

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

Office of Rural Health Policy  
Delta States Rural Development Network Grant Program

***Delta States Rural Development Network Grant Program***

**Announcement Type:** Competing Continuation  
**Announcement Number:** HRSA-13-157

**Catalog of Federal Domestic Assistance (CFDA) No. 93.912**

**FUNDING OPPORTUNITY ANNOUNCEMENT**

Fiscal Year 2013

**Application Due Date: March 18, 2013**

*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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**Modified on February 21, 2013 – Summary of Funding, page 4. Addition of last sentence.**

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

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# I. Funding Opportunity Description

## 1. Purpose

This announcement solicits applications for the Delta States Rural Development Network Grant Program. The purpose of the Delta States Rural Development Network Grant Program (Delta) is to fund organizations located in the eight Delta States to address unmet local health care needs and prevalent health disparities in rural Delta communities. In practice, the Delta Program provides resources to help rural communities develop partnerships to jointly address health problems that could not be solved by single entities working alone. A priority of the Office of Rural Health Policy is to fund evidence-based programs which demonstrate improved health outcomes.

Evidence-based practices are those that are developed from scientific evidence and/or have been found to be effective based on the results of rigorous evaluations.<sup>[1]</sup> “A ‘promising model’ is defined as one with at least preliminary evidence of effectiveness in small-scale interventions or for which there is potential for generating data that will be useful for making decisions about taking the intervention to scale and generalizing the results to diverse populations and settings.”<sup>[2]</sup> An example of a promising practice would be a small-scale pilot program that has generated positive outcome evaluation results that justify program expansion to new access points and/or to new service populations. Applicants that propose an evidence-based approach will not be scored higher than those that propose a promising practice and vice versa.

Applicants are required to propose multi-county/multi-parish projects that address delivery of preventive or clinical health services for individuals with, or at risk of developing chronic health diseases which disproportionately affect rural Delta communities. Due to the high disparities in the region<sup>[3]</sup> applicants are required to propose a program based on one of the following focus areas: 1) diabetes; 2) cardiovascular disease; or 3) obesity. Chronic disease initiatives can be in programs focused on prevention, self-management, care coordination, or clinical care, but must be outcomes oriented. For example, the programs should include activities focused on producing changes in one or more of the following areas:

- Knowledge (e.g. understanding of effective self-management strategies, understanding of key disease risk factors or prevention strategies)
- Attitudes (e.g. increased self-efficacy in prevention or self-management strategies)
- Behaviors (e.g. increase in level of physical activity, increase intake of fruits and vegetables)
- Clinical biometrics (e.g. BMI, weight, A1C, blood pressure)
- Policies and procedures (e.g. improved health care services delivery model, changes to school physical activity and/or cafeteria policies)
- Systems (e.g. improved coordination among health and social services agencies)

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[1] National Opinion Research Center (NORC) Walsh Center for Rural Health Analysis, “Promising Practices for Rural Community Health Worker Programs”, ORHP 330A Grant Issue Brief, Y series-No.1 (January 2011)

[2] Department of Health and Human Services Administration for Children and Families Program Announcement. Federal Register, Vol. 68, No. 131, (July 2003), p. 40974

[3] Wang, Probst, et al, 2011

In addition to the required key focus area(s), grantees may devote a percentage of grant funds toward another issue which may be of need in the service area. This other issue area may or may not be clinical focused, and may include areas such as pharmacy assistance, electronic health record management (funds should not go toward implementation, but rather towards enhancing the system in place), oral health, cancer screening, or women's health etc. Applicants should demonstrate the need of this additional topic area, as well as how it will improve the project and the population being served.

Sustainability of program activities beyond the funding period is a priority of the Office of Rural Health Policy. Under health services delivery programs, HRSA funding may serve as seed money to allow recipients to develop necessary capabilities and the ability to obtain funding from non-Federal sources. Recipients must maximize funding from other sources, using award funds for the difference between those amounts and their costs of operation. Therefore, applicants must describe whether other funding sources and/or services currently exist for the proposed population and, if so, how HRSA funds would be used. Grantees are required to submit a sustainability strategy plan with the application.

The Delta States Rural Development Network Program is aligned to the ongoing goals of the White House Rural Council which focuses on collaboration between Federal agencies to better meet the needs of rural communities. Towards that end, the Delta Regional Authority (DRA) has announced its intent to make funds available to grantees in this program to support its ongoing efforts to enhance a Healthy Delta Workforce. This creates additional opportunities for HRSA grantees to leverage additional funds to meet health care needs in the Delta. The ongoing collaboration between HRSA and DRA presents an opportunity to jointly work toward improving health care in the region.

Additional information about the Healthy Workforce Challenge opportunity offered to Delta State Rural Development Network Grant Program applicants, including applications for these awards, can be found at [www.dra.gov](http://www.dra.gov), or by calling 662-624-8600.

## **2. Background**

This program is authorized by the Public Health Service Act, Section 330A (f) (42 U.S.C. 254c (f)), as amended.

The Delta States Rural Development Network Grant Program supports projects that demonstrate evidence based and/or promising approaches around cardiovascular disease, diabetes, and obesity in order to improve health status in rural communities throughout the Delta Region. Key features of programs are collaboration, adoption of an evidence-based approach, demonstration of health outcomes, program replication and sustainability. Health indicators may include changes in knowledge, behavior, attitudes, as well as clinical biometrics (e.g. weight, BMI, BP, etc.), and should be selected based on their ability to demonstrate health status improvement in rural Delta communities over time. Proposed Delta programs may take the framework of an evidence-based approach or promising practice and tailor it to their community's need and organization.

Delta grants are intended to implement collaborative programs that address health disparities, and for network development to engage defined population groups in multi-county/multi-parish

rural areas. A primary objective of the program is to foster the development of collaborative efforts for program implementation and to encourage creative and lasting relationships among service providers and health system partners in rural areas. Each organization participating in the consortium and multi-county network must significantly contribute to the project and must have clearly defined roles and responsibilities. Furthermore, the multi-county networks should be specifically identified and proposal submissions must identify these partners, and their services areas for all the years of funding requested.

As a recipient of a grant for the Delta States Rural Development Network Grant Program, applicants will be offered targeted technical assistance throughout the three years of the grant period to assist in achieving the project’s desired outcomes and to ensure that the program can be sustained after the grant is over. This additional support will be provided at no extra cost to grantees as this is an investment made by ORHP to assist in the success of the grantees’ project. ORHP has found that most grantees benefit greatly from the one-on-one support provided through this technical assistance.

## **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 years 2013-2015. Approximately \$5,600,000 is expected to be available annually to fund twelve (12) grantees. Applicants may apply for a ceiling amount of \$25,000 per eligible county, per year. The project period is three (3) years. Funding beyond the first year is dependent on the availability of appropriated funds for the Delta States Rural Development Network Grant Program in subsequent fiscal years, grantee satisfactory performance, and a decision that funding is in the best interest of the Federal government.

The number of designated rural counties/parishes and service region\* classifications within each Delta State are as follows:

#### **Single -Service Region States**

<b>State</b>	<b>Total Designated Counties</b>	<b>Available Funding</b>
Alabama	18	\$450,000
Illinois	16	\$400,000
Kentucky	20	\$500,000
Tennessee	20	\$500,000

## **Multi-Service Region States**

### ***SERVICE REGION A***

<b>State</b>	<b>Total Designated Counties</b>	<b>Available Funding</b>
Arkansas	19	\$475,000
Louisiana	20	\$500,000
Mississippi	21	\$525,000
Missouri	16	\$400,000

### ***SERVICE REGION B***

<b>State</b>	<b>Total Designated Counties</b>	<b>Available Funding</b>
Arkansas	20	\$500,000
Louisiana	21	\$525,000
Mississippi	20	\$500,000
Missouri	13	\$325,000

*\* See Service Region definitions under section III, Eligibility Information.*

This funding opportunity announcement is subject to availability of appropriated funds. If associated funding is not available for the Delta States Rural Development Network Grant Program, this announcement will be withdrawn and grants will not be awarded.

## **III. Eligibility Information**

### **1. Eligible applicants**

To be eligible to receive a grant, an applicant:

- Shall be a rural public or rural nonprofit private entity;
- Shall represent a network composed of participants-
  - That include 3 or more health care providers; and
  - That may be nonprofit or for-profit entities; and
- Shall not previously have received a grant under this subsection (other than a grant for planning activities) for the same or a similar project.

All projects should be responsive to any unique cultural, social, religious, sex/gender differences, and linguistic needs of the target population.

### **Geographic Eligibility Requirements**

The applicant organization for the Delta States Rural Development Network Grant Program must meet geographic requirements (Note: the grant award will be made to only one member of the consortium, the lead applicant organization, which will serve as the grantee of record. Only the applicant organization is required to meet the geographic requirements.)

The applicant organization must be located in a non-metropolitan county or in a rural census tract of a metropolitan county and all services must be provided in a non-metropolitan county or rural census tract.

\*To ascertain rural eligibility, please refer to <http://datawarehouse.hrsa.gov/RuralAdvisor/RuralHealthAdvisor.aspx>.

This Web page allows potential applicants to search by county or street address and determine their eligibility. If the applicant is owned by or affiliated with an urban entity or health care system, the rural component may still apply as long as the rural entity has its own Employer Identification Number (EIN) and can directly receive and administer the grant funds in the rural area. The rural entity must be responsible for the planning, program management, financial management and decision making of the project and the urban parent organization must assure the Office of Rural Health Policy in writing that, for the grant, they will exert no control over or demand collaboration with the rural entity. The urban parent may, through the request of the rural entity, assist with direct service delivery, provide expertise or health care personnel that would not otherwise be available.

*\*Organizations with headquarters located in a metropolitan county that serve non-metropolitan or metropolitan counties are not eligible solely because of the areas they serve. In addition, organizations located in a metropolitan county with branches in a non-metropolitan county are not eligible to apply if they are eligible only because of the areas or populations they serve.*

***Please contact the Office of Rural Health Policy with any questions or further clarification.***

### **Regional Service Areas**

During this grant cycle, all of the Delta States will have regional service areas. These service areas are based upon natural geographic as well as State Public Health System regional formations. **Alabama, Illinois, Kentucky and Tennessee** have single-service regions that encompass all their Delta counties. Due to the higher number of counties/parishes located in the states of **Arkansas, Louisiana, Mississippi and Missouri** in relation to their Delta States counterparts, these states will have two regional service areas. These regional service areas will allow the Delta Grant Program to sustain greater and more efficient impact across a larger geographical distance, wherein multiple grantees will be awarded to address prevalent health care issues and disparities. The applicant organization is required to develop an approach that will result in some level of participation of all eligible counties within its service region over the course of the three year grant period. While all counties must receive services during the course of the grant period, the level and duration of services may vary among counties.

