts I and II of the HHS GPS that apply to the award. The HHS GPS is available at <http://www.hrsa.gov/grants/>. The general terms and conditions in the HHS GPS will apply as indicated unless there are statutory, regulatory, or award-specific requirements to the contrary (as specified in the Notice of Award).

### **Human Subjects Protection**

Federal regulations (45 CFR 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 research involving human subjects is anticipated, you must meet the requirements of the DHHS regulations to protect human subjects from research risks as specified in the Code of Federal Regulations, Title 45 – Public Welfare, Part 46 – Protection of Human Subjects (45 CFR 46), available online at [www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html](http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html).

### **Financial Conflict of Interest**

HHS requires awardees and investigators to comply with the requirements of 42 CFR part 50, Subpart F, "Responsibility of Applicants for Promoting Objectivity in Research for which PHS Funding is Sought." A Final Rule amending this PHS regulation (and the companion regulation at 45 CFR part 94, "Responsible Prospective Contractors," imposing similar requirements for research contracts) was published on August 25, 2011 in the Federal Register (<http://www.gpo.gov/fdsys/pkg/FR-2011-08-25/pdf/2011-21633.pdf>). An Institution applying for or receiving PHS funding from a grant or cooperative agreement that is covered by the rule must be in full compliance with all of the revised regulatory requirements no later than August 24, 2012, and immediately upon making its institutional Financial Conflict of Interest (FCOI) policy publicly accessible as described in the regulation.

### **Trafficking in Persons**

Awards issued under this funding opportunity announcement are subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to <http://www.hrsa.gov/grants/trafficking.html>. If you are unable to access this link, please contact the Grants Management Specialist identified in this funding opportunity to obtain a copy of the Term.

### **Smoke-Free Workplace**

The Public Health Service strongly encourages all award recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. Further, Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care or early childhood development services are provided to children.

### **Cultural and Linguistic Competence**

HRSA programs serve culturally and linguistically diverse communities and multiple cultures. Although race and ethnicity are often thought to be dominant elements of culture, HRSA funded programs embrace a broader definition to include language, gender, socio-economic status, sexual orientation and gender identity, physical and mental capacity, age, religion, housing status, and regional differences. Organizational behaviors, practices, attitudes, and policies across all HRSA-supported entities respect and respond to the cultural diversity of communities, clients and students served. HRSA is committed to ensuring access to quality health care for all. Quality care means access to services, information, materials delivered by competent providers in a manner that factors in the language needs, cultural richness, and diversity of populations served. Quality also means that, where appropriate, data collection instruments used should adhere to culturally competent and linguistically appropriate norms. For additional information and guidance, refer to the National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS) published by HHS and available online at <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>. Additional cultural competency and health literacy tools, resources and definitions are available online at <http://www.hrsa.gov/culturalcompetence> and <http://www.hrsa.gov/healthliteracy>.

### **Healthy People 2020**

Healthy People 2020 is a national initiative led by HHS that sets priorities for all HRSA programs. The initiative has four overarching goals: (1) attain high-quality, longer lives free of preventable disease, disability, injury, and premature death; (2) achieve health equity, eliminate disparities, and improve the health of all groups; (3) create social and physical environments that

promote good health for all; and (4) promote quality of life, healthy development, and healthy behaviors across all life stages. The program consists of over 40 topic areas, containing measurable objectives. HRSA has actively participated in the work groups of all the topic areas and is committed to the achievement of the Healthy People 2020 goals. More information about Healthy People 2020 may be found online at <http://www.healthypeople.gov/>.

### **National HIV/AIDS Strategy (NHAS)**

The National HIV/AIDS Strategy (NHAS) has three primary goals: 1) reducing the number of people who become infected with HIV, 2) increasing access to care and optimizing health outcomes for people living with HIV, and 3) reducing HIV-related health disparities. The NHAS states that more must be done to ensure that new prevention methods are identified and that prevention resources are more strategically deployed. Further, the NHAS recognizes the importance of early entrance into care for people living with HIV to protect their health and reduce their potential of transmitting the virus to others. HIV disproportionately affects people who have less access to prevention, care and treatment services and, as a result, often have poorer health outcomes. Therefore, the NHAS advocates adopting community-level approaches to identify people who are HIV-positive but do not know their serostatus and reduce stigma and discrimination against people living with HIV.

To the extent possible, program activities should strive to support the three primary goals of the NHAS. As encouraged by the NHAS, programs should seek opportunities to increase collaboration, efficiency, and innovation in the development of program activities to ensure success of the NHAS. Programs providing direct services should comply with federally-approved guidelines for HIV Prevention and Treatment (see <http://www.aidsinfo.nih.gov/Guidelines/Default.aspx> as a reliable source for current guidelines). More information can also be found at <http://www.whitehouse.gov/administration/eop/onap/nhas>.

### **Health IT**

Health information technology (Health IT) provides the basis for improving the overall quality, safety and efficiency of the health delivery system. HRSA endorses the widespread and consistent use of health IT, which is the most promising tool for making health care services more accessible, efficient and cost effective for all Americans.

### **Related Health IT Resources:**

- [Health Information Technology \(HHS\)](#)
- [What is Health Care Quality and Who Decides? \(AHRQ\)](#)

## **3. Reporting**

The successful applicant under this funding opportunity announcement must comply with the following reporting and review activities:

### **a. Audit Requirements**

Comply with audit requirements of Office of Management and Budget (OMB) Circular A-133. Information on the scope, frequency, and other aspects of the audits can be found on the Internet at [http://www.whitehouse.gov/omb/circulars\\_default](http://www.whitehouse.gov/omb/circulars_default).

