U.S. Department of Health and Human Services

HRSA
Health Resources & Services Administration

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2023

Federal Office of Rural Health Policy

Community-Based Division

Rural Health Network Development Planning Program

Funding Opportunity Number: HRSA-23-036

Funding Opportunity Type: New

Assistance Listings Number: 93.912

Application Due Date: January 6, 2023

MODIFIED on October 25, 2022:
Revised the point values in the Need section of the Review Criteria, pages 27-28.

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!
HRSA will not approve deadline extensions for lack of registration.
Registration in all systems may take up to 1 month to complete.

Issuance Date: October 5, 2022

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See Section VII for a complete list of agency contacts.

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

508 COMPLIANCE DISCLAIMER

Note: Persons using assistive technology may not be able to fully access information in this file. For assistance, email or call one of the HRSA staff listed in Section VII. Agency Contacts.

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2023 Rural Health Network Development Planning Program. The purpose of this program is to promote the planning and development of integrated rural health care networks to address the following legislative aims: (i) achieve efficiencies; (ii) expand access to, coordinate, and improve the quality of basic health care services and associated health outcomes; and (iii) strengthen the rural health care system as a whole.

This notice is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately. You should note that this program may be cancelled before award.

Funding Opportunity Title:	Rural Health Network Development Planning Program
Funding Opportunity Number:	HRSA-23-036
Due Date for Applications:	January 6, 2023
Anticipated FY 2023 Total Available Funding:	$2,000,000
Estimated Number and Type of Award(s):	Up to 20 awards total: Regular Network Planning Track: Approximately 15 Awards Advancing Health Equity Track: No more than 5 Awards
Estimated Award Amount:	Up to $100,000 per award
Cost Sharing/Match Required:	No
Period of Performance:	July 1, 2023 through June 30, 2024 (1 year)

Eligible Applicants:	To be eligible to receive a grant under this notice of funding opportunity, an entity – (A) Shall be a domestic public or private, non-profit, or for-profit entity with demonstrated experience serving, or the capacity to serve, rural underserved populations; **and** (B) Shall represent a network composed of participants – (i) that includes at least three or more health care provider organizations and (ii) that may be rural, urban, nonprofit, or for-profit entities, with at least 66 percent (two-thirds) of network members located in a HRSA- designated rural area[1]; **and** (C) Shall not previously have received a grant under 42 U.S.C. 254c(f) for the same or similar project. See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in this NOFO and in HRSA's *SF-424 Application Guide*. Visit HRSA's How to Prepare Your Application page for more information.

[1] For more information on HRSA-designated rural areas, visit the Rural Health Grants Eligibility Analyzer.

Technical Assistance

HRSA has scheduled the following webinar:

Wednesday, October 26, 2022
3 – 4 p.m. ET
Weblink: https://hrsa-gov.zoomgov.com/j/1612414152?pwd=SkhrWTlwK0pjZUFCamlFbGIZcXprUT09

Attendees without computer access or computer audio can use the dial-in information below.

Call-In Number: 1-833-568-8864
Meeting ID: 161 241 4152
Passcode: 82273034

HRSA will record the webinar. The playback information can be requested at nosian@hrsa.gov .

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Rural Health Network Development Planning Program ("Network Planning Grant"). The purpose of the Network Planning Program is to promote the planning and development of integrated health care networks to address the following legislative aims: (i) achieve efficiencies; (ii) expand access to, coordinate, and improve the quality of basic health care services and associated health outcomes; and (iii) strengthen the rural health care system as a whole.

This program supports one year of planning and brings together key parts of a rural health care delivery system, particularly those entities that may not have collaborated in the past, to establish and/or improve local capacity in order to strengthen rural community health interventions and enhance care coordination.

In addition to funding Network Planning programs through the Regular Network Planning track, in FY 2023 the Federal Office of Rural Health Policy (FORHP) will also offer an option for applicants to select the Advancing Health Equity (AHE) track[2]. In addition to addressing the three legislative aims of the regular Network Planning program, applicants will select only **one** of these two tracks. AHE applicants will seek to coalesce community stakeholders to focus on addressing health equity needs and improve health outcomes for underserved members of rural communities[3].

The intent of the AHE track is to focus on collaboration between entities to establish or improve local capacity and care coordination among rural Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other

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[2] NOTE: Applicants must clearly state the track they are applying for, as it will impact the review of the application. Specifically, if applicants do not clearly state the track, the application will be scored based on the regular network planning track review criteria.

[3] Per Executive Order 13985 Advancing Racial Equity and Support for Underserved Communities Through the Federal Government, "Health Equity" is defined as, "the consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality" and "Underserved Communities" are defined as, "populations sharing a particular characteristic, as well as geographic communities, that have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life, as exemplified by the list in the preceding definition of 'equity.'" https://www.federalregister.gov/documents/2021/01/25/2021-01753/advancing-racial-equity-and-support-for-underserved-communities-through-the-federal-government

persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; and persons otherwise adversely affected by persistent poverty or inequality.

The Network Planning program uses the concept of developing networks as a strategy toward linking rural health care network members together to address local challenges, and help rural stakeholders achieve greater collective capacity to overcome challenges related to limited economies of scale for individual hospitals, clinics, or other key rural health care stakeholders.

Studies show that integrated health care networks formed in rural communities allow for better resource allocation of both personnel and shared assets to decrease and/or prevent chronic disease, create stronger buy-in, trust and input among stakeholders and community members, improve data sharing, and increase sustainability and longevity of the network[4]. Because of the benefits a network provides, at least 88 percent of past Network Planning award recipients have reported the sustainability of at least some elements of their network activities post-grant[5].

2. Background

The program is authorized by 42 U.S.C. 254c(f), which contemplates award of rural health network development grants to provide for the planning of integrated health care networks in rural areas. At the conclusion of the grant program, network partners will be able to achieve efficiencies, increase access to care and coordination, and strengthen the rural health care system.

The intent of the Network Planning Program is to allow applicants maximum flexibility to tailor their projects to the unique rural community needs based on historical health care context, community input, and relevant data sources. Due to the flexible nature of the Network Planning Program, rural health priorities, such as those outlined in the AHE track, complement the goals of the larger Network Planning Program.

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[4] NORC Walsh Center for Rural Health Analysis and University of Minnesota Rural Health Research Center, 2017. Rural Community Health Toolkit [online] Rural Health Information Hub. Available at: https://www.ruralhealthinfo.org/toolkits/rural-toolkit [Accessed 31 May 2022].

