

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

Office of Rural Health Policy  
Community-Based Division

***Rural Health Information Technology (HIT) Workforce Program***

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**FUNDING OPPORTUNITY ANNOUNCEMENT**

Fiscal Year 2013

**Application Due Date: April 15, 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.*

**Release Date: February 15, 2013**

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Janice Mompoint  
Public Health Analyst, Office of Rural Health Policy  
Email: JMompoint@hrsa.gov  
Telephone: (301) 443-8344  
Fax: (301) 443-2803

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

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# I. Funding Opportunity Description

## 1. Purpose

This announcement solicits applications for the Rural Health Information Technology (HIT) Workforce Program. The purpose of this program is to support formal rural health networks that focus on activities relating to the recruitment, education, training, and retention of HIT specialists. This program will also provide support to rural health networks that can leverage and enhance existing HIT training materials to develop formal training programs, which will provide instructional opportunities to current health care staff, local displaced workers, rural residents, veterans, and other potential students. These formal training programs will result in the development of a cadre of HIT workers who can help rural hospitals and clinics implement and maintain systems, such as electronic health records (EHR), telehealth, home monitoring and mobile health technology, and meet EHR meaningful use standards.

Rural health provider networks that recruit, educate, train, and retain competent HIT specialists will be able to achieve business operational efficiencies as well as strengthen their infrastructures and improve quality health care services. After federal funding ends, the networks should continue to expand the workforce development program and widely disseminate program information in order to support the continual training of HIT workers within rural areas.

The National Advisory Committee on Rural Health and Human Services (NACRHHS) found distance learning programs to show similar academic performance as traditional classroom programs, making them an important workforce development recruitment solution for rural areas.<sup>1</sup> Funded projects under the Rural HIT Workforce Program will have rural health networks that partner with an accredited rural or rural-serving educational institution, such as a community, technical, or vocational college in order to recruit current health care staff, local displaced workers, veterans, and rural residents to provide them with the non-degree education they need to implement, upgrade, test, maintain and otherwise support the implementation of HIT programs. Collaboration with a local Area Health Education Center (AHEC) is encouraged. The community college must either have an established curriculum or in the process of developing one at the time of submission. It is expected that the applicant will review the Office of the National Coordinator (ONC) for HIT curriculum modules and demonstrate how the modules either already align with the existing curriculum or how they will be adapted to the curriculum. The ONC HIT modules are accessible via the following link: <http://www.onc-ntdc.org> or <http://www.onc-ntdc.info>. Applicants may need to create a new account, if one does not already exist.

Recruited students should aim to work towards at least an associate's degree or equivalent, if a post-secondary degree has not yet been obtained. Students selected to go through the workforce development program must commit to completing the certification program and the apprenticeship training, with the opportunity for employment at one or more network member hospital(s)/clinic(s) or another rural health care provider. It is the expectation that the students will stay and work in rural areas upon completion of the HIT certificate program and apprenticeship and it is the

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<sup>1</sup> National Advisory Committee on Rural Health and Human Services. (2009). Report to the DHHS Secretary. Rockville, MD: U.S. Department of Health and Human Services, Office of Rural Health Policy. Available at: <http://www.hrsa.gov/advisorycommittees/rural/2009secreport.pdf>

simultaneous expectation for the network to identify and provide the most appropriate employment connections for the students. The apprenticeship will consist of a hands-on intensive training on the Certified EHR Technology (CEHRT) that is taught by a certified instructor with professional experience in teaching and implementing the CEHRT, followed by a rural hospital/clinic based training coordinated by the rural health network.<sup>2</sup>

Upon completion of the educational and apprenticeship training, the student is expected to be able to complete a certification or competency test that is appropriate for his/her experience, education, and the HIT specialist certificate obtained. Examples include but are not limited to:

- Healthcare Information and Management Systems Society (HIMSS) certification (found here: [http://www.himss.org/ASP/certification\\_cphims.asp](http://www.himss.org/ASP/certification_cphims.asp))
- American Health Information Management Association (AHIMA) certification (found here: <http://www.ahima.org/certification/rhia.aspx>)
- ONC HIT Professional Competency exams (found here: [http://healthit.hhs.gov/portal/server.pt/community/healthit\\_hhs\\_gov\\_competency\\_examination\\_program\\_%282%29/1809](http://healthit.hhs.gov/portal/server.pt/community/healthit_hhs_gov_competency_examination_program_%282%29/1809)), etc.

The Rural Health Information Technology Workforce Program goals are the following:

1. Building a rural-focused HIT training program with an educational institution that has either an established HIT specialist curriculum or is in the process of developing a curriculum for a HIT specialist certificate(s) that builds on the HIT training materials and curriculum modules already developed by ONC.
2. Providing HIT specialist students training opportunities and experiences within culturally competent, community focused rural hospitals/clinics, which will build and reinforce ties within these rural communities;
3. Improving the viability of the network partners by increasing recruitment and retention of HIT specialists within their rural communities and other non-network rural communities;
4. Establishing a replicable approach to educating and training HIT specialist students in rural areas by providing the curriculum and training materials developed during the grant to be shared publicly so that other rural or rural-serving community, vocational, and technical colleges might offer similar training in the future;
5. Building connections to providers within the region to aid with student job placement;
6. Increasing the number of HIT specialists who will systematically work toward helping all rural network members reach EHR meaningful use standards by implementing, upgrading, testing and maintaining relevant, effective, and efficient HIT systems and programs; and
7. Establishing partnerships between the network and community organizations that can serve as an ongoing vehicle for addressing workforce challenges.

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<sup>2</sup> Office of the National Coordinator (ONC) Certified Health IT Product List:  
<http://oncchpl.force.com/ehrcert?q=chpl>

Funded networks can focus on a variety of activities related to the recruitment, education, training, and retention of HIT specialists to include providing recruitment assistance and training support directly to enrolled HIT specialist students. Activities can also include payment for student training on CEHRT and payment to preceptors (trainers and coordinators who provide necessary instruction, evaluation, and administrative oversight) during the CEHRT hands-on intensive training and hospital and/or clinic apprenticeship training phase.

## 2. Background

This program is authorized under Section 330A(f) of the Public Health Service (PHS) Act, as amended (42 U.S.C. 254(c)(f)). This authority directs the Office of Rural Health Policy (ORHP) to support grants for eligible entities to promote, through planning and implementation, the development of integrated health care networks that have combined the functions of the entities participating in the networks in order to (i) achieve efficiencies; (ii) expand access to, coordinate, and improve the quality of essential health care services; and (iii) strengthen the rural health care system as a whole. Successful local collaborative partnership models between education institutions and rural providers, such as rural health care networks, help rural communities maximize the use of limited resources while expanding workforce development services.<sup>3</sup>

The lack of HIT workforce and workforce development in rural communities is a concern. The workforce gap is attributed to the aging rural population growth rate is compounded by the influx of baby boomers retiring in rural areas and the out-migration of talented youth to urban areas in search of a broader array of educational and job opportunities. The creation and expansion of post-secondary educational programs (which provide associate's degrees, certificates, and credentials) in rural areas can improve the accessibility of local health and human services workforce development. This can help mitigate the loss of talented youth and provide new skills for displaced workers and veterans.<sup>4</sup>

There is a positive relationship between local health and human services workforce development and community economic impact. Rural leaders have been able to successfully fill vacant positions by investing in local citizens. Studies show that investing in “grow your own” community-based workforce training programs within rural communities are more effective at recruiting and retaining workers because rural residents are not only a ready workforce supply, but also more likely to stay in rural communities. Moreover, there are financial savings from lower recruitment and retention costs for rural residents (current health care staff, post-secondary students, displaced workers, veterans) versus health care professionals from other areas, particularly from non-rural areas.<sup>5</sup> With these facts in mind, students from urban areas who have a genuine interest in serving rural populations provide another recruitment pool to address rural health workforce shortages.

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<sup>3</sup> National Advisory Committee on Rural Health and Human Services. (2009). Report to the DHHS Secretary. Rockville, MD: U.S. Department of Health and Human Services, Office of Rural Health Policy. Available at: <http://www.hrsa.gov/advisorycommittees/rural/2009secreport.pdf>

<sup>4</sup> Ibid.

<sup>5</sup> Ibid.

When factoring in policy changes that push for improving HIT infrastructure and achieving meaningful use,<sup>6</sup> the challenge becomes more complex for an already strained rural health care system to make these transitions while providing quality health care. For example, the rural health care system, which currently does not have a sufficient workforce, will have more difficulty achieving HIT adoption and meaningful use standards. This challenge is exacerbated by the financial incentives and subsequent penalties for achieving HIT adoption and meaningful use. Therefore, workforce development in the area of HIT skill-building must be addressed.

Thus, the U.S. Department of Health and Human Services (HHS) has been charged to improve workforce recruitment and retention and support the adoption of HIT in Rural America. The President's Improve Rural Health Care Initiative, which has been included in each President's Budget since Fiscal Year 2010, continues to restructure the way rural programs are administered with a focus on building an evidence base of programs to improve health care in rural communities. In further support of Rural America, the President signed Executive Order 13575 on July 9, 2011, creating the White House Rural Council, which makes recommendations for streamlining and improving the effectiveness of economic investments in rural areas and coordinates Federal engagement and partnerships with a variety of rural stakeholders.