The service areas for single service region States is defined as follows:

#### **Alabama: (18 designated counties)**

##### ***Service Region A***

Barbour, Bullock, Butler, Choctaw, Clarke, Conecuh, Dallas, Escambia, Greene, Hale, Macon, Marengo, Monroe, Perry, Pickens, Sumter, Washington, Wilcox

#### **Illinois: (16 designated counties)**

##### ***Service Region A***

Alexander, Franklin, Gallatin, Hamilton, Hardin, Jackson, Johnson, Massac, Perry, Pope, Pulaski, Randolph, Saline, Union, White, Williamson

**Kentucky: (20 designated counties)**

***Service Region A***

Ballard, Caldwell, Calloway, Carlisle, Christian, Crittenden, Fulton, Graves, Hickman, Hopkins, Livingston, Lyon, Marshall, McCracken, McLean, Muhlenberg, Todd, Trigg, Union, Webster

**Tennessee: (20 designated counties)**

***Service Region A***

Benton, Carroll, Chester, Crockett, Decatur, Dyer, Fayette, Gibson, Hardeman, Hardin, Haywood, Henderson, Henry, Lake, Lauderdale, McNairy, Madison, Obion, Tipton, Weakley

The service areas for multi-service region States is defined as follows:

**Arkansas:**

***Service Region A (19 designated counties)***

Arkansas, Ashley, Bradley, Calhoun, Cleveland, Chicot, Dallas, Desha, Drew, Grant, Jefferson, Lee, Lincoln, Lonoke, Monroe, Phillips, Ouachita, St. Francis, Union

***Service Region B (20 designated counties)***

Baxter, Clay, Cross, Fulton, Greene, Independence, IZard, Jackson, Lawrence, Marion, Mississippi, Poinsett, Prairie, Randolph, Searcy, Sharp, Stone, Van Buren, White, Woodruff

**Louisiana:**

***Service Region A (20 designated counties)***

Caldwell, E Carroll, Franklin, Grant, Jackson, La Salle, Lincoln, Madison, Morehouse, Natchitoches, Rapides, Richland, St. Helena, Tangipahoa, Tensas, Union, Washington, West Carroll, West Feliciana, Winn

***Service Region B (21 designated counties)***

Acadia, Allen, Ascension, Assumption, Avoyelles, Catahoula, Concordia, Evangeline, Iberia, Iberville, Jefferson, Lafourche, Point Coupee, Plaquemines, St. Bernard, St. Charles, St. James, St. John the Baptist, St. Landry, St. Martin, West Baton Rouge

**Mississippi:**

***Service Region A (21 designated counties)***

Attala, Benton, Bolivar, Carroll, Coahoma, Holmes, Grenada, Lafayette, Leflore, Marshall, Montgomery, Panola, Quitman, Sunflower, Tallahatchie, Tate, Tippah, Tunica, Union, Washington, Yalobusha

***Service Region B (20 designated counties)***

Adams, Amite, Claiborne, Copiah, Covington, Franklin, Humphreys, Issaquena, Jefferson, Jefferson Davis, Lawrence, Lincoln, Marion, Pike, Sharkey, Simpson, Walthall, Warren, Wilkinson, Yazoo

**Missouri:**

***Service Region A (14 designated counties)***

Carter, Crawford (except in Sullivan City), Dent, Douglas, Howell, Iron, Oregon, Ozark,

Phelps, Reynolds, Ripley, Shannon, Texas, Wright, Butler, Wayne

***Service Region B (15 designated counties)***

Bollinger, Cape Girardeau, Dunklin, Madison, Mississippi, New Madrid, Pemiscot, Perry, St. Francois, St. Genevieve, Scott, Stoddard, Washington

Applicants in **Arkansas, Louisiana, Mississippi and Missouri** must choose to apply for either Region A or Region B only. Applicants in these states may not apply for both regions.

Applicants may only apply for **one** service region for this funding opportunity, which includes the county in which it is located. Therefore, the applicant organization must be located in its specified service region.

For those states with multiple service regions, lead applicants who submit proposals for Service Region A for instance, may not be the lead applicant **or** be a part of the consortia for Service Region B or vice versa.

The remaining states (**Alabama, Kentucky, Illinois and Tennessee**) have only one defined service region for the Delta program, which encompasses all of the eligible rural Delta counties within that state. Applicants from these states **must** apply for the entire service region as defined above.

Applicants who submit a proposal outside of the specified service area **or** more than one proposal will be deemed non-responsive and will **not** be considered for this funding opportunity.

Current and former grantees of the Delta States Rural Development Network Grant Program, Rural Health Care Services Outreach Grant Program, Rural Health Network Development Grant Program, and Rural Health Network Development Planning Grant Program 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.

NOTE: Multiple applications from an organization are not allowable. Consortium partners may be a part of multiple applications.

**Maintenance of Effort**

Grant funds shall not be used to take place of current funding for activities described in the application. The grantee must agree to maintain non-Federal funding for grant activities at a level that is not less than expenditures for such activities during the fiscal year prior to receiving the grant.

## 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](mailto: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's Division of Grants Policy is the only office authorized to grant waivers. **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 moved to SAM** **Effective July 30, 2012**

The Central Contractor Registration (CCR) transitioned to the System for Award Management (SAM) on July 30, 2012.

For any registrations in process during the transition period, data submitted to CCR 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 received an e-mail notification from CCR when the expiration date was extended. The registrant then will receive standard e-mail reminders to update their record based on the 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 SAM registration is a pre-requisite to the successful submission of grant applications!**

Items to consider are:

- When does the account expire?
- Does the organization 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 SAM, please visit <https://www.sam.gov>.

Note: SAM information must be updated at least every 12 months to remain active (for both grantees and sub-recipients). Grants.gov will reject submissions from applicants with expired registrations. Do not wait until the last minute to register in SAM. According to the SAM Quick Guide for Grantees

([https://www.sam.gov/sam/transcript/SAM\\_Quick\\_Guide\\_Grants\\_Registrations-v1.6.pdf](https://www.sam.gov/sam/transcript/SAM_Quick_Guide_Grants_Registrations-v1.6.pdf)), an entity's registration will become active after 3-5 days. Therefore, ***check for active registration well before the application deadline.***

Applicants that fail to allow ample time to complete registration with SAM 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](mailto:HRSADSO@hrsa.gov)

Each funding opportunity contains a unique set of forms and only the specific forms package posted with an opportunity will be accepted. 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)	
Grants.gov Lobbying Form	Form	Supports structured data for lobbying activities.	Optional, as applicable. Not counted in the page limit.
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 <b>specific</b> 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.
-  Please use only the following characters when naming your attachments: A-Z, a-z, 0-9, underscore (\_), hyphen (-), space, period, and limit the file name to 50 or fewer characters. Attachments that do not follow this rule may cause the entire application to be rejected or cause issues during processing

Attachment Number	Attachment Description (Program Guidelines)
Attachment 1	Letters of Commitment (LOC)/Memorandum of Agreement (MOA)
Attachment 2	Proof of Non-profit Status
Attachment 3	State Office of Rural Health Letter or other Appropriate State Government Entity Letter
Attachment 4	Applicant Organization's Organizational Chart and Consortium Members' organizational chart and information
Attachment 5	Staffing Plan and Job Descriptions for Key Personnel
Attachment 6	Biographical Sketches for Key Personnel
Attachment 7	Logic Model and Narrative
Attachment 8	Baseline Measures
Attachment 9	Evaluation Plan
Attachments 10-15	Other Relevant Documents, as necessary and as applicable. Counted in page limit.

## **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. 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 System for Award Management (SAM) in order to conduct electronic business with the Federal Government. 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 SAM registration is active and the Marketing Partner ID Number (MPIN) is current. Please see Section IV of this funding opportunity announcement for SAM registration requirements.

### **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, and then provide a line item budget for each year of the project period. In Section A use rows 1 - 4 to provide the budget amounts for the first four years of the project. Please enter the amounts in the "New or Revised Budget" column- not the "Estimated Unobligated Funds" column. In Section B Object Class Categories of the SF-424A, provide the object class category breakdown for the annual amounts specified in Section A. In Section B, use column (1) to provide category amounts for Year 1 and use columns (2) through (3) for subsequent budget years.

**Salary Limitation:**

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

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

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

**iv. Budget Justification**

Provide a narrative that explains the amounts requested for each line in the 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.

**Budget for Multi-Year Award**

This announcement is inviting applications for project periods up to three (3) years. Awards, on a competitive basis, will be for a one-year budget period; although the project period may be up to three (3) years. Submission and HRSA approval of the Progress Report(s) and any other required submission or reports is the basis for the budget period renewal and release of subsequent year funds. Funding beyond the one-year budget period but within the three-year

project period is subject to availability of funds, satisfactory progress of the awardee, and a determination that continued funding would be in the best interest of the Federal Government.

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. The budget should also reflect the travel expenses associated with participating in meetings, including travel for two staff persons to travel to the required Delta States Network Development Program annual grantee meeting, 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 SAM and provide the recipient with their DUNS number.

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

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

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

**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 5. Biographical sketches for any key employed personnel that will be assigned to work on the proposed project must be included in Attachment 6. 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 program. It should be succinct, self-explanatory and well organized so that reviewers can understand the proposed project.

Per the directions for SF 424, please upload entire program narrative under “Project Narrative Attachment form.”

Please take into consideration each application is reviewed by an Objective Review Panel. Only the information you include will be part of the review process. Please read Section V, **Section 1** (Review Criteria) for information that reviewers are required to use as scoring standards.

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 excluded the information so your project will not be deemed unresponsive. Otherwise, complete each section according to the instructions provided.

Use the following section headers for the Narrative:

- ***INTRODUCTION***

This section should briefly describe the purpose of the proposed project. It should summarize your project’s goals and expected outcomes. As stated on Section I (Funding Opportunity Description), applicants are required to propose a project based on an evidence-based approach or on a promising practice which fits with their community’s need and with the selected foci of the Delta States Network Development Program: cardiovascular disease, obesity, or diabetes. In addition applicants may propose allocating a percentage of grant funds to a second program area which has been found to be of high priority in the service area as demonstrated by needs assessment data.

Applicants are required to propose baseline measures that will be tracked throughout the grant period to demonstrate health status improvement. Applicants are required to include selected Performance Improvement System (PIMS) measures which are appropriate and

relevant to the proposed project as baseline measures. Applicants must also include additional baseline measures that are not included among the PIMS measures, but which are relevant to their proposed project. All applicants are required to submit an indicator that includes the number of participants expected to be served through the program each year.

List the proposed measures and the projected impact. Clearly state the evidence-based approach or promising practice on which the project is based. Briefly describe the modification or deviation from the actual model (if any) in making it suitable and appropriate for the proposed project and target population. There is no need to provide extensive details on the evidence-based or promising practice model and proposed baseline measures in this section. Details about the evidence-based approach or promising practice must be explained in the ‘Methodology’ section. Details about the proposed measures must be explained in the ‘Evaluation and Technical Support Capacity’ section. Please see ‘Evaluation and Technical Support Capacity’ section for further instructions.