[5] Tuttle M, Rydberg K, and Henning-Smith C. Success among Rural Health Network Development Planning Grant Awardees: Barriers and Facilitators. UMN Rural Health Research Center Policy Brief. May 2021. https://rhrc.umn.edu/publication/success-among-rural-health-network-development-planning-grant-awardees- barriers-and-facilitators/

The Network Planning Program supports and encourages creative programs that aim to confront important public health issues and improve equity, by addressing the needs of groups who are historically underserved, including those who suffer from poorer health outcomes, health disparities and other inequalities. A study of past Network Planning grantees highlighted the continual need for networks to focus on the dual factors of rurality and race[6], as well as LGBTQ+ persons, persons with disabilities, members of religious minorities, and persons otherwise adversely affected by persistent poverty or inequality. Studies have shown that rural communities have higher morbidity and mortality rates than their urban peers, and racial/ethnic minority rural populations have significantly higher rates of illness[7] that could be lessened through the coordination of care provided by an integrated health care network.

Applicants for both tracks of this program should address the community health needs within their rural service area, but if applying for the AHE track, at least one network partner must have a demonstrated history of working with the identified underserved community, expertise in serving the identified underserved community, affiliation with the identified underserved community, etc., and work plan activities should focus on planning for improved health outcomes among the underserved population(s) identified.

II. Award Information

1. Type of Application and Award

Types of applications sought: New

HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA expects approximately $2,000,000 to be available to fund 20 recipients. HRSA expects to award funding to the highest scoring applications in each track. HRSA's intent is to fund approximately 15 projects in the Regular Network Planning track and no more than five projects in the AHE track. The actual amount available will not be determined until

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[6] Rural Health Research Recap, Official web site of the U.S. Health Resources & Services Administration. Published 2021. Accessed June 2, 2022. https://www.ruralhealthresearch.org/assets/3974-16603/rural-ethnic- racial-disparities-inequities-recap.pdf

[7] https://www.ruralhealthresearch.org/recaps/12

enactment of the final FY 2023 federal appropriation. You may apply for a ceiling amount of up to $100,000 total cost (reflecting direct and indirect costs) per year. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately.

The period of performance is July 1, 2023 through June 30, 2024 (1 year).

All HRSA awards are subject to the Uniform Administrative Requirements, Cost Principles, and Audit Requirements at 45 CFR part 75.

You may submit **one application** to request funding through only **one** of the following funding tracks:

Track	Required Focus Area	Estimated Total Funding Available	Funding Per Award
Regular Network Planning	Identified by applicant and network based on community need	Approximately $1,500,000	Up to $100,000 for approximately 15 awards
Advancing Health Equity (AHE)	Health Equity	Approximately $500,000	Up to $100,000 for no more than 5 awards

You must include a statement expressing interest in participating in the Advancing Health Equity Track. FORHP highly recommends that you include the following language: "*Your organization's name is submitting an application for participation in the Network Planning Program's Advancing Health Equity Track." Please include this statement in* ***Attachment 12****. This statement should be towards the top of the page and should be the only statement on that page. This attachment* ***will not count*** *towards the 50 page limit.*

If applicants do not explicitly express their interest in participating in the AHE track, by default the application will be reviewed and scored based on the Regular Network Planning Track.

Please note: *There is* ***no*** *implementation component to this award once the planning grant ends. The funding for this program covers one year of the planning grant* ***only****.*

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include domestic public or private, non-profit or for-profit entities. Domestic faith-based and community-based, tribes and tribal organizations are also eligible to apply. The applicant organization may be located in a rural or urban area, but must have demonstrated experience serving, or the capacity to serve, rural underserved populations. The applicant organization must describe in detail their experience and/or capacity to serve rural populations in the **Project Abstract** section of the application.

For more details, see Program Requirements and Expectations.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

HRSA may not consider an application for funding if it contains any of the non-responsive criteria below:

- Exceeds the funding ceiling amount
- Fails to satisfy the deadline requirements referenced in Section IV.4

NOTE: Multiple applications from an organization with the same Unique Entity Identifier (UEI) are allowed if the applications propose separate and distinct projects.

Exceptions Request

a. **Multiple EIN exception**: In general, multiple applications associated with the same DUNS number and/or Employee Identification Number (EIN) are not allowable. However, HRSA recognizes a growing trend towards greater consolidation within the rural health care industry and the possibility that multiple health care organizations may share the same EIN as its parent organization. Therefore, at HRSA's discretion, multiple health care organizations that share the same EIN as its parent organization, or organizations within the same network who are proposing different projects are eligible to request a multiple EIN

exception if the applicants provide HRSA with the information found in **Attachment 10.**

b. **Tribal exception**: HRSA is aware that tribes and tribal organizations may have an established infrastructure without separation of services recognized by filing for EINs. In case of tribes and tribal governments, only a single EIN located in a HRSA-designated rural area is necessary to meet the network requirements. Tribes and tribal entities under the same tribal governance must still meet the network criteria of three or more entities under the single EIN are committed to the proposed approach as evidenced by a signed letter of commitment. Please refer to **Attachment 11** for additional information on how to request this exception.

NOTE: If applicants do not explicitly state their interest in participating in the AHE track, by default the application will be reviewed and scored based on the Regular Track Network Planning review criteria.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA ***requires*** you to apply electronically. HRSA encourages you to apply through Grants.gov using the SF-424 workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at Grants.gov: HOW TO APPLY FOR GRANTS. If you use an alternative electronic submission, see Grants.gov: APPLICANT SYSTEM-TO-SYSTEM.

The NOFO is also known as "Instructions" on Grants.gov. You must select "Subscribe" and provide your email address for HRSA-23-036 in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the For Applicants page for all information relevant to this NOFO.*

2. Content and Form of Application Submission

Application Format Requirements

Section 4 of HRSA's *SF-424 Application Guide* provides general instructions for the budget, budget narrative, staffing plan and personnel requirements, assurances, and certifications. You must submit the information outlined in HRSA *SF-424 Application Guide* in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in this NOFO and HRSA's *SF-424 Application Guide*. You must submit the application in the English language and in the terms of U.S. dollars (45 CFR § 75.111(a)).

See Section 8.5 of the HRSA *SF-424 Application Guide* for the Application Completeness Checklist to assist you in completing your application.

Application Page Limit

The total of uploaded attachment pages that count against the page limit shall be no more than the equivalent of **50 pages** when printed by HRSA.

Forms that DO NOT count in the Page Limit

- Standard OMB-approved forms included in the workspace application package **do not** count in the page limit. The abstract is the standard form (SF) "Project Abstract Summary." It **does not** count in the page limit.
- The Indirect Cost Rate Agreement **does not** count in the page limit.
- The proof of non-profit status (if applicable) **does not** count in the page limit.

If there are other attachments that do not count against the page limit, this will be clearly denoted in Section IV.2.vi Attachments.

If you use an OMB-approved form that is not included in the workspace application package for HRSA-23-036, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit.

