

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

Federal Office of Rural Health Policy  
Office for the Advancement of Telehealth

***Rural Child Poverty Telehealth Network Grant Program***

**Announcement Type:** New  
**Funding Opportunity Number:** HRSA-15-145

**Catalog of Federal Domestic Assistance (CFDA) No. 93.211**

**FUNDING OPPORTUNITY ANNOUNCEMENT**

Fiscal Year 2015

**Application Due Date: July 06, 2015**

*Ensure SAM.gov and Grants.gov registrations and passwords are current immediately!  
Deadline extensions are not granted for lack of registration.  
Registration in all systems, including SAM.gov and Grants.gov,  
may take up to one month to complete.*

**Modified June 9, 2015: Extended due date July 6, 2015**

**Release Date:** May 7, 2015  
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Authority: Section 330I(d)(1) of the Public Health Service Act (42 USC 254c-14(d)(1)), as amended.

## EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Federal Office of Rural Health Policy (FORHP) is accepting applications for fiscal year (FY) 2015 for the Rural Child Poverty Telehealth Network Grant Program (RCP-TNGP). The purpose of this program is to demonstrate how telehealth networks can expand access to, coordinate and improve the quality of health care services for children living in impoverished rural areas and in particular how such networks can be enhanced through the integration of social and human service organizations.

Funding Opportunity Title:	Rural Child Poverty Telehealth Network Grant Program
Funding Opportunity Number:	HRSA-15-145
Due Date for Applications:	July 06, 2015
Anticipated Total Annual Available Funding:	\$975,000
Estimated Number and Type of Award(s):	Up to three (3) grants
Estimated Award Amount:	Up to \$325,000 per year
Cost Sharing/Match Required:	No
Project Period:	September 1, 2015 through August 31, 2018 (3 years)
Eligible Applicants:	Eligible applicants include public and private non-profit entities, including faith-based and community organizations, as well as Federally-recognized Indian tribal governments and organizations.  [ <a href="#">See Section III-1</a> of this Funding Opportunity Announcement (FOA) for complete eligibility information.]

All applicants are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide*, available online at <http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf>, except where instructed in this funding opportunity announcement to do otherwise. A short video for applicants explaining the new *Application Guides* is available at <http://www.hrsa.gov/grants/apply/applicationguide/>.

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# I. Funding Opportunity Description

## 1. Purpose

This announcement solicits applications for the Rural Child Poverty Telehealth Network Grant Program (RCP-TNGP). The RCP-TNGP is a three-year pilot program to support established telehealth networks to develop innovative ways to address the unique health care challenges faced by children living in impoverished rural areas. The U.S. Department of Agriculture (USDA) defines poverty as having an income below a federally determined poverty threshold. Recent data from USDA indicates higher poverty rates in rural areas than in urban areas. The rural area(s) to be served will be identified by the applicant, and should be supported by the use of county and sub-county level data to describe the poverty levels in their target area and the unmet needs of children to be served.

Many of the largest drivers of health care costs fall outside the clinical care environment.<sup>1</sup> These non-medical drivers have costly implications for health care utilization: 500,000 hospitalizations would be averted annually if the rate of preventable hospitalizations were the same for residents of low-income neighborhoods as for those of high-income neighborhoods,<sup>2</sup> and hospital readmission rates are more closely related to community characteristics than to hospital characteristics.<sup>3</sup> For the purposes of this FOA, applicant networks should include human/social service providers to the extent that the provision of those services can be tied directly back to improving the health care status of low-income rural children served via telehealth and distance learning technology. For the purpose of this funding, human/social services are defined as early childhood development, food and nutrition support and education, economic support programs related to the family of the children served including awareness and counseling and or referral related to available job training and economic support, housing and other social service supports. In providing services beyond the clinical setting, applicants will be required to demonstrate how the provision of information and referral for those human/social services through the telehealth network will ultimately benefit the health of children served through this grant funding.

The goal of the RCP-TNGP is to demonstrate how telehealth networks can expand access to, coordinate and improve the quality of health care services for children living in impoverished rural areas and in particular how such networks can be enhanced through the integration of social and human service organizations.

## 2. Background

This program is authorized by Section 330I(d)(1) of the Public Health Service Act (42 USC 254c-14(d)(1)). TNGP networks are used to: (a) expand access to, coordinate, and improve the quality of health care services; (b) improve and expand the training of health care providers; and/or (c) expand and improve the quality of health information available to health care providers, and patients and their families, for decision-making.

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<sup>1</sup> Milstein B, Homer J, Briss P, Burton D, Pechacek T. Why behavioral and environmental interventions are needed to improve health at lower cost. *Health Affairs*. 2011 May;30(5):823–32; McGinnis JM, Williams-Russo P, Knickman JR. The case for more active policy attention to health promotion. *Health Affairs*. 2002 Mar-Apr;21(2):78–93

<sup>2</sup> Moy E, Chang E, Barrett M. Potentially preventable hospitalizations – United States, 2001–2009. *MMWR*. 2013 November; 62(3):139-143.

<sup>3</sup> Herrin J, St Andre J, Kenward K, Joshi MS, Audet AM, Hines SC. Community factors and hospital readmission rates. *Health Serv Res* 2014 April 9 (Epub ahead of print).

Child poverty often has an impact that carries throughout a lifetime, particularly if the child lived in poverty at an early age. There have been clear linkages between child poverty and poorer health outcomes. For example, the American Academy of Pediatrics states that children living in poverty have increased infant mortality; more frequent and severe chronic diseases such as asthma; poorer nutrition and growth; less access to quality health care; lower immunization rates; and increased obesity and its complications. Investments in early health care that supports brain and child development have documented high near-term returns in the form of increased school readiness, reduced special education, and reduced costs for grade retention and English language learning. They also generate long-term returns through higher graduation rates, greater employment and increased lifetime job earnings.

In an effort to address this concern, the RCP-TNGP will support projects that provide innovative and effective ways to address the broad range of health care needs of children living in impoverished rural areas through the integration of human and social service organizations into traditional telehealth networks. Applicants are encouraged to link together the broad range of other HHS-supported programs that may impact health outcomes of impoverished rural children such as Maternal and Infant Early Childhood Home Visiting, and Healthy Start.