### **b. Payment Management Requirements**

Submit a quarterly electronic Federal Financial Report (FFR) Cash Transaction Report via the Payment Management System. The report identifies cash expenditures against the authorized funds for the grant or cooperative agreement. The FFR Cash Transaction Reports must be filed within 30 days of the end of each calendar quarter. Failure to submit the report may result in the inability to access award funds. Go to <http://www.dpm.psc.gov> for additional information.

c. **Status Reports**

1) **Federal Financial Report.** The Federal Financial Report (SF-425) is required within 90 days of the end of each budget period. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically through EHB. More specific information will be included in the Notice of Award.

2) **Progress Report(s).** The awardee must submit a progress report to HRSA on an annual basis. Submission and HRSA approval of your Progress Report(s) triggers the budget period renewal and release of subsequent year funds. This report has two parts. The first part demonstrates grantee progress on program-specific goals and challenges encountered. The second part details future projects of the grantee. Further information will be provided in the award notice.

3) **Final Report.** A final report is due within 90 days after the project period ends. The final report collects program-specific goals and progress on strategies; impact of the overall project; the degree to which the grantee achieved the mission, goal and strategies outlined in the program; grantee objectives and accomplishments; barriers encountered; and responses to summary questions regarding the grantee's overall experiences over the entire project period. The final report must be submitted on-line by awardees in the Electronic Handbooks system at <https://grants.hrsa.gov/webexternal/home.asp>.

4) **Other required reports and/or products.** The grantee will be required to submit five (5) preliminary one-page proposals to ORHP for deliberation for noncompetitive years two, three, and four. ORHP will then discuss which proposals meet its expectations.

5) **Performance Measures/GPRA.** ORHP is in the process of identifying specific performance measures that grantees will be required to utilize in future non-competing continuation applications. Performance measures can be process or outcome measures that allow grantees to track their progress toward meeting stated objectives. The Government Performance Results Act (GPRA) measure for this Cooperative Agreement will be collected by the Rural Health Research Gateway but may require efforts on the part of the RHRCs for data collection and submission to HRSA's Electronic Handbooks (EHBs) system. GPRA is meant to focus results of the grantee activities, such as dissemination, responsiveness, and program quality. The probable GPRA measure for this cooperative agreement is the total number of RHRC, ORHP-funded products cited in academic literature and mainstream media. ORHP expects to revise this performance measure over the next four years in consultation with Gateway for overall impact of the RHRC program.

d. **Transparency Act Reporting Requirements**

New awards ("Type 1") issued under this funding opportunity announcement are subject to the reporting requirements of the Federal Funding Accountability and Transparency

Act (FFATA) of 2006 (Pub. L. 109–282), as amended by section 6202 of Public Law 110–252, and implemented by 2 CFR Part 170. Grant and cooperative agreement recipients must report information for each first-tier subaward of \$25,000 or more in federal funds and executive total compensation for the recipient’s and subrecipient’s five most highly compensated executives as outlined in Appendix A to 2 CFR Part 170 (FFATA details are available online at <http://www.hrsa.gov/grants/ffata.html>). Competing continuation awardees, etc. may be subject to this requirement and will be so notified in the Notice of Award.

## VII. Agency Contacts

Applicants may obtain additional information regarding business, administrative, or fiscal issues related to this funding opportunity announcement by contacting:

Bruce Holmes, M. Div.  
Senior Grants Management Specialist  
Research and Training Branch  
HHS\HRSA\OFAM\ Division of Grants Management Operations  
Parklawn Building  
5600 Fishers Lane  
Room 11A-55  
Rockville, MD 20857-001  
Telephone: 301-443-0752  
Fax: 301-443-6343  
Email: [Bholmes@hrsa.gov](mailto:Bholmes@hrsa.gov)

Additional information related to the overall program issues and/or technical assistance regarding this funding announcement may be obtained by contacting:

Iran Naqvi, MBA, MHS, Research Coordinator  
Agency: HRSA  
Attn Funding Program: Office of Rural Health Policy  
Parklawn Building  
5600 Fishers Lane  
Room 5A-55  
Rockville, MD 20857  
Telephone: 301-594-4429  
Fax: 301-443-2803  
Email: [INaqvi@hrsa.gov](mailto:INaqvi@hrsa.gov)

Applicants may need assistance when working online to submit their application forms electronically. Applicants should 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, seven days a week, excluding federal holidays at:

Grants.gov Contact Center  
Telephone: 1-800-518-4726  
E-mail: [support@grants.gov](mailto:support@grants.gov)

iPortal: <http://grants.gov/iportal>

## **VIII. Other Information**

### **Helpful Web Sites:**

- For HRSA: <http://www.hrsa.gov>
- For ORHP: <http://www.ruralhealth.hrsa.gov>
- For list of current and completed rural research projects: <http://www.ruralhealthresearch.org>
- For Flex Monitoring Team: <http://www.flexmonitoring.org/>

## **IX. Tips for Writing a Strong Application**

A concise resource offering tips for writing proposals for HHS grants and cooperative agreements can be accessed online at:

<http://www.hhs.gov/asrt/og/grantinformation/apptips.html>.