- HRSA will flag any application that exceeds the page limit and redact any pages considered over the page limit. The redacted copy of the application will move forward to the objective review committee.

It is important to take appropriate measures to ensure your application does not exceed the specified page limit.

Applications must be complete and validated by Grants.gov under HRSA-23-036 before the deadline.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3354).

3) If you are unable to attest to the statements in this certification, you must include an explanation in *Attachment 13: Other Relevant Documents*.

See Section 4.1 viii of HRSA's *SF-424 Application Guide* for additional information on all certifications.

Program Requirements and Expectations

Applicants for the Rural Health Network Development Planning Program must meet all of the requirements stated below. Failure to respond to the requirements below may impact your application's score.

For the purposes of both the Regular Network Planning and the Advancing Health Equity (AHE) tracks, planning activities are those that prepare a community to provide direct services including but not limited to, rural health care network integration, strengthening operations, creating, or improving care coordination policies and procedures, and making the necessary infrastructure changes in order to increase and sustain health care delivery among underserved communities. This may also include development of data use and sharing agreements, and data collection to facilitate strategic and sustainability planning of the intervention if publicly available data does not exist (specifically for the AHE Track).

Applicant Organization Requirements

a. All planning activities **must** benefit rural communities. Proposed counties should be fully rural, but if counties are partially rural counties, please include the rural census tract(s) in the **Project Abstract**. **It is important that applicants list the rural counties (or rural census tract(s) if the county is partially rural) that will be served through their proposed project, as this will be one of the**

factors that will determine the applicant organization's eligibility to receive funding.

- To ascertain rural service areas, please refer to https://data.hrsa.gov/tools/rural-health. This webpage allows you to search by county or street address and determine rural eligibility.

b. Each applicant organization network member must have its own EIN number unless an exception is requested (see details above in Section III).

c. Applicant organizations must be able to demonstrate how the rural underserved populations in the local community or region to be served will benefit from and be involved in the development and ongoing operations of the network. Activities and services of the network must be provided in a non-metropolitan county or rural census tract.

d. Applicant organizations should describe how the rural community participated in identifying the focus area and should emphasize how their project will benefit the rural community.

e. The applicant organization should have the staffing and infrastructure necessary to oversee program activities.

f. The applicant organization must have demonstrated experience serving, or the capacity to serve, rural underserved populations, as well as buy-in from these communities and describe the experience and/or capacity in the Project Abstract.

g. The applicant organization is **not required** to be a rural health network at the time of submission.

Network Requirements

One of the purposes of the Network Planning Grant Program is to assist in the planning of an integrated health care network, specifically with network participants who do not have a history of formal collaborative efforts. For the purposes of this program, HRSA defines an integrated health care network as at least three regional or local health care organizations that come together to plan and develop strategies for improving health services in a community. The entities should have a common and collective interest in improving health and addressing health care challenges in their local community.

h. Network members may be located in rural or urban areas and can include all domestic public or private, non-profit, or for-profit entities including faith-based, community-based organizations, tribes, and tribal organizations. We recognize that rural-urban collaborations can sometimes lead to the underrepresentation of

rural needs. Therefore, HRSA requires at least sixty-six percent (66%), or two-thirds of network members (members with signed Letters of Commitment) of the proposed project be located in a HRSA designated rural area, as defined by the Rural Health Grants Eligibility Analyzer. The applicant organization must verify and indicate the rural or urban eligibility of each network member in **Attachment 6.**

i. Previous Network Planning Grant award recipients who propose a continuation of an awarded project or existing networks that seek to only expand services or expand their service areas are **not eligible** to apply. However, existing networks that (1) seek to expand services or expand their service areas and (2) include new or additional stakeholders or (3) engage a new population or new focus area are eligible to apply. Existing networks that are proposing to collaborate with at least two outside organizations that they have not worked with before under a formal relationship are eligible to apply.

j. Over the course of the period of performance, all networks must take steps towards creating strong infrastructure and developing a strategic plan for programmatic activities. That plan must identify the approach by which the applicant will sustain the efforts of the network beyond federal funding.

Legislative Aims (All applicants)

Applicants must describe planning activities that support **at least one (1)** of the legislative aims below. For additional information, please see **Appendix A.**

Data Collection (AHE track only)

Applicants to the AHE track may allocate a portion of funds and staff time to data collection if the identified underserved community does not have publicly available demographic or associated prevalence and incidence data. Justify the amount of funds and staff time as commensurate with the applicant organization's capacity for sustainability and strategic planning.

Applicants to the AHE track will be required to meet specific guidelines outlined in this notice of funding opportunity (see Appendix B).

Program-Specific Instructions

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

i. *Project Abstract*

Use the Standard OMB-approved Project Abstract Summary Form that is included in the workspace application package. Do not upload the abstract as an attachment or it may count toward the page limit. For information required in the Project Abstract Summary Form, see Section 4.1.ix of HRSA's *SF-424 Application Guide.*

ABSTRACT HEADING CONTENT
Applicant Organization Information • Organization Name, Address (street, city, state, zip code) • Facility/Entity Type (e.g., FQHC, RHC, public health department), and, • Website Address (if applicable)
Designated Project Director Information • Project Director Name & Title, Phone Number(s), and E-Mail Address
Project Track Regular Network Planning Grant Track or Advancing Health Equity Track NOTE: **Applicants must clearly state the track they are applying for, as it will impact the review of the application. Specifically, if applicants do not clearly state the track, the application will be scored based on the regular network planning track review criteria.**
Network Planning Grant Project • Network Name
Legislative Aim • Regular Network Planning example: Aim #1: Achieve Efficiencies • AHE applicants should identify at least one legislative aim and at least one rural underserved community, for example: Aim #2: expand access to, coordinate, and improve the quality of basic health care services and associated health outcomes among rural persons with disabilities

Focus Area

Your application must clearly identify a focus area(s) based on the community needs. FORHP highly recommends that you include this language:

- Regular Network Planning Track: "(Your organization's name)'s focus area is (e.g., Care Coordination)."
- AHE Track: "(Your organization's name)'s focus area is (e.g., expand access to, coordinate, and improve the quality of basic health care services and associated health outcomes among rural persons with disabilities.)"

Proposed Service Region

- Example: states, cities, counties *(required)*)
- NOTE: Proposed rural counties should be fully rural. For partially rural counties, include rural census tract(s)

ABSTRACT BODY CONTENT

Population to be Served

- Brief description of the population group(s) to be served
- Brief description of underserved populations who have historically suffered from poorer health outcomes, health disparities, and other inequities

Network Members

- Provide the organization names and facility/entity type of partner(s) who have agreed to be a part of the network.
- HRSA requires an attestation that at least sixty-six percent (66%), or two-thirds of network members (members with signed Letters of Commitment) of the proposed project be located in a HRSA-designated rural area, as defined by the Rural Health Grants Eligibility Analyzer.
- Identify the degree to which the network members are ready to integrate their functions and share clinical and/or administrative resources.