## **II. Award Information**

### **1. Type of Application and Award**

Types of applications sought: New

Funding will be provided in the form of a grant.

### **2. Summary of Funding**

This program will provide funding during federal fiscal years 2015 – 2017. Approximately \$975,000 is expected to be available annually to fund three (3) awardees. Applicants may apply for a ceiling amount of up to \$325,000 per year. The project period is three (3) years. Funding beyond the first year is dependent on the availability of appropriated funds for this grant program in subsequent fiscal years, satisfactory awardee performance, and a decision that continued funding is in the best interest of the Federal Government.

Effective December 26, 2014, all administrative and audit requirements and the cost principles that govern Federal monies associated with this award are superseded by the Uniform Guidance [2 CFR 200](#) as codified by HHS at [45 CFR 75](#).

For this program, indirect costs are limited to 15% of the total grant funds and must apply to the activities funded under this program [Public Health Service Act Section 330I(1)(7)]. A copy of the most recent indirect cost agreement must be provided as Attachment 11.

### **III. Eligibility Information**

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

##### **A) Eligibility and Geographic Requirements:**

Eligible applicants include rural or urban nonprofit entities that will provide services through a telehealth network. Each entity participating in the networks may be a nonprofit or for-profit entity. Faith-based, community-based organizations and tribal organizations are eligible to apply. Services must be provided to rural areas, although the applicant can be located in an urban area.

TNGP grantees that were funded in 2012 and 2013, and Evidence-Based TNGP grantees funded in 2014 are eligible to apply for funds through this announcement for the FY 2015 cycle. The proposed project must differ from any of the previous projects and focus on the health care needs of children living in impoverished rural areas.

##### **B) Composition of the Telehealth Network:**

The Telehealth Network shall include at least two (2) of the following entities (at least one (1) of which shall be a community-based health care provider):

- Community or migrant health centers or other federally qualified health centers
- Health care providers, including pharmacists, in private practice
- Entities operating clinics, including rural health clinics
- Local health departments
- Nonprofit hospitals, including community access hospitals
- Other publicly funded health or human/social service agencies
- Long-term care providers
- Providers of health care services in the home
- Providers of outpatient mental health services and entities operating outpatient mental health facilities
- Local or regional emergency health care providers
- Institutions of higher education
- Entities operating dental clinics

If available in their area, applicants should consider partnering or collaborating with other Federally-funded programs that target or have demonstrable effects on the health of impoverished children living in rural areas, including:

- USDA Cooperative Extension System Offices
- Healthy Start
- Healthy Tomorrows Partnership for Children
- WIC
- Maternal, Infant and Early Childhood Home Visitation programs
- Head Start and Early Head Start
- Temporary Assistance to Needy Families
- Community Action Agencies
- And other human/social service-focused providers

## 2. Cost Sharing/Matching

Cost Sharing/Matching is not required for this program.

## 3. Dun and Bradstreet Universal Numbering System Number and System for Award Management (formerly, Central Contractor Registration)

Applicant organizations must obtain a valid DUNS number and provide that number in their application. Applicant must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which it has an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or Federal agency that is exempted from those requirements under 2 CFR 25.110(b) or (c), or has an exception approved by the agency under 2 CFR 25.110(d)).

HRSA may not make an award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements and, if an applicant has not fully complied with the requirements by the time HRSA is ready to make an award, HRSA may determine that the applicant is not qualified to receive an award and use that determination as the basis for making an award to another applicant.

If an applicant/awardee organization has already completed Grants.gov registration for HRSA or another Federal agency, confirm that it is still active and that the Authorized Organization Representative (AOR) has been approved.

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

- Dun and Bradstreet (<http://fedgov.dnb.com/webform/pages/CCRSearch.jsp>)
- System for Award Management (SAM) (<https://www.sam.gov>)
- Grants.gov (<http://www.grants.gov/>)

For further details, see Section 3.1 of HRSA's [\*SF-424 Application Guide\*](#).

**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.**

## 4. 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.

Applicants are encouraged to notify the State Office of Rural Health (SORH) of their intent to apply to this program. A list of the SORHs can be accessed <http://nosorh.org/nosorh-members/nosorh-members-browse-by-state/>.

Each State has a SORH, and they 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.

NOTE: Multiple applications from an organization are not allowable.

## **IV. Application and Submission Information**

### **1. Address to Request Application Package**

HRSA *requires* applicants for this funding opportunity announcement to apply electronically through Grants.gov. Applicants must download the SF-424 application package associated with this funding opportunity following the directions provided at [Grants.gov](https://www.grants.gov).

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

Section 4 of HRSA's [SF-424 Application Guide](#) provides instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the Application Guide in addition to the program specific information below. All applicants are responsible for reading and complying with the instructions included in HRSA's [SF-424 Application Guide](#) except where instructed in the funding opportunity announcement to do otherwise.

See Section 8.5 of the *Application Guide* for the Application Completeness Checklist.

#### **Application Page Limit**

The total size of all uploaded files may not exceed the equivalent of 80 pages when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this FOA. Standard OMB-approved forms that are included in the application package are NOT included in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) will not be counted in the page limit. **We strongly urge you to print your application to ensure it does not exceed the specified page limit.**

**Applications must be complete, within the specified page limit, and validated by Grants.gov under the correct funding opportunity number prior to the deadline to be considered under the announcement.**

#### **Program-Specific Instructions**

In addition to application requirements and instructions in Section 4 of HRSA's [SF-424 Application Guide](#) (including the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract), please include the following:

##### ***i. Project Abstract***

See Section 4.1.ix of HRSA's [SF-424 Application Guide](#).

## *ii. Project Narrative*

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

Use the following section headers for the Narrative:

- *INTRODUCTION - Corresponds to Section V's Review Criterion #1*

The applicant should succinctly describe the purpose of the proposed project. This section should include an overview of the telehealth network, its members and plans for addressing the health care service needs for children living in impoverished rural areas.