- *NEEDS ASSESSMENT*

This section will outline the unmet health care needs of your community for the proposed project. A description of the target population to be served by the proposed project and relevant barriers to health care that will be addressed should be included. Other factors that may impact the project, such as a description of the specific Delta geographic service area and the health care services available, should be described in this section. When addressing need, the applicant should keep in mind the key foci of 1) diabetes; 2) cardiovascular disease; or 3) obesity.

In order to design effective interventions that specifically address the underlying causes of poor health and disparities in a sustainable way, it is important to take into account how needs, in health status, as well as in the system of care and broader environment, have evolved over time. Where ever possible, descriptions of need in this section should reflect trends in key data points over multiple years. Applicants should specifically address the needs of the communities in the following key areas. .

*Target Population Details*

The target population and its unmet health needs must be described and documented. The population description may include information about the prevalence of specific conditions such as chronic diseases, or about the age or socioeconomic status of the target population. Include social determinants of health and health disparities impacting the population or communities served and unmet. Demographic data should be used and cited whenever possible to support the information provided. Describe the entire population of the service area and its demographics in relation to the population to be served. Local data, which is particularly important if available, should be used to document unmet health needs in the target population. This data should be compared to State and national data. Use factors that are relevant to the project, such as specific health status indicators, age, etc. Insurance information, poverty, transportation, statistics regarding crime, drug abuse and other social problems may be relevant and should be included. This section should help reviewers understand the target population which will be served by the proposed project.

*Program Development/Target Population Involvement*

The Delta States Rural Development Network Grant Program requires the target population being served to be involved in the development and ongoing operations of the project to ensure that the project is responding to their needs. Involving the target population in the planning phase to identify the needs and develop activities increases the likelihood of success of the project by creating ownership and buy-in. A description of how the needs of the target population were identified and the role that they played should be provided. Describe the manner and the degree to which target population was included in planning for the activities of the project. Provide details (frequency, number of participants, etc.) about the tools and methods (e.g., needs assessments, focus groups, questionnaires/surveys, etc.) that were used to identify special needs of the target population. Describe the involvement of representatives of local, regional, Tribal and/or State government that were involved in the planning process, as well as the involvement of local non-government organizations.

It is strongly recommended that the applicant collaborates with the state and/or local health department to identify critical areas of unmet need. A description of the role that the health department played in either identifying the focus area of the proposed project or in the actual planning of the project should be described.

#### Health Care in Service Area

Identify the health care services available in or near your service area. It is important for reviewers to understand the number and type of relevant health and social service providers that are located in and near the service area of the project and how they relate to the project. Describe the potential impact of the project on existing providers (e.g., changes in referral patterns, practice patterns, provider reimbursement impact, etc.) who are not part of the project. Any potential adverse effect is particularly important, as well as estimates of how the project might augment and enhance any existing capabilities in the service area. Describe how this project will address a health gap in the community that would not otherwise have been addressed if it were not for this grant. Justify how other grant programs and/or resources have not have been able to fill this gap and why the Delta States Rural Development Network Grant Program is the best and appropriate opportunity/avenue to address this gap.

The local health departments may be a valuable resource in acquiring data in responding to this section.

#### ■ *METHODOLOGY*

Applicant must explain how this proposal incorporates elements of health care redesign, with a focus on transforming the health care delivery into a patient and value-driven system. This includes, but is not limited to, the implementation of the Affordable Care Act (ACA) to improve outcomes, reduce costs, ensuring access and ensuring efficient transitions of care, and promoting innovative approaches. Please address the following key areas; Goals and Objectives, Program Goals and Healthy People 2020 Initiative, Evidence-Based/Promising Practice Model, and Sustainability Approach.

#### Goals and Objectives

Define the specific goals and objectives of the proposed project. These goals and objectives should directly relate to the information presented in the 'Needs Assessment'

section. The stated goals and objectives should be specific, measurable, realistic and achievable in a specific timeframe.

*Evidence-Based/Promising Practice Model*

Applicants are required to propose a health service project based on an evidence-based approach or promising practice around one of the key focus areas of the Delta States Rural Development Network Grant Program of: cardiovascular disease, diabetes, and obesity. The evidence based approach must have been shown to be effective in addressing gaps and needs in a community setting and which has been shown to improve the health status of participants. A clear description of the evidence-based approach or promising practice must be included in this section. Include an explanation and demonstrate a clear linkage as to how the evidence-based approach or promising practice will be effective in meeting your community's need and improving the health status of your participants, which will in turn create a long-lasting health impact. Applicants may present a past Delta States Rural Development Network Grant Program as a promising practice if their evaluation data demonstrates that the program is meeting community need, and that the program is having an impact on targeted indicators.

Applicants should include justification on how they selected the evidence-based approach or promising practice. ORHP recognizes that there are few evidence-based or promising practice models targeted to rural communities. Given that rural communities differ across the country, applicants can use a non-rural specific evidence-based or promising practice model's framework and tailor it to their proposed project. Applicants should provide appropriate and valid citations for their chosen approach. Include rationale to describe how this framework is appropriate and relevant to your community's need and target population. Explain the extent to which the approach is tailored and/or modified to your proposed project. Describe how the tailored/modified evidence-based approach or promising practice will be effective in fulfilling your community's unmet needs and improving the health status. Consider the following questions when selecting an evidence-based approach or a promising practice:

- What is the scope and nature of the rural health problem?
- Are there effective interventions to address the problem?
- What information is available locally to help decide if an intervention is appropriate?
- Is there an intervention that has been used successfully to address the health problem given the local context?
- Which intervention(s) provide the greatest leverage to generate and sustain the desired changes?
- What is the target population?

Other resources that applicants may use in identifying an appropriate and effective evidence-based or promising practice framework for their communities by various topic areas are:

- CDC's Guide to Community Preventive Services  
[www.thecommunityguide.org](http://www.thecommunityguide.org)
- Promising Practices Network  
<http://www.promisingpractices.net/>

- Center for Effective Collaboration and Care's Systems of Care: Promising Practices in Children's Mental Health  
<http://cecp.air.org/promisingpractices/>
- SAMHSA's A Guide to Evidence-Based Practices (EBP) on the Web  
<http://www.samhsa.gov/ebpWebguide/>
- SAMHSA's National Registry of Evidence-Based Programs and Practices (NREPP)  
<http://nrepp.samhsa.gov/>
- NACCHO Promising Practice Model Database  
<http://www.naccho.org/topics/modelpractices/database/index.cfm>
- Cochrane Collaboration  
<http://www.cochrane.org/about-us/evidence-based-health-care>
- Association of State and Territorial Health Officials  
<http://www.astho.org/Programs/Prevention/>
- Partnership for Prevention  
<http://www.prevent.org/>

### Sustainability

The Delta States Rural Development Network Grant Program provides funding to awardees and their consortia to establish or expand programs that positively impact rural communities in the Delta. While ORHP understands that ongoing support for these initiatives may be challenging, awardees should consider how programs can be sustained beyond the three-year grant period. The prospect of having a long-term impact from your Delta States Rural Development Network Grant Program is greatly increased if sustainability is considered during the planning phase of the project.

The definition of sustainability consists of two related concepts: the sustainability of programs and services and the sustained impact. Sustainability is defined as: *programs or services that continue because they are valued and draw support and resources*. Sustaining services or programs does not necessarily mean that the activities or program continue in the same form as originally conceived, funded or implemented. Programs often evolve over time to adjust to the changing levels of support and needs of the community. Organizations may start with one approach, but end up sustaining a different model of service provision after testing it in the community.

Focusing solely on the sustainability of programs and services, however, may understate the full range of impacts that a program may have, and it does not explicitly describe the potential for lasting effects in the community that are distinct from the continuation of a service. There are multiple ways that an initiative can impact a community long after services have been discontinued. Sustained impact is defined as: *those long-term effects that may, or may not, be dependent on the continuation of program*.

Examples of sustainable impact include the continuation of activities and services, the ongoing work of consortia partners, policy change, changes in practice and culture within health institutions and communities, and the continued use of assets (such as HIT equipment, curricula) purchased with Delta States Rural Development Network Grant Program funding, among other strategies. Most successful sustainability strategies include a variety of sources of support which may include absorption of some activities by consortia partners (i.e., a partner/s take on a grant funded activity beyond the grant period

as part of their standard practice), earned income through third-party reimbursement or fees for services rendered, additional grants and charitable contributions, and other approaches.

Applicants are required to address the following points in responding to this section and will serve as the Sustainability Strategy Plan. Please see section VI for more information.

- 1) Describe the anticipated sustainable impact (refer to above description) of the program funded by the program.
- 2) Describe the strategies you will utilize to achieve the desired sustainable impact.
- 3) Identify potential sources of support for achieving sustainability.

Sources of support could be financial, in-kind, or the absorption of activities by consortia partners, among others. The plan should be realistic and feasible.

Under health services delivery programs, HRSA funding may serve as seed money to allow recipients to develop necessary capabilities and the ability to obtain funding from non-Federal sources. Recipients must maximize funding from other sources, using award funds for the difference between those amounts and their costs of operation. Therefore, applicants must describe whether other funding sources and/or services currently exist for the proposed population and, if so, how HRSA funds would be used.

To the extent possible, grantees are encouraged to bill for third party reimbursement for covered services in order to focus program dollars on the training of staff in quality improvement activities to build a culture of quality within their organization that will aid in the sustainability of the project beyond Federal funding.

As part of receiving the grant, awardees are required to submit a final Sustainability Plan during the third year of their grant period. Further information will be provided upon receipt of the award.

▪ ***WORK PLAN***

Applicants should specifically address the following key areas. Work Plan, Impact, Replication, Dissemination Plan and Resources and Capabilities.

***Work Plan***

Applicants must submit a work plan which will describe the activities or steps that will be used to achieve each of the activities proposed during the entire project. Applicants located in multi-service region States should clearly identify its service region – i.e., Missouri, Service Region A or Mississippi, Service Region B, etc. This stipulation does not restrict cross regional collaboration, as this is highly encouraged to foster awareness of prospective Delta grant activities within any given state.

Use a timeline that includes each activity and identifies responsible staff. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities, including development of the application and, further, the extent to which these contributors reflect the cultural, racial, linguistic and geographic diversity of the populations and communities served.

Applicants should provide clear and coherent work plan that is aligned with the project's goals and objectives. To accomplish this, applicants are strongly encouraged to present a matrix that illustrates the project's goals, strategies, activities and measurable process and outcome measures. Below is a summary of how each of these components is defined:

**Goal** (as defined in CDC's Division for Heart Disease and Stroke Prevention State Heart Disease and Stroke Prevention Program Evaluation Guide: Writing SMART Objectives): A goal is a statement that explains what the program wishes to accomplish. It sets the fundamental, long-range direction. Typically, goals are broad general statements.<sup>[3]</sup>  
Example: Improve control of high blood pressure in (state).