Experience in Serving Rural Underserved Populations

- Describe experience serving or the capacity to serve, rural underserved communities. This can include collaborations, activities, program implementation and previous work of a similar nature.
- HRSA requires that applicants describe how the rural underserved populations in the local community or region to be served will benefit from and be involved in the development and ongoing operations of the network.

Funding Preference

- Applicants must explicitly identify whether or not you meet a qualification for a funding preference and cite the qualification that is being met (see 42 U.S.C. 254c(h)(3)). HRSA highly recommends you include clear concise language making it clear to HRSA which funding preference you are choosing. If you choose not to select a funding preference, please use concise language making it clear to HRSA that you are not choosing a funding preference.

If applicable, you need to provide supporting documentation in **Attachment 8**. Refer to Section V.2 for further information.

NARRATIVE GUIDANCE

To ensure that you fully address the review criteria, the table below provides a crosswalk between the narrative language and where each section falls within the review criteria. Any forms or attachments referenced in a narrative section may be considered during the objective review.

Narrative Section	Review Criteria
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response
Work Plan	(4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures and (5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities
Budget Narrative	(6) Support Requested

ii. *Project Narrative*

This section provides a comprehensive description of all aspects of the proposed project. It should be succinct, self-explanatory, consistent with forms and attachments, and organized in alignment with the sections and format below so that reviewers can understand the proposed project.

The specific program requirements of the Regular Network Planning track and the Advancing Health Equity (AHE) track are outlined below: Successful applications will contain the information below. Please use the following section headers for the narrative:

- *INTRODUCTION & NEEDS ASSESSMENT-- Corresponds to Section V's Review Criterion 1 (all applicants must respond to Structural Need, Community Need and Health Equity sections below)*

Summarize the program's goals and expected outcomes of the program. You must address the following items:

Structural Need

A. Clearly describe the health care service environment and include appropriate data sources (i.e., local, tribal, state, and/or federal) in which the network is functioning.
B. Describe the structural challenges that affect health care in the service area (e.g., poverty, uninsured or underinsured, chronic disease burdens, social determinants of health, lack of administrative resources for grant writing and funding).

Community Need

C. Outline the needs of the rural community, how the rural community participated in identifying the need and/or focus area, and how the network members will address the unmet needs to serve and benefit the rural community.
D. Describe gaps in the existing health care system and activities that the network will perform to fill those gaps (i.e., personnel, service delivery needs, shared resources, etc.).
E. Explain how a Network Planning Grant award would assist in the development of a formal network intended to address unmet community needs. Describe the need for creating a network to address the identified area(s) of focus. Demonstrate the need for federal funding to support network planning activities.

Health Equity (All applicants)

F. Describe the rural population to be served and any rural underserved communities including those who suffer from poorer health outcomes, health disparities, and other inequalities. These populations include but are not

limited to: Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; and persons otherwise adversely affected by persistent poverty or inequality (the full definition of underserved communities is available in **Appendix C: Common Definitions. If data is unavailable on the underserved community identified, explain why and include other support or justification for the population's need.**

G. Describe how the network will improve equity in the local health care environment.
H. Document the socio-cultural determinants of health and health disparities impacting the population or communities. Use and cite demographic data when possible, to support the information.

- *METHODOLOGY -- Corresponds to Section V's Review Criterion 2* (all applicants)

Propose methods that you will use to address the stated needs and meet each of the previously described program requirements and expectations in this NOFO. You must address the following items:

A. Identify the proposed goals, objectives, and expected outcomes for both network organizational development and program planning of the project.
B. Include information on how you selected network members for inclusion in the network. Include:
    a. The expertise of each network member
    b. Describe the role of each network member in the project (as it relates to **Attachment 6**).
    c. A description of previous collaboration among network members.
C. Describe how the rural underserved populations in the local community or region to be served will experience increased access to quality health care services across the continuum of care as a result of the planning activities carried out by the network. When possible, provide and support your expected outcomes with quantifiable data.
D. Required for AHE track applicants, and if applicable for Regular Network Planning track applicants, describe how the network plans to address and reduce health disparities within the target service area.

- *WORK PLAN -- Corresponds to Section V's Review Criterion 4 (all applicants)*

  Include a project work plan that clearly illustrates the network's goals, strategies, activities, and measurable outcomes proposed during the entire period of performance. The work plan must identify the individual or organization responsible for carrying out each activity and include a timeline for the period of performance. Include the work plan as **Attachment 3**.

- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion 2 (all applicants)*

  All applicants should discuss potential barriers and challenges that you are likely to encounter in designing and implementing the activities described in the work plan, and approaches that you will use to resolve those challenges.

  In addition, AHE track applicants should discuss any other barriers or challenges unique to the underserved community identified, including but not limited to, securing and maintaining community engagement and investment in the network, development of culturally and linguistically appropriate services, availability and scope of work of local organizations, local infrastructure, barriers to collecting and/or sharing data, historical trauma and distrust among the community to be served, etc., and any potential resolutions.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criterion 3 & Criterion 5 (all applicants)*

  Describe how program goals will be tracked, measured, and evaluated, and how the network will measure progress toward meeting the project goals and objectives. FORHP recommends that these data are presented in a table format with the goals listed in the left-hand column (Goal 1, 2, 3, etc.). Across the top of the table, please include questions that will address how each goal will be tracked, measured, and evaluated (How will you measure program goals? How will you monitor program progress? How will programmatic success be evaluated?) Although tabular format is recommended, it is not required.

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion 5 (all applicants)*

  All applicants should succinctly describe the activities and contributions of the applicant organization and the network members. Provide a brief overview of the applicant organization that includes information such as:

- your organization's current mission
- structure, leadership, size of organization, and staffing
- scope of current activities
- your organization's ability to manage the award project and personnel
- your organization's financial practices and systems that assure your organization can properly account for and manage the federal funds.

Network Establishment (all applicants)

- Your application must clearly describe how you plan to establish your network (if your network is newly formed), the proposed structure of your network, and how your network will address a need that cannot be addressed individually

Project Director (all applicants)

- Identify the project director in the **Project Abstract** and **Attachment 4**. The project director will be responsible for project/program monitoring and carrying out the award activities. The proposed network should identify a permanent project director prior to receiving award funds. If the applicant organization has an interim project director or has not yet hired a person to serve as the project director, discuss the process and timeline for hiring a permanent project director for this project.

- HRSA strongly recommends the project director allot adequate time (*at least .25 FTE)* to the program and has management experience involving multiple organizational arrangements. HRSA highly recommends your staffing plan should include supporting and key personnel that total **at least one full time-time FTE** at the time of application.