- *NEEDS ASSESSMENT - Corresponds to Section V's Review Criteria #1 and #2*

This section should describe the health care needs of children living in the target area. The following items must be addressed within the needs assessment:

1. Describe the population of children living in poverty in the rural area targeted by this project and describe the unmet health care service needs that are not available locally. Include the estimated size of the target child population and delineate the counties or sub-county areas being addressed by the network project. Appropriate demographic data should be used and cited wherever possible to support the information provided.
2. Describe the level of poverty experienced by children in the target area. Compare local data to State and Federal data where possible to highlight the area's unique need. Provide maps and data using the Census Bureau Small Area Income and Poverty Estimates, by visiting the following website:  
[http://www.census.gov/did/www/saife/data/interactive/cedr/cdr.html?s\\_appName=saife&map\\_yearSelector=2013&map\\_geoSelector=u18\\_c&s\\_measures=5\\_17\\_fam\\_snc&menu=grid\\_proxy](http://www.census.gov/did/www/saife/data/interactive/cedr/cdr.html?s_appName=saife&map_yearSelector=2013&map_geoSelector=u18_c&s_measures=5_17_fam_snc&menu=grid_proxy).
3. Include a map that shows the location of network members along with the geographic area that will be served through the project. Include any other information that will help reviewers visualize and understand the scope of the proposed activities. Identify key challenges and barriers related to network functions as a whole and those related to the service area, such as geographic, socioeconomic, linguistic, cultural, ethnic or other barriers, and discuss how the network plans to overcome identified barriers.
4. Describe relevant services currently available in or near the service area of the network. This should include Federally-supported resources such as Head Start, Healthy Start, Healthy Tomorrows Partnership for Children Program, and WIC, if they are available as resources to serve the target population.
5. Describe how the use of the telehealth network will help better integrate services for this population.
6. Document the need for technology to provide the needed health care services to children living in impoverished rural areas. The applicant should identify gaps in existing service and activities that the program and network can perform to fill that gap.

- *METHODOLOGY- Corresponds to Section V's Review Criteria#2, #3 and #4*

In completing this section, the applicant should address how the project will, specifically:

1. Based on the "Needs Assessment" section, define specific goals and objectives for this project. Describe the range of activities and strategies that will be utilized for achieving the project's goals and objectives.
2. Discuss the specific strategies for including health care services to meet the needs of the target community(ies) and, as appropriate, neighboring communities, considering existing use and referral patterns.
3. Discuss the community's willingness and ability to support the network's solution to address children living in poverty within their community.
4. Describe the approach to be used for identifying children in the target population as well as gaining their participation in the project.
5. Discuss the strategies to be used for the coordination and integration of care among the patient, their family and the primary physician.
6. Describe a sound plan for sustaining the project after Federal support for the project has ended.

- *WORK PLAN- Corresponds to Section V's Review Criterion #4*

1. Describe the specific activities or steps that will be undertaken to achieve the objectives of the project. Demonstrate how the project activities relate to the proposed outcome. Use a time line that includes each activity and identifies responsible staff. Describe the plan for managing the project. Provide a short description of the responsibilities of key staff members, and note the full-time equivalent (FTE) each staff person will devote to the project. Identify who, in a leadership position in the applicant organization, will be involved in the project and what their specific role and time commitment.
2. Describe how the applicant will provide the capacity to gather performance data and metrics.
3. The applicant articulates how network activities will be communicated and integrated into the individual network members' organizational activities to the extent this is appropriate. Describe the communication plan that will be used to communicate within the network.
4. The applicant articulates a clear approach within the work plan for widely disseminating information regarding results of their project. The applicant describes strategies and activities for informing respective target audiences, including the general public.

- *RESOLUTION OF CHALLENGES - Corresponds to Section V's Review Criteria#4 and# 5*

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

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY- Corresponds to Section V's Review Criteria#5 and #6*

Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. In this section, the applicant should include the following information:

1. Describe the telehealth network, including information about the health and any human/social services organizations included in this project.
2. Describe previous activities conducted by the network that have had an impact on improving the health of children living in impoverished rural areas.
3. Describe the ability of the network member sites and organizations to implement the project, including their ability to build partnerships and community support, and effectively target children living in impoverished rural areas.
4. Describe the network governance, including effective coordination of network member activities in the project.
5. Provide an assessment plan that addresses both process and outcome measures. It should include: assessment questions; indicators; data sources; assessment methods (e.g., review of documents, interviews with project staff and participants, surveys of participants, etc.); and how the assessment findings will be shared throughout the project. If funded, applicants will be expected to report on the following: Types of telehealth network partner settings; number of encounters by specialty/service, by patient care setting, and by type of telemedicine encounter; service availability in impoverished rural areas; patient travel miles saved; and number of practitioner referrals.
6. Establish baseline data for the socio-economic factors that will be addressed by the project. Baseline data helps determine the current status of the community or target population and will help to track progress in improving these conditions through the health care services provided through the telehealth network. Applicants will be expected to set targets for improvement based on the submitted baseline data in the areas of health outcomes.

- *ORGANIZATIONAL INFORMATION - Corresponds to Section V's Review Criteria#4, #5 and #6*

Describe how the project will be organized, staffed, and managed. The applicant will describe in this section how the information provided in the Project Organizational Chart (**Attachments 8**) contributes to the ability of the organization to conduct the program requirements and meet program expectations. Based on the information provided in Attachments 3 - 8, describe how the telehealth network will include both health care provider and human/social organization to serve children living in impoverished rural areas.

1. Explain the relationship of the network project to the applicant organization's overall strategic/financial plan.
2. Discuss the relationship, if any, of the proposed network to non-Federal and Federally-supported resources such as USDA Cooperative Extension System Offices, Head Start, Healthy Start, Healthy Tomorrows Partnership for Children Program, and WIC.

**In addition, each partner within the project should:**

1. Have a clearly defined role and a specific set of responsibilities for the project;
2. Provide clearly defined resources (e.g., funding, space, staff) to benefit the network;
3. Participate in the planning and implementation of the project; and
4. Have signed and dated MOAs (**Attachment 5**) that delineates the member's role and resource contribution, and decisions on equipment placement and responsibility for maintenance throughout the funding period and beyond.