As result of its charge, the White House Rural Council has increased Federal collaboration and coordination around the training of HIT workers. Supporting the training of HIT workers helps address the objectives of the Council and the Office for the National Coordinator of Health Information Technology's estimate that hospitals and rural provider practices will need an additional 50,000 workers over five years to satisfy the meaningful use criteria.<sup>7</sup> Additionally, according to the Alliance for Health Reform, a 38 percent increase of workforce is needed to achieve sufficient levels of HIT professionals; however, the Bureau of Labor Statistics predicts only a 21 percent increase in the employment of medical records and health information technologists between 2010 and 2020.<sup>8</sup> As such, the Office of Rural Health Policy created the Rural HIT Workforce Program.

## **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 \$4,500,000 is expected to be available annually to fund between 10 - 15 grantees. Applicants may apply for a ceiling amount of up to \$300,000 per year. The project period is 3 years.

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<sup>6</sup> Policy changes include: the Health Information Technology in Economic and Clinical Health (HITECH) Act and the Medicare and Medicaid Electronic Health Records (EHR) Incentive Programs.

<sup>7</sup> Schilling, Brian. (June 23, 2011). "The Federal Government Has Put Billions into Promoting Electronic Health Record Use: How Is It Going?". *Quality Matters*. June/July 2011. 1-5. Washington, D.C.: The Commonwealth Fund. Available at:

[http://www.commonwealthfund.org/~media/Files/Newsletters/Quality%20Matters/QM\\_2011\\_June\\_July.pdf](http://www.commonwealthfund.org/~media/Files/Newsletters/Quality%20Matters/QM_2011_June_July.pdf)

<sup>8</sup> Alliance for Health Reform. (October 17, 2012). "The HIT Workforce Shortage: An Alliance for Health Reform Toolkit". Washington, DC. Available at:

[http://www.allhealth.org/publications/Health\\_information\\_technology/HIT\\_Workforce\\_Shortage\\_119.pdf](http://www.allhealth.org/publications/Health_information_technology/HIT_Workforce_Shortage_119.pdf).

Funding beyond the first year is dependent on the availability of appropriated funds for “Rural Health Information Technology Workforce Development Program” in subsequent fiscal years, grantee satisfactory performance, and a decision that continued funding is in the best interest of the Federal Government.

This funding opportunity announcement is subject to availability of appropriated funds. If associated funding is not available for the Rural Health Information Technology (HIT) Workforce Program, this announcement will be withdrawn and grants will not be awarded.

### **III. Eligibility Information**

#### **1. Eligible Applicants**

##### **a) Ownership and Geographic Requirements:**

Applicants for the Rural HIT Workforce Program must meet the ownership and geographic requirements stated below. (Note: If an incorporated network does not apply on behalf of its members, the award will be made to only one member of the network that will be the grantee of record and only that organization needs to meet the eligibility criteria.):

- 1) The lead applicant organization must be a public or private non-profit entity located in a rural area or in a rural census tract of an urban county, and all services must be provided in a rural county or census tract. The applicant’s EIN number should verify it is a rural entity. To ascertain rural eligibility, please refer to: <http://datawarehouse.hrsa.gov/RuralAdvisor/> and enter the applicant organization’s state and county. A network serving rural communities but whose applicant organization is not in a designated rural area will not be considered for funding under this announcement. The lead applicant may also be a rural public or private non-profit two-year educational institution.
- 2) In addition to the 50 states, applicants may be located in the Commonwealth of Puerto Rico, and the Commonwealth of the Northern Mariana Islands, the Territories of the Virgin Islands, Guam, American Samoa, and the Compact Free Association Jurisdictions of the Republic of the Marshall Islands, the Republic of Palau and the Federated States of Micronesia. If applicants are located outside the 50 states, they still have to meet the rural eligibility requirements.

One of the following documents must be included in **Attachment 6** to prove non-profit status (not applicable to state and local government entities):

- A letter from the IRS stating the organization’s tax-exempt status under Section 501(c)(3);
- A copy of a currently valid IRS Tax exemption certificate;
- Statement from a state taxing body, state attorney general or other appropriate state official certifying that the applicant organization has a nonprofit tax status and that none of the net earnings accrue to any private shareholders or individuals;
- A certified copy of the organization’s certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization; or

- If the applicant is an affiliate of a parent organization, a copy of the parent organization's IRS 501(c) (3) Group Exemption letter; and if owned by an urban parent a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.
- If the applicant organization is a city, county or state public entity this letter is not necessary and the applicant should identify themselves as such in **Attachment 6**.

**b)Network Requirements:**

Applicants must meet the following requirements.

- 1) The network is composed of at least three health care providers that are separate, existing organizations which require them to have their own EIN number. These members may be for-profit or non-profit and may be in a rural or urban area. Multiple health care providers owned by the same overarching entity or health system are not considered a separate entity. A formally established and incorporated (501(c) (3) network may apply on behalf of all network members.
- 2) The network must partner with an accredited two-year educational institution, such as a community, technical, or vocational college, to deliver the educational component of the Rural HIT Workforce Program. This partner may but does *not* need to be an official member of the network and must formally express commitment for the program and intent to partner.
- 3) The network organizational relationship is formal. Each member of the network must sign a Memorandum of Agreement (Memorandum of Understanding, or other formal collaborative agreement). The purpose of this document is to signify the formal commitment of network members. It must describe the network's purpose and the member's responsibilities in terms of financial contribution, participation and membership benefits. Along with the MOA/MOU, the network must submit its signed and dated by-laws within **Attachment 4**.
- 4) Applicants must clearly illustrate previous collaboration and accomplishment between network members in the Project Narrative, Section IV.2.ix.
- 5) The network has created a governing body that includes representation from all network member organizations and ensures that the governing body, rather than an individual network member, will make financial and programmatic decisions. An advisory board which merely provides advice is not considered a governing body. An already-existing non-profit board of individuals convened for providing oversight to a single organization is not an appropriate board structure. The applicant will be required to depict the governing body's relationship to the network within **Attachment 3**.
- 6) The network has a permanent network director (i.e. network executive director) or has established an interim network director capable of overseeing the network's administrative, fiscal, and business operations at the time of the application. Applicants should note that the network director role is different from the project director role. During the grant period, the network director should be a full time employee of the network organization and act autonomously and report only to

the network's governing body. (If the network director role has historically not been 1.0 FTE,<sup>9</sup> please explain in the Project Narrative, Section IV.2.ix, 1.) why, 2.) what are the other staffing provisions, if any, and 3.) how the director is able to fulfill the network leader responsibilities). Therefore, the network director may devote his/her entire FTE or a percentage to the grant program and/or may hire a project director to manage the day-to-day grant program operations. To ensure success and sustainability, there must be at a minimum 1.0 FTE managing the grant program. The interim network director may be an employee of a network member and should be in place within six months of grant award. The permanent network director may be a contractor of a network member for payroll and benefits purposes, but must act autonomously and must report only to the network's governing body.

### **c) Management Criteria**

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

- (1) Exercise administrative and programmatic direction over grant-funded activities;
- (2) Be responsible for hiring and managing the grant-funded staff;
- (3) Demonstrate the administrative and accounting capabilities to manage the grant funds;
- (4) Have at least one permanent staff at the time a grant award is made; and
- (5) Have an Employer Identification Number (EIN) from the Internal Revenue Service.

For the purposes of this grant, a rural health network consists of at least three health care providers that are separately owned entities involved in a formal organizational arrangement, which is supported by signed and dated by-laws, and have collaborated on projects previously. A network in this context is not a large health system whereby multiple health care providers or organizations are owned and/or created by the same overarching entity to collaborate and achieve a particular goal. If necessary, new members may be added to the network for this specific project. These entities can include, but are not limited to, hospitals, health care clinics, educational institutions, faith-based organizations, Federally-recognized tribal organizations, local government agencies, social service organizations, workforce investment boards, etc. The organization applying on behalf of the network must meet the eligibility requirements stated in Section III. Applicants may include profit-making organizations or organizations that are not located in a rural community in their networks; however, these profit-making organizations and non-rural organizations are not eligible to be the lead applicant. Additionally, the network should have a skilled and experienced staff as well as a highly functioning network board, and offer integrated products and services. Furthermore, it may engage in common resource planning and bring in revenue from diverse sources, thereby enabling it to build capital reserves and be financially self-sufficient.

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

Cost Sharing/Matching is not required for this program.

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<sup>9</sup> ORHP Rural Health Network Development Grantees have historically had more success sustaining a network if there is a fulltime network director (executive director) managing the network.

### 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.

#### **Maintenance of Effort**

The grantee must agree to maintain non-Federal funding for grant related activities at a level which is not less than expenditures for such activities during the fiscal year prior to receiving the grant (e.g., If an applicant is conducting grant related activities prior to the award, Federal funds must not replace non-Federal funding for those activities, and the non-Federal funding level must at minimum remain the same, if it does not increase).

#### **Notifying your State Office of Rural Health or Other State Entity**

Applicants are required to notify the State Office of Rural Health (SORH) or other appropriate State government entities of their intent to apply to this program. A list of the SORHs can be accessed at <http://www.hrsa.gov/ruralhealth/about/directory/index.html>. Applicants must include in **Attachment 5** a copy of the letter or email sent to the SORH, and any response to the letter that has been received, that was submitted to the SORH describing their project.