Key Personnel (all applicants)

- Describe key personnel roles and how they relate to the network and planning project. Key personnel are individuals who would receive funds by this award or person(s) conducting activities central to this program (**Attachment 4**).

Network Members (all applicants)

- It is recommended that applicants include a table in **Attachment 6** to present the following information on **each** network member:

    - Organization name
    - Address
    - Primary contact person

- Employer Identification Number (EIN) (must be provided for each network member unless the applicant is a tribe and/or requests a multiple EIN exception) and
- Verify and indicate the rural or urban eligibility of each network member (*per the Rural Health Eligibility Analyzer)*.

- All applicants should describe how the rural underserved populations in the local community or region to be served will be involved in the development and ongoing operations of the network. This should include a description that reflects a shared decision-making structure and capacity. Outline the roles and responsibilities within the network for each network member and address the capacity to carry out program goals. Explain why each of the proposed network members were selected, and the extent to which the network and/or its members engage the community in its planning and functions as appropriate.
- AHE track applicants should also include a brief summary of how the network members were selected to be representative or meet the needs of the identified underserved community. This may include, but is not limited to, demonstrated history of working with the identified underserved population, expertise in serving the identified underserved community, affiliation with the identified underserved community, etc.

Data Collection (AHE track only)

- Applicants to the AHE track may allocate a portion of funds and staff time to data collection if the identified underserved community does not have publicly available demographic or associated prevalence and incidence data. Applicants should describe how data will be collected, who will be involved in data collection efforts, and how data will be shared and disseminated. The amount of funds and staff time must be justified as commensurate with the applicant organization's capacity for sustainability and strategic planning.

- *BUDGET AND BUDGET NARRATIVE -- CORRESPONDS TO SECTION V'S REVIEW CRITERION 6 (ALL APPLICANTS)*

A. Provide a complete, consistent, and detailed budget presentation for a one-year period of performance through the submission of the SF-424A budget form and a Budget Narrative that justifies the appropriateness of the requested funds. See Section IV.2.ii for more information regarding the Budget section.

B. The budget should be reasonable, logical and clearly document how and why each line item request (such as personnel, travel, equipment, supplies,

contractual service, etc.) supports the goals and activities of the proposed award-funded activities.

iii. *Budget*

The directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov. Follow the instructions in Section 4.1.iv of HRSA's *SF-424 Application Guide* and the additional budget instructions provided below. A budget that follows the *Application Guide* will ensure that, if HRSA selects your application for funding, you will have a well-organized plan and, by carefully following the approved plan, may avoid audit issues during the implementation phase.

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

In addition, the Rural Health Network Development Planning program requires the following of all applicants:

Travel: Please allocate travel funds for one (1) program staff to attend a one-and-a half (1.5) day award recipient meeting at a location to be determined and include the cost of this as a budget line item. To determine estimated travel costs to Washington, D.C., applicants should refer to the U.S. General Services Administration (GSA) per diem rates for FY 2023. Per diem rates can be found on the GSA's website: https://www.gsa.gov/travel-resources.

Equipment: Equipment costs that exceed 5 percent of the total award amount may be considered unreasonable and thus, unallowable**.**

Legal Costs: Legal costs that exceed 20 percent of the total award amount may be considered unreasonable and unallowable. Legal costs include services and activities such as consultations, 501(c)(3) application preparation, articles of incorporation and by-laws development.

Contractual: Consistent with 45 CFR 75, you must provide a clear explanation of the purpose of each contract, how the costs were estimated, and the specific contract deliverables.

Data Collection: Costs allocated to data collection must be commensurate with organization's staffing capacity for sustainability and strategic planning.

Other: The purpose of this program is to fund planning activities **only**. Applications that propose to use award funds to pay for the direct provision of clinical health services will be deemed unresponsive and will not be considered for funding under this notice.

As required by the Consolidated Appropriations Act, 2022 (P.L. 117-103), Division H, § 202, "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." 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 may apply in the following fiscal years, as required by law.

iv. *Budget Narrative*

See Section 4.1.v. of HRSA's *SF-424 Application Guide*.

In addition, the Rural Health Network Development Planning Program requires all applicants include the following:

Please provide a budget narrative justification that explains the amounts requested for each line item in the budget. The budget narrative should specifically describe how each item supports the achievement of proposed objectives. The budget period is for one (1) year. Line-item information must be provided to explain the costs entered in the SF-424A. Thoroughly describe how each item in the "other" category is justified. The budget narrative MUST be concise. Do NOT use the budget narrative to expand the project narrative.

v. *Attachments*

All applicants should 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.** Your indirect cost rate agreement and proof of non-profit status (if applicable) will not count toward the page limit. **Clearly label each attachment**. You must upload attachments into the application. HRSA and the objective review committee will not open/review any *hyperlinked* attachments.

Attachment 1*:* Documentation from State Office of Rural Health (Required)

All applicants are required to notify their State Offices of Rural Health (SORHs) or other appropriate state entities early in the application process to advise them of their intent to apply. SORHs can often provide technical assistance to applicants. Please include a copy of the SORH's response to your correspondence and/or the letter or email you sent to the SORH notifying them of your intent to apply. SORH's applying as the applicant organization must provide an attestation that their application was

independently developed and written and that they have not knowingly duplicated efforts or project ideas of non-SORH applicants within their state. By statute, all applicants are required to consult with their SORH or other appropriate state entities. However, if applicants from the U.S. territories do not have the ability to do so, this requirement does not apply, and U.S. territories are still eligible to apply. A list of the SORHs can be accessed at: https:/nosorh.org/nosorhmembers/nosorh-members-browse-by-state/.

Attachment 2: Areas of Impact (Required)
Include a list of the impacted areas, counties and cities, and a legible map that clearly shows the location of network members. If an organization is located in a rural census tract of an urban county, the rural census tract(s) must be clearly identified here as well as the county and census tract(s) of the network members. **Note**: Maps should be legible and in black and white.

Attachment 3: Work Plan (Required)
Attach the work plan for the project that includes all information detailed in Section IV.2.ii. Project Narrative. The work plan should illustrate the network's goals, strategies, activities, and measurable progress and outcome measures. The work plan must outline the individual or organization responsible for carrying out each activity and include a timeline for the period of performance.

Attachment 4: Staffing Plan and Job Descriptions for Key Personnel *(see Section 4.1. of HRSA's SF-424 Application Guide)* **(Required)**
Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff to run the network, and specifically to accomplish the proposed network planning grant project. Staffing needs should be explained and should have a direct link to activities proposed in the Project Narrative and budget sections of the application. Staffing plan should include in-kind personnel to the program. Your staffing plan should demonstrate supporting and key personnel that total at least one full-time FTE at the time of application. For the purposes of this application, key personnel are individuals who are funded by this award or person(s) conducting activities central to this program.