**iii. Budget**

**Reminder:** The Total Project or Program Costs are the total allowable costs (inclusive of direct **and** indirect costs) incurred by the recipient to carry out a grant-supported project or activity. Total project or program costs include costs charged to the award and costs borne by the recipient to satisfy a matching or cost-sharing requirement.

**Applicants should describe how they will use the funds to coordinate clinical telehealth services with human/social services, as part of a coordinated approach to improve services targeted toward children living in impoverished rural areas.**

See Section 4.1.iv of HRSA's [SF-424 Application Guide](#). In addition, the Rural Child Poverty Telehealth Network Grant Program requires the following:

***Program-specific line item budgets for each Network member/site:***

Detailed budget information is needed to capture information specific to the proposed activities. It provides a detailed break-out of how each project site will expend funds requested for each object class category. The detailed budget information allows the applicant to distinguish the Federal OAT request from other contributions for each budget item within each Object Class Category, to summarize the proposed budget and to provide information on each site's revenues.

Applicants must submit a separate program-specific line item budget for each year of requested funding, of the proposed project period, and upload it as **Attachment 2**. The program specific line item budget should reflect allocations for each 12 month budget period. Applicants must provide a consolidated budget that reflects all costs for proposed activities, including those for contractors.

**Allowable Costs**

**Use of Grant Funds:**

Grant funds may be used for salaries, equipment, and operating or other costs, including the cost of:

1. Developing and delivering clinical telehealth services that enhance access to community-based health care services in impoverished rural areas, frontier communities, or medically underserved areas, or for medically underserved populations;
2. Developing and acquiring, through lease or purchase, computer hardware and software, audio and video equipment, computer network equipment, interactive equipment, data

- terminal equipment and other equipment that furthers the objectives of the telehealth network grant program;
3. Developing and providing distance education, in a manner that enhances access to care in rural areas, frontier communities, or medically underserved areas, or for medically underserved populations;
  4. Mentoring, precepting, or supervising health care providers and students seeking to become health care providers, in a manner that enhances access to care in the areas and communities, or for the populations, described above;
  5. Developing and acquiring instructional programming;
  6. Transmitting medical data, and maintenance of equipment;
  7. Compensating clinicians (including travel expenses), or specialists and referring health care providers, who are providing telehealth services through the telehealth network, if no third party payment is available for the telehealth services delivered through the telehealth network;
  8. Developing projects that use telehealth technology to facilitate collaboration between health care providers and human/social service providers which improve the quality of health care services to children living in impoverished rural areas; and,
  9. Collecting and analyzing usage statistics and data to document the cost-effectiveness of the telehealth service for children living in impoverished rural areas.

The Consolidated and Further Continuing Appropriations Act, 2015, Division G, § 203, (P.L. 113-235) states, “None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.” Please see Section 4.1.iv Budget – Salary Limitation of HRSA’s [SF-424 Application Guide](#) for additional information. Note that these or other salary limitations will apply in FY 2016, as required by law.

#### ***iv. Budget Justification Narrative***

See Section 4.1.v. of HRSA’s [SF-424 Application Guide](#). In addition, the RCP-TNGP requires the following:

*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:* *Travel should include sufficient funds to support travel costs for up to three (3) individuals to attend a workshop or other meeting for OAT grantees as specified by your project officer, each year they are funded.*

*Equipment:* Per statute, equipment purchase or lease costs may not exceed 40% of the total Federal funds requested for the first year of the project period or over the life of the entire project. [Public Health Service Act Section 330I(1)(2)]

*Indirect Costs-* For this program, indirect costs are limited to 15% of the total grant funds and must apply to the activities funded under this program. [Public Health Service Act Section 330I(1)(7)] A copy of the most recent indirect cost agreement must be provided as Attachment 11.

v. **Attachments**

Please provide the following items in the order specified below to complete the content of the application. Unless otherwise noted, attachments count toward the application page limit. Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit. **Each attachment must be clearly labeled.**

*Attachment 1: Rural ID Eligibility*

All applicants are required to submit information regarding each site that will be supported with OAT Federal dollars that will comprise this project (i.e., Destination site(s), Network Partner Originating sites). Only Telehealth Network Partner Rural Originating sites (network sites that receive Telehealth services thru the existing telehealth network and/or supported with RCP-TNGP grant funds) will be considered in meeting the rural eligibility test. Please include the following information on a single page entitled “Rural ID Eligibility” and submitted as **Attachment 1**. Respond to each heading below for each Telehealth Network Partner Rural Originating site.

An eligible Telehealth Network is comprised of a Network Destination site(s) that provide, or facilitate healthcare and human/social services to Network Partner Rural Originating sites, and the applicant organization may be located in an urban or rural area. The Network Destination site may provide clinical and/or human/social services, or otherwise facilitates clinical and human/social services, through the network, to a number of Network Partner Rural Originating sites. The Network Destination site may be located in an urban or rural area but the Telehealth Network Partner Rural Originating site(s) receiving funds through this award must be located in rural areas.

Instructions for determining whether sites are located in rural areas:

Definition of “rural”- all counties that are not designated as parts of Metropolitan Areas (MAs) by the Office of Management and Budget (OMB) are considered rural. In addition, OAT is using the Rural Urban Commuting Area Codes (RUCAs), developed by the WWAMI Rural Research Center at the University of Washington and the Department of Agriculture’s Economic Research Service, to designate “Rural” areas within MAs. The list of non-metropolitan areas/rural counties is available on the Web at: [National listing of eligible counties and census tracts](#), also known as the “List of Rural Counties and Designated Eligible Census Tracts in Metropolitan Counties.” If the Telehealth Network Originating site(s) is/are not located in Section I or Section II, then the site is deemed as serving an urban area.

The test of whether a Network Partner Originating site is located in a rural area is based on the county in which it is located. If the site is located in one of the counties listed in section I of the “List of Rural Counties and Designated Eligible Census Tracts in Metropolitan Counties,” it is considered to be serving a rural area. If the Network Partner Originating site is not located in one of those counties in section I, then it may be considered rural if it is located in one of the designated eligible census tracts in section II.