**Strategies/objectives** (as defined in CDC's Division for Heart Disease and Stroke Prevention State Heart Disease and Stroke Prevention Program Evaluation Guide: Writing SMART Objectives): Objectives break the goal down into smaller parts that provide specific, measurable actions by which the goal can be accomplished. Objectives define for our stakeholders and partners the results we expect to achieve in our program or intervention. For our program expectations to be clear, we must write clear, concise objectives.<sup>[4]</sup>

**Activities and Process measures** (as defined in CDC's Workplace Health Promotion Evaluation): examine all the steps and activities taken in implementing a program and the outputs they generate, such as the number and type of educational materials for a stress management class that are developed and given to employees. They are useful for keeping implementation of the program on track and also for determining if program implementation met the quality and other standards to which the program aspired. This is important so that, if a program does not achieve its intended outcomes, it can be determined that the program was the wrong approach, or if it was a strong program that simply was not implemented correctly. Process measures also can assess issues such as the cost of operating the program, the numbers of employees reached, the most successful program locations, or comparisons of the program's design and activities to others.<sup>[4]</sup>

**Outcome measures** (as defined in CDC's Workplace Health Promotion Evaluation): Outcomes are events or conditions that indicate program effectiveness. They generally are displayed as short-, intermediate, or long-term. Long-term measures, in the context of workplace health promotion, typically relate to things like reductions in disease or injury and the costs associated with them. These are often similar to the goals of the program and these long-term outcomes often take years to observe. Short- and intermediate term measures, by contrast, relate to the intermediate steps and "drivers" necessary to achieve the long-term outcomes, such as individual employee reductions in healthy lifestyle risks such as tobacco use, or process changes such as implementing a new health-related policy or benefit at the organizational level that supports lifestyle changes.

The work plan must outline the individual and/or organization responsible for carrying out each activity and includes a timeline for all three years of the grant. The work plan for the

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[3] CDC Division for Heart Disease and Stroke Prevention State Heart Disease and Stroke Prevention Program Evaluation Guide: Writing SMART Objectives,  
[http://www.cdc.gov/dhdsp/programs/nhdsp\\_program/evaluation\\_guides/docs/smart\\_objectives.pdf](http://www.cdc.gov/dhdsp/programs/nhdsp_program/evaluation_guides/docs/smart_objectives.pdf)

second and third year of the grant may be somewhat less detailed. ORHP is aware that the work plan may change as the project is implemented.

This work plan should include goals, strategies/objectives, activities, outputs/outcomes, evaluation methods (i.e. how is the output measured), performance period and responsible organization or person. It may be on a tabular format for ease of readability.

Awardees will be required to submit a Five-Year Strategic Plan during the first year of their grant period. Please see Section VI for more information.

### **Impact**

Applicants must describe the expected impact of the program on the target population, as well the potential for replication in communities with similar needs. Describe the potential impact of the selected the evidence-based approach or promising practice that was used in the design and development of the proposed project. Although, ORHP recognizes that it is a challenge to directly relate the effects of an activity or program to the long-term impact of a project because of the other (external) influences on the target audience or community which occur over time, applicants should still describe the expected or potential long-term changes and/or improvements in health status as a result of the program. Examples of potential long-term impact include changes in morbidity and mortality, long-term maintenance of desired behavior etc.

### **Replication**

Applicants must describe the extent to which project results may be national in scope. Applicants must describe the degree to which the project activities are replicable to other rural communities with similar needs

### **Dissemination Plan**

Describe the plans and methods for dissemination of project results. Applicants must articulate a clear approach for widely disseminating information regarding results of their project. A dissemination plan must be outlined describing strategies and activities for informing respective target audiences, stakeholders (i.e., policymakers, research community, etc.) including the general public.

### **Resources/Capabilities**

Applicants should describe a clear coherent plan for staffing that includes requirements necessary to run the project. Specifically, the following should be addressed:

- the number and types of staff, qualification levels, and FTE equivalents
- the information necessary to illustrate both the capabilities (current experience, skills, knowledge, and experience with previous work of a similar nature) of key staff already identified and the requirements that the applicant has established to fill other key positions if the grant is received.

Staffing needs should have a direct link to the activities proposed in the project narrative and budget portion of the application.

#### ▪ ***RESOLUTION OF CHALLENGES***

Describe any relevant barriers that the project hopes to overcome. In some instances, there is a general problem of access to particular health services in the community. In other

cases, the needed services may be available in the community, but they may not be accessible to all who need them. In many rural communities, health care personnel shortages create access barriers. Any pertinent geographic, socioeconomic, linguistic, cultural, ethnic, workforce, or other barrier(s) and a plan to overcome those barriers should be discussed in this section. All projects that will primarily serve multiple ethnic or racial groups must describe specific plans for ensuring the services provided address the cultural, linguistic, religious, gender and social differences of the target populations.

Describe challenges that are likely to be encountered in designing and implementing the activities described in the Work Plan, and approaches that will be used to resolve such challenges.

Include any challenges that are anticipated in making policy, systems or environmental changes and approaches that will be used to resolve such challenges.

▪ *EVALUATION AND TECHNICAL SUPPORT CAPACITY*

Applicants should specifically address the following key areas: Technical Support Capacity, Logic Model, Project Monitoring, and Evaluation.

*Technical Support Capacity*

Describe current experience, skills, and relevant knowledge of individuals on project staff. Include materials published, and previous work experience of a similar nature. As appropriate, describe the data collection strategy to collect, analyze and track data to measure process and impact/outcomes, with different cultural groups (e.g., race, ethnicity, language) and explain how the data will be used to inform program development and service delivery. .

*Logic Model*

Applicants are required submit a logic model that illustrates the inputs, activities, outputs, outcomes, and impact of the project. A logic model is a simplified picture of a program, initiative or intervention in response to a given situation. It shows the logical relationships among the resources that are invested, the activities that take place and the benefits or changes that result. An “outcomes approach” logic model attempts to logically connect program resources with desired results and is useful in designing effective evaluation results and strategies. Include the project’s logic model and narrative description in Attachment 7.

The logic model must clearly include the elements inputs, outputs, short-term and long-term outcomes, impacts.

Below are resources on logic models:

- Kellogg Foundation  
<http://www.wkcf.org/knowledge-center/resources/2006/02/WK-Kellogg-Foundation-Logic-Model-Development-Guide.aspx>)
- University of Wisconsin Cooperative Extension  
<http://www.uwex.edu/ces/pdande/evaluation/evallogicmodel.html>
- CDC Program Evaluation Resources  
<http://www.cdc.gov/healthyyouth/evaluation/pdf/brief2.pdf>
- Innovation Network

[http://www.innonet.org/client\\_docs/File/logic\\_model\\_workbook.pdf](http://www.innonet.org/client_docs/File/logic_model_workbook.pdf)

Although there are similarities, a logic model is not a work plan. A work plan is an ‘action’ guide with a timeline used during program implementation; the work plan provides the “how to” steps. Information on how to distinguish between a logic model and work plan can be found at the following website:

<http://www.cdc.gov/healthyyouth/evaluation/pdf/brief5.pdf>

### Project Monitoring

Applicants must describe measures to be implemented for assuring effective performance of the proposed grant funded activities. The applicant must include outcome and process measures (including baseline measures) that will be tracked throughout the grant period. These measures must align with the goals and objectives of the proposed project and with the potential health impact. It is expected that grantees will be able to articulate the outcomes of their project justified by these measures at the end of the 3-year grant period.

Applicants must propose baseline evaluative health data that they can monitor and track throughout the grant period in order to demonstrate the effectiveness of the intervention and to determine the replication of the project to other rural communities.

Baseline measures are a subset of the process or outcomes measures which need to be collected from the very start of the intervention. The need for baseline measures is one key reason for designing the evaluation plan before implementation begins because they establish a starting place and frame of reference for the program. Baseline measures determine where the community or target population currently is on a given health problem (e.g., the percent of employees who use tobacco) or issue (e.g., the percent of employees who are aware of recommended physical activity guidelines) and inform the benchmarks/targets against which program managers and decision makers will assess program performance. Baseline measures can also be used to describe the current level of program activities and allow measurement of the program’s progress (e.g., process measures) over time such as the number of new physical activity classes offered to employees or the establishment of a new health benefit.<sup>[1]</sup>

Applicants are required to include selected Performance Improvement System (PIMS) measures which are appropriate and relevant to the proposed project as baseline measures. Please see Appendix A for these measures. Applicants must also include additional baseline measures that are not included among the PIMS measures, but which are relevant to their proposed project. All applicants are required to submit indicators around diabetes, cardiovascular disease or obesity.

List all proposed baseline measures as Attachment 8. Organize your proposed baseline measures in a tabular format differentiating between baseline measures taken from PIMS (if any) and additional baseline measures (not PIMS measures) when listing them in Attachment 8.

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[1] CDC Workplace Health Promotion Evaluation  
<http://www.cdc.gov/workplacehealthpromotion/evaluation/index.html#4>

In addition, the applicant must describe on-going quality assurance/quality improvement strategies that will assist in the early identification and modification of ineffective efforts.

### Evaluation

Applicants must describe the method by which data/information for identified measures will be collected and analyzed. Identification of the approach selected for use in evaluating project progress in relation to proposed outputs and outcomes is required. Project assessment must be sound, thorough and meaningful, and must clearly demonstrate outcomes and impacts. The applicant should identify an evaluator during the project planning process and at the time of application. A biographical sketch or resume in Attachment 6 must be included in addition to a position description detailing the roles and responsibilities of the evaluator. Experience, skills, knowledge, materials published and previous work of a similar nature should also be listed.

The applicant should identify a staff person who will be responsible for data collection during the project planning process and at the time of application. A biographical sketch or resume in Attachment 6 must be included in addition to a position description detailing the role and responsibilities of the data collection staff person. Applicants must provide a description of how data will be collected, analyzed and reported, and must describe the system that will be used for data collection, e.g., registry, electronic health record, or other health information technology. Describe how data will be checked and validated for accuracy. Please describe how data will be shared with the organization and other consortium members, and how it will be used for quality improvement.

Applicants are required to submit an evaluation plan in their application under Attachment 9. An evaluation plan should address both process and outcome measures. It should include: evaluation questions; data sources; evaluation methods (e.g., review of documents, interviews with project staff and participants, surveys of participants, etc.); and how the evaluation findings will be shared throughout the project.

Awardees will be required to submit a final Program Evaluation Report at the end of their grant period. Please see section VI for more information.

#### ▪ **ORGANIZATIONAL INFORMATION**

Provide information on the applicant organization's current mission and structure, scope of current activities, and an organizational chart. Describe how these components each contribute to the ability of the organization to conduct the program requirements and meet program expectations. Please include a description of financial and accounting management systems in place and a description of the applicant's ability to exercise administrative and programmatic direction over the grant project.

### **Management Criteria**

The applicant organization must have financial management systems in place and must have the capability to manage the project. The applicant organization must:

- (1) exercise administrative and programmatic direction over the grant project;
- (2) be responsible for hiring and managing the grant project staff;
- (3) demonstrate the administrative and accounting capabilities to manage the grant funds;
- (4) have permanent staff at the time the grant award is made;

- (5) have its own Employer Identification Number (EIN) from the Internal Revenue Service (IRS); and
- (6) have proof of nonprofit status at the time of application. All private organizations must include documentation of nonprofit status. The letter documenting nonprofit status should be placed in Attachment 2 and should be numbered appropriately within the application. Public entities, such as State and local government agencies, do not need to include proof of taxing status. In place of the letter documenting nonprofit status, public entities should indicate their type of public entity (State or local government) on a separate sheet of paper and include it Attachment 2.

### **Consortium and Multi-County Network Requirements**

The Delta program requires the establishment of a consortium to encourage creative and lasting relationships among service providers in rural areas. The program requires applicants to clearly identify their partners and/or multi-county networks which will be responsible for implementing key programs throughout the target counties/parishes. It is strongly encouraged that the consortium includes organizational partners from each county since all the counties are expected to be served under this grant. Only one consortium member will serve as the applicant of record. That applicant organization is required to meet the ownership or geographic requirements for eligibility. The applicant may include itself as one of the consortium members. For profit organizations and nonprofit organizations located in non-rural census tracts are not eligible to be the applicant organization, but are eligible to be consortium members.

Examples of eligible consortium member entities are hospitals, Tribal organizations, public health agencies, home health providers, pharmacy, primary care service providers, oral health service providers, area health education centers, substance abuse service providers, rural health clinics, social service agencies, Cooperative Extension Service, community and migrant health centers, health professions schools, local school districts, emergency services providers, community and migrant health centers, churches and other faith-based organizations, and civic organizations. Partnerships must include at least three health care providers. Partnerships across health sectors are highly encouraged. Grantees should make an effort to collaborate with organizations that can play a role in the implementation of the required key focus areas. In efforts to promote inclusive consortia, the ORHP encourages applicants to include hospitals located in rural Delta communities, as well as local health departments. The ORHP also encourages the applicant to forge partnerships and to coordinate efforts with other ORHP funded programs, with the State Office of Rural Health, as well as with state and philanthropic-funded programs targeted to these same Delta counties and parishes.

Because the intention of the Delta States Rural Development Network Grant Program is to support as much of the rural Delta as possible, the applicant organization is required to develop an approach that will result in the participation of all eligible counties within its service region. The applicant must describe this process in full detail in relation to project goals and outcomes. The applicant and its consortium are encouraged to engage its selected multi-county networks and other partnering agencies within the boundaries of its service region. If the consortium opts to select multi-county networks or partners outside of its service region, they must specifically provide services only to the counties and the

population within the targeted service region indicated in the application for purposes of this grant program.

Applicants from all states must specifically identify how it will work with its consortia partners and other entities (i.e. multi-county networks) located within its specified service region of choice. Applicants must explain in detail how it will deliver services to the region through its consortia.

All consortium members must provide a significant contribution to the project; they each must have an identifiable role, specific responsibilities, and a realistic reason for being a consortium member. The applicant organization is encouraged to carefully consider the selection of participants for the consortium to ensure that the consortium positively contributes to the success of common project goals. The purpose of the consortium is to: 1) encourage creative and lasting collaborative relationships among health providers in rural areas; 2) ensure that the applicant organization receives regular input from relevant and concerned entities within the health sector and 3) to ensure that the grant-funded project addresses the health needs of the identified community 4) help ensure the sustainability of the project. The roles and responsibilities of each consortium member must be outlined in a Letter of Commitment or Memorandum of Agreement and must be submitted with the application.

Discuss the strategies employed for creating and defining the consortium. The applicant should identify when each of the consortium members became involved in the project, and must detail the nature and extent of each consortium member's responsibilities and contributions to the project. Explain why each of the consortium partners are appropriate collaborators, and what expertise they bring to the project. The roles and responsibilities for each of the organizations in the consortium must be clearly defined in the application. Provide evidence of the ability for each organization participating in the consortium to deliver the services, contribute to the consortium and otherwise meet the needs of the project. Please note that each participating consortium member must have a substantive and vital role to the achievement of project goals.

Provide a consortium member list and organizational chart for the consortium under Attachment 4 as well. The consortium member list should include the following for each consortium member: organization name, contact person(s), full address, phone number (s), fax number and email address. The consortium organizational chart should depict the structure of the consortium for the project and should describe how authority will flow from the applicant organization receiving the Federal grant funds to the consortium members. The list and charts will count against the 80-page limit.

#### *Consortium Communication and Coordination*

Provide detail on how and when the consortium will meet and explain the proposed process for soliciting and incorporating input from the consortium for decision making, problem solving, and urgent or emergency situations. Provide a plan for communication and discuss how coordination will work with the consortium members. Indicators should be included to assess the effectiveness of the communication and coordination of the consortium and its timely implementation. Discuss potential challenges with the consortium (e.g., consortium disagreements, personnel actions, expenditure activities, etc.) and identify approaches that can be used to resolve the challenges

Address how communication and coordination will occur between the project director and consortium members and how often communication is expected to take place. Discuss how frequently project updates will be given to the consortium members and the extent to which the project director will be accountable to the consortium. The applicant should identify a process for periodic feedback and program modification as necessary.

Applicants must submit a Letter of Commitment (LOC) or a Memorandum of Agreement (MOA) with the application as Attachment 1. A LOC or a MOA represents a promise to provide the specified organizational resources for the success of the project. Please note that a Letter of Commitment is not the same as a Letter of Support. A LOC/MOA is from a consortium member organization providing substantial commitment and support to the project. A letter of support is from a non-consortium organization and indicates awareness and acceptance of the proposed project. The applicant is not required to include actual letters of support in the application.

#### **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: Letters of Commitment (LOC)/Memorandum of Agreement (MOA)***

Include a LOC from each consortium member and/or a MOA (signed and dated by all consortium members) which explicitly states the consortium member organization's commitment to the project activities and which includes the specific roles, responsibilities and resources (cash or in-kind) to be contributed by that organization providing substantial commitment and support to the project. This **will count** against the 80-page limit

##### ***Attachment 2: Proof of Non-profit Status***

The applicant must include a letter from the IRS or eligible State entity that provides documentation of profit status. This may either be: 1) a reference to the applicant organization's listing in the most recent IRS list of tax-exempt organizations, as described in section 501(c)(3) of the IRS Code; 2) a copy of a current and valid IRS tax exemption certificate; 3) a 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; 4) a certified copy of the applicant organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization; or 5) any of the above documents from a State or national parent organization with a statement signed by that parent organization affirming that the applicant organization is a local nonprofit affiliate. In place of the letter documenting nonprofit status, public entities may indicate their type of public entity (State or local government) and include it here. This **will not count** against the 80 page limit.

##### ***Attachment 3: State Office of Rural Health Letter or other Appropriate State Government Entity Letter***

All applicants are required to notify their State Office of Rural Health (SORH) or other appropriate State government entity early in the application process to advise them of their

intent to apply and to involve them in the program planning process. The SORH can often provide technical assistance to applicants. Applicants should request an email or letter confirming the contact and which describes the level of collaboration between the applicant and the SORH. State Offices of Rural Health also may or may not, at their own discretion, offer to write a letter of support for the project. Please include a copy of the letter or confirmation of contact in Attachment 3. In the case that you do not receive a response from the SORH, submit a copy of your request for consultation to the SORH as Attachment 3. This **will count** against the 80 page limit.

***Attachment 4: Applicant Organization’s Organizational Chart and Consortium Members’ organizational chart and information***

Provide organizational chart of the applicant organization in Attachment 4. Also, provide a consortium member list and organizational chart for the consortium. The consortium organizational chart should depict the structure of the consortium for the project and should describe how authority will flow from the applicant organization receiving the Federal grant funds to the consortium members. The consortium member list should include the following for each consortium member: organization name, contact person(s), full address, phone number (s), fax number and email address. A list of each of the consortium member organizations’ roles, responsibilities and contributions to the project should be included. The list and charts **will count** against the 80-page limit.

***Attachment 5: Staffing Plan and Job Descriptions for Key Personnel***

Provide a staffing plan for the proposed project and the job descriptions for key personnel listed in the application. In the staffing plan, explain the staffing requirements necessary to complete the project, the qualification levels for the project staff, and rationale for the amount of time that is requested for each staff position. Provide the job descriptions for key personnel listed in the application that describes the specific roles, responsibilities, and qualifications for each proposed project position. Keep each job description to one page, if possible. For the purposes of this grant application, Key Personnel is defined as persons funded by this grant or persons conducting activities central to this grant program. This information **will count** against the 80-page limit. Provide a table of contents for this attachment. (The table of contents will not count in the page limit).

***Attachment 6: Biographical Sketches for Key Personnel***

Include biographical sketches for persons occupying the key positions described in Attachment 6, not to exceed two pages in length. 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 information of the program evaluator should be included. In addition, please include the biographical information for the person who will be responsible for data collection. These documents **will count** against the 80-page limit

***Attachment 7: Logic Model and Narrative***

Applicants are required submit a logic model and narrative that illustrates the inputs, activities, outputs and outcomes and impact of the project. This **will count** against the 80-page limit.

### ***Attachment 8: Baseline Measures***

List all proposed baseline measures as Attachment 8. Organize your proposed baseline measures to differentiate between baseline measures taken from PIMS (if any) and additional baseline measures (not PIMS measures) when listing them in Attachment 8. This **will count** against the 80 page limit.

### ***Attachment 9: Evaluation Plan***

Applicants are required to submit an evaluation plan in their application under Attachment 9. This plan should address both process and outcome measures. It should include: evaluation questions; data sources; evaluation methods (e.g., review of documents, interviews with project staff and participants, surveys of participants, etc.); and how the evaluation findings will be shared throughout the project. This **will count** against the 80 page limit.

### ***Attachments 10-15: Other Relevant Documents, as necessary***

Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.) List all other support letters on one page

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

### **Application Due Date**

The due date for applications under this funding opportunity announcement is *March 18, 2013 at 11:59 P.M. Eastern Time*. Applications completed online are considered formally submitted when the application has been successfully transmitted electronically to the correct funding opportunity number, 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**

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

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

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

#### **5. Funding Restrictions**

Applicants responding to this announcement may request funding for a project period of up to three (3) years, at no more than \$25,000 per county in the designated service area. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

**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 the System for Award Management (SAM)
- Identify the organization's E-Business Point of Contact (E-Biz POC)
- Confirm the organization's SAM "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](mailto:support@grants.gov) or by phone at 1-800-518-4726. Applicants should ensure that all passwords and registration are current well in advance of the deadline.