Attachment 5: Biographical Sketches of Key Personnel (Required)
Include biographical sketches for persons occupying the key positions described in *Attachment 4* not to exceed two pages in length per person. In the event that a biographical sketch is included for an identified individual not yet hired, include a letter of commitment from that person with the biographical sketch. If the project director

served in this position for other federal awards, please list the federal awards as well as the percent FTE for each respective federal award

Attachment 6: Network Organizational Chart and Network Member Information (Required)

Provide a **one-page** network organizational chart of the network that includes how decisions will be made and how communication will flow. Provide a list of all network members that includes:

- The organization's name and type (e.g., community health center, hospital, health department, etc.);
- The name of the key person from the organization that will be working on the program;
- Anticipated role and responsibility in the Network Planning Grant program;
- EIN of each proposed network member unless the applicant is a tribe and/or requests a multiple EIN exception;
- Verify and indicate that at least sixty-six percent (66%), or two-thirds of network members (members with signed Letters of Commitment) of the proposed project be located in a HRSA-designated rural area, as defined by the Rural Health Grants Eligibility Analyzer; and
- Applicants should provide the address of each network member and the screenshot from the analyzer of the urban or rural status.

Attachment 7: Letters of Commitment (Required)

All applicants must provide a scanned, signed copy of a letter of commitment from each of the network members. Letters of commitment must be submitted with the application and must clearly identify the organizations' roles and responsibilities in the network and project, the activities they will be included in, and how that organization's expertise is pertinent to the network planning grant project. The letter must also include a statement indicating that the proposed partner understands that the award funds be used for the development of an integrated health care network and are not to be used for the exclusive benefit of any one (1) network partner or to provide clinical services.

Verify and indicate that at least sixty-six percent (66%), or two-thirds of network members (members with signed Letters of Commitment) of the proposed project be located in a HRSA-designated rural area, as defined by the Rural Health Grants Eligibility Analyzer.

For the AHE track only, where applicable, the Letters of Commitment should include information indicating how the organization is representative or meets the needs of the identified underserved community.

Attachment 8: Funding Preference Documentation (if applicable)
To receive a funding preference, the application must provide documentation that supports the funding preference qualification. Please indicate which qualification is being met in the Project Abstract. For further information on funding preferences and the required documentation, please refer to Section V.2. This attachment will not count towards the 50-page limit.

Attachment 9: Previous Grants (if applicable)
If the applicant organization has received any funds from the Federal Office of Rural Health Policy within the last 5 years, the grant number and the abstract from the previous award should be included. Please only provide the grant number(s) and abstract(s). (Not scored during the objective review).

Attachment 10: Multiple EIN Exception Request (if applicable)
For Multiple EIN Exception requests, the following **must** be included:

- Names, titles, email addresses, and phone numbers for points of contact at each of the applicant organizations and the parent organization;
- Proposed project focus and service area for each applicant organization with the same EIN (these should not overlap);
- Justification for why each applicant organization must apply to this funding opportunity separately as the applicant organization, as opposed to serving as network members on other applications;
- Assurance that the applicant organizations will each be responsible for the planning, program management, financial management, and decision making of their respective projects, independent of each other and/or the parent organization; and
- Signatures from the points of contact at each applicant organization and the parent organization.

Attachment 11: Tribal EIN Exception Request (if applicable)
For Tribal Exceptions requests, the following must be included:

- Names, titles, email addresses, and phone numbers for points of contact at each of the applicant and network partner organizations
- Justification for the network partner organizations under the same EIN, for example, unique focus area or services provided, lack of other appropriate entities, etc.

Attachment 12: Advancing Health Equity (AHE) Track Participation Statement (if applicable)
You must include a statement expressing interest in participating in the AHE track. FORHP highly recommends that you include the following language: "Your organization's name is submitting an application for participation in Network Planning Program's Advancing Health Equity Track." This statement should be towards the top of the page and should be the only statement on that page.

This attachment **will not count** towards the 50 page limit.

NOTE: If applicants do not explicitly state their interest in participating in the AHE track, by default the application will be reviewed and scored based on the Regular Track Network Planning review criteria.

Attachments 13-15: Other Related Documents (Optional)
Include here any other documents that may be relevant to the application (e.g., Indirect Cost Rate Agreement) (not scored during the objective review).

3. Unique Entity Identifier (UEI) and System for Award Management (SAM)

Effective April 4, 2022:

- The UEI assigned by SAM has replaced the Data Universal Numbering System (DUNS) number.
- Register at SAM.gov and you will be assigned a UEI.

You must register with SAM and continue to maintain active SAM registration with current information at all times when you have: an active federal award, an active application, or an active plan under consideration by an agency (unless you are an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or you have an exception approved by the agency under 2 CFR § 25.110(d)). For your SAM registration, you must submit a notarized letter appointing the authorized Entity Administrator.

If you are chosen as a recipient, HRSA will not make an award until you have complied with all applicable SAM requirements. If you have not fully complied with the requirements by the time HRSA is ready to make an award, you may be deemed not qualified to receive an award, and HRSA may use that determination as the basis for making an award to another applicant.

If you have already completed Grants.gov registration for HRSA or another federal agency, confirm that the registration is still active and that the Authorized Organization Representative (AOR) has been approved.

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

- System for Award Management (SAM) (https://sam.gov/content/home | SAM Knowledge Base)
- Grants.gov (https://www.grants.gov/)

For more details, see Section 3.1 of HRSA's *SF-424 Application Guide*.

If you fail to allow ample time to complete registration with SAM or Grants.gov, you will not be eligible for a deadline extension or waiver of the electronic submission requirement.

4. Submission Dates and Times

Application Due Date

The due date for applications under this NOFO is *January 6, 2023 at 11:59 p.m. ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's *SF-424 Application Guide* for additional information.

5. Intergovernmental Review

The Rural Health Network Development Planning Program is subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

See Section 4.1 ii of HRSA's *SF-424 Application Guide* for additional information.

6. Funding Restrictions

You may request funding for a period of performance of up to 1 year, at no more than $100,000 per year (inclusive of direct **and** indirect costs). This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately.

The General Provisions in Division H of the Consolidated Appropriations Act, 2022(P.L. 117-103) apply to this program. See Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Note that these and other restrictions will apply in following fiscal years, as required by law.

You cannot use funds under this notice for the following purposes:

- To build or acquire real property or for construction or major renovation or alteration of any space (see 42 U.S.C. 254c(h)).
- To pay for the direct provision of clinical health services. For the definition of direct health services, please see **Appendix C.**

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on specific uses of funding. It is imperative that you review and adhere to the list of statutory restrictions on the use of funds detailed in Section 4.1 of HRSA's *SF-424 Application Guide*. Like all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

Be aware of the requirements for HRSA recipients and subrecipients at 2 CFR § 200.216 regarding prohibition on certain telecommunications and video surveillance services or equipment. For details, see the HRSA Grants Policy Bulletin Number: 2021-01E.