A simple way to determine whether or not a site is located in a rural area is to click on the link: <http://datawarehouse.hrsa.gov/RuralAdvisor/ruralhealthadvisor.aspx?ruralByAddr=1> then click on “Find areas eligible for rural health grants.” Then enter the address of the

site. This finder reflects the information provided in Sections I and II of the “List of Rural Counties and Designated Eligible Census Tract in Metropolitan Counties.”

All applicants will be required to document the rural eligibility of the proposed project in Attachment 1 of the application in Section IV. 2. xi of this program guidance. Only Telehealth Network Partner Originating sites will be considered in meeting the rural eligibility test.

**Rural ID Eligibility Headings: HEADINGS REQUIRING RESPONSES:**

- **Name of Site** – List the name of the Network Member Site.
- **Street Address** – Include City, State and Zip Code.
- **County** – List name of County.
- **Is this a Telehealth Network Partner Rural Originating site or Destination site?**
- **Do application attachment numbers 7 & 9 contain the following evidence that each Network Member Site is committed to the project for Year 1? Yes/No**
- **Has a Letter of Agreement been submitted from this Site? Yes/No**
- **Is Letter of Agreement included in this application? Yes/No**

*Attachment 2: Detailed Budget Information:*

**Include the program-specific line item budget and the Revenue Summary for each year of the proposed project period** (see Section IV. iii. Budget for additional information). It is recommended that this is submitted as a PDF to ensure page count consistency.

*Attachment 3: Work Plan.*

See Section IV.2.ii. Project Narrative for additional information.

*Attachment 4: Network Identification Information*

All applicants are required to submit information regarding the various applicant/network member sites in the proposed telehealth network. The following information will be submitted as **Attachment 4**.

A. The Applicant Site:

- Network Name (Provide the name of the proposed telehealth network)
- Indicate whether this is a currently active or new destination or originating site (Note: if a new site, indicate the year it will be added to the network)
- Name, address, designated contact person, phone, fax, email, and URL for the applicant
- Name of County where the applicant site is located
- Population of County where the applicant site is located
- Indicate whether the applicant site is located in the following areas:
  - (i) An urban or rural area
  - (ii) A Health Professional Shortage Area (HPSA)
  - (iii) A Partial Health Professional Shortage Area (p-HPSA)
  - (iv) A Medically Underserved Area (MUA)
  - (v) A Partially Medically Underserved Area (p-MUA)

- Description of the site's facilities
  - (i) Rural or Urban
  - (ii) Hospital and # of beds
  - (iii) Other (specify)

**B. Successive Network Member Sites:**

Successive pages of information should be used to identify each individual network member site in the network, by including the information listed above for each site. At the top of each successive network member site, label each network member site appropriately (Site #2 of total # of Sites, Site #3, and so on).

*Attachment 5: Memorandum or Letters of Agreement and/or Description(s) of Proposed/Existing Contracts:*

Provide any documents that describe working relationships between the applicant agency and each member of the network, as part of the application for this FOA. Each Letter of Agreement shall be executed by the listed contact in the application or other appropriate official from the originating site with authority to obligate the originating site to the project. The Letter of Agreement will include a cover page on the letterhead of each respective originating site. Each memorandum will be tailored to the particular originating site and contain, as a minimum, the originating site's (a) clearly defined roles and specific set of responsibilities for the project; (b) clearly defined resources (e.g., funding, space, staff) to benefit the network; (c) past and current activities in participating in planning and implementing the Telehealth project; and, (d) the originating site's resource contribution, and decisions on equipment placement and responsibility for maintenance throughout the funding period and beyond. All Letters of Agreements must be dated and contain original signatures from the authorized representatives. Generic MOAs/MOUs will not be accepted.

In addition, documents that confirm actual or pending contractual agreements should clearly describe the roles of the subcontractors and any deliverable.

Note: Evidence must be provided that all network partners, including health and human/social service organizations, are committed to the project and are ready to implement the project on September 1, 2015, for Year 1. Signed Memorandum of Agreements (MOA) from those network partners committed to the proposed project must be included in the application. Applicants failing to submit verifiable information with respect to the commitment of network partners, including specific roles, responsibilities, and services being provided, will not be funded.

*Attachment 6: Position Descriptions for Key Personnel.*

Each position description should not exceed one page in length. For each key person assigned to the project, including key personnel at all network member sites, provide position descriptions (PDs) and those involved in data collection and analysis. The PDs should indicate the role(s) and responsibilities of each key individual in the project. If persons will be hired to fill positions, provide position descriptions that give the title of the position, duties and responsibilities, required qualifications, supervisory relationships, and salary ranges.

*Attachment 7: Biographical Sketches of Key Personnel.*

Keep each bio to one page in length if possible. For each key person assigned to the project, including key personnel at all network member sites, provide biographical sketches. Highlight the qualifications (including education and past experience) that each person has to carry out his/her respective role. 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. **DO NOT SUBMIT FULL CURRICULUM VITAE.**

*Attachment 8: Project Organizational Chart*

Provide a one-page figure that depicts the organizational structure of the project, including subcontractors and other significant collaborators. The organizational chart should illustrate where project staff are located and reporting lines for each component of the project. The relationship between all partners/network members/sub-contractors on the project (if any) and the applicant should be shown. The application should designate a project director, employed by applicant organization, who has day-to-day responsibility for the technical, administrative, and financial aspects of the project and a principal investigator, who has overall responsibility for the project and who may be the same as the project director.

*Attachment 9: Letters of Support*

Provide relevant, signed letters of support by targeted users, indicating their desire to use the system and intended applications. Include only letters of support which specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.). List all other support letters on one page.

*Attachment 10: Proof of Non-profit Status*

The applicant must include a letter from the IRS or eligible State entity that provides documentation of profit status. This may either be: 1) a reference to the applicant organization's listing in the most recent IRS list of tax-exempt organizations, as described in section 501(c)(3) of the IRS Code; 2) a copy of a current and valid IRS tax exemption certificate; 3) a statement from a State taxing body, State Attorney General, or other appropriate State official certifying that the applicant organization has a nonprofit tax status and that none of the net earnings accrue to any private shareholders or individuals; 4) a certified copy of the applicant organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization; or 5) any of the above documents from a State or national parent organization with a statement signed by that parent organization affirming that the applicant organization is a local nonprofit affiliate. In place of the letter documenting nonprofit status, public entities may indicate their type of public entity (State or local government) and include it here.

*Attachment 11: Indirect Cost Rate Agreement (if applicable)*

For this program, indirect costs are limited to 15% of the total grant funds and must apply to the activities funded under this program [Public Health Service Act Section 330I(1)(7)].

*Attachment 12: Other documents, as necessary (i.e. Maps)*

Please include any other documents (not provided for elsewhere in this Table of Contents) that you chose to submit, as necessary. Be sure the attachment is clearly labeled.

### *Attachment 13: Request for Funding Preference*

To receive a funding preference, include a statement that the applicant is eligible for a funding preference and identify the preference(s). Include documentation of this qualification. See Section V.2.

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

### **Application Due Date**

The due date for applications under this funding opportunity announcement is July 06, 2015 at 11:59 P.M. Eastern Time.

See Section 8.2.5 – Summary of e-mails from Grants.gov of HRSA's [SF-424 Application Guide](#) for additional information.

## **4. Intergovernmental Review**

The Rural Child Poverty Telehealth Network Grant Program is a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100. See Executive Order 12372 in the HHS Grants Policy Statement.

It is the applicant's responsibility to identify what is needed to be done within their state's intergovernmental review process.

See Section 4.1 ii of HRSA's [SF-424 Application Guide](#) for additional information.

## **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 \$325,000 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:

- 1) to acquire real property;
- 2) for expenditures to purchase or lease equipment, to the extent that the expenditures would exceed 40 percent of the total grant funds;
- 3) in the case of a project involving a telehealth network, to purchase or install transmission equipment (such as laying cable or telephone lines, or purchasing or installing microwave towers, satellite dishes, amplifiers, or digital switching equipment);
- 4) to pay for any equipment or transmission costs not directly related to the purposes for which the grant is awarded;
- 5) to purchase or install general purpose voice telephone systems;
- 6) for construction; or
- 7) for expenditures for indirect costs, to the extent that the expenditures would exceed 15 percent of the total grant funds.

The General Provisions in Division G, of the Consolidated and Further Continuing Appropriations Act, 2015 (P.L. 113-235), apply to this program. Please see Section 4.1 of HRSA's SF-424 Application Guide for additional information. Note that these or other restrictions will apply in FY 2016, as required by law.

All program income generated as a result of awarded grant funds must be used for approved project-related activities.

## **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.

These criteria are the basis upon which the reviewers will evaluate the application. The entire proposal will be considered during objective review.

Review Criteria are used to review and rank applications. The RCP-TNGP has six (6) review criteria:

*Criterion 1: NEED (30 points)—Corresponds to Section V's Introduction and Needs Assessment*

The application will be evaluated based on the extent to which the applicant has:

1. Clearly identified the rural areas to be served by this project, using county and sub-county level data.
2. Described the level of poverty experienced by rural children in the target community(ies).
3. Clearly described the unmet health care needs experienced by children in their service area(s).
4. Discussed the key challenges and barriers related to network functions as a whole and those related to the service area, such as geographic, socioeconomic, linguistic, cultural, ethnic or other barriers, as well as ways to overcome the challenges and barriers.
5. Adequately demonstrated that the services proposed in the project will actually be utilized by children living in impoverished rural areas.
6. Satisfactorily documented the community's willingness and ability to support the network's solution.
7. Documented how families served by the telehealth network will coordinate the broad range of identified health care needs.
8. Utilized appropriate data sources (e.g., local, State, Federal) to substantiate the need for the project, including providing quantifiable information on the lack of existing health care services/programs available in the applicant's target area.

*Criterion 2: RESPONSE (20 points)—Corresponds to Section IV's Needs Assessment and Methodology*

The application will be evaluated based on the extent to which the application responds to the “Needs Assessment” section and devises a Work Plan to address the project’s goals and objectives and proposes solutions to potential challenges. Specifically, the application will be evaluated based on the following:

1. Adequacy of the applicant’s strategy to address the health care needs of children living in impoverished rural areas through telehealth networks.
2. Effective alignment of the project’s proposed health care services to the demand of the target community(ies) and, as appropriate, neighboring communities, considering existing use and referral patterns.
3. Extent to which applicant’s goals and objectives are clear, concise and appropriate for the network’s proposed grant-funded activities. Degree to which the project’s strategies flow logically from the goals and objectives and can be accomplished. The extent to which the goals, objectives and strategies will specifically address the network’s strategic and business priorities.
4. Degree to which the application includes a clear and coherent work plan aligned with the project’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 for all three years. Appropriateness of associated process and outcome measures for each activity and respective goal. Degree to which the existing and/or established telehealth network project can be enhanced through the integration of social and human service organizations, to meet the health care needs of children in the service area of the application. Appropriateness of the application in linking together the broad range of other HHS-supported programs which impact child health care.

*Criterion 3: EVALUATIVE MEASURES (10 points)—Corresponds to Section IV's Methodology*

The application will be evaluated based on the effectiveness of the method proposed to monitor and assess the project results. Measures must be able to assess 1) to what extent the program objectives will be met and 2) to what extent the outcomes can be attributed to the project. Specifically, the application will be evaluated based on the:

1. Strength of evidence that progress towards meeting grant-funded goals will be tracked, measured, and assessed. Feasibility and effectiveness of the identified outcome and process measures for assessing the progress of efforts.
2. Effectiveness of the process for collecting and analyzing data for program assessment measures and the approach for assessing the network’s progress in relation to proposed outputs and outcomes.
3. Effectiveness of the proposed method to create a strong program assessment.
4. Extent to which the applicant demonstrates how they will monitor their project, including the 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.
5. Extent to which the application presents clear benchmarks of success for each year, including the appropriateness of the projected number of children that will be served through this project each year. This would include a detailed explanation of key benchmarks and targets for performance.