Each State has a SORH and the ORHP recommends contacting the SORH entity early in the application process to advise them of your intent to apply. The SORH may be able to provide some consultation to applicants including information on model programs, data resources, technical assistance for consortiums, evaluation, introductions to partner organizations, or support of information dissemination activities. Another list of the SORH is available online at <http://www.nosorh.org/regions/directory.php>. Applicants should make every effort to seek consultation from the State Office of Rural Health no later than 3 weeks in advance of the due date and as feasible provide the State Office of Rural Health a simple summary of the proposed project. If not response is received, please include the original letter of intent requesting the support.

Applicants located in the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, the Territories of the Virgin Islands, Guam, American Samoa, the Compact Free Association Jurisdictions of the Republic of the Marshall Islands, the Republic of Palau, and the Federated States of Micronesia do not have a designated State Office of Rural Health. Therefore, applicants from these areas can request an email or letter confirming the contact from NOSORH. The email address is: [donnap@nosorh.org](mailto:donnap@nosorh.org)

**Current and former grantees** of any ORHP community-based grant programs are eligible to apply if the proposed project is a new proposal (entirely new project) or an expansion or enhancement of the previous grant. The project should not supplant an existing program.

NOTE: Multiple applications from an organization are not allowable. An applicant may not be involved as a formal network member in different networks applying to this funding opportunity.

## 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 100-pages when printed by HRSA. The total file size may not exceed 10 MB. The 100-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 100-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 100-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	Staffing Plan and Job Descriptions of Key Personnel
Attachment 2	Résumés/Biographical Sketches for Key Personnel
Attachment 3	Organizational Chart(s)
Attachment 4	Network Memorandum of Agreement/Understanding and other supporting documentation
Attachment 5	State Office of Rural Health Letter
Attachment 6	Proof of Nonprofit Status (not counted in the page limit)
Attachment 7	Proof of Funding Preference Designation/Eligibility
Attachment 8	Network Vision and Mission/Purpose
Attachment 9	Logic Model and Narrative
Attachment 10	Evaluation Plan

<b>Attachment Number</b>	<b>Attachment Description (Program Guidelines)</b>
Attachment 11	Letters of Support List and Optional Attachments (Optional)
Attachment 12	CEHRT and Instructor Competency Verification
Attachment 13	HIT Curriculum Course Description(s) and ONC HIT Professional Exam Competency Exam Blueprint(s)
Attachments 14-15	Other documents, as necessary

## **Application Format**

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

Complete Application Form SF-424 provided with the application package. Prepare according to instructions provided in the form itself. 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 [form SF-424 - 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 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. Information about registering with SAM can be found at <https://www.sam.gov>. 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 of the SF-424A Budget Information – Non-Construction Programs form included with the application kit for each year of the project period, and then provide a line item budget using Section B Object Class Categories of the SF-424A.

### **Salary Limitation:**

The Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011, limits the salary amount that may be awarded and charged to HRSA grants and cooperative agreements. Award funds may not be used to pay the salary of an individual at a rate in

excess of Executive Level II. The Executive Level II salary of the Federal Executive Pay scale is \$179,700. This amount reflects an individual’s base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to subawards/subcontracts under a HRSA grant or cooperative agreement.

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

Individual’s <i>actual</i> base full time salary: \$350,000 50% of time will be devoted to project	
Direct salary	\$175,000
Fringe (25% of salary)	\$43,750
Total	\$218,750
<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 form. 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. *Note: Preceptors may be included in this category because they are key staff for the workforce development training.*

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

*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 and other proposed trainings or workshops.

*Note: ORHP will plan to hold an annual grantee meeting for each year of the project period. If this meeting is held, ORHP requires each grantee to participate. Please allocate travel funds for two program staff to attend this meeting.*

*Equipment:* List equipment costs and provide justification for the need of the equipment to carry out the program's goals. **No more than 20 percent** of the Federal share for each budget period may be spent on equipment. 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. *Note: Grant funds may not be used to pay for the direct provision of clinical health services to include the purchase of medical supplies.*

*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.

Indirect costs under training grants to organizations other than State, local or Indian tribal governments will be budgeted and reimbursed at 8% of modified total direct costs rather than on the basis of a negotiated cost agreement, and are not subject to upward or downward adjustment. Direct cost amounts for equipment and capital expenditures, tuition and fees, and subgrants and contracts in excess of \$25,000 are excluded from the direct cost base for purposes of this calculation. Training grant applications from State, local, or Indian tribal governmental agencies may request full indirect cost reimbursement. State universities and hospitals are subject to the 8% cap.

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

Applicants must present a staffing plan and provide a justification for the plan that includes education and experience qualifications and rationale for the amount of time being requested for each staff position. Position descriptions that include the roles, responsibilities, and qualifications of proposed project staff must be included in **Attachment 1**. Biographical sketches for any key employed personnel that will be assigned to work on the proposed project must be included in **Attachment 2**. When applicable, biographical sketches should include training, language fluency and experience working with the cultural and linguistically diverse populations that are served by their programs. Please include the following attachments.

- A. **Network MOU/MOA:** As stated on Section III, ‘Eligibility Information’, applicants are required to form a network with at least two additional organizations totaling at least three separately owned health care organizations. Each organization of the network must demonstrate substantial commitment to the project. A list of the network member organizations and partners including each of their roles, responsibilities and contributions to the project must be included as the MOU/MOA in **Attachment 4**.
- B. **Staffing Plan:** Applicants must present a staffing plan in **Attachment 1** 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. The number and types of staff, qualification levels, and full-time equivalency (FTE) should be included. Staffing needs should be explained, and should have a direct link to activities proposed in the project narrative and budget portion of your application.
- C. **Position Descriptions:** Position descriptions that include the roles, responsibilities, and qualifications of proposed project staff must be included in **Attachment 1**. The applicant must either have a network leader in place, or have an interim director and provide a description of any known candidates for the permanent network leader position. The applicant must provide a position description for the network leader position that outlines desirable skills and qualities. Applicants should note that the network director is different from the project director role. Refer to Section VIII-“Other Information” for the definitions. (Note: The role of the network director is crucial to the network’s functioning and sustainability. The applicant should recognize the critical importance of matching the expertise/philosophy of the network leader with the envisioned network goals.)
- D. **Biographical Sketches:** Biographical sketches for any key employed personnel that will be assigned to work on the proposed project must be included in **Attachment 2**. This includes key staff of the network, staff of the grantee organization, and staff that have a key role in the day-to-day management of the program. 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. Resumes and biographical sketches should be brief, one or two pages are preferred.

**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 the following:

- a) brief description of the community
- b) community need/s

- c) proposed services
- d) description of students targeted for recruitment and how they will help the network meet meaningful use criteria
- e) expected outcome(s) of the proposed services to the community's health status

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. To submit the abstract, upload it on page 2 of the SF 424, Box 15.

#### **ix. *Project Narrative***

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

Use the following section headers for the Narrative:

- ***INTRODUCTION***

This section should briefly describe the purpose of the proposed project. It should be succinct, self-explanatory and well organized so that reviewers can understand the proposed project.

- ***NEEDS ASSESSMENT***

This section outlines the needs of your community and/or organization. This section should help reviewers understand the rural community and/or entities that will be served by the proposed project including, but not limited to, rural hospitals or clinics in need of HIT workforce that will be served by the proposed project. The following items must be addressed within the needs assessment:

- (1) The applicant provides evidence of the HIT needs and workforce problems in the community or region that the network proposes to address. The applicant uses appropriate data sources (e.g., local, State, Federal) in their analysis of the environment in which the network is functioning as follows:
  - a. The target population and its **unmet HIT and health professional workforce needs** must be described and documented in this section. Include the estimated size of the target population and the number of counties being addressed by the network's HIT Workforce Pilot Program.

Compare local data to State and Federal data where possible to highlight the local community's or region's unique needs. For example, the rate of uninsurance in Community A is 75%, whereas the State rate of uninsurance is 60% and the national rate is 20%.

- b. Appropriate **demographic data** should be used and cited wherever possible to support the information provided, including the estimated number of people in the service area and appropriate HIT professional workforce data from environmental scans.
- c. **A map** that shows the location of network members, the geographic area that will be served by the network and any other information (in particular, proposed training sites and the location of other similar HIT educational and training programs), that will help reviewers visualize and understand the scope of the proposed activities should be included. **Please be sure that any maps included will photo copy clearly in black and white, as this is what reviewers will see. Color maps will not be helpful for the reviewers.**
- d. The goal of the HIT training network is to strengthen the viability of providers in the community; this section must include key challenges and barriers to recruiting, educating, training, and retaining HIT professionals.

(2) Applicant describes **relevant HIT educational training services currently available** in or near the service area of the network. The applicant should describe the potential impact of the network's activities on providers, programs, and organizations. If existing HIT educational training services are currently available in the area, how are these services not fulfilling the needs of local providers and clinics? Identify gaps in existing service.

(3) The applicant demonstrates the need for federal funding to support network HIT workforce development activities by describing the environment in which the network has developed and why federal funds are appropriate at this point in time.

■ **METHODOLOGY**

Propose methods that will be used to meet each of the previously-described program requirements and expectations in this grant announcement.

(1) The applicant defines the specific goals and objectives of the network's proposed grant-funded activities. These goals and objectives should directly relate to the information presented in the Needs Assessment section.

(2) In narrative format, the applicant explains the network's strategy for accomplishing the stated goals and objectives. The narrative should include a description of how the proposed grant-funded activities will further increase the rural HIT specialist workforce and attain meaningful use criteria.

(3) As a part of the Rural HIT Workforce Program, students must commit to the completion of the program in order to receive job placement assistance. As such, the network should describe how it will conduct an employment hiring plan to forecast where network workforce needs are as well the operational steps towards hiring the apprenticeship graduates. The employment hiring plan can also help the network identify those rural regional community organizations and partners in need of HIT specialists or that can help place those specialists with employment.

**(4)** The applicant outlines the specifics of the HIT training program and addresses the following questions:

- a. From what populations will the network recruit students into the HIT training program? How will the program be advertised to local health professionals already working in clinical settings? How will the program ensure that students demonstrate a substantive commitment to working in rural communities?
- b. Detail the HIT curriculum that will be used in the training program. How will these modules prepare students to meet the specific HIT needs of rural practices and providers? Will the program be available online or through distance education?
- c. How will the network place students in apprenticeships to provide them hands-on experience working with HIT in a clinical setting?
- d. How will the network, HIT training program, and students work to undertake the necessary rural hospital/clinic workflow design and analysis?
- e. For what HIT certifications, competencies, or examinations (such as HIMS, RHIA, or ONC HIT Profession Competencies) will students be prepared to sit upon completion of the program?
- f. With which CEHRT program will students be trained? How will the applicant ensure that students obtain adequate hands-on experience working with EHR technology?
- g. How will the network help place students in rural employment after completing the HIT training program?

This section should include detailed information corresponding to each bullet (a – g) that explains how each of these objectives will be achieved.

**(5)** Development of a sound sustainability plan that incorporates recruitment, education, training, and retention of rural HIT workers is essential to its ability to create meaningful long-term change in rural communities. All responses to the questions below should be addressed into a cohesive sustainability plan. In this section, the applicant should demonstrate a plan which positions the program to sustain the continued implementation of the four core elements of this program, which are recruitment, education, training, and retention of HIT workers in its community or region. The plan should identify:

- a. Recruitment
  - i. How the network plans to sustain rolling recruitment of students for the program;
  - ii. How the network plans to disseminate information about the HIT Workforce Program to members of the community;
  - iii. A mechanism for periodic/ongoing planning and assessment of member and provider needs regarding HIT workforce in the community;
- b. Education and Training
  - i. How the network plans to sustain the maintenance of the curriculum
  - ii. How the network plans to build financial reserves, e.g., acquiring funds to meet both long-term operational and capital needs, by identifying alternative sources of network revenue, including an approach for diversifying sources of network revenue;
  - iii. How the network plans to sustain the educational and in-clinic training components of the program;
- c. Retention

- i. How the network plans to continually retain graduates in rural communities;
- ii. How the network plans to acquire sustained financial commitment from its network members to support ongoing network activities;
- iii. How the network plans to identify rural regional partners.

This section should include detailed information corresponding to each bullet (a – c) that explains how each of these objectives will be achieved.

(6) **Project Monitoring:** The applicant describes measures to be implemented for assuring effective performance of the proposed grant-funded activities. The applicant describes on-going quality assurance/quality improvement strategies that will assist in the early identification and modification of ineffective efforts. For example, if one of the network’s key strategies for reaching a network goal turns out to be ineffective, the applicant describes the measures in place to identify and address this situation.

(7) **Models That Work/Best Practices:** Where applicable, if the application proposal is based upon a program that has worked in another community or at another accredited rural or rural-serving educational institution, please describe that program, how it was funded, why that approach will succeed in your community, and what elements will be different in your community (how will it be tailored). There is particular interest in model programs that may have received funding from the Department of Health and Human Services.

▪ **WORK PLAN**

Describe the activities or steps that will be used to achieve each of the activities proposed in the methodology section. Use a time line that includes each activity and identifies responsible staff. The following should be addressed in this section:

(1) The applicant describes a clear and coherent work plan that is aligned with the network’s goals and objectives. To accomplish this, applicants are strongly encouraged to present a matrix that illustrates the network’s goals, strategies, activities, and measurable process and outcome measures. The work plan must outline the **individual or organization responsible** for carrying out each activity and **include a timeline** for *all* three years of the grant. The work plan for the second and third year of the grant may be somewhat less detailed. However, it is expected that certain activities will be accomplished by the end of each grant year as a condition of the award. The activities and deliverables to be accomplished within each year of the grant by ALL awarded grantees are as follows:

**YEAR 1**

**The primary focus of the program in Year 1 should be around the completion of the curriculum (if not already established), assembling the staff and rotations, promoting the program, building the training program and preparing for enrollment of students.**

- **MONTH 3:** By the End of *Month 3*, the formal recruitment process for HIT Specialist students commences.
- **MONTH 6:** By the Start of *Month 6*, a robust evaluation plan is finalized.

- **MONTH 12:** By the End of *Month 12*, a network strategic plan is finalized.

## **YEAR 2**

**The primary focus of Year 2 should center on education and training, i.e., the delivery of the HIT curriculum to students (if the applicant did not already have an established curriculum and begin the certificate program in Year 1), and the CEHRT vendor training, followed by the rural hospital/clinic based training.**

- **MONTH 1:** By the Start of *Month 1*, students are enrolled into and begin the HIT specialist education certification program. (If the college semester/term does not allow for commencement of classes in the preceding Year 1 or closely following the Start of Year 2, please discuss in the program narrative. If the applicant is modifying a curriculum to incorporate ONC approved modules, the program classes are expected to begin as close to the start of Year 2 as possible. Upon award, the applicant must provide proof of college semester/term dates.)
- **MONTH 9:** By the Start of *Month 9*, the CEHRT vendor training commences (It shall commence within one month of certificate program completion.)
- **MONTH 12:** By the Start of *Month 12*, the rural hospital/clinic-based apprenticeship training commences, if it's not concurrent with the CEHRT vendor training.

## **YEAR 3**

**The primary focus of Year 3 should center on hiring and connecting students to employers, retention of newly hired students, the continuation of the HIT specialist education and training program, and sustainability of the program.**

- **MONTH 1:** By the Start of *Month 1*, an employment hiring plan is completed AND the HIT specialist students are formally employed within the network or with an outside rural health care provider.
- **MONTH 9:** By the End of *Month 9*, a final sustainability and retention plan is implemented.
- **MONTH 15:** By the End of *Month 15*, a Final Evaluation Report is completed.
- **RESOLUTION OF CHALLENGES**
  - (1) Describe challenges likely to be encountered in designing and implementing the activities described in the Work Plan. Include approaches that will be used to resolve identified challenges.
  - (2) The applicant articulates how network activities will be communicated and integrated into the individual network members' organizational activities to the extent this is appropriate. (Note: The viability and success of networks often can be predicted by the extent to which this is accomplished.)
- **EVALUATION AND TECHNICAL SUPPORT CAPACITY**

- (1) Provide an “outcomes approach” logic model that clearly illustrates the inputs, activities, outputs, short-term and long-term outcomes, and the impact of the proposed HIT workforce and clearly provides a basis for the work plan. Illustrate a logical flow and how it relates to students, network members, and the community at all social-ecological levels (intrapersonal/individual, interpersonal, organizational/institutional, community, and public policy). Include the following information:
- Inputs and resources utilized to implement the rural HIT workforce.
  - Outputs, outcomes, and impacts as related to the recruitment and retention of workforce into rural communities.
  - Provides a narrative explaining the logic model (i.e. presumed effects of the network’s HIT workforce program).

Include the project’s Logic Model in **Attachment 9**. Additional information on developing logic models can be found at the following website:  
<http://www.wkkf.org/knowledge-center/resources/2006/02/WK-Kellogg-Foundation-Logic-Model-Development-Guide.aspx> .

(**Note:** Although there are similarities, a logic model is not a work plan. A logic model is overarching and provides a visual depiction of the program’s presumed effects. An “outcomes approach” logic model attempts to logically connect program resources with desired results and is useful in designing effective evaluation and reporting strategies. 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/healthyouth/evaluation/pdf/brief5.pdf>.)

Additional information on the social-ecological model framework can be found at the following websites: <http://www.cdc.gov/cancer/crccp/sem.htm>;  
[http://www.cdc.gov/chronicdisease/pdf/community\\_health\\_promotion\\_expert\\_panel\\_report.pdf](http://www.cdc.gov/chronicdisease/pdf/community_health_promotion_expert_panel_report.pdf); <http://heb.sagepub.com/content/15/4/351.full.pdf+html>

In this section, the applicant describes how progress toward meeting grant-funded goals will be tracked, measured, and evaluated. The applicant explains any assumptions made in developing the project matrix/work plan and discusses the anticipated outputs and outcomes of grant-funded activities. Both outcome and process measures may be used to assess the progress of efforts. A preliminary evaluation plan should be included in **Attachment 10**.

Below are additional resources that will aid in the development of an evaluation plan:

- American Evaluation Association’s “The Program Evaluation Standards”  
<http://www.eval.org/evaluationdocuments/progeval.html>
- CDC Program Evaluation Resources  
<http://www.cdc.gov/healthyouth/evaluation/resources.htm#4>
- Kellogg Foundation  
<http://www.wkkf.org/knowledge-center/resources/2010/W-K-Kellogg-Foundation-Evaluation-Handbook.aspx>

- (2) The applicant describes the process by which data/information for these measures will be collected and analyzed, including an approach for evaluating the network’s progress in relation to its proposed outputs and outcomes. The applicant describes the process they will use to create a robust evaluation plan. If an outside evaluator/consultant will be hired to

assist in the evaluation of the network's progress, the applicant provides details about the evaluator and their proposed approach for conducting an evaluation. ***As a condition of the award, grantees will be required to provide performance measures related to the HIT workforce program and the network's recruitment and retention efforts after the grant project period has expired.***

**NOTE:** ORHP will create specific performance measures that grantees will be required to report within the Performance Improvement System (PIMS) located in HRSA's Electronic Handbook (EHB). This data helps HRSA to determine the larger impact of its Rural Health Programs and in particular, will help determine the impact of the new Rural HIT Workforce Program. Performance measures can be process or outcome measures that allow grantees to track their progress toward meeting stated objectives. Grantees will be expected to track their performance over the life of their grant. Once these measures are finalized by ORHP, all Rural HIT Workforce Program grantees will be required to use a subset of the approved measures, and to provide data on these measures annually for continued funding.

(3) The applicant describes a clear coherent plan for staffing detailing requirements necessary to run the network and HIT workforce program. A staffing plan is required in Resumes/Biographies in **Attachment 1** and **Attachment 2**. Specifically, the following should be addressed:

- a. The number and types of staff, qualification levels, and FTE equivalents
- b. The information necessary to illustrate both the capabilities (current experience, skills, knowledge, experience with previous work of a similar nature, and materials published) of key staff already identified and the requirements that the applicant has established to fill other key positions if the grant is received.
- c. Staffing needs should have a direct link to the activities proposed in the project narrative and budget portion of the application.
- d. Identification of the instructor for the CEHRT training program and proof of the instructor's current credentials to teach and implement the CEHRT located in **Attachment 12**. (The CEHRT instructor should submit a LOC in **Attachment 4**.)

▪ **ORGANIZATIONAL INFORMATION**

(1) The applicant identifies and describes each of the network members and should include each partner's organization name, address, primary contact person, and current role in the community/region. A table may be used to present this information, if helpful, and included with **Attachment 4**. If a network is the applicant, the applicant makes clear that the network is comprised of at least three separate organizations and an accredited rural or rural-serving college with an HIT training program; OR if there is no separate network entity, that the applicant is applying on behalf of at least three separate organizations and a two-year accredited rural or rural-serving educational institution with an HIT training program. Please provide an EIN number for each organization.

- a. Applicant should supply letters of support from entities such as local clinics and providers, Workforce Investment Boards (WIBs), regional health systems, and areas businesses. Each of these organizations can prove effective partners in fully launching the HIT training program. Letters of support should be uploaded in **Attachment 11, Section I, which explains the Purpose of the Rural HIT Workforce Program, mentions that educational institutions do not need to be official network members. For those applicants who choose to have an**

**accredited rural or rural-serving educational institution as an informal partner, a letter of commitment from the partnering educational institution is required and can be uploaded in Attachment 4.**

- (2) Outline the roles and responsibilities, within the network, of each network member while addressing capacity to carry out program goals. Describe the relationship between the applicant and the other network members. Explain why each of the network members are appropriate collaborators, what expertise they bring to the network, and why other key groups were not included. The applicant describes how the members all contribute to the ability of the organization to conduct the program requirements and meet program expectations
- (3) The applicant describes the extent of prior collaboration among network members that demonstrates an ability to accomplish set goals. Describe challenges that the network members overcame to accomplish previous objectives.
- (4) Provide a brief overview of the applicant organization that includes information such as their mission (should be provided in Attachment 8), structure (which should be provided in Attachment 3), and current primary activities.
- (5) Describe the governance structure for the network that demonstrates there is effective, independent network-driven leadership in place. Applicants *must demonstrate* that the governing body, rather than an individual network member, will make financial and programmatic decisions. Providers of care should be represented on the governing body. (Note: An already-existing non-profit board of individuals convened for providing oversight to a single organization is not an appropriate board structure. The network's board must be primarily made up of representatives of the organizations participating in the network to ensure they control decisions regarding network activities and budget. The governing body's relationship to the network must be depicted within Attachment 3.)
- (6) Provide a one page organizational chart of the **network** that depicts the relationship between the network members and includes the network governing board. If a network member is serving as the lead applicant on behalf of the network, they must **also** include a one page organizational chart of the **lead applicant organization**. The organizational chart(s) should be uploaded as Attachment 3.
- (7) State whether the applicant has a network leader in place, or an interim director. If the network has an interim director, discuss the process and timeline for hiring a full-time director (i.e. the number of known candidates, the projected starting date for the position of full-time director, etc.). If the network director role has historically not been 1.0 FTE, please explain 1) why, 2) what are the other staffing provisions, if any, and 3) how the director is able to fulfill the network leader responsibilities. Discuss how the network director's role contributes to the success of the network and how it will contribute to the success of the rural HIT workforce training program.
- (8) The network must have a Memorandum of Agreement or Memorandum of Understanding (MOA/MOU), signed and dated by all network members, that reflects the mutual commitment of the members. (The accredited rural or rural-serving educational

institution and the CEHRT instructor may submit a Letter of Commitment (LOC) in place of the MOA for the application, **but** if the applicant is funded, the training organization will be required to submit a signed MOA and formally join the rural health workforce development network.) Unless you are submitting a paper application, please obtain electronic signatures whenever possible to verify commitment. We recognize that not all network members may have the ability to utilize an electronic signature, so it is perfectly acceptable to submit the MOA/MOU unsigned when applying. Include the MOA/MOU and LOC in **Attachment 4**. **Note: The original signed and dated MOA/MOU should be kept by the applicant organization. If the application is funded, the signed original will be required for submission to ORHP within 30 days of award.** Any additional evidence, such as by-laws and letters of incorporation should be included in **Attachment 4** as well.

(9) The applicant describes how the local community or region to be served will benefit from the network as a result of the Rural HIT Workforce Program and integration and coordination of activities carried out by the network, (e.g., will strengthen the viability of key providers, will help local providers achieve meaningful use objectives, etc.). The applicant will describe how large the rural service area for this project is and how many potential counties, providers, hospitals, and/or clinics will benefit from the HIT workforce program.

(10) The applicant describes the relationship of the network with the community/region it serves. If appropriate, the applicant describes the extent to which the network and/or its members engage the community in its planning and functioning. Where appropriate, the applicant demonstrates the role of lay consumers of care in its planning and functioning.

#### 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: Staffing Plan and Job Descriptions for Key Personnel*

Provide a staffing plan that discusses the staffing requirements necessary to run the network, and specifically to accomplish the proposed HIT training and apprenticeship program. Staffing needs should be explained, and should have a direct link to activities proposed in the project narrative and budget portion of your application. Provide the job descriptions for key personnel listed in the application. Keep each 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.

##### *Attachment 2: Résumés/ Biographical Sketches of Key Personnel*

Provide biographical sketches or resumes for persons occupying the key positions described in the application. Resumes and biographical sketches should be brief, one or two pages are preferred. 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.

*Attachment 3: Organizational Chart*

Provide a one page organizational chart of the **network** that depicts the relationship between the network members and includes the network governing board. The organizational chart of the network should contain the EIN number of each organization depicted in chart. If a network member is serving as the lead applicant on behalf of the network, they must **also** include a one page organizational chart of the **lead applicant organization**.

*Attachment 4: Network Memorandum of Agreement/Understanding*

The network must have a Memorandum of Agreement or Memorandum of Understanding (MOA/MOU) signed and dated by all network members, that reflects the mutual commitment of the members. Attach a signed and dated Letter of Commitment (LOC) for the accredited rural or rural-serving educational institution and the CEHRT instructor, if an MOA/MOU is not available. **Note: The original signed and dated MOA/MOU should be kept by the applicant organization. If the application is funded, the signed original will be required for submission to ORHP within 30 days of award.** Any additional evidence, such as by-laws and letters of incorporation should be included in **Attachment 4** as well.

*Attachment 5: State Office of Rural Health 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. The SORH can often provide technical assistance to applicants. Please include in **Attachment 5**, a copy of the letter or email sent to the SORH notifying them of your intent to apply for the Rural HIT Workforce Program and the SORH response.

*Attachment 6: Proof of Nonprofit Status*

The applicant must include a letter from the IRS or eligible State entity that provides documentation of profit status. 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.

*Attachment 7: Proof of Funding Preference Designation/Eligibility*

If requesting a Funding Preference, include proof of funding preference designation/eligibility in this section. For further information on Funding Preferences, please refer to Section V.2.

*Attachment 8: Network Vision and Mission/Purpose*

A statement of the Network's Vision and a statement of the Network's Mission/Purpose.

*Attachment 9: 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.

*Attachment 10: Evaluation Plan*

Applicants are required to submit a preliminary evaluation plan in their application under Attachment 10. 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.

*Attachment 11: Letters of Support List and Optional Attachments (Optional):*

A Non-Network Organization Resources List of those non-network organizations providing substantial support and/or relevant resources to the project should be attached and clearly labeled, if applicable. Provide the organization name, contact person(s), full address, phone number(s), fax number, e-mail address, and a brief account of one to two-sentence(s) of the relevant support/resource(s) being provided. Include all other supplemental materials here, in **Attachment 11**. Be sure each attachment is clearly labeled and included in the table of contents. If applicant would like to submit actual letters of support, please include them here. Provide a table of contents for this attachment, if applicable. (The table of contents will not count in the page limit).

*Attachment 12: CEHRT and Instructor Competency Verification*

The applicant must provide current proof from the ONC Certified Health IT Product List (CHPL) that the EHR selected has been tested, meets ONC requirements, and is ONC certified. Applicants must also provide proof that the selected CEHRT Instructor has the experience and professional competency to train and implement the identified CEHRT (current credentials, certificates, letter of support from current and/or previous employer(s)).

*Attachment 13: HIT Curriculum Course Description(s) and ONC HIT Professional Exam Competency Exam Blueprint(s)*

Applicants are required to provide a detailed course description for their current HIT curriculum(s). If applicants are in the process of developing a curriculum, they will be required to detail which ONC modules will be incorporated. Applicants are also required to provide the ONC HIT Professional Competency exam blue prints for the respective types of HIT specialist certificate(s) offered. HIT curriculum should align with the respective professional competencies outlined by ONC.

*Attachments 14-15: Other documents, as necessary*

Please include any other documents (not provided for elsewhere in this Table of Contents) that you chose to submit, as necessary. Be sure each additional attachment is clearly labeled. Other documents should be uploaded as consecutive Attachments.

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

#### **Application Due Date**

The due date for applications under this funding opportunity announcement is *April 15, 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**

The Rural HIT Workforce Program is not subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

**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 \$300,000 per year. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal government.

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

**No more than 20 percent** of the Federal share for each budget period may be spent on equipment. In order to purchase equipment, applicants must provide a strong justification that is directly related to the purpose, goals, and activities of the Rural HIT Workforce Program and receive prior approval.

Grant funds may not be spent, either directly or through contract, to pay for the purchase, construction, major renovation or improvement of facilities or real property.

Grant funds may not be used to pay for the direct provision of clinical health care services.

Grant funds may not be used to purchase vehicles.

Grant funds may not be used to directly pay for academic faculty or health care provider continuing education (CE) credits.

Grant funds may not be used to provide health professions education or training to students in grades K-12.

Grant funds may not be used to pay, either directly or through contract, for costs or services related to academic courses, except for the creation of distance learning for the rural HIT workforce curriculum.

Grant funds shall not be used to take the 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.

### **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.

## **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 who 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 Number 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 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. (International callers, please dial 606-545-5035.) 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/checkAppStatus.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 Rural Health Information Technology Workforce Pilot Program has six (6) review criteria:

<b>Criterion</b>	<b>Number of Points</b>
1. Need	10
2. Response	35
3. Evaluative Measures	15
4. Impact	10
5. Resources/Capabilities	20
6. Support Requested	10
<i>Total Points</i>	<i>100</i>

*Criterion 1: NEED (10 points)*

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

The extent to which the applicant describes need and its associated contributing factors.

- (1) The extent to which the grantee demonstrated the relationship between the challenges impacting the network's rural community(ies) and the need for a Rural HIT Workforce Program.
- (2) The extent to which the demographic and HIT workforce data submitted by the applicant indicates the need for an HIT workforce program in the community.
- (3) The applicant provides quantifiable information on the lack of existing HIT educational training available in the applicant's community/region. Extent to which the applicant clearly demonstrates the nature of geographical services area, including network membership and existing HIT educational and training programs. Manner in which applicant will meaningfully contribute to fill gaps in existing services for the development of HIT workforce.
- (4) Appropriate use of data sources (e.g., local, State, Federal) in their analysis of the environment, health care and workforce needs, in which the network is functioning and degree to which this evidence substantiates the need for the network and a HIT workforce program.
- (5) Strength of the need for federal funding to support network HIT workforce development activities by describing the environment in which the network has developed and why federal funds are appropriate at this point in time.

*Criterion 2: RESPONSE (35 points)*

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

The extent to which the application responds to the "Needs Assessment" section and devises a Work Plan to address the network and its HIT workforce program goals and objectives and solutions to potential challenges.

- (1) Adequacy of the applicant's strategy to address the challenges facing rural health providers and training program in recruiting and retaining health professional students/workers.
- (2) Degree to which the applicant outlines the specifics of the HIT training program in the following areas:
  - a. Degree to which the applicant has assessed populations from which the network will recruit students into the HIT training program. Thoroughness of plans to advertise the program to local health professionals already working in clinical settings. Effectiveness of proposed measures the program will take to ensure that students demonstrate a substantive commitment to working in rural communities.
  - b. Level of detail regarding the HIT curriculum that will be used in the training program. Extent to which these modules will prepare students to meet the specific

HIT needs of rural practices and providers. Accessibility of the program for distance-learners. Degree to which the HIT curriculum course description incorporates or addresses the ONC competencies for the respective HIT professional. Supporting information in **Attachment 13**.

- c. Degree to which the network will work to place students in apprenticeships to provide them adequate hands-on experience working with HIT in a clinical setting. (The network must not already have an established HIT curriculum and a hands-on intensive CEHRT and clinical training program.)
  - d. Detail and appropriateness of the plan to undertake the necessary rural hospital/clinic workflow design and analysis.
  - e. Applicant describes which HIT certifications, competencies, or examinations (such as HIMSS, RHIA, or ONC HIT Profession Competencies) students will be prepared to take upon completion of the program.
  - f. Extent to which applicants have researched which CEHRT program will be used to train students. Provision of verification of CEHRT in **Attachment 12**.
- (3) Feasibility of the network’s employment hiring strategy to identify those rural regional community organizations or partners in need of HIT specialists or that can help place those specialists with employment after completing the program.
- (4) Degree to which the applicant has developed a sound sustainability plan for recruitment, education, training, and retention of rural HIT workers.
- a. Extent to which applicant has developed a mechanism for periodic/ongoing planning and assessment of member and provider needs regarding HIT workforce in the community;
  - b. Appropriateness and level of detail in the network’s plans:
    - a. To sustain rolling recruitment of students for the program;
    - b. To sustain educational and in-clinic training components of the program;
    - c. To continually retain graduates in rural communities;
    - d. To build financial reserves, e.g., acquiring funds to meet both long-term operational and capital needs, by identifying alternative sources of network revenue, including an approach for diversifying sources of network revenue;
    - e. To acquire sustained financial commitment from its network members to support ongoing network activities;
- (5) Degree to which the application includes a clear and coherent work plan aligned with the network’s annual goals, objectives, and strategies. Appropriateness of the work plan in identifying responsible individual(s) and organization(s) and a timeline for each activity. Appropriateness of associated process and outcome measures for each activity and respective goal.
- (6) Degree to which the applicant’s Work Plan stays on track with the implementation timeline and deliverables set out for the training programs first few cohorts of students.
- (7) Extent to which applicant’s goals and objectives are clear, concise and appropriate for the network’s proposed grant-funded activities. Degree to which these goals and objectives directly relate to the information presented in the Needs Assessment section.

Appropriateness of these activities and extent to which they flow logically from the goals and objectives.

- (8) Degree to which the HIT pilot program design meet the needs of local clinics and providers in the community and/or region. Level of detail used to describe the processes through which students will secure apprenticeships and ultimately paid employment in rural communities.
- (9) Appropriateness of the network's strategy for accomplishing the stated goals and objectives.
- (10) Extent to which the applicant demonstrates how the network will monitor their project. Presence and appropriateness of specific measures to use for assuring effective performance of the proposed grant-funded activities and on-going quality assurance/quality improvement strategies that will assist in the early identification and modification of ineffective efforts.
- (11) Extent to which the application demonstrates a comprehensive understanding of potential challenges likely to be encountered in designing and implementing the activities described in the Work Plan. Appropriateness of proposed approaches to resolve the identified potential challenges.
- (12) Does the application present a clear and cohesive plan for how network activities will be communicated and, to the extent that it is appropriate, integrated into the individual network members' organizational activities?

*Criterion 3: EVALUATIVE MEASURES (15 points)*

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

The extent to which the proposed evaluation plan is thorough and linked to the Work Plan, logic model, and identified goals, objectives and process and outcome measures.

- (1) Degree to which the logic model strengthens the work plan as evidenced by the inputs, activities, outputs, short-term and long-term outcomes, and the impact of the project in **Attachment 9**. Logic model presents a rational flow that emphasizes a correlation between program components for students, network members, and the community at all social-ecological levels (intrapersonal/individual, interpersonal, organizational/institutional, community, and public policy).
- (2) Strength of evidence that progress towards meeting grant-funded goals will be tracked, measured, and evaluated. Feasibility and effectiveness of the identified outcome and process *measures* for assessing the progress of efforts.
- (3) Effectiveness of the *process* for collecting and analyzing data/information for evaluation measures and the *approach* for evaluating the network's progress in relation to proposed outputs and outcomes.

- (4) Effectiveness of the proposed method to create a robust evaluation. The strength of the preliminary evaluation included in **Attachment 10** in regards to the needs assessment, program goals, workplan, and sustainability.

*Criterion 4: IMPACT (10 points)*

*Items under this criterion address the Needs Assessment, Work Plan and Organizational Information section of the Program Narrative*

The extent to which the potential impact that the network and its proposed HIT workforce pilot program activities (discussed in the applicant’s Work Plan and logic model) are feasible and effective, will affect the program students, network members, and community. The extent to which the applicant will disseminate the information regionally or nationally, including efforts by grassroots, faith-based or community-based organizations. Degree to which project activities are replicable and sustainable beyond Federal funding.

- (1) Clarity with which the application identifies how the local community or region to be served will benefit from the network as a result of its HIT workforce pilot program and the integration and coordination of activities carried out by the network, (e.g., will strengthen the viability of key providers, will help local providers achieve meaningful use objectives, etc.).
- (2) Extent to which and level of clarity as to how the network will strengthen its relationship with the community/region it serves. Degree of incorporation of community engagement strategies regarding both the network and the HIT workforce program planning and functioning. Degree to which, where appropriate, applicant clearly demonstrates the role of lay consumers of care in the network and the HIT workforce program planning and functioning.
- (3) Extent to which the applicant’s program will impact a large rural service area and many rural health care providers.
- (4) HIT Models That Work/Best Practices: Where applicable, the extent to which the applicants demonstrated the strength of the approach and its success in the target community.
- (5) Appropriateness and diversity of the applicant-specified groups to share information regarding the network’s HIT workforce pilot program results.

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

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

The extent to which the applicant describes current experience, skills, and knowledge of the network and HIT workforce program staff indicated within the “Evaluation and Technical Support Capacity” and “Organizational Information” sections of the project narrative and **Attachments 1 - 4**. The extent to which the current experience, skills, and knowledge of the network and HIT workforce program staff enable the applicant to fulfill the Rural HIT Workforce Grant Program requirements and meet expectations.

- (1) Degree of collective strength of the network as evidenced by the extent to which each network member is identified and respective current roles are described. The applicant identifies and describes each of the network members and includes each partner's organization name, address, primary contact person, and current role in the community/region. A table may be used to present this information, if helpful. If a network is the applicant, does the applicant make it clear that the network is comprised of at least three separate organizations and an accredited rural or rural-serving community, vocational, or technical college HIT training program; OR if there is no separate network entity, does the applicant clearly demonstrate it is applying on behalf of at least three separate organizations and an accredited rural or rural-serving community, vocational, or technical college HIT training program?
- (2) Extent of prior collaborative history among network members commensurate with the proposed HIT workforce program. Extent to which the network by-laws indicate a history of collaboration. Degree to which network members overcame challenges to accomplish previous objectives. Evidence that the network is highly functioning in its prior collaboration. Extent of the network's ability to immediately begin building the HIT workforce pilot program. (The network must not already have an established HIT curriculum and a hands-on intensive CEHRT and clinical training program.)
- (3) Strength of the relationship between the network and the community/region it serves. Degree to which the network is capable of partnering with appropriate organizations in the community to fulfill the goals of the Rural HIT Workforce Program.
  - a. Extent to which the applicant demonstrates community support for and committed involvement in the Rural HIT Workforce Program via letters from entities such as not limited to local clinics and providers, Workforce Investment Boards (WIBs), Chambers of Commerce, regional health systems, and areas businesses.
- (4) Extent to which the application demonstrates a strong and feasible staffing plan that incorporates requirements necessary to run the network and workforce development program. The staffing plan and resumes establish and appropriately specifies:
  - a. The number and types of staff, qualification levels, and FTE equivalents,
  - b. The capabilities (current experience, skills, knowledge, experience with previous work of a similar nature, and materials published) of key staff already identified and the requirements that the applicant has established to fill other key positions if the grant is received, and
  - c. Staffing needs in relation to the activities proposed in the project narrative and budget portion of the application.
  - d. The appropriateness of the instructor for the CEHRT training program. Does the application clearly demonstrate the instructor's experience and professional competency to train and implement the identified CEHRT. Supporting information included in **Attachment 12**.

- (5) Strength of the applicant organization's and network's mission, structure, and current primary activities.
- (6) Strength of evidence as to why each of the network members are appropriate collaborators and thorough indication of the expertise each member brings to the network. Appropriate rationale for excluding other key groups from the network and, if so, a reasonable justification.
- (7) Clarity of the roles and responsibilities, within the network, of each network member and evidence for a strong relationship between the applicant and the other network members.
- (8) Effectiveness of the governance structure for the network and the presence of an independent network-driven leadership in place. Clear *demonstration* that the governing body, rather than an individual network member, will make financial and programmatic decisions. Strength of the evidence that providers of care are or will be represented on the governing body. (Note: An already-existing non-profit board of individuals convened for providing oversight to a single organization is not an appropriate board structure. The network's board must be primarily made up of representatives of the organizations participating in the network to ensure they control decisions regarding network activities and budget.)
- (9) Extent to which the organizational chart(s) demonstrates a clear and distinct relationship between the network member organizations and provides evidence of a network governing board.
- (10) Strength and relevancy of the qualifications of the network leader in place or interim director. If the network has an interim director, is the process for hiring a full-time director (i.e., the number of known candidates, the projected starting date for the position of full-time director, etc.) feasible and timely? If the network director role has historically not been 1.0 FTE, does the applicant effectively explain 1) why, 2) what the other staffing provisions are, if any, and 3) how the director is able to fulfill the network leader responsibilities? Does the application clearly demonstrate how the network director's role contributes to the success of the network and how it will contribute to the success of the rural HIT workforce training program?
- (11) The extent to which the network members demonstrate the strength of its network members mutual commitment via bylaws and/or a Memorandum of Agreement or Memorandum of Understanding (MOA/MOU) that is signed and dated by all network members, and does the MOA/MOU provide evidence of a strong mutual commitment from all network members. (The accredited rural or rural-serving educational institution and the CEHRT instructor may submit a Letter of Commitment (LOC) in place of the MOA for the application.)
- (12) Extent to which the application provides evidence that all organizations will contribute to the ability of the network to conduct the program requirements and meet program expectations.

*Criterion 6: SUPPORT REQUESTED (10 points)*

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

To the extent that the proposed budget in relation to the objectives, the complexity of the activities, and the anticipated results is reasonable for each year.

- (1) Inclusion, clarity, and appropriateness of an itemized budget table or spreadsheet for each year of requested funding?
- (2) Extent to which the budget narrative (bullet points are acceptable), which the applicant will attach, *provides a detailed justification* for each item presented in the budget tables?
- (3) Degree to which 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. Furthermore, does the applicant provide assurances and evidence within the budget justification that the Rural HIT Workforce grant funds will not displace current AHEC funding or other HIT training efforts if applicable?
- (4) Inclusion and appropriateness of the estimated costs to the government, outlined in the budget, for proposed grant-funded activities.

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

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

Applications that pass the initial HRSA eligibility screening will be reviewed and rated by a panel based on the program elements and review criteria presented in Section V. 1. Review Criteria of this funding opportunity announcement. The review criteria are designed to enable the review panel to assess the quality of a proposed project and determine the likelihood of its success. The criteria are closely related to each other and are considered as a whole in judging the overall quality of an application.

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

## **Funding Preferences**

The authorizing legislation provides a funding preference for some applicants. Applicants receiving the preference will be placed in a more competitive position among applications that can be funded. Applications that do not receive a funding preference will be given full and equitable consideration during the review process. The law provides that a funding preference be granted to any qualified applicant that specifically requests the preference and meets the criteria for the preference as follows:

### ***Funding Preference 1: Health Professional Shortage Area (HPSA)***

An applicant can request funding preference if the service area of the applicant is located in an officially designated health professional shortage area (HPSA). Applicants should include a screenshot or printout from the HRSA Shortage Designation website which indicates an address is a HPSA: <http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.asp>.

### ***Funding Preference 2: Medically Underserved Community/Populations (MUC/MUPs)***

An applicant can request funding preference if the applicant is located in a medically underserved community (MUC) or serves medically underserved populations (MUPs). Applicants should include a screenshot or printout from the HRSA Shortage Designation website which indicates an address is located in a MUC or serves an MUP: <http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.asp>.

If requesting, documentation of funding preference must be placed in **Attachment 7**. (Please indicate heading as “Proof of Funding Preference Designation/Eligibility”.)

An example of a request: “We are requesting a funding preference because the network service areas included in the application are considered primary care and mental HPSAs or the applicant is a CHC.”

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

It is anticipated that awards will be announced prior to the start date of September 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 September 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 \(HHS-ONC\)](#)
- [What is Health Care Quality and Who Decides? \(AHRQ\)](#)
- [Why are Health IT Workforce Issues Important? \(HRSA OHITQ\)](#)
- [Rural Health IT Adoption Toolbox \(HRSA OHITQ\)](#)
- [Health Information Technology Foundations for Rural Health Clinics & Community Health Centers \(National Training & Education Resource\)](#)

## 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. Further information will be provided in the NoA.

3) **Performance Measures Report.** A performance measures report is required after the end of each project period in the Performance Improvement Measurement System

(PIMS). Upon award, grantees will be notified of specific performance measures required for reporting.

4) **Final Report.** A final report is due within 90 days after the project period ends. The final report will collect information such as 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>. Further information will be provided upon receipt of reward.

5) **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.

6) **Other required reports and/or products.**

- 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. Further information will be provided upon receipt of the award.
- b. **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.
- c. **Final Evaluation Plan.** 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. Further information will be provided in the award notice.
- d. **Employment Hiring Plan.** Awardees are required to submit an Employment Hiring Plan during the second year of their grant period. This employment hiring plan will identify HIT specialist workforce needs within the network and among rural regional organizations and partners; the plan will outline the operational steps, in an organized systematic method, for hiring and placing apprenticeship graduates. 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:

Kimberly Dews, Grants Management Specialist  
Attn: HRSA Division of Grants Management Operations, OFAM  
Parklawn Building, Room 11A-02  
5600 Fishers Lane  
Rockville, MD 20857  
Phone: 301-443-0655  
Fax: 301-594-6096  
Email: [kdews@hrsa.gov](mailto:kdews@hrsa.gov)

Additional information related to the overall program issues may be obtained by contacting:

Janice Mompoint  
Public Health Analyst  
Attn: Rural HIT Workforce Program  
Federal Office of Rural Health Policy, HRSA  
Parklawn Building, Room 5A-05  
5600 Fishers Lane  
Rockville, MD 20857  
Telephone: 301-443-8344  
Fax: 301-443-2803  
Email: [jmompoint@hrsa.gov](mailto:jmompoint@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, (International callers, please dial 606-545-5035)  
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

### 1. Technical Assistance Conference Call

The Office of Rural Health Policy will hold a technical assistance call on **Thursday, February 28, 2013 at 2:00 PM Eastern Time** to assist applicants in preparing their applications. The toll-free number to call in is **888-831-8961**. The Passcode is **HIT Workforce**. For your reference, 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 April 15, 2013. The phone number to hear the recorded call is 402-998-1566.

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 Rural HIT Workforce 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.

### 2. Helpful Websites

Rural Eligibility List: <http://ruralhealth.hrsa.gov/funding/eligibilitytestv2.asp> or  
<ftp://ftp.hrsa.gov/ruralhealth/Eligibility2005.pdf>

State Office of Rural Health (SORH) List: <http://ruralhealth.hrsa.gov/funding/50sorh.htm>

Office of Rural Health Policy: <http://ruralhealth.hrsa.gov>

Rural Assistance Center (RAC): <http://www.raconline.org>

Health Workforce Information Center: <http://www.healthworkforceinfo.org/>

National Rural Recruitment and Retention Network (3RNet): <http://www.3rnet.org/>

Logic Model Development: <http://www.wkkf.org/knowledge-center/resources/2006/02/WK-Kellogg-Foundation-Logic-Model-Development-Guide.aspx>

Interpreting the Logic Model and Work Plan:  
<http://www.cdc.gov/healthyyouth/evaluation/pdf/brief5.pdf>

Social-Ecological Model Framework:

<http://www.cdc.gov/cancer/crcep/sem.htm>,

[http://www.cdc.gov/chronicdisease/pdf/community\\_health\\_promotion\\_expert\\_panel\\_report.pdf](http://www.cdc.gov/chronicdisease/pdf/community_health_promotion_expert_panel_report.pdf),

<http://heb.sagepub.com/content/15/4/351.full.pdf+html>

### 3. Common Definitions

For the purpose of this guidance, the following terms are defined:

**2011 Edition EHR Certification Criteria** – Currently adopted certification criteria that establishes the technical capabilities and specifies the related standards and implementation specification that Certified EHR Technology (CEHRT) would need to include to, at a minimum, to support the achievement of Meaningful Use (MU) by Eligible Professionals (EPs), Eligible Hospitals (EHs), and Critical Access Hospitals (CAHs) under the EHR Incentive Programs.

**2014 Edition EHR Certification Criteria** – Proposed certification criteria (for adoption) that would establish the technical capabilities and specify the related standards and implementation specifications that Certified EHR Technology (CEHRT) would need to include to, at minimum, to support the achievement of Meaningful Use (MU) by Eligible Professionals (EPs), Eligible Hospitals (EHs), and Critical Access Hospitals (CAHs) under the EHR Incentive Programs beginning with EHR reporting periods in FY/CY 2014.

**Accredited** – A program accredited by a recognized body or bodies, or by a State agency, approved for such purpose by the Secretary of Education and meets such other quality standards as the Secretary of Health and Human Services by regulation may prescribe.

**Allied Health Professionals** – Allied health care practitioners/workers with formal education and clinical training who are credentialed through certification, registration and/or licensure. Allied Health professionals are involved with the delivery of health or related services pertaining to the identification, evaluation and prevention of diseases and disorders; dietary and nutrition services; rehabilitation and health systems management, among others. Allied health professionals, to name a few, include dental hygienists, diagnostic medical sonographers, dietitians, medical technologists, occupational therapists, physical therapists, radiographers, respiratory therapists, community health workers, and speech language pathologists.

**Budget Period** – An interval of time (typically twelve months) into which the project period is divided for budgetary and reporting purposes.

**Certified EHR Technology (for federal FY/CY 2014 and beyond)** – EHR technology certified under the ONC HIT Certification Program to the 2014 Edition EHR certification criteria that has the capabilities required to meet the definition of a base EHR and all other capabilities that are necessary to meet the objectives and associated measures under 42 CFR 495.6 and successfully report the clinical quality measures selected by CMS.

**Certified EHR Technology (for federal FY/CY 2013 and prior)** – A complete EHR that meets the requirements included in the definition of a Qualified EHR and has been tested and certified in accordance with the Certification Program established by the National Coordinator; or, a

combination of EHR modules in which each module has been tested and certified in accordance with the Certification Program established by the National Coordinator.

**Certified Health IT Product List (CHPL)** – The CHPL provides the authoritative, comprehensive listing of Complete EHRs and EHR Modules that have been tested and certified under the ONC Certification Program. Each Complete EHR and EHR Module listed below has been certified by an ONC-Authorized Testing and Certification Body (ONC-ATCB) in the Temporary Certification Program (TCP) and an ONC-Authorized Certification Body (ONC-ACB) in the Permanent Certification Program (PCP). ONC manages the CHPL.

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

- **Formative:** A formative network is in the start-up phase of becoming organized and typically has been in operation for less than two years. Usually the impetus for organizations to form a network is to address a particular problem faced within a community. A formative network typically focuses on systems analysis, understanding the needs of potential network partners, program and strategic planning, formalizing relationships among the network participants, and developing a strategic plan including performance measures and financial sustainability strategies.
- **Evolving:** An evolving network typically has worked together for at least two or three years, may have begun to develop shared services, or developed joint community-based initiatives, and may have begun to integrate functions such as joint purchasing, information systems and shared staffing.
- **Mature:** A network typically has been in existence for more than five years, has skilled and experienced staff as well as a highly functioning network board, and offers integrated products and services. It may engage in common resource planning and bring in revenue from diverse sources, thereby enabling it to build capital reserves and be financially self-sufficient.

**Equipment** – Durable items that cost over \$5,000 per unit and have a life expectancy of at least 1 year.

**Grantee** – A nonprofit or public entity to which a grant is awarded and which is responsible and accountable for the use of the funds provided for the project.

**Health Information Technology for Economic and Clinical Health (HITECH) Act** – Provides HHS with the authority to establish programs to improve health care quality, safety, and efficiency through the promotion of Health IT, including EHRs and private and secure electronic health information exchange.

**Health IT Policy Committee (HITPC)** – A Federal Advisory Committee that coordinates industry and provider input regarding the Medicare and Medicaid Incentive Programs, as well as

in consideration of current program data for the Medicare and Medicaid EHR Incentive Programs.

**Health Professional** – An individual who has received a certificate, an associate degree, a bachelor’s degree, a master’s degree, a doctoral degree, or post-baccalaureate training, in a field relating to health care, and who shares in the responsibility for the delivery of health care services or related services.

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

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

**Meaningful Use (MU)** – Sets specific objectives that Eligible Professionals (EPs) and Eligible Hospitals (EHs) must achieve to qualify for the CMS EHR Incentive Programs. Simply put, Meaningful Use (MU) means providers need to show they're using Certified EHR Technology (CEHRT) in ways that can be measured significantly in quality and in quantity.

**Medicare and Medicaid EHR Incentive Programs** – Provides incentive payments to Eligible Professionals (EPs) and Eligible Hospitals (EHs) as they adopt, implement, upgrade, or demonstrate Meaningful Use (MU) of certified EHRs.

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

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

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

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

**Office of the National Coordinator for Health IT (ONC)** – Forefront of the administration's Health IT efforts and is a resource to the entire health system to support the adoption of Health IT and the promotion of health information exchange to improve health care.

**Project** – All proposed activities specified in a grant application as approved for funding.

**Project Director** – The individual responsible for managing a grant project at the strategic level. The project director is typically the grant project's point person, managing resources and overseeing finances to ensure that the project progresses on time and on budget. The director reviews regular progress reports and makes staffing, financial, or other adjustments to align the developing project with the broader outcome goals.

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

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

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

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

## **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://dhhs.gov/asfr/ogapa/grantinformation/apptips.html>.