All program income generated as a result of awarded funds must be used for approved project-related activities. Any program income earned by the recipient must be used under the addition/additive alternative. You can find post-award requirements for program income at 45 CFR § 75.307.

V. Application Review Information

1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review and to assist you in understanding the standards against which your application will be reviewed. HRSA has indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation.

Reviewers will evaluate and score the merit of your application based upon these criteria.

Six review criteria are used to review and rank the Rural Health Network Development Planning program applications. Below are descriptions of the review criteria and their scoring points.

The highest ranked applications in each of the two tracks will receive consideration for award within available funding ranges.

Criterion 1: NEED (50 points) – Corresponds to Section IV's INTRODUCTION AND NEEDS ASSESSMENT

Structural Need (15 points)

1. The extent to which the application clearly describes the health care service environment in which the network will be developed and includes appropriate data sources (i.e., local, tribal, state, and/or federal) in the analysis of the environment in which the network is functioning.
2. The extent to which the application clearly describes structural challenges that affect health care in the service area.

Community Need (15 points)

3. The extent to which the application clearly describes the purpose of the proposed program, the local/regional health care environment, how the community identified the need and/or focus area(s), expected benefit to the rural community, and the aim(s) the Network Planning Grant project would support.
4. The extent to which relevant services currently available in or near the network service area are discussed as well as the potential impact of the network's activities on providers, programs, organizations, and other network entities in the community. The extent to which the network provides clear examples and strategies describing how the program will benefit the area health providers' ability to improve access to health care and serve the community.
5. The extent to which the applicant describes why federal funds are needed to support a network in this service area at this time.
6. The extent to which the application identifies the gaps of the existing health care service providers and the activities the network will perform to fill those gaps (that is, personnel, service delivery needs, shared resources, etc.). In this case, the application includes information on the population in relation to these health care provider factors.

Health Equity Need (20 points)

7. The degree to which the application identifies the population (and/or subpopulation) of the service area using demographic data wherever appropriate or if unable to provide demographic data, clearly explains why and how the need was otherwise identified. The extent to which the application documents the unmet health needs/problems in the service area that the network proposes to address.
8. The extent to which the applicant clearly describes how a network will improve health care equity for underserved communities.

Criterion 2: RESPONSE (20 points) – Corresponds to Section IV's METHODOLOGY AND RESOLUTION OF CHALLENGES

The extent to which the proposed project responds to the "Purpose" included in the program description. The strength of the proposed goals and objectives and their relationship to the identified project. The extent to which the activities (scientific or other) described in the application are capable of addressing the problem and attaining the project objectives.

Methodology (15 points)

1. The extent to which the application identifies the expertise and capacity of each proposed member, and how the expertise relates to the network's goals as evidenced by the proposed roles and responsibilities of each network member and the key person who will oversee the network activities for each member (see **Attachment 6**).
2. The potential level of impact of the network's services on the providers that are not members of the network in the service area
3. If applicable, the extent to which the network plans to address and reduce health disparities within the target service area.
4. The extent to which the network will impact their rural community and providers.
5. The extent to which the network will strengthen its relationship with the community/region it serves.

Resolution of Challenges (5 points)

1. The extent to which the applicant clearly identifies and discusses anticipated challenges that might be encountered in designing and implementing the activities described in the work plan.

2. The extent to which the applicant describes unique approaches to resolve each anticipated and/or existing challenge.
3. **For AHE track only:** the extent to which the applicant addresses any additional barriers or challenges unique to the underserved community identified and potential resolutions.

Criterion 3: EVALUATIVE MEASURES (5 points) – Corresponds to Section IV's EVALUATION AND TECHNICAL SUPPORT CAPACITY

1. The extent to which the program objectives are able to be tracked, measured and evaluated.
2. The clarity and appropriateness of the data collected to inform network activities.

Criterion 4: IMPACT (10 points) – Corresponds to Section IV's WORK PLAN

1. The clarity and appropriateness of the proposed goals and objectives, the aim(s) the activities are supporting, and the extent to which program activities would result in achieving the proposed goals outlined in the program work plan.
2. The extent to which the application includes a clear work plan that is aligned with the network's goals and objectives. The appropriateness of the work plan in identifying responsible individuals and organizations and a timeline for each activity throughout the one (1)-year period of performance.

Criterion 5: RESOURCES/CAPABILITIES (10 points) – Corresponds to Section IV's ORGANIZATIONAL INFORMATION

1. The qualifications, appropriateness of the resources, and capability of the applicant organization to meet program and financial requirements. The extent to which the application demonstrates experience serving, or the capacity to serve, rural underserved populations to accomplish project activities.
2. Strength of the network's rural composition demonstrated by at least sixty-six percent (66%), or two-thirds of network members (members with signed Letters of Commitment in **Attachment 7**) located in a HRSA designated rural area and, applicants should provide the address of each network member and the screenshot of the urban or rural status.
3. Strength and qualifications of the project director who will be responsible for monitoring the program and ensuring award activities are carried out. If the

network/program has an interim director, the timeliness and feasibility of the process for hiring a director.

4. **For AHE track applicants only:** the extent to which the application has appropriately allocated a portion of funds and staff time to data collection to facilitate strategic and sustainability planning if the identified underserved community does not have publicly available demographic or prevalence and incidence data.
5. **For AHE track applicants only:** the extent to which the application includes a brief summary of how the network members were selected to be representative or meet the needs of the identified underserved community.

Criterion 6: SUPPORT REQUESTED (5 points) – Corresponds to Section IV's BUDGET AND BUDGET NARRATIVE

The reasonableness of the proposed budget for each year of the period of performance in relation to the objectives and the anticipated results.

1. The extent to which the proposed budget is reasonable in relation to the objectives, the complexity of the activities, and the anticipated results.
2. The extent to which the budget narrative logically and clearly 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 award-funded activities.

2. Review and Selection Process

The objective review process provides an objective evaluation of applications to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. See Section 5.3 of HRSA's *SF-424 Application Guide* for more details. In addition to the ranking based on merit criteria, HRSA approving officials will apply other factors (e.g., geographical distribution) described below in selecting applications for award.

HRSA's intent is to fund approximately 15 projects in the Regular Network Planning track to support the planning and development of integrated rural health care networks, and no more than five projects in the AHE track to support one year of planning with a specific focus on collaboration between entities to establish or improve local capacity

and care coordination in historically underserved communities. As a result, HRSA may need to fund out of rank order. Additionally, HRSA may fund more than the specified projects in a track if enough high-quality applications are not received in the other track area.

Funding Preferences

For this program, HRSA will use funding preferences.

This program provides a funding preference for applicants, as authorized by 42 U.S.C. 254c(h)(3). 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 receive full and equitable consideration during the review process. HRSA staff will determine the funding factor and will grant it to any qualified applicant that demonstrates they meet the criteria for the preference(s) as follows:

Qualification(s) to meet the funding preference(s):

Qualification 1: Health Professional Shortage Area (HPSA)
You meet this funding preference qualification if: the applicant or the service area of the applicant is in an officially designated health professional shortage area (HPSA). Applicants must include a screenshot or printout from the HRSA Shortage Designation website, which indicates if a particular address is located in a HPSA: https://data.hrsa.gov/tools/shortagearea/by- address

Qualification 2: Medically Underserved Community/Populations (MUC/MUPs)
You meet this qualification if: the applicant or the service area of the applicant is in a medically underserved community (MUC) and/or if the applicant serves medically underserved populations (MUPs). Applicants must include a screenshot or printout from the HRSA Shortage Designation website that indicates if a particular address is located in a MUC or serves an MUP:
https://data.hrsa.gov/tools/shortage-area/by-address.

Qualification 3: Focus on Primary Care, and Wellness and Prevention Strategies
You meet this qualification if: your project focuses on primary care and wellness and prevention strategies. You must include a brief justification (no more than three sentences) describing how your project focuses on primary care and wellness and prevention strategies.

If applicable, please indicate which qualification is being met in the **Project Abstract** and **Attachment 8**. Please label documentation as Proof of Funding Preference Designation/Eligibility. If you do not provide appropriate documentation in **Attachment 8**, as described, you will not receive the funding preference.

HRSA highly recommends you include concise language making it clear to HRSA which funding preference you are choosing. You only have to meet one of the qualifications stated above to receive the preference. Meeting more than one qualification does not increase an applicant's competitive position. If you choose not to select a funding preference, please use concise language making it clear to HRSA that you are not choosing a funding preference.

3. Assessment of Risk

HRSA may elect not to fund applicants with management or financial instability that directly relates to the organization's ability to implement statutory, regulatory, or other requirements (45 CFR § 75.205).

HRSA reviews applications receiving a favorable objective review for other considerations that include past performance, as applicable; cost analysis of the project/program budget; assessment of your management systems; ensuring continued applicant eligibility; and compliance with any public policy requirements, including those requiring just-in-time submissions. HRSA may ask you to submit additional programmatic or administrative information (such as an updated budget or "other support" information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that HRSA will make an award. Following review of all applicable information, HRSA's approving and business management officials will determine whether HRSA can make an award, if special conditions are required, and what level of funding is appropriate.

Award decisions are discretionary and are not subject to appeal to any HRSA or HHS official or board.

VI. Award Administration Information

1. Award Notices

HRSA will release the Notice of Award (NOA) on or around the start date of July 1, 2023. See Section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's *SF-424 Application Guide*.

If you are successful and receive a NOA, in accepting the award, you agree that the award and any activities thereunder are subject to:

- all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award,
- other federal regulations and HHS policies in effect at the time of the award or implemented during the period of award, and
- applicable statutory provisions.

Accessibility Provisions and Non-Discrimination Requirements

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy). This includes ensuring programs are accessible to persons with limited English proficiency and persons with disabilities. The HHS Office for Civil Rights (OCR) provides guidance on complying with civil rights laws enforced by HHS. See Providers of Health Care and Social Services and HHS Nondiscrimination Notice.

- Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see Fact Sheet on the Revised HHS LEP Guidance and Limited English Proficiency.
- For information on your specific legal obligations for serving qualified individuals with disabilities, including reasonable modifications and making services accessible to them, see Discrimination on the Basis of Disability.
- HHS-funded health and education programs must be administered in an environment free of sexual harassment. See Discrimination on the Basis of Sex.
- For guidance on administering your program in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see Conscience Protections for Health Care Providers and Religious Freedom.

Please contact the HHS Office for Civil Rights for more information about obligations and prohibitions under federal civil rights laws or call 1-800-368-1019 or TDD 1-800-537-7697.

The HRSA Office of Civil Rights, Diversity, and Inclusion (OCRDI) offers technical assistance, individual consultations, trainings, and plain language materials to supplement OCR guidance and assist HRSA recipients in meeting their civil rights obligations. Visit OCRDI's website to learn more about how federal civil rights laws and /accessibility requirements apply to your programs, or contact OCRDI directly at HRSACivilRights@hrsa.gov.

Executive Order on Worker Organizing and Empowerment

Pursuant to the Executive Order on Worker Organizing and Empowerment (E.O. 14025), HRSA strongly encourages applicants to support worker organizing and collective bargaining and to promote equality of bargaining power between employers and employees. This may include the development of policies and practices that could be used to promote worker power. Applicants can describe their plans and specific activities to promote this activity in the application narrative.

Requirements of Subawards

The terms and conditions in the NOA apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients under awards, and it is the recipient's responsibility to monitor the compliance of all funded subrecipients. See 45 CFR § 75.101 Applicability for more details.

Data Rights

All publications developed or purchased with funds awarded under this notice must be consistent with the requirements of the program. Pursuant to 45 CFR § 75.322(b), the recipient owns the copyright for materials that it develops under an award issued pursuant to this notice, and HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for federal purposes, and to authorize others to do so. In addition, pursuant to 45 CFR § 75.322(d), the Federal Government has the right to obtain, reproduce, publish, or otherwise use data produced under this award and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes, e.g., to make it available in government-sponsored databases for use by others. If applicable, the specific scope of HRSA rights

with respect to a particular grant-supported effort will be addressed in the NOA. Data and copyright-protected works developed by a subrecipient also are subject to the Federal Government's copyright license and data rights.

3. Reporting

Award recipients must comply with Section 6 of HRSA's *SF-424 Application Guide* **and** the following reporting and review activities:

Regular Network Planning Track:

1) **Performance Measures Report**. A performance measures report is required during the budget period in the Performance Improvement Measurement System (PIMS). FORHP/HRSA developed a set of standard measures, PIMS, to assess the overall impact that FORHP programs have on rural communities and to enhance ongoing quality improvement. Recipients are required to collect, report, and analyze data on PIMS through HRSA's Electronic Handbook (EHB) after each budget period. Data collected from PIMS will be aggregated by HRSA to demonstrate the overall impact of the program. Upon award, recipients will be notified of specific performance measures required for reporting. Please refer to **Appendix D** for performance measures.

Advancing Health Equity Track:

1) **Network and Community Assessment Report**. A performance measures report is required during the budget period. Recipients are required to collect, report, and analyze data after the budