

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

Office of Rural Health Policy
Rural Health Network Development Planning Program (Network Planning)

Rural Health Network Development Planning Program

**Announcement Type: New
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FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2013

Application Due Date: October 15, 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.*

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Authority: Section 330A (f) of the Public Health Service Act, 42 U.S.C. 254 c (f), as amended.

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I. Funding Opportunity Description

1. Purpose

This announcement solicits applications for the Rural Health Network Development Planning Grant Program (Network Planning).

The purpose of the Network Planning Program is to promote the development of integrated healthcare networks in order to: (i) achieve efficiencies; (ii) expand access to, coordinate, and improve the quality of essential health care services; and (iii) strengthen the rural health care system as a whole. This program brings together key parts of a rural health care delivery system, particularly those entities that may not have collaborated in the past, to work together to establish or improve local capacity and coordination of care. The grant program supports one year of planning to develop and assist health care networks in becoming operational. These networks can include a wide range of community partners including social service agencies, faith-based organizations, mental health agencies, charitable organizations, educational institutions, employers, local government agencies or other entities with an interest in a community's health care system.

For purposes of this grant program, a rural health network is defined as an organizational arrangement among at least three separately owned health care providers that come together to develop strategies for improving health services delivery systems in a community. For example a critical access hospital (CAH), a community health center (CHC) and a social services organization could come together around a shared purpose, such as coordination of care, in a collaborative activity that allows them to assess the health care needs within their community, share clinical or administrative resources or ensure that local patients have access to a full continuum of care locally.

Successful applicants can use their one-year grant funds to lay out the foundation of a community health project by convening collaborating partners to conduct planning activities. This includes but is not limited to the following components:

- 1) Community health and/or provider needs assessments
 - a. develop and implement a needs assessment in the community;
 - b. identify the most critical need of network partners to ensure their viability;
 - c. identify potential collaborating network partners in the community/region; and
 - d. identify placed-based initiatives that focus on targeting resources in efforts to leverage investments.

- 2) Business, operation or strategic plans, such as
 - a. develop a business, operational or strategic plan;
 - b. carryout organization development activities such as a formal memorandum of agreement or understanding (MOA/MOU);
 - c. develop a shared mission statement;
 - d. establish a network board;
 - e. develop bylaws;
 - f. delineate the roles and responsibilities of the network partners;
 - g. establish network priority areas, goals, and objectives; and

- h. begin carrying out network activities, include activities to promote the network's benefit to the community, increased access to quality care services, and sustainability.
- 3) Health Information Technology (HIT) Investments:
 - a. use the funds to hire a consultant to perform a HIT readiness assessment for the network.

2. Background

This program is authorized by Section 330A (f) of the Public Health Service Act, 42 U.S.C. 254c (f), as amended by section 201, P.L. 107-251 of the Health Care Safety Net Amendments of 2002.

There is considerable evidence that rural health care providers benefit greatly from forming a network. The realities of rural health care delivery (limited provider base, financial viability challenges, higher rates of chronic disease, etc.) create an environment in which rural providers may be able to build a more sustainable infrastructure by joining together in formal arrangements that improve and enhance health care delivery. However, identifying and exploring the viability of those kinds of partnerships can be a challenge.

Rigorous monitoring and meaningful evaluation is critical in demonstrating the impact and replicability of these projects. The Office of Rural Health Policy has created specific performance measures that grantees will be required to report within the Performance Improvement and Measurement System (PIMS) located in HRSA's Electronic Handbook (EHB). This data helps HRSA to determine the larger impact of its rural health programs. Performance measures can be process or outcome measures that allow grantees to track their progress toward meeting stated objectives. Grantees will be required to provide data on these measures annually for continued funding.

II. Award Information

1. Type of Award

Funding will be provided in the form of a grant.

2. Summary of Funding

This program will provide funding during Federal fiscal year 2013. Approximately \$1,275, 000 is expected to be available annually to fund fifteen (15) grantees. Applicants may apply for a ceiling amount of up to \$85,000 per year. The project period is one (1) year.

III. Eligibility Information

1. Eligible Applicants

A. Eligibility and Geographic Requirements

The lead applicant organization must be a rural, non-profit or public entity that represents a consortium/network of three or more health care providers. To ascertain rural eligibility, please refer to <http://datawarehouse.hrsa.gov/RuralAdvisor/> and enter the applicant organization's State and County. To identify the Census tract where your organization is located, visit the webpage at <http://www.ffiec.gov/Geocode/default.aspx> and enter your address, PO Boxes cannot be used to identify eligible Census Tracts. The applicant organization's county name must be entered on the SF-424 Face Page in Box 8, Section d. Address. If the applicant is eligible by census tract the census tract number must also be included next to the county name.

Faith-based and community-based organizations as well as Tribal Organizations are eligible to apply for these funds. For-profit or urban based organizations are not eligible to be the lead applicant but can participate in the network.

Organizations that have already received a Network Planning grant or a Rural Health Network Development grant are not eligible to apply for the same or a similar project.

The applicant's organizational headquarters must be a public or private nonprofit entity located in a designated rural county or a rural census track within an urban county.

- Applicants that are eligible because they are in a rural census tract of an urban area must also include the census tracts of the service areas, cities, counties, etc where the funds will be used.
- In addition to 50 States, applicants can be located in the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, the Territories of the Virgin Islands, Guam, American Samoa, the Compact Free Association Jurisdictions of the Republic of the Marshall Islands, the Republic of Palau and the Federated States of Micronesia.

Applications from organizations that do not meet the criteria above will not be considered under the funding opportunity announcement.

B. Consortium Requirements

The Network Planning Program requires the establishment of a new network. The networks must be composed of at least three separately owned health care provider organizations that may be nonprofit or for-profit entities. The main applicant organization along with each network member must have separate EIN numbers. The network can be a horizontal network (composed of all the same type of organization, i.e., hospitals or clinics), or a vertical network (composed of different types of organizations, i.e., a critical access hospital and a rural health clinic and a community health center). The roles and responsibilities of each member organization must be clearly defined and each must contribute significantly to the goals of the network.

Existing networks that seek to expand services or expand their service area are not eligible to apply. Existing networks that are proposing to collaborate with at least two outside organizations that they have not worked with before are eligible to apply.

2. Cost Sharing/Matching

Cost Sharing/Matching is not required for this program.

3. Other

Applications that exceed the ceiling amount 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.

Federal funds provided through this grant may **not** be used for the following purposes:

- To provide direct health care services;
- To purchase, construct or renovate facilities or real property; or
- To purchase vehicles.

The legislation for this program states that to be eligible to receive a grant, applications –shall be prepared in consultation with your State Office of Rural Health (SORH) or other appropriate State government entity. Applicants must contact your SORH early in the application process to advise them of your intent to apply. The SORH can often provide technical assistance to applicants. A list of the SORHs can be accessed at <http://www.nosorh.org/regions/directory.php>.

NOTE: Multiple applications from an organization are not allowable.

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. The 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 an 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, and provide details as to why they are technologically unable to submit electronically through the Grants.gov portal. If requesting a waiver, include the following in the e-mail request: the HRSA announcement number for which the organization is 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 the submission along with a copy of the “Rejected with Errors” notification as 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.

IMPORTANT NOTICE: CCR to be moved to SAM
Effective July 30, 2012

CCR will transition to SAM at the end of July. CCR must stop accepting new data in order to successfully migrate the existing data into SAM. CCR's last business day is Tuesday, July 24, 2012. It will no longer accept new registrations or updates to current registrations after that time. The CCR Search capability will remain active through the transition to allow users to search for an entity's current registration status. SAM will be online for use Monday morning, July 30, 2012.

CCR will stop accepting data at 11:59 pm on Tuesday, July 24, 2012. **No new registrations can be submitted after that time. No updates to existing registrations can be submitted after that time.** Any registrations in process will be on hold until SAM goes live the morning of July 30, 2012. If users are in the middle of a registration, the data that has been submitted will be migrated to SAM.

If a record was scheduled to expire between July 16, 2012 and October 15, 2012, CCR is extending the expiration date by 90 days. The registrant will receive an e-mail notification from CCR when it extends the expiration date. The registrant will then receive standard e-mail reminders to update their record based on this new expiration date. Those future e-mail notifications will come from SAM.

SAM will reduce the burden on those seeking to do business with the government. Vendors will be able to log into one system to manage their entity information in one record, with one expiration date, through one streamlined business process. Federal agencies will be able to look in one place for entity pre-award information. Everyone will have fewer passwords to remember and see the benefits of data reuse as information is entered into SAM once and reused throughout the system.

Active CCR registration is a pre-requisite to the
successful submission of grant applications!

Grants.gov strongly suggests visiting CCR prior to this change and checking the account status. Some things to consider are:

- When does the account expire?
- Does the origination need to complete the annual renewal of registration?
- Who is the eBiz POC? Is this person still with the organization?
- Does anything need to be updated?

To learn more about the switch from CCR to SAM, more information [is](https://www.bpn.gov/ccr/NewsDetail.aspx?id=2012&type=N) available at <https://www.bpn.gov/ccr/NewsDetail.aspx?id=2012&type=N>. To learn more about SAM, please visit <https://www.sam.gov>.

Note: CCR or SAM 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. 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; or SAM Quick Guide for Grantees (https://www.sam.gov/sam/transcript/SAM_Quick_Guide_Grants_Registrations-v1.6.pdf), your entity registration will become active after 3-5 days. Therefore, ***check for active registration well before the 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 number. The [CCR Website](#) provides user guides, renewal screen shots, FAQs and other resources.

Applicants that fail to allow ample time to complete registration with CCR (prior to July 25, 2012) / SAM (starting July 30, 2012) 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. 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

Each funding opportunity contains a unique set of forms and only the specific forms package posted with an opportunity will be accepted. Specific instructions for preparing portions of the application that must accompany Application Form SF-424 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. **HRSA strongly urges applicants to print their 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 Non-Construction – Table of Contents

- 🔔 It is mandatory to follow the instructions provided in this section to ensure that the application can be printed efficiently and consistently for review.
- 🔔 Failure to follow the instructions may make the 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
Application for Federal Assistance (SF-424)	Form	Pages 1, 2 & 3 of the SF-424 face page.	Not counted in the page limit
Project Summary/Abstract	Attachment	Can be uploaded on page 2 of SF-424 - Box 15	Required attachment. Counted in the page limit. Refer to the funding opportunity announcement for detailed instructions.
Additional Congressional District	Attachment	Can be uploaded on page 3 of SF-424 - Box 16	As applicable to HRSA; Counted in the page limit.
Project Narrative Attachment Form	Form	Supports the upload of Project Narrative document	Not counted in the page limit
Project Narrative	Attachment	Can be uploaded in Project Narrative Attachment form.	Required attachment. Counted in the page limit. Refer to the funding opportunity announcement for detailed instructions. Provide table of contents specific to this document only as the first page.
SF-424A Budget Information - Non-Construction Programs	Form	Pages 1–2 to support structured budget for the request of Non-construction related funds.	Not counted in the page limit
Budget Narrative Attachment Form	Form	Supports the upload of Project Narrative document.	Not counted in the page limit
Budget Narrative	Attachment	Can be uploaded in Budget Narrative Attachment form.	Required attachment. Counted in the page limit. Refer to the funding opportunity announcement for detailed instructions.
SF-424B Assurances - Non-Construction Programs	Form	Supports assurances for non-construction programs.	Not counted in the page limit
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 the SF-424 Performance Site Location(s) form. Single document with	Counted in the page limit.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
		all additional site location(s)	
Disclosure of Lobbying Activities (SF-LLL)	Form	Supports structured data for lobbying activities.	Not counted in the page limit
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 specific sequence. Counted in the page limit.

- 🔔 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 the attachment, ensure that a table of contents cover page is included specific to the attachment. The 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.) Attachments will be rejected by Grants.gov if special characters are included or attachment names exceed 50 characters.

Attachment Number	Attachment Description (Program Guidelines)
Attachment 1	Request for a Funding Preference
Attachment 2	The Staffing Plan Narrative
Attachment 3	Biographical Sketches of Key Personnel
Attachment 4	Network Organizational Chart and Network Member Information
Attachment 5	Letters of Commitment
Attachment 6	Work Plan Matrix
Attachment 7	Required documentation from State Office of Rural Health or other Governmental Entity
Attachment 8	Areas of Impact
Attachment 9	Proof of Non-Profit Status
Attachment 10	Letter from Urban Parent Organization
Attachment 11	Previous Grants
Attachment 12	Map of service area
Attachments 13-15	Other attachments, as necessary

Application Format

i. Application Face Page

Complete Application Form SF-424 provided with the application package. Prepare according to instructions provided in the form itself. If using the SF-424, include the following: Important note: enter the name of the **Project Director** in 8. f. “Name and contact information of person to be contacted on matters involving this application.” If, for any reason, the Project Director will be out of the office, please ensure the email Out of Office Assistant is set so HRSA will be aware if any issues arise with the application and a timely response is required. For information pertaining to the Catalog of Federal Domestic Assistance, the CFDA Number is 93.912.

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 8c 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) (soon to be SAM) in order to conduct electronic business with the Federal Government. CCR (or SAM) 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 the applicant organization CCR registration is active and the Marketing Partner ID Number (MPIN) is current. Information about registering with the CCR can be found at <http://www.ccr.gov>. Please see Section IV of this funding opportunity announcement for IMPORTANT NOTICE: CCR to be moved to SAM July 30, 2012.

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

Please complete Sections A, B, E, and F of the SF-424A Budget Information – Non-Construction Programs form included with the application kit for each year of the project period, and then provide a line item budget using Section B Object Class Categories of the SF-424A.

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
Amount that may be claimed on the application budget due to the legislative salary limitation: 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	\$89,850
Fringe (25% of salary)	\$22,462.50
Total amount	\$112,312.50

iv. Budget Justification

Provide a narrative that explains the amounts requested for each line in the budget. The budget justification should specifically describe how each item will support the achievement of proposed 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 at the time of application. Line item information must be provided to explain the costs entered in the SF-424A. 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.

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. 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	Chief Executive Officer	50	\$179,700*	\$89,850
R. Doe	Nurse Practitioner	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/consumers completing the travel should be outlined. For long distance travel, include the number of staff, number of days, costs of airfare, per diem, parking, mileage, hotel and ground transportation. The budget should also reflect the travel expenses associated with participating in meetings and other proposed trainings or workshops.

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. In this category, separate office supplies from medical and educational purchases. Office supplies could include paper, pencils, and the like; medical supplies are syringes, blood tubes, plastic gloves, etc., and educational supplies may be pamphlets and educational videotapes. Remember, they 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 subrecipients that entities receiving subawards must be registered in CCR (or SAM starting July 30, 2012 - See Section IV of this document for more SAM details.) 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.

Generally, food is not an allowable expense. The cost of meals or snacks must be approved by the Program Office, in accordance with current policy.

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. The indirect cost rate agreement will not count toward the page limit.

Training grant applications from State, local, or Indian tribal governmental agencies may request full indirect cost reimbursement. State universities and hospitals are subject to the 8% cap.

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. Position descriptions that include the roles, responsibilities, and qualifications of proposed project staff must be included in Attachment 2. Biographical sketches for any key employed personnel that will be assigned to work on the proposed project must be included in Attachment 3. 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.

vi. *Assurances*

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

vii. *Certifications*

Use the Certifications and Disclosure of Lobbying Activities Application Form provided with the application package.

viii. *Project Abstract*

Provide a summary of the application. Because the abstract is often distributed to provide information to the public and Congress, please prepare this so that it is clear, accurate, concise, and without reference to other parts of the application. It must include a brief description of the proposed project including the needs to be addressed, the proposed services, and the population group(s) to be served.

Please place the following at the top of the abstract:

- Project Title

- Applicant Organization Name
- Address
- Project Director Name
- Contact Phone Numbers (Voice, Fax)
- E-Mail Address
- Web Site Address, if applicable

The project abstract must be single-spaced and limited to one page in length.

ix. Project Narrative

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

When identifying the focus of your project you may want to develop plans for one of the following activities. These are suggestions not required activities. Please provide information on your project's focus areas.

- 1) Community health or health provider needs assessments
 - a. develop and implement a needs assessment in the community;
 - b. notify the most critical need of network partners to ensure their viability;
 - c. identify potential collaborating network partners in the community/region; and
 - d. identify placed-based initiatives that focus on targeting resources in efforts to leverage investments

- 2) Business, operation or strategic plans, such as
 - a. develop a business, operational or strategic plan;
 - b. carryout organization development activities such as a formal memorandum of agreement or understanding (MOA/MOU);
 - c. establish a network board;
 - d. develop by-laws;
 - e. delineate the roles and responsibilities of the network partners;
 - f. establish network priority areas, goals, and objectives; and
 - g. begin carrying out network activities, include activities to promote the network's benefit to the community, increased access to quality care services, and sustainability

- 3) Economic Impact Analysis:
 - a. develop a plan to quantify the economic and service impact of programmatic investment on rural communities by tracing how their funds have been spent through the economy and measuring the effects and yield (or projected yield) of spending. Information about this tool can be found on: www.raconline.org/econtool/ or <http://ruralhealthworks.org/>.

- 4) Health Information Technology (HIT) Investments:
 - a. use the funds to hire a consultant that could perform a HIT readiness assessment for the network.

Please take this into consideration when completing the Response and Evaluation sections of the Program Narrative described below.

Each application is reviewed by an Objective Review Panel. Only the information you include will be part of the review process. Please read V. Review Criteria, Section 1, for information on what we ask the reviewers to look for.

The following sections should be carefully prepared and all information requested should be included. If the type of information requested in a particular section does not apply to your project, indicate why you have left the information out so your project will not be deemed unresponsive.

Use the following section headers for the Narrative:

▪ ***INTRODUCTION***

This section should briefly describe the purpose of the proposed project. It should summarize the project's goals and expected outcomes. Applicants should lay out the foundation of a community health project by convening collaborating partners to conduct planning activities.

▪ ***NEEDS ASSESSMENT*** (Linked to Review Criteria # 1: NEED)

1. Include information on why a network planning grant would meet an identified need and how the funding would address that need. The applicant needs to describe the health care service environment in which the network will be developed. Appropriate data sources (local, Tribal, State, Federal) should be identified in the application and be used in the analysis of the environment in which the network is functioning.
2. Indicate the need for the proposed project by using demographic data whenever appropriate. The application should document the unmet health needs/problems in the service area that the collaborating network proposes to address for example: diabetes, obesity, heart disease; or describe plans to perform a health needs assessment for the community; or develop a proposal to address the needs of the area health care providers such as personnel, service delivery needs, shared resources, etc. The needs associated with these factors should be addressed in this section. Include information on the population only in relation to these factors (i.e., underserved, poverty, uninsured).
3. Identify the potential barriers and challenges in forming the network and implementing the network activities along with possible solutions to address the barriers.
4. Provide a map of the service area depicting the location of the proposed network partners and other services in the area must be included. All maps should be legible and in black and white. This is necessary because colored maps do not copy well and this important information is not legible. Please include as Attachment 15.

Note: If a needs assessment has not been completed in your community within the past 5 years, it is strongly encouraged that a community health needs assessment be included as one of the process goals for completion during the project period.

▪ ***METHODOLOGY*** (Linked to Review Criteria # 2: RESPONSE)

1. Identify the proposed goals and objectives of the project and include a coherent strategy to carry out the grant-funded activities to reach the proposed goals. Include information on how the network members were identified for inclusion in the network, the expertise

of each network member and the desired working relationship among the members, i.e., reduction of ownership issues, communication strategies, duplicate services, etc. Each network member should have an identified role in the project. Include a description of any previous collaboration among the network partners.

2. Explain all of the expected outcomes this project will accomplish by the end of the project period. Only include outcomes for the activities proposed which could include:
 - Complete a community or provider needs assessment;
 - Complete organizational development activities, i.e., creating a formal MOA/MOU, establishing by-laws, board development, etc.;
 - Develop a business, operational, or strategic plan or a timeline for its completion;
 - Identify and implement activities that the network members, working together, can use to address the identified community health needs;
3. Develop a plan for the network partners to further collaborate to improve access to health care in the community through activities such as:
 - Shared purchasing, shared resources, and/or continuum of care;
 - Developing a strategy for the network to become sustainable;
 - Identifying potential new partners;
 - Developing an evaluation plan; and/or
 - Completing a health information technology (HIT) investment readiness activity: i.e., use the funds to hire a consultant that could perform a HIT readiness assessment for the network.
4. Identify how communication will flow between network members and address how the network partners will resolve differences in executing the project and resolve issues should they arise.
5. Identify how the network will strengthen health providers' ability to serve the community and how the proposed project goals align with Healthy People 2020.
6. Explain how grant funds will be used to accomplish these tasks.
7. If an applicant is currently a Bureau of Primary Health Care (BPHC) Community Health Center/FQHC grantee and receiving 330 funding, they must include justification or a plan on how ORHP funding will differ from existing activities. Applicants may not use ORHP funding to fund previously existing CHC activities.

▪ *WORK PLAN* (Linked to Review Criteria # 2: RESPONSE, #3 IMPACT)

1. Include a work plan (Attachment 6) that outlines the goals, objectives/strategies, activities and measurable outcomes and process measures. The work plan should identify the person or organization responsible for carrying out each activity and an anticipated timeframe. The activities should be addressed and completed by more than one network member.
2. The goals for the project describe the expected overall results of the project. Objectives (strategies) are plans to accomplish the goals. Both the goals and objectives for the project must be measurable, realistic and achievable. Activities are action steps toward completion of the objectives. Outcomes/process measures are used to determine whether goals, objectives or activities have been achieved. The inclusion of a timeline, identifying the party responsible for carrying out each activity, and establishing a process for periodic feedback and program modification, if necessary, should also be identified within a work plan.

Models That Work: Although not required, if the project proposal is based on another program that succeeded in another community please describe that program, how it was funded and why you think it will succeed in a new community

- *RESOLUTION OF CHALLENGES* (Linked to Review Criteria # 3: IMPACT)
 1. Describe how the local community or region to be served will experience increased access to quality health care services across the continuum of care as a result of the integration activities carried out by the network. The application should identify new services that could result as an outcome of the integration and coordination of activities carried out by the network.
 2. Provide information on the potential impact of the network's services on the providers that are not members of the network in the service area.
 3. Discuss strategies to disseminate information about the project to the community and beyond and indicate if the project may be national in scope.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY* (Linked to Review Criteria # 4: EVALUATIVE MEASURES)
 1. Describe how project goals will be tracked, measured, and evaluated. Any assumptions made in developing the project matrix/work plan and the anticipated outputs and outcomes of grant-funded activities should be explained. Both outcome and process measures may be used to assess the progress of efforts.
 2. Explain the process by which data/information for these measures will be collected and analyzed, including an approach for evaluating the network's progress in relation to its proposed outputs and outcomes. If an outside evaluator/consultant will be hired to assist in the evaluation of the network's progress, provide details about the evaluator and the proposed approach for conducting an evaluation. If an evaluator has not been identified please include a position description for this person in Attachment 2.
 3. Discuss ongoing quality assurance/quality improvement strategies that will allow for the early detection and modification of ineffective strategies.

- *ORGANIZATIONAL INFORMATION* (links to Review Criteria #3: IMPACT AND #5: RESOURCES/CAPABILITIES)
 1. Provide information on the applicant agency's current mission and structure. Identify the scope of current activities and describe how they contribute to the ability of the proposed network to conduct the program activities and meet the project expectations.
 2. The application should include:
 - Information on the ability of the applicant organization to manage the project and personnel and to monitor Federal funds. Identify financial practices and systems that assure that the applicant organization has financial resources to manage Federal funds.
 - Identify the availability of facilities to fulfill the needs of the project.
 - Information on the decision-making board that consists primarily of representatives of the proposed network member organizations to ensure that the governing body, rather than an individual network member, makes the financial and programmatic decisions relating to the network and the network's activities.
 - Information on the individual who will serve as the interim director of the network and will be responsible for project monitoring and for ensuring the grant activities are carried out. It is preferable, but not required, that the proposed network identifies a permanent director prior to receiving grant funds. Evidence that the

Project Director will allot at least 25 percent of their time to the project and that the applicant organization has at least one paid full-time staff employed at the time of application.

- A description of the roles of key personnel and how their roles relate to the network and the network project
 - The degree to which the participants are ready to integrate their functions.
 - How the local community or region to be served will be involved in the activities carried out by the network.
3. The application should identify a plan for sustaining the project activities after Federal support for the project has ended.
4. The applicant should identify factors that will lead to the network's sustainability, enumerating the benefits that will accrue to network participants and local community if their network is successful such as:
- Network Member contributions, both monetary and in-kind
 - Shared purchasing
 - Shared personnel
 - Collaborative service delivery
 - The application should identify the potential for the project to be replicated in other rural areas, if applicable.
 - Potential future partners and what strategies to identify how they will be chosen. There should also be a short discussion on what these potential partners will bring to the project and why they were not included in the original network.

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: Request for a Funding Preference

To receive a funding preference, the application should include a statement that the applicant is eligible for a funding preference and identifies the preference they are eligible for and includes documentation of this qualification. An example of the request would be: the network service areas included in the application are considered HPSAs or the applicant is a CHC. An example of the proof of designation would be to cite their HPSA score, etc, if applicable. This proof of eligibility statement must be included as **Attachment 1 and be titled "Request for Funding Preference."** This document should be numbered as part of the application and **will count** against the 80 page limit, (See **Section V. 2 (1)**).

Attachment 2: The Staffing Plan Narrative and job descriptions should be numbered as part of the application and **will count** against the 80 page limit.

Attachment 3: Biographical Sketches of Key Personnel

Submit biographical sketches or resumes for persons occupying the key positions described in the personnel narrative. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch. The biographical sketches should include pertinent expertise, but, to save space, should not include additional references and/or

publications and should be no more than two (2) pages each. The resumes should be numbered as part of the application and **will count** against the 80 page limit.

Attachment 4: Network Organizational Chart and Network Member Information.

Submit a one-page organizational chart for the proposed network identifying how decisions will be made and communication will flow. Also in this section provide a list of all network members that includes: the organization's name and type (i.e., CHC, CAH, Hospital, Health Department, etc.), the name of the key person from the organization that will be working on the grant; organization contact information; anticipated responsibility in the project; and current role in the health care system. This attachment **will count** against the 80 page limit.

Attachment 5: Letters of Commitment

Insert here a scanned, signed copy of a letter of commitment from each of the proposed network members. Letters of commitment must identify what the organization's roles and responsibilities in the project will be, what activities they will be included in and how that organization's expertise is pertinent to the network being developed. The letter must indicate understanding of the benefits that the network will bring to the members and to the community encompassed by the network (service area). The letter must also include a statement indicating that the proposed partner understands that the grant funds will be used for the development of a health care network and are not to be used for the exclusive benefit of any one network partner. In place of individual letters, the applicants can also insert a MOU/MOA describing the responsibilities and roles each organization will be responsible for in the project. The MOU/MOA should be signed by each network partner and scanned for insertion. These letters, or MOU/MOA, **will be counted** in the 80 page limit.

Attachment 6: Work Plan Matrix

See explanation of the Work Plan Matrix in section IV. x. Narrative. **The work plan will count** against the 80 page limit.

Attachment 7: Required documentation from State Office of Rural Health or other Government Entity

Include a copy of the letter you sent to the State Office of Rural Health or other State Governmental entity that briefly explains your project. This document **will be counted** as part of the 80 page limit.

Attachment 8: Areas of Impact

Include a list of the areas, counties and cities that will be impacted by this project. If an organization is located in a rural census tract of an urban county, the rural census tract must be identified here as well as the county and census tracts of the network partners. This information **will be counted** in the 80 page limit.

Attachment 9: Proof of Non-Profit Status

One of the following documents must be included to prove non-profit status (if applicable):

- A reference to the organization's listing in the IRS's most recent list of tax-exempt organizations described in Section 501(c)(3) of the IRS Code;
- A copy of a currently valid IRS Tax exemption certificate;

- Statement from a State taxing body, State Attorney General or other appropriate State official certifying that the applicant organization has a nonprofit tax status and that none of the net earnings accrue to any private shareholders or individuals;
- A certified copy of the organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization; or any of the above proof for a State, Tribe or national parent organization, and if owned by an urban parent a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate. This document **will be counted** as part of the 80 page limit.

Attachment 10: Letter from Urban Parent Organization

For organizations owned by an urban parent, the urban parent must assure ORHP in writing that for this project, they will exert no control over the rural organization. If applicable, a letter stating this should be submitted in this attachment. This document **will be counted** as part of the 80 page limit.

Attachment 11: Previous Grants:

If the applicant organization has received a grant from the Office of Rural Health Policy in the past, the Grant Number and the abstract from the previous grant should be included here. Reminder: Organizations that have already received a Network Planning grant or a Rural Health Network Development grant are not eligible to apply as the lead organization. This **will be counted** as part of the 80 limit.

Attachment 12: Map of service area. Please see 'Needs Assessment' section.

3. Submission Dates and Times

Application Due Date

The due date for applications under this funding opportunity announcement is *October 15, 2012 at 8:00 P.M. ET*. Applications completed online are considered formally submitted when the application has been successfully transmitted electronically by the organization's Authorized Organization Representative (AOR) through Grants.gov and 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 to document the progress of an application through the system.

1. The first will confirm receipt in the system;
2. The second will indicate whether the application has been successfully validated or has been rejected due to errors;
3. The third will be sent when the application has been successfully downloaded at HRSA; and
4. 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

The Network Planning 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.

All applicants other than federally recognized Native American Tribal Groups must 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 one (1) year, at no more than \$85,000 per year.

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

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 applicants 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 organizations **immediately register** in Grants.gov and become familiar with the Grants.gov site application process. Applicants that do not complete the registration process 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 to complete all of the following required actions:

- Obtain an organizational Data Universal Numbering System (DUNS) number
- Register the organization with Central Contractor Registration (CCR) (or System for Award Management (SAM) starting late July 2012. See Section IV of this document for more SAM details.)
- Identify the organization's E-Business Point of Contact (E-Biz POC)
- Confirm the organization's CCR (or SAM – starting late July 2012) "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 web site 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 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, an organization is urged to submit an application in advance of the deadline. If an application is rejected by Grants.gov due to errors, it must be corrected and resubmitted 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 Grants.gov application due date as the final and only acceptable application.

Tracking an 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 an application can be found at <https://apply07.grants.gov/apply/checkAppIStatus.faces>. Be sure the 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 *Network Planning Program* has *six (6)* review criteria:

Review Criteria Points

CRITERION	Number of Points
1. Need	20
2. Response	25
3. Impact	15
4. Evaluative Measures	15
5. Resources/Capabilities	15
6. Support Requested	10
TOTAL POINTS	100

Criterion 1: NEED (20 points)

- The extent to which application describes the problem and how a network planning grant would meet an identified need.
- The extent to which the application describes the health care service environment in which the network will be developed, and appropriate data sources (local, Tribal, State, Federal) are included in the analysis of the environment in which the network is functioning.
 - The application supports the need for the proposed project by identifying the population of the service area and using demographic data whenever appropriate. The extent to which the application documents the unmet health needs/problems in the service area that the collaborating network proposes to address; or, identifies plans to perform a health needs assessment for the community to identify the needs; or,
 - If applicable, the extent to which the application identifies the needs of the area health care providers such as personnel, service delivery needs, shared resources, etc. In this case, the application includes information on the population in relation to these health provider factors.
- The extent to which the application identifies the potential barriers and challenges in forming the network and implementing the network activities.

Criterion 2: RESPONSE (25 points)

- The clarity and appropriateness of the proposed goals and objectives, and the extent to which project activities would result in achieving the proposed goals.
- The strength of the network members identified for inclusion in the network, as supported by the list of all the network partners, the types of organizations they are, the contact person and the role of the organization in the network (see **Attachment 5**).
- The extent to which the application identifies the expertise of each proposed member and how the expertise relates to the network's goals as evidenced by the proposed roles and responsibilities of each network member and the key person who will oversee the network activities for each member.
- The strength of the expected outcomes and the explanation of how grant funds will be used to accomplish tasks associated with the outcomes.
- The strength of the proposed flow of network communications and evidence that communication will be used to resolve differences in executing the project and address issues should they arise.
- The extent to which the proposed project goals coordinates with the goals of Health People 2020.
- The extent to which the network identifies how the project will strengthen the area health providers' ability to improve access to health care and serve the community.

Models That Work

If applicable, the appropriateness of the models used in relation to the proposed project.

Criterion 3: IMPACT (15 points)

- The feasibility of the work plan that outlines the goals, objectives/strategies, activities, measurable outcomes and process measures, and includes the person or organization responsible for carrying out each activity and an anticipated timeframe.
- The quality of new services identified that could result as an outcome of the integration and coordination of activities carried out by the network if service delivery is a focus of the project.
- The level of impact of the network's services on the providers that are not members of the network in the service area.
- The practicability of the possible financial impact on the network members, i.e., cost sharing, joint purchasing, personnel sharing, etc.
- The feasibility of strategies to disseminate information about the project and if the project may be national in scope.
- The extent to which the application identifies if the project activities could be adapted for use in other rural communities.
- Sustainability as indicated by:
 - i. Reasonableness of the evidence that the provider collaboration will increase their viability and ability to serve the needs of the community beyond the project period.
 - ii. Feasibility of network support to include:
 1. Network Member contributions, both monetary and in-kind
 2. Shared purchasing
 3. Shared personnel
 4. Collaborative service delivery

Criterion 4: EVALUTATIVE MEASURES (15 points)

- The effectiveness of the methodology proposed to monitor and evaluate the project results.
- The strength of the evaluative measures that are able to be tracked and are able to assess to what extent the program objectives will be met.
- The expertise of an evaluator, if one is identified; or the appropriateness of the position description (**Attachment 2**).
- The strength of ongoing quality assurance/quality improvement strategies that will allow the early detection and modification of ineffective strategies.

Criterion 5: RESOURCES/CAPABILITIES (15 points)

- The qualifications of project personnel to implement and carry out the project as identified by training and/or experience.
- The capability of the applicant organization, proposed network members, and the quality of personnel to fulfill the needs and requirements of the proposed project and manage/monitor Federal funds.
- The quality and availability of facilities and the adequacy of financial systems to meet the needs and requirements of the proposed project.
- The strength and appropriateness of the plans for development of a decision making board that consists primarily of representatives of the proposed network member organizations to ensure that the governing body, rather than an individual network

member, makes the financial and programmatic decisions relating to the network and the network's activities.

- The expertise of the individual who will serve as the interim director of the network and will be responsible for project monitoring and for ensuring the grant activities are carried out. (It is preferable, but not required that the proposed network identify a permanent director prior to receiving grant funds.) Evidence that the Project Director will allot at least 25 percent of their time to the project and that the applicant organization has at least one paid full-time staff employed at the time of application.
- The adequacy of time devoted to the project to achieve project objectives and the degree to which participants are ready to integrate their functions.
- The extent to which the application provides information on potential future partners and what strategies have been developed on how they will be chosen, as well as what these potential partners will bring to the project and why they were not included at the start of the project.

Criterion 6: SUPPORT REQUESTED (10 points)

- The extent to which the proposed budget is reasonable in relation to the objectives, the complexity of the activities, and the anticipated results.
- The extent to which the budget narrative logically documents how and why each line item request (such as personnel, travel, equipment, supplies, information technology, and contractual services) supports the goals and activities of the proposed grant-funded activities.

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 Section V. 1. Review Criteria 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.

Funding Preferences

A funding preference is defined as the funding of a specific category or group of approved applications ahead of other categories or groups of applications. The authorizing legislation for the Network Development Planning Grant Program (42 U.S.C. 254c(h)(3)) provides a funding preference for the following:

- a) Those applications where the service area is located in officially designated health professional shortage areas (HPSAs) or medically underserved communities (MUCs) or serve medically underserved populations (MUPs/MUAs).

To ascertain HPSA and MUP designation status, please refer to the following website:
<http://bhpr.hrsa.gov/shortage/index.htm>.

To qualify as a Medically Underserved Community (MUC), the project must include facilities that are federally designated as one of the following:

- i) Community Health Centers
 - ii) Migrant Health Centers
 - iii) Health Care for the Homeless Grantees
 - iv) Public Housing Primary Care Grantees
 - v) Rural Health Clinics
 - vi) National Health Service Corps sites
 - vii) Indian Health Service Sites
 - viii) Federally Qualified Health Centers
 - ix) Primary Medical Care Health Professional Shortage Areas
 - x) Dental Health Professional Shortage Areas
 - xi) Nurse Shortage Areas
 - xii) State or Local Health Departments
 - xiii) Ambulatory practice sites designated by State Governors as serving medically underserved communities; or
- b) Applications with projects that focus on primary care, and wellness and prevention strategies.

Applications receiving a preference will be placed in a more competitive position among the applications that can be funded. Applications that do not receive a Funding Preference will be given full and equitable consideration during the review process.

To receive a funding preference, the application should include a statement that the applicant is eligible for a funding preference and identifies the preference they are eligible for and includes documentation that they do qualify. To qualify for as a HPSA, the applicant should include a screen shot of the community's HPSA score. To find your HPSA score go to <http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx> website. This proof of eligibility statement must be included as **Attachment 1 and be labeled "Request for Funding Preference.**

3. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of April 1, 2013.

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 NoA 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 April 1, 2013.

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 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/hhsgrantspolicy.pdf>. 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 NoA).

Non-Discrimination Requirements

To serve persons most in need and to comply with Federal law, services must be widely accessible. Services must not discriminate on the basis of age, disability, sex, race, color, national origin or religion. The HHS Office for Civil Rights provides guidance to grant and cooperative agreement recipients on complying with civil rights laws that prohibit discrimination on these bases. Please see <http://www.hhs.gov/ocr/civilrights/understanding/index.html>. HHS also provides specific guidance for recipients on meeting their legal obligation under Title VI of the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color or national origin in programs and activities that receive Federal financial assistance (P.L. 88-352, as amended and 45 CFR Part 80). In some instances a recipient's failure to provide language assistance services may have the effect of discriminating against persons on the basis of their national origin. Please see <http://www.hhs.gov/ocr/civilrights/resources/laws/revisedlep.html> to learn more about the Title VI requirement for grant and cooperative agreement recipients to take reasonable steps to provide meaningful access to their programs and activities by persons with limited English proficiency.

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>.

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 incorporate diversity within specific cultural groups including but not limited to cultural uniqueness within Native American populations, Native Hawaiian, Pacific Islanders, and other ethnic groups, 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.

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 according to the following schedule: <http://www.hrsa.gov/grants/manage/technicalassistance/federalfinancialreport/ffrschedule.pdf>. 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 NoA.

- 2.) Submit a **Performance Measures Report**. A performance measures report is required after the end of the project period in the Performance Improvement Measurement System (PIMS). Upon award, grantees will be notified of specific performance measures required for reporting.
- 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; core performance measurement data; 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.) **Tangible Personal Property Report**. If applicable, the awardee must submit the Tangible Personal Property Report (SF-428) and any related forms. The report must be submitted within 90 days after the project period ends. Awardees are required to report all federally-owned property and acquired equipment with an acquisition cost of \$5,000 or more per unit. Tangible personal property means property of any kind, except real property, that has physical existence. It includes equipment and supplies. Property may be provided by HRSA or acquired by the recipient with award funds. Federally-owned property consists of items that were furnished by the Federal Government. Tangible personal property reports must be submitted electronically through EHB. More specific information will be included in the NoA.

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 NoA.

VII. Agency Contacts

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

Nancy Gaines, Grants Management Specialist
HRSA Division of Grants Management Operations, OFAM
Parklawn Building, Room 11-105
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-5382

Fax: (301) 594-4073
Email: Ngaines@hrsa.gov

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

Sheila Warren, Project Officer
Attn: Network Planning Grant Program
Office of Rural Health Policy, HRSA
Parklawn Building, Room 5A-05
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-0246
Fax: (301) 443-2805
Email: swarren@hrsa.gov

Linda Kwon, MPH
Office of Rural Health Policy
Email: Lkwon@hrsa.gov
Telephone: (301)-594-4205
Fax: (301) 443-2803

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

Successful applicants/awardees may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). For assistance with submitting information in HRSA's EHBs, contact the HRSA Call Center, Monday-Friday, 9:00 a.m. to 5:30 p.m. ET:

HRSA Contact Center
Telephone: (877) 464-4772
TTY: (877) 897-9910
E-mail: CallCenter@HRSA.GOV

VIII. Other Information

1. Technical Assistance Conference Call

A Technical Assistance Conference Call has been scheduled **for September 19, 2012 at 2:00 PM Eastern Time**. Call in information is: **telephone number 1-800-779-5383 and the pass**

code is Network Plan. Please dial in approximately 10 minutes before call is to begin. The leader's name is Sheila Warren.

This call will be recorded for playback. Playback will be available until October 19, 2012 at 11:59 PM. To access the play back please call: telephone 1-800-396-1242, passcode 5342

2. Additional Technical Assistance Resources and Funding Opportunity Announcement Short Video

A video for applicants highlighting this program, along with additional technical assistance is available at <http://www.hrsa.gov/ruralhealth/grants/video/index.html>.

3. Pre-Application Planning Advice

a. Experience has shown that successful applicants have engaged in an effective pre-application planning process involving all parties having a stake in the project. The Office of Rural Health Policy urges significant community involvement in the project from the very beginning. Applicant organizations should work closely with community representatives and organizations that will be affected by the projects or involved with its implementation. Community involvement can be accomplished through the use of town meetings, focus groups, surveys and other appropriate techniques. A primary objective is to identify and reach consensus on community needs that will be addressed by the project. Community representatives and participating organizations should also be involved in setting the specific goals for the grant program and in decisions on the allocation of grant resources. Some applicants have conducted a formal needs assessment in their communities or can rely on assessments conducted by others. If a formal needs assessment has not been conducted, applicants can demonstrate community needs through the use of demographic data for their community or region, State and national data and other appropriate information.

b. Projects that bring together multiple sources of support are encouraged. If other funding sources are available or anticipated (e.g. Federal, State, philanthropic, etc), it will strengthen the sustainability of the project. The Office of Rural Health Policy is interested in developing strategies to address the health care needs of underserved populations that can be adapted to other rural communities around the country.

c. Network Development Planning grants require substantive participation by at least three different organizations. Many applications fail to establish a meaningful and substantive role for each member of the network which results in the application receiving a less than satisfactory rating. All network members must be fully involved in the proposed project and all must work together to achieve the project goals.

d. Applicants that put off planning, consensus building and sign-off by appropriate consortium members until close to the application deadline may risk the appearance, in the final application, that the project does not have sufficient commitment by all network members. This weakness could jeopardize a positive review of the application. Please make sure the community and network members are involved from the start and final signatures are secured well before the application deadline. With the electronic submission process signed copies of letters of commitment can be scanned for upload.

- e. Prepare a complete budget for the full duration of your grant proposal. Your budget narrative should explain how the funds will be spent. The budget narrative must link back to the activities of the proposed project.
- f. If the project is eligible for a Funding Preference make certain you determine which one you are eligible for and include your request in **Attachment 1**.

3. Common Definitions

For the purpose of this funding opportunity announcement, the following terms are defined:

Budget Period - An interval of time into which the project period is divided for budgetary and funding purposes.

Developmental Stages of Networks – Successful rural health networks pass through developmental states similar to the lifecycle of a single organization. The maturation process isn't necessarily linear and a network's effectiveness is not necessarily related to its age; changes in the industry, the market, and members' conditions can cause a temporary downturn or upswing in the network's effectiveness. For purposes of the application, networks can use the following three categories to identify their current state:

Formative: A formative network is in the start-up phase of becoming organized and typically has been in operation for less than two years. Usually the impetus for organizations to form a network is to address a particular problem faced within a community. A formative network typically focuses on program and strategic planning formalizes relationships among the network participants, and develops a strategic plan including performance measures and financial sustainability strategies. Prior collaboration is not required for network members.

Evolving: An evolving network typically has worked together for at least two or three years, may have begun to develop shared services, or developed joint community-based initiatives, and may have begun to integrate functions such as joint purchasing, information systems and shared staffing.

Mature: A mature network typically has been in existence for more than five years, has skilled and experienced staff as well as a highly functioning network board, and offers integrated products and services. It may engage in common resource planning and bring in revenue from diverse sources, thereby enabling it to build capital reserves and be financially self-sufficient.

Equipment - Tangible nonexpendable personal property that has a useful life of more than 1 year and an acquisition cost of \$5,000 or more per unit or the capitalization threshold established by the recipient, whichever is less.

Grantee - A nonprofit or public entity or Tribal government or Tribal organization to which a grant is awarded and which is responsible and accountable for the use of the funds provided and for the performance of the grant-supported project or activity.

Health Care Provider – Health care providers are defined as: hospitals, public health agencies, home health providers, mental health centers, substance abuse service providers, rural health clinics, primary care providers, oral health providers, social service agencies, health profession schools, local school districts, emergency services providers, community and migrant health centers, federally qualified health centers, Tribal health programs, churches and civic organizations that are/will be providing health related services.

Horizontal Network - A network composed of the same type of health care providers, e.g., all hospitals or all community health centers as one network.

Integrated Rural Health Network – A formal organizational arrangement among at least three separately owned health care providers or other entities that provide or support the delivery of health care services. The purpose of an Integrated Rural Health Network is to foster collaboration and integration of functions among network entities to strengthen the rural health care system.

Memorandum of Agreement – The Memorandum of Agreement is a written document that must be signed by all network member CEOs, Board Chairs or Tribal authorities to signify their formal commitment as network members. An acceptable MOA must describe the network purpose and activities in general; member responsibilities in terms of financial contribution, participation, and voting; and membership benefits.

Network Director - An individual designated by the grantee institution to direct the project or program being supported by the grant. The Network Director is responsible and accountable to the recipient organization officials for the proper conduct of the project or program. The entity (organization) is, in turn, legally responsible and accountable to the Office of Rural Health Policy and the Department of Health and Human Services for the performance and financial aspects of the grant-supported activity. The interim Network Director may be employed by or under contract to the grantee organization. The permanent Network Director may be under contract to the grantee and the contractual agreement must be explained.

Nonprofit - Any entity that is a corporation or association of which no part of the net earnings may benefit private shareholders or individuals and is identified as nonprofit by the IRS.

Notice Of Award - The legally binding document that serves as a notification to the recipient and others that grant funds have been awarded, contains or references all terms of the award and documents the obligation of Federal funds in the Health and Human Services accounting system.

Project - All proposed activities specified in a grant applicant as approved for funding.

Project Period - The total time for which support of a discretionary project has been approved. A project period may consist of one or more budget periods. The total project period comprises the original project period and any extension periods.

State - Includes, in addition to the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, the Territories of the Virgin Islands, Guam, American Samoa, the Compact of Free Association Jurisdictions of the Republic of the Marshall Islands, the Republic of Palau, and the Federated States of Micronesia.

Telehealth - The use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration.

Tribal Government – Includes all federally recognized tribes and state recognized tribes.

Tribal Organization – Includes an entity authorized by a Tribal government or consortia of Tribal governments.

Vertical Network – A network composed of a variety of health care provider types, e.g., a hospital, rural health clinic and public health department.

4. Useful Web Sites

Several sources offer data and information that will help you in preparing the applicant. Applicants are especially encouraged to review the reference materials available at the Academy for Health Services Research and Health Policy/Robert Wood Johnson’s Networking for Rural Health website:

RESOURCE	<u>WEB SITE ADDRESS</u>
<p>Academy for Health Services Research and Health Policy/ Robert Wood Johnson’s Networking for Rural Health</p> <p>Reference material available at the website:</p> <ul style="list-style-type: none"> • Principles of Rural Health Network Development and Management • Strategic Planning for Rural Health Networks • Rural Health Network Profile Tool • The Science and Art of Business Planning for Rural Health Networks • Shared Services: The Foundation of Collaboration • Formal Rural Health Networks: A Legal Primer 	<p>http://www.academyhealth.org</p> <p>click on search and enter rural health network</p>
<p>The Rural Assistance Center (RAC) The RAC is a new national resource for rural health and human services information. This Center serves as a single-point-of-entry for rural Americans.</p>	<p>http://www.raconline.org</p> <p>1-800-270-1898</p>
<p>Health Resources and Services Administration Offers links to helpful data sources including State Health Department sites, which often offer data.</p>	<p>http://www.hrsa.gov</p>
<p>National Center for Health Statistics provides Statistics for the different populations</p>	<p>http://www.cdc.gov/nchs/</p>
<p>Kaiser Family Foundation Website Excellent resource for data and information.</p>	<p>http://www.kff.org</p> <p>http://www.statehealthfacts.kff.org</p>
<p>Maternal and Child Health Data System Offers data by State on services to women and children.</p>	<p>https://perfddata.hrsa.gov/mchb/TVISReports/Default.aspx</p>

Technical Assistance and Services Center Provides information on the rural hospital flexibility and network resource tools.	http://www.ruralresource.org
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IX. Tips for Writing a Strong Application

HRSA has designed a technical assistance webpage to assist applicants in preparing applications. Resources include help with system registration, finding and applying for funding opportunities, writing strong applications, understanding the review process, and many other topics which applicants will find relevant. The website can be accessed online at: <http://www.hrsa.gov/grants/apply/index.html>.

In addition, 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>.