6. Extent to which applicants will be prepared to report on specific performance measures if awarded. These measures include, but are not limited to, the following:
  - a) Types of telehealth network partner settings.
  - b) The number of encounters by specialty/service, by patient care setting, and by type of telemedicine encounter.
  - c) Service availability in impoverished rural areas.
  - d) Patient travel miles saved.
  - e) Number of Practitioner Referrals.

*Criterion 4: IMPACT (15 points) - Corresponds to Section IV's Methodology, Work Plan, Resolution of Challenges and Organizational Information*

The application will be evaluated based on the clarity with which the application identifies how the health status of children living in impoverished rural areas will be improved as a result of the activities conducted by the telehealth network. Specifically, the application will be evaluated based on the:

1. Extent to which and level of clarity as to how the telehealth network will integrate existing clinical resources to serve the health care needs of the target population, and enhance it through the integration of social and human service organizations.
2. Extent to which the applicants demonstrate the strength of their approach and success in serving children living in impoverished rural areas.
3. 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.
4. Extent to which the plan for sustainability after federal support ends is realistic, and takes into consideration challenges and barriers that will be encountered.
5. The extent to which the applicant articulates a clear approach for widely disseminating information regarding results of their project and describes strategies and activities for informing respective target audiences, including the general public.

*Criterion 5: RESOURCES/CAPABILITIES (15 points)—Corresponds to Section IV's Resolution of Challenges, Technical Support Capacity and Organizational Information*

The application will be evaluated based on the extent to which project personnel is qualified by training and/or experience to implement and carry out the projects. Additionally, the application will address the capabilities of the applicant organization, and quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project, including:

1. The quality of the technical and organizational ability to implement the proposed project, including the size of the network, governance structure of the project, and involvement of network members in the project.
2. Extent to which the project work plan is clearly constructed and complete to provide a clear understanding as to how the project will be implemented; is realistic and feasible for effective project implementation, and adequately reflects the duties of key project personnel for applicant and network members;
3. Extent of commitment, involvement and support of health care and human/social service providers in the telehealth network to serve the health care needs of children living in impoverished rural areas.

4. Extent to which the network has conducted previous activities conducted that have had an impact on improving the health and well-being of rural children.

*Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV’s Evaluation and Technical Support Capacity and Organizational Information*

The application will be evaluated based on the extent to which the budget, including the cost projections, and budget justification:

1. Is realistic and justified in terms of the project goal(s), objectives, and proposed activities.
2. Documents that the budgeted costs are realistic, necessary, and justifiable to implement and maintain the project, including the human and technical infrastructure.
3. Documents a realistic, necessary, and justifiable full-time equivalents (FTEs) and expertise necessary to implement and maintain the project.
4. Is complete and detailed in supporting each line item and allocating resources for each year of the project period.
5. Conforms to the use of grant dollars permitted by the grant program.

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

Please see Section 5.3 of HRSA’s [\*SF-424 Application Guide\*](#). Applicants have the option of providing specific salary rates or amounts for individuals specified in the application budget or the aggregate amount requested for salaries.

### **Funding Preferences**

This program provides a funding preference for some applicants as authorized by Section 330I(i) of the Public Health Service Act. 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 funding factor will be determined by the Objective Review Committee. The law provides that a funding preference be granted to any qualified, Lead Applicant, which specifically requests the preference and meets the criteria for the preference as follows:

Applications that qualify for a funding preference(s) will be funded ahead of other approved applications. ***Preference will be given to an eligible entity that meets at least one (1) of the following requirements:***

- (A) ORGANIZATION – the eligible entity is a rural community-based organization or another community-based organization.
- (B) SERVICES – the eligible entity proposes to use Federal funds made available through such a grant to develop plans for, or to establish, telehealth networks that provide mental health, public health, long-term care, home care, preventive, or case management services.
- (C) COORDINATION – the eligible entity demonstrates how the project to be carried out under the grant will be coordinated with other relevant federally funded projects in the areas, communities, and populations to be served through the grant.
- (D) NETWORK – the eligible entity demonstrates that the project involves a telehealth network that includes an entity that –
  - (i) provides clinical health care services, or educational services for health care providers and for patients or their families; and

(ii) is—

- (I) a public school
- (II) a public library;
- (III) an institution of higher education; or
- (IV) a local government entity.

(E) CONNECTIVITY.—the eligible entity proposes a project that promotes local connectivity within areas, communities, and populations to be served through the project.

(F) INTEGRATION.—the eligible entity demonstrates that clinical health care information has been integrated into the project.

### **Special Considerations**

In awarding grants, OAT will ensure, to the greatest extent possible, that such grants are equitably distributed among the geographical regions of the United States (per Sec. 330I(j)(1) of the Public Health Service Act). As a result, no more than one grant shall be awarded to a state.

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

It is anticipated that awards will be announced prior to the start date of September 1, 2015.

## **VI. Award Administration Information**

### **1. Award Notices**

The Notice of Award will be sent prior to the start date of September 1, 2015. See Section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

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

See Section 2 of HRSA's [SF-424 Application Guide](#).

### **3. Reporting**

The successful applicant under this funding opportunity announcement must comply with Section 6 of HRSA's [SF-424 Application Guide](#) and the following reporting and review activities:

- 1) **Progress Report(s).** The grantee must submit a progress report to HRSA on an **annual** basis. Further information will be provided in the award notice.
- 2) **Performance Measures:** Upon award, grantees will be report on specific performance measures, such as:
  - a. Types of telehealth network partner settings.
  - b. The number of encounters by specialty/service, by patient care setting, and by type of telemedicine encounter.
  - c. Service availability in impoverished rural areas.
  - d. Patient travel miles saved.
  - e. Number of Practitioner Referrals.

More information will be made available to grantees after September 1, 2015.

- 3) **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 grantees in the Electronic Handbooks system at <https://grants.hrsa.gov/webexternal/home.asp>. Further information will be provided upon receipt of award.
- 4) **OAT Grantee Directory:** Applicants accepting this award must provide information for OAT's Grantee Directory Profiles. Further instructions will be provided by OAT. The current Telehealth directory is available online at: <http://www.hrsa.gov/telehealth>.
- 5) **Final Sustainability Plan:** As part of receiving the grant, grantees are required to submit a final Sustainability Plan by month three of the third year of their grant period. This sustainability plan will be different and more robust in comparison to the plan submitted with the original application. Further information will be provided upon receipt of the award.
- 6) **Final Assessment Plan.** Grantees are required to submit a final assessment plan detailing the strategy for assessing performance measures (implementation and operations) to determine program effectiveness so that adjustments, as needed, can be made. Further information will be provided upon receipt of the award.

## VII. Agency Contacts

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

Sola Dada, MHA  
Grants Management Specialist  
Attn.: RCP-TNGP  
HRSA Division of Grants Management Operations, OFAM  
5600 Fishers Lane, Room 18-75  
Rockville, MD 20857  
Telephone: (301) 443-0195 (voice)  
Fax: (301) 443-9810 (fax)  
Email: [Odada@hrsa.gov](mailto:Odada@hrsa.gov)

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

Carlos Mena  
Public Health Analyst  
Office for the Advancement of Telehealth  
ATTN: RCP-TNGP  
Federal Office of Rural Health Policy, HRSA  
Parklawn Building, Room 5A-55  
5600 Fishers Lane  
Rockville, MD 20857  
Telephone: (301) 443-3198  
Fax: (301) 443-1330  
Email: [cmena@hrsa.gov](mailto:cmena@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: <https://grants-portal.psc.gov/Welcome.aspx?pt=Grants>

Successful applicants 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, 8:00 a.m. to 8:00 p.m. ET:

HRSA Contact Center  
Telephone: (877) 464-4772  
TTY: (877) 897-9910  
Web: <http://www.hrsa.gov/about/contact/ehbhelp.aspx>

## **VIII. Other Information**

### **1. Common Definitions**

For the purposes of this Rural Child Poverty Telehealth Network Grant Program, the following definitions apply:

**Budget Period** – the interval of time into which the project period is divided for budgetary and reporting purposes. For this grant program, the time interval is 12 months.

**Community-Based Program** – a planned, coordinated, ongoing effort operated by a community that characteristically includes multiple interventions intended to improve the health status of the members of the community.

**Community Health Centers (CHCs)** – See “Health Centers.”

**Existing Network vs. New Network** – An *existing network* is a network in which individual members are currently providing and/or receiving telehealth/telemedicine services. Under this grant program, an existing network that proposes to add new network members/sites is still considered an existing network. A *new network* is one in which the individual sites are not currently collaborating to provide telehealth/telemedicine services, but intend to do so as part of the proposed network.

**Federally Qualified Health Centers** – Federally and non-Federally-funded health centers that have status as Federally-qualified health centers under Section 1861(aa)(4) or Section 1905(l)(2)(B) of the Social Security Act (42 U.S.C. 1395x(aa)(4) and 1396(l)(2)(B), respectively).

**Health Centers** – Health Centers refer to all the diverse public and non-profit organizations and programs that receive Federal funding under Section 330 of the Public Health Service (PHS) Act, as amended by the Health Centers Consolidation Act of 1996 (P.L. 104-299) and the Health Care Safety Net Amendments of 2002 (P.L. 107-251). They include Community Health Centers, Migrant Health Centers, Health Care for the Homeless Health Centers, and Primary Care Public Housing Health Centers.

**Interoperability/Open Architecture** – the condition achieved among telecommunication and information systems when information (i.e., data, voice, image, audio, video) can be easily and cost-effectively shared across acquisition, transmission, and presentation technologies, equipment and services. It is facilitated by using industry standards rather than proprietary standards.

**Migrant Health Centers** – See “Health Centers”.

**Poverty** – The U.S. Department of Agriculture officially defines it as having an income below a federally determined poverty threshold.

**Project Period** – The total time for which federal support of a discretionary project has been approved. A project period may consist of one or more budget periods. For this grant program, the project period will generally consist of three (3) budget periods.

**Rural** – All counties that are not designated as parts of Metropolitan Areas (MAs) by the Office of Management and Budget (OMB) are considered rural. In addition, OAT is using the Rural Urban Commuting Area Codes (RUCAs), developed by the WWAMI Rural Research Center at the University of Washington and the Department of Agriculture’s Economic Research Service, to designate “Rural” areas within MAs. A list of non-metropolitan areas/rural counties is available on the Web at: [National listing of eligible counties and census tracts](#).

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

**Telemedicine** – The use of electronic communication and information technologies to provide or support clinical care at a distance. Included in this definition are patient counseling, case management, and supervision/preceptorship of rural medical residents and health professions students when such supervising/precepting involves direct patient care. The term “telemedicine” also includes clinical activities such as mHealth, telehomecare, remote monitoring, e-health, tele-ICUs.

**Telemedicine Session/Encounter** – An interaction relating to the clinical condition or treatment of a patient utilizing telemedicine technologies over distance. It is the process by which a clinical service is delivered. The session may be interactive (i.e. in real-time) or asynchronous (i.e. using store-and-forward technology). Examples of sessions include, but are not limited to the following: an interaction between two practitioners, with or without the patient present, regarding the diagnosis and/or treatment of the patient; an interaction between a specialty practitioner and a patient; a session involving two interdisciplinary health care teams with or without the patient and patient's family present; a session between a home care health professional and an individual in the home; and an interaction between a practitioner and a student in elementary or high school. Professionals from a variety of health care disciplines may be involved in requesting and/or providing telemedicine sessions/encounters including, but not limited to: physicians, physician assistants, dentists, dental hygienists, nurses, nurse practitioners, nurse-midwives, clinical nurse specialists, physical therapists, occupational therapists, speech therapists, clinical psychologists, clinical social workers, substance abuse counselors, podiatrists, optometrists, dietitians/nutritionists, pharmacists, optometrists, EMTs, etc.

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

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