**It is incumbent on applicants to ensure that the AOR is available to submit the application to HRSA by the published due date. HRSA will not accept submission or re-submission of incomplete, rejected, or otherwise delayed applications after the deadline.** Therefore, 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/checkApplStatus.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 Delta States Rural Development Network Grant Program has 6 (six) review criteria:

***Criterion 1: NEED (20 points)***

*Items under this criterion address the Introduction and Needs Assessment sections of the Program Narrative*

The extent to which the project identifies a focus on cardiovascular disease, obesity or diabetes.

The extent to which the applicant demonstrates the problem and associated contributing factors to the problem.

- a.) The applicant clearly identifies and establishes the unmet health care needs of the target population as evidenced by:
  - i. The quality of data provided regarding the incidence in the target population through demographic information, and other specific health status indicators (social determinants of health, health disparities etc.) relevant to the project.
  - ii. The extent to which the applicant illustrates the entire population of the service area and its demographics in relation to the target population to be served. The applicant provides supporting local, state, and national data for the community and the target population and compares local data versus state and national data.
  - iii. The level and quality of involvement the target community in identifying the needs of the population and in planning the project activities
  - iv. The strength and appropriateness of the details (frequency, number of participants, etc.) about the tools and methods (e.g., needs assessments, focus

- groups, questionnaires/surveys etc.) that were used to identify involvement of the target population.
- v. The strength of the level of involvement of representatives of local, regional, Tribal and/or state government in the planning process, as well as the involvement of local non-government organizations.
- b.) The extent to which the applicant demonstrates a thorough understanding of the relevant health services currently available in the targeted service area including:
- i. The potential impact of the project on current providers (especially those that are not included in the proposed project).
  - ii. Any other potential adverse effect (if any), the feasibility of estimates regarding how the project might augment and enhance any existing capabilities in the service area.
  - iii. The extent to which the applicant describes how this project will address a health gap in the community that would not otherwise have been addressed if it were not for this grant.
  - iv. The degree to which the applicant describes how other grant programs and/or resources would not have been able to fulfill this unmet health need and that this grant program is the best and appropriate opportunity/avenue to address this need.

***Criterion 2: RESPONSE (20 points)***

*Items under this criterion address the Methodology, Work Plan and Resolution of Challenges sections of the Program Narrative*

- a) The extent to which:
- i. The proposed activities are capable of addressing the problem and attaining the project objectives.
  - ii. The proposed goals and objectives have a clear correlation to addressing the identified need, as well as barriers. The proposed objectives are measurable, realistic, and achievable in a specific timeframe.
  - iii. Proposed activities ensure that possible cultural, racial, linguistic, geographic gender, social and religious differences of target populations are identified and addressed.
  - iv. The applicant has explained how this proposal incorporates elements of health care redesign, with a focus on transforming the health care delivery into a patient and value-driven system. This includes, but is not limited to, the implementation of the ACA to improve outcomes, reduce costs, ensuring access and ensuring efficient transitions of care, and promoting innovative approaches.
- b) The degree to which the applicant proposes a health service project based on an evidence-based approach, promising practice, or on past Delta States Rural Development Network Grant Program data that indicates a promising practice that has been shown to be effective in addressing gaps and needs in a community setting, and which has shown to improve the health status of participants, including:
- i. The strength of the evidence-based approach or promising practice that the project is based on is evidenced by appropriate and valid citations for their chosen model/approach.

- ii. The appropriateness of the evidence-based practice approach or promising practice selected for the project and evidence that this framework is appropriate and relevant to their community's need and target population.
  - iii. The extent to which the model/approach is tailored and/or modified to their proposed project and how the tailored/modified evidence-based model/approach or promising practice can be effective in fulfilling their community's unmet needs and improving the health status.
- c) The strength and feasibility of the following:
- i. The overall plan for project sustainability after the receipt of federal funds.
  - ii. The sustainable impact of the program funded by grant.
  - iii. The proposed strategies to achieve the desired sustainable impact.
  - iv. Potential sources of support for achieving sustainability after the three-year project period has ended.
- d) The strength and feasibility of the proposed work plan that is logical and easy to follow, clearly addressing the project activities, responsible parties, the timeline of the proposed activities, anticipated outputs, and the steps that must be taken to achieve each of the project goals, strategies, activities and process measures, and outcome measures.
- e) The extent to which the work plan addresses and resolves identified challenges and anticipated barriers and the quality of approaches to resolve such challenges including:
- i. Any pertinent geographic, socio-economic, linguistic, cultural, ethnic, work force or other barrier to access to health care in the target community.
  - ii. Any anticipated linguistic, social or religious barriers to health care of the target population.

***Criterion 3: EVALUATIVE MEASURES (20 points)***

*Items under this criterion address the Evaluation and Technical Support Capacity section of the Program Narrative*

The effectiveness of the method proposed to monitor and evaluate the project results. Evaluative measures must be able to assess: 1) to what extent the program objectives have been met, and 2) to what extent these can be attributed to the project.

- a) The strength of the logic model as evidenced by the inputs, activities, outputs, short-term and long-term outcomes, and the impact as it relates to project and the target population that it serves as described in logic model in Attachment 7.
- b) Strength of the evidence that progress toward meeting grant-funded goals will be tracked, measured, and evaluated.
  - i. The appropriateness of baseline (process and outcome) measures that will be monitored and tracked throughout the grant period in order to demonstrate the effectiveness of the intervention and to determine the replication of the project to other rural communities. These measures must align with the goals and objectives of the proposed project and the potential health impact.
- c.) The strength of proposed on-going quality assurance/quality improvement strategies that will assist in the early identification and modification of ineffective efforts.

- d.) The strength of the process by which data/information for these measures will be collected and analyzed, including an approach for evaluating the project's progress in relation to its proposed outputs and outcomes.
- e.) The strength of the proposed evaluation questions; data sources; evaluation methods (e.g. review of documents, interviews with project staff and participants, surveys of participants etc.); and how the evaluation findings will be shared throughout the project as evidenced in the evaluation plan.
- f.) The extent to which the evaluation strategy engages project staff and key stakeholders in the design and implementation of evaluation as evidenced in the evaluation plan.

**Criterion 4: IMPACT (20 Points)**

*Items under this criterion address the Work Plan section of the Program Narrative*

- a.) The extent to which the proposed project will impact the target population and the extent to which the project may be replicated in other communities with similar needs.
- b.) The extent to which the applicant describes the potential long-term impact of the selected the evidence-based approach or promising practice that was used in the design and development of the proposed project.
- c.) The feasibility and effectiveness of the proposed approach for widely disseminating information regarding results of their project.

**Criterion 5: RESOURCES/CAPABILITIES (10 Points)**

*Items under this criterion address the Work Plan, Evaluation and Technical Support Capacity and Organizational Information sections of the Program Narrative*

- a.) The quality and appropriateness of the resources, and the abilities of the applicant organization and the consortium members in fulfilling program requirements and meeting program expectations.
- b.) The capability of the applicant to implement and fulfill the requirements of the proposed project based on the resources available and the qualifications of the project staff including: the number and types of staff, the current experience, skills, knowledge, and experience with previous work of a similar nature of key staff, the requirements established to fill other key positions if the grant is received including the identification of an evaluator and of a staff person for data collection. For competing continuations, past performance will also be considered.
- c.) The strength of the consortium as evidenced by:
  - i. Effective strategies employed for creating and defining the consortium.
  - ii. The nature and extent of each consortium member's responsibilities and contributions to the project.
  - iii. The extent to which the consortium partners are appropriate collaborators and the expertise they bring to the project.

- iv. The extent to which the applicant clearly defines the roles and responsibilities for each of the organizations in the consortium and how authority will flow from the applicant organization receiving the Federal grant funds to the consortium members.
  - v. The ability of each organization participating in the consortium to deliver the services, contribute to the consortium, help ensure sustainability of project and otherwise meet the needs of the project.
- d.) The strength of the proposed strategies for communication and coordination of the consortium members as evidenced by:
- i. How and when the consortium will meet and the proposed process for soliciting and incorporating input from the consortium for decision-making, problem solving, and urgent or emergency situations.
  - ii. The plan for communication and coordination between the project director and consortium members, including how often communication is expected.
  - iii. The proposed frequency of project updates that will be given to the consortium members and the extent to which the project director will be accountable to the consortium.
  - iv. The strength and feasibility of the proposed process for periodic feedback and program modification as necessary.
- e.) The strength of the proposed indicators to assess the effectiveness of the communication and coordination of the consortium and its timely implementation.
- f.) The degree to which the applicant discusses potential challenges with the consortium (consortium disagreements, personnel actions, expenditure activities etc.) and identifies approaches that can be used to resolve the challenges.

***Criterion 6: SUPPORT REQUESTED (10 points)***

*Items under this criterion address the Organizational Information section of the Program Narrative*

The budget forms 424A, along with the Budget Justification components of the itemized budget and budget narrative, are to be used in the review of this section. Together, they will provide reviewers with the information to determine the reasonableness of the requested support.

- a) The budget justification 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 over the length of the 3-year project period
- b) The degree to which the estimated cost to the government of proposed grant-funded activities appear reasonable.
- c) Funding is allotted for an evaluator and for a staff person who will be responsible for data collection.

## **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.

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

It is anticipated that awards will be announced prior to the start date of August 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 August 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](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) **Progress Report(s).** The awardee must submit a progress report to HRSA on an annual basis. Submission and HRSA approval of grantee Progress Report(s) triggers the budget period renewal and release of subsequent year funds. Sample text describing the report: This report has two parts. The first part demonstrates grantee progress on program-specific goals. The second part collects core performance measurement data including performance measurement data to measure the progress and impact of the project. Further information will be provided in the NoA.

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.

## 5) Other required reports and/or products.

- i. Submit a **Strategic Plan**. Awardees will be required to submit a Five-Year Strategic Plan during the first year of their grant period. This strategic plan will provide guidance for program development throughout the grant period and beyond. Your strategic plan will provide guidance for program development throughout the grant period and beyond. It will be a step by step guide, created by your consortium, for reaching your goals and objectives. Essentially, the strategic plan provides a "recipe" of how to achieve a stated vision for the chosen community need, target area and target population, and how the consortium will provide the services and serve the community effectively. It will set expectations and define the roles and responsibilities of each of the consortium members.

The plan also serves as a systematic, management tool for collaboration, identifying operational efficiencies, leveraging resources and producing desired outcomes. The goal is to integrate all aspects of the consortium's assets and resources into a mutually supportive system in order to successfully implement the program and achieve health status improvement in their communities. Further information will be provided upon receipt of the award.

- ii. Submit a final **Sustainability Plan**. As part of receiving the grant, awardees are required to submit a final Sustainability Plan during the third year of their grant period. Further information will be provided upon receipt of the award.
- iii. Submit a **Performance Measures Report**. The Office of Rural Health Policy has created specific performance measures that grantees will be required to report within the Performance Improvement System (PIMS) located in HRSA's Electronic Handbook (EHB) after the end of each budget period. Grantees will be required to provide data on these measures annually for continued funding. Applicants are required to select relevant PIMS measures for their program, and are required to make it a part of their overall data collection strategy. In addition to providing data in PIMS on a yearly basis, applicants must propose baseline evaluative health measures when submitting the application that they can monitor and track throughout the grant period in order to demonstrate the effectiveness of the intervention, and to determine the replication of the project to other rural communities. The one baseline data that is required of all applicants is the number of participants expected to be served through the program. The selected PIMS measures should focus on the applicant's selected focus areas: cardiovascular disease, diabetes, or obesity. In addition to the PIMS measures, applicants are

required to propose an additional set of measures that are specific to the funded project.

- iv. Submit a **Final Evaluation Report**. Awardees are required to submit a final Program Evaluation Report at the end of their grant period that would show, explain and discuss their results and outcomes. Awardees are required to submit an Evaluation Report approximately six months after being funded. Details regarding the Evaluation Report will be provided upon receipt of the award. Awardees will be required to submit a final Program Evaluation Report at the end of their grant period that would show, explain and discuss their results and outcomes. Further information will be provided upon receipt of the award. Further information will be provided in the award notice.

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:

Belinda Williams  
HRSA Division of Grants Management Operations, OFAM  
Parklawn Building, Room 11A-16  
5600 Fishers Lane  
Rockville, MD 20857  
Telephone: (301) 443-1565  
Fax: (301) 594-4037  
Email: [bwilliams@hrsa.gov](mailto:bwilliams@hrsa.gov)

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

CAPT. Valerie A. Darden  
Delta States Rural Development Network Grant Program Coordinator  
Attn: Funding Program  
Office of Rural Health Policy, HRSA

Parklawn Building, Room 5A-55  
5600 Fishers Lane  
Rockville, MD 20857  
Telephone: (301) 443-0837  
Fax: (301) 443-2803  
Email: [vdarden@hrsa.gov](mailto:vdarden@hrsa.gov)

Applicants may need assistance when working online to submit their application forms electronically. Applicants should always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, seven days a week, excluding Federal holidays at:

Grants.gov Contact Center  
Telephone: 1-800-518-4726  
E-mail: [support@grants.gov](mailto:support@grants.gov)  
iPortal: <http://grants.gov/iportal>

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](mailto:CallCenter@HRSA.GOV)

## **VIII. Other Information**

### **TECHNICAL ASSISTANCE CONFERENCE CALL**

The Office of Rural Health Policy will hold a technical assistance call on **February 4, 2013 (Monday) at 2:00 PM EST** to assist applicants in preparing their applications. The toll-free number to call in is 1-800-475-4948. The Passcode is **Delta**. Please dial in 10 minutes before call is to begin. The leader's name is Valerie.

The Technical Assistance call will be recorded and available for playback within one hour of the end of the call and will be available until **March 7, 2013 at 9:59 PM CST**. To access the playback, please call: 1-866-451-8971 No passcode needed.

The Technical Assistance call is open to the general public. The purpose of the call is to go over the grant guidance, and to provide any additional or clarifying information that may be necessary regarding the application process. There will be a Q&A session at the end of the call to answer any questions. While the call is not required, it is highly recommended that anyone who is interested in applying for the Delta States Rural Development Network Grant Program plan to listen to the call. It is most useful to the applicants when the grant guidance is easily accessible during the call and if questions are written down ahead of time for easy reference.

## **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>.

## Appendix A

The Office of Rural Health Policy has created specific performance measures that grantees will be required to report within the Performance Improvement System (PIMS) located in HRSA's Electronic Handbook (EHB). Grantees will be required to provide data on these measures annually for continued funding. In addition to reporting on PIMS measures on a yearly basis, applicants are required to select relevant PIMS measures for their program, and are required to make it a part of their overall data collection strategy. Applicants must propose baseline evaluative health measures when submitting the application that they can monitor and track throughout the grant period in order to demonstrate the effectiveness of the intervention, and to determine the replication of the project to other rural communities. The selected PIMS measures should focus on the applicant's selected focus areas: cardiovascular disease, diabetes, or obesity.

OMB No. 0915-03

### Office of Rural Health Policy: Rural Health Community-Based Grant Programs

#### Performance Improvement and Measurement System (PIMS) Database

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The OMB control number for this program is 0915-0319. Public reporting burden for this collection of information is estimated to be 3.12 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-33, Rockville, Maryland, 20857.

### Delta States Rural Development Network Grant Program

#### Table 1: ACCESS TO CARE

##### Instructions:

Information collected in this table provides an aggregate count of the number of people served through program. Please refer to the detailed definitions and guidelines in answering the following measures. Please indicate a numerical figure if applicable, N/A if not applicable and DK if unknown.

##### Number of counties served

- Denotes the total number of counties served through the program. Please include entire, as well as partial counties served through the grant program. If your program is serving only a fraction of a county, please count that as one (1) county.

##### Number of people in target population

- Denotes the number of people in your target population (not necessarily the number of people who availed your services). For example, if a grantee organization's target population is females in county A, then the grantee organization reports the number of females that resides in county A.

##### Number of Direct Unduplicated Encounters

- Denotes the number of unique individuals in the target population who have received documented services provided directly to the patient (patient visits, health screenings etc.)
- Denotes the number of people served in your target population

Number of Indirect Encounters

- Denotes the number of people reached through mass communication methods, such as mailings, posters, flyers, brochures, etc.

Number of Direct Duplicated Encounters

- Denotes the total number of activities done through the program.

Type(s) of services provided through program funding

- Please check the box that applies to your program

**Table 1: ACCESS TO CARE**

1	<b>Number of counties served</b>	<b>Number</b>
2	<b>Number of people in the target population</b>	<b>Number</b>
3	<b>Number of direct unduplicated encounters</b>	<b>Number</b>
4	<b>Number of direct duplicated encounters</b>	<b>Number</b>
5	<b>Number of indirect encounters</b>	<b>Number (automatically calculated by the system)</b>
6	<b>Type(s) of services provided through grant funding. (Check all that apply)</b>	<b>Selection list</b>
	Cardiovascular Disease (CVD)	
	Case Management	
	Diabetes / Obesity Management	
	Elderly/Geriatric Care	
	Emergency Medical Services (EMS)	
	Health Education	
	Health Literacy/translation services	
	Health Promotion/Disease Prevention	
	Maternal and Child Health/Women’s Health	
	Mental/Behavioral Health	
	Nutrition	
	Oral Health	
	Pharmacy	
	Primary Care	
	Substance abuse treatment	
	Telehealth/telemedicine	
	Transportation	
	Workforce	
	Other	

**Table 2: POPULATION DEMOGRAPHICS**

**Instructions:** Please provide the total number of people served by race, ethnicity, and age. The total for each of the following questions should equal to the total of the number of direct unduplicated encounters provided in the previous section (Access to Care section). Please indicate a numerical figure. There should not be a N/A (not applicable) response since all measures are applicable.

Number of people served by ethnicity (Hispanic or Latino/Not Hispanic or Latino)

Hispanic or Latino origin includes Mexican, Mexican American, Chicano, Puerto Rican, Cuban and other Hispanic, Latino or Spanish origin (i.e. Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard etc.)

7	<b>Number of people served through the program by ethnicity:</b>	<b>Number</b>
	Hispanic or Latino	
	Not Hispanic or Latino	
	Unknown	
8	<b>Number of people served by race:</b>	<b>Number</b>
	American Indian/Alaska Native	
	Asian	
	Black or African American	
	Native Hawaiian/Other Pacific Islander	
	White	
	More than one race	
	Unknown	
9	<b>Number of people served by age group</b>	<b>Number</b>
	Children (0-12)	
	Adolescents(13-17)	
	Adults (18-64)	
	Elderly (65 and over)	
	Unknown	

**Table 3: UNDER & UNINSURED**

*Instructions:*

Please respond to the following questions based on these guidelines:

Number of uninsured people receiving preventive and /or primary care

- Uninsured is defined as those without health insurance and those who have coverage under the Indian Health Service only
- The response should be based of the total number of direct unduplicated encounters provided on ‘Access to Care’ section

Number of total people enrolled in public assistance (i.e. Medicare, Medicaid, SCHIP or any State-sponsored insurance)

- Denotes the number of people who are uninsured, but are enrolled in any of these public assistance programs

Number of people who use private third-party payments to pay for the services received

- Denotes number of people who use private third-party payers such as employer-sponsored or private non-group insurance to pay for health services

Number of people who pay out-of-pocket for the services received

- Denotes the number of people who are uninsured, not enrolled in any public assistance (i.e. Medicare, Medicaid, SCHIP or State-sponsored insurance), not enrolled in private third party insurance (i.e. employer-sponsored insurance or private non-group insurance) and does not receive health services free of charge

If your grant program was not funded to provide these services, please type N/A for not applicable.

**Table 3: UNINSURED**

10	<b>Number of under/uninsured people receiving preventive and/or primary care.</b>	<b>Number</b>
11	<b>Number of total people enrolled for public assistance, i.e., Medicare, Medicaid, SCHIP, or state sponsored insurance.</b>	<b>Number</b>
12	<b>Number of people who use private third-party payments to pay for services received.</b>	<b>Number</b>
13	<b>Number of people who pay out of pocket for services received.</b>	
14	<b>Number of people who received health services free of charge.</b>	<b>Number</b>

**Table 4: STAFFING****Instructions:**

Please provide the number of clinical and non-clinical staff recruited on the program and the number of staff that are shared between two or more Network partners. Please indicate a numerical figure. There should not be a N/A (not applicable) response since all questions are applicable.

**Table 4: Staffing**

15	<b>Type(s) of new Clinical staff recruited to work on the program:</b>	<b>Number</b>
	Dental Hygienist	
	Dentist	
	Health Educator / Promotoras	
	Licensed Clinical Social Worker	
	Nurse	
	Pharmacist	
	Physician Assistant	
	Physician, General	
	Physician, Specialty	
	Psychologist	
	Technicians (medical, pharmacy, laboratory, etc)	
	Therapist (Behavioral, PT, OT, Speech, etc)	
	Other – Specify Type(s)	
	None	<b>Selection list</b>
16	<b>Type(s) of new Non-Clinical staff recruited to work on the program:</b>	<b>Number</b>
	HIT/CIO	
	Case Manager	
	Medical Biller / Coder	
	Translator	
	Enrollment Specialist	
	Other	
	None	
17	<b>Number of staff positions shared between two or more Network</b>	<b>Number</b>

	partners.		
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**Table 5: NETWORK**

**Instructions:**

Please identify the types of formal member organizations in the consortium or network by non-profit and for-profit status for your program. Please indicate a number for each category. Please provide the total number of member organizations in the consortium or network. Then, out of the total number of organizations in consortium/network, please provide the total number of *new* member organizations acquired within the budget year. Please refer to the detailed definitions for consortium/networks, as defined in the program guidance.

18	Type(s) of member organizations in the consortium/network. (Check all that apply)	Selection list
Non-profit Organization	AHEC	
	Community College	
	Community Health Center	
	Critical Access Hospital	
	Faith-Based Organization	
	For-profit organization	
	Health Department	
	Hospital	
	Private Practice	
	Rural Health Clinic	
	School District	
	Social Services Organization	
	University	
	Other	
	<b>TOTAL for Non-Profit Organization</b>	<b>Number (automatically calculated by the system)</b>
For-profit Organization	Community College	
	Community Health Center	
	Critical Access Hospital	
	Faith-Based Organization	
	Health Department	
	Hospital	
	Migrant Health Center	
	Non-profit Organization	
	Private Practice	
	Rural Health Clinic	
	School District	
	Social Services Organization	
	University	
	Other	
	<b>TOTAL for For-Profit Organization</b>	Number (automatically calculated by the system)

19	Total Number of Member Organizations in the Consortium/Network	Number
20	Total Number of New Members in the Consortium/Network ( for current report year)	Number

**Table 6: SUSTAINABILITY**

**Instructions:**

- Please provide the annual program award based on box 12a of your Notice of Grant Award (NGA).
- Please provide the amount of annual revenue the program has made through **the services offered through the program**. If the total amount of annual revenue made is zero (0), please put zero in the appropriate section. Do not leave any sections blank.
- Please provide the amount of additional funding secured to sustain the program. If the total amount of additional funding secured is zero (0), please put zero in the appropriate section. Do not leave any sections blank.
- Please provide the estimated amount of savings incurred due to participation in a network/consortium. If the total amount of savings incurred is zero (0), please put zero in the appropriate section. Do not leave any sections blank.
- Select the type(s) of sources of funding for sustainability. Please check all that apply.
- Please indicate if you have a sustainability plan and select your sustainability activities. Please check all that apply.
- Please indicate if you used HRSA’s Economic Impact Analysis Tool (website TBD). If so, please provide the ratio for Economic Impact vs. HRSA Program Funding.

For programs that are in Year 3 of grant funding, please indicate the following:

- Please indicate if your current network/consortium will sustain after the grant period is over
- Please indicate if **any** of your program’s activities will sustain after the grant period.

21	<b>Annual program award</b>	<b>Dollar amount</b>
22	<b>Annual program revenue</b>	<b>Dollar amount</b>
23	<b>Additional funding secured to assist in sustaining the project</b>	<b>Dollar amount</b>
24	<b>Estimated amount of cost savings due to participation in network/consortium</b>	<b>Dollar amount</b>
25	<b>Sources of Sustainability</b>	<b>Selection list</b>
	Program Revenue	
	In-kind Contributions	
	Member fees	
	Fundraising	
	Contractual Services	
	Other grants	
	Other – specify type	
	None	

26	<b>Has a sustainability plan been developed using sources of funding besides grants?</b>	Y/N
27	<b>Sustainability Activities:</b> (check all that apply)	<b>Selection list</b>
	Local, State and Federal Policy changes	
	Media Campaigns	
	Consolidation of activities, services and purchases	
	Communication Plan Development	
	Economic Impact Analysis	
	Return on Investment Analysis	
	Marketing Plan Development	
	Community Engagement Activities	
	Business Plan Development	
	SWOT Analysis	
	Other – Specify activity	
28	<b>Did you use the HRSA Economic Impact Analysis tool</b>	Y/N
29	<b>If yes, what was ratio for Economic Impact vs. HRSA Program Funding</b>	<b>Number</b>
30	<b>Will the network/consortium sustain</b>	Y/N
31	<b>Will the program’s activities be sustained after the grant period</b>	Y/N

**Table 7: HEALTH INFORMATION TECHNOLOGY**

*Instructions: Health Information Technology (HIT)*

Please select all types of technology implemented, expanded or strengthened through this program. If your grant program did not fund these services, please select none.

32	<b>Type(s) of technology implemented, expanded or strengthened through this program:</b> (Check all that apply)	<b>Selection list</b>
	Computerized laboratory functions	
	Computerized pharmacy functions	
	Electronic clinical applications	
	Electronic medical records	
	Health Information Exchange	
	Patient/Disease Registry	
	Telehealth/Telemedicine	
	Other	
	None	

**Table 8: QUALITY IMPROVEMENT**

**Instructions:**

Report the number of quality improvement clinical guidelines/benchmarks adopted and the number of network members using shared standardized benchmarks. Please indicate a numerical figure or N/A for not applicable if your grant program did not fund this.

33	<b>Number of quality improvement clinical guidelines / benchmarks adopted by network/consortium</b>	<b>Number</b>
34	<b>Number of network/consortium members using shared standardized quality improvement benchmarks</b>	<b>Number</b>

**Table 9: PHARMACY**

Instructions:

Report the overall annual dollars saved by joint purchasing of drugs through your network/consortium. Report the number of people receiving prescription drug assistance and the annual average amount of dollars saved per patient through prescription drug assistance. If your grant program did not fund these services, please type N/A for not applicable.

35	<b>Average amount of dollars saved per patient through prescription drug assistance annually</b>	<b>Dollar Amount</b>
36	<b>Number of people receiving prescription drug assistance annually</b>	<b>Number</b>

**Table 10: HEALTH PROMOTION/DISEASE MANAGEMENT**

Instructions:

Number of health promotion/disease management activities offered to the public through this program

- Report the number of health promotion/disease management activities offered to the public through this program. Some examples include health screenings, health education, immunizations, etc.

Number of people referred to health care provider/s

- Report the number of people that were referred to a health care provider. The response to this question should be based on the number reported in the previous question (Number of health promotion/disease management activities offered to the public through this program). Therefore, the number reported here should not be more than the number reported in the previous question.

Please indicate a numerical figure or N/A for not applicable if your grant program did not fund this.

37	<b>Number of health promotion/disease management activities offered to the public through this program.</b>	<b>Number</b>
38	<b>Number of people referred to health care provider/s</b>	<b>Number</b>

**Table 11: MENTAL/BEHAVIORAL HEALTH**

Instructions: Report the number of people receiving mental and/or behavioral health services through your program and the number of network members integrating primary and mental health services. If your grant program did not fund these services, please type N/A for not applicable.

**Table 11: MENTAL/BEHAVIORAL HEALTH**

39	<b>Number of people receiving mental and/or behavioral health services in target area.</b>	<b>Number</b>
40	<b>Number of network members integrating primary and mental health services.</b>	<b>Number</b>

**Table 12: ORAL HEALTH**

Instructions:

Report the number of people receiving dental/oral health services in target area, select the appropriate types of services and provide the number of network members integrating oral health services. Please

check all that apply. If your grant program did not fund these services, please type N/A for not applicable.

41	<b>Number of people receiving dental/oral health services in target area.</b>	<b>Number</b>
42	<b>Type(s) of dental / oral health services provided.</b> (Check all that apply)	<b>Selection list</b>
	Screenings / Exams	
	Sealants	
	Varnish	
	Oral Prophylaxis	
	Restorative	
	Extractions	
	Other	
	Not Applicable	
43	<b>Number of network members integrating primary and dental / oral health services.</b>	<b>Number</b>

**Table 14: CLINICAL MEASURES**

**Instructions:**

Please refer to the specific instructions for each field below. Please indicate a numerical figure or N/A for not applicable if your grant program did not fund this.

**Measure 1:**

*Numerator:* Patients from the denominator that have the most recent blood pressure less than 140/190 mm Hg, within the last 12 months.

*Denominator:* All patients 18-85 years of age seen at least once during the last 12 months with a diagnosis of hypertension within 6 months after measurement start date.

**Measure 2**

*Numerator:* Number of adult patients in the target population that have been screened for depression.

*Denominator:* All patients ≥ 18 years of age in the target population.

**Measure 3:**

*Numerator:* Number of patients 18-75 years of age whose most recent hemoglobin A1c level during the measurement year is less than 8.0%

*Denominator:* Number of patients 18-75 years of age during measurement year with a diagnosis of type 1 or type 2 diabetes.

**Measure 4:**

*Numerator:* Number of patients 18-75 years of age with diabetes (type 1 or type 2) who had blood pressure less than 140/90 mm/Hg

*Denominator:* All patients 18-75 years of age during measurement year with a diagnosis of type 1 or 2 diabetes.

**Measure 5:**

*Numerator:* Patients in the denominator with Body Mass Index (BMI) percentile documentation, counseling for nutrition, counseling for physical activity during the measurement year

*Denominator:* All patients 2-17 years of age

**Measure 6:**

*Numerator:* Patients in denominator with (1) Body Mass Index (BMI) charted and (2) follow-up plan documented if patient is overweight and underweight

*Denominator:* All patients age 18 years or older

**Measure 7:**

*Numerator:* Number of children who have received four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); two H influenza type B (HiB); three hepatitis B (HepB); one chickenpox (VZV); four pneumococcal conjugate (PCV); two hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and nine separate combination rates.

*Denominator:* Number of children who turn two years of age during the measurement year.

**Measure 8:**

*Numerator:* Number of adolescents who have received a second MMR, completion of three hepatitis B (HepB) and Varicella (VZV).

*Denominator:* Number of adolescents who are 13 years of age during measurement year.

		<b>Numerator</b>	<b>Denominator</b>	<b>Percent</b>
1	<b>Percentage of adult patients, 18 -85 years of age, who had a diagnosis of hypertension and whose blood pressure was adequately controlled during the measurement year</b>	<b>Number</b>	<b>Number</b>	<b>Automatically calculated by system</b>
2	<b>Percent of adult patients in the target population who have been screened for depression</b>	<b>Number</b>	<b>Number</b>	<b>Automatically calculated by system</b>
3	<b>Percent of adult patients, 18-75 years of age with diabetes (type 1 or type 2) who had hemoglobin A1c less than 8.0%</b>	<b>Number</b>	<b>Number</b>	<b>Automatically calculated by system</b>
4	<b>Percent of patients 18-75 years of age with diabetes (type 1 or type 2) who had blood pressure less than 140/90 mm/Hg</b>	<b>Number</b>	<b>Number</b>	<b>Automatically calculated by system</b>
5	<b>Percent of patients 2-17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or OB/GYN and who had evidence of Body Mass Index (BMI) percentile documentation, counseling for nutrition and counseling for physical activity during the measurement year</b>	<b>Number</b>	<b>Number</b>	<b>Automatically calculated by system</b>
6	<b>Percent of patients aged 18 years and older with a calculated Body Mass Index (BMI) in the past six months or during the current visit documented in the medical record and if the most recent BMI is outside parameters, a follow-up is documented</b>	<b>Number</b>	<b>Number</b>	<b>Automatically calculated by system</b>
7	<b>Percent of children by 2 years of age with appropriate immunizations (please see types of immunizations as listed in the instructions)</b>	<b>Number</b>	<b>Number</b>	<b>Automatically calculated by system</b>
8	<b>Percent of adolescents 13 years of age with appropriate immunizations documented</b>	<b>Number</b>	<b>Number</b>	<b>Automatically calculated by</b>

	<b>according to age group</b>		<b>system</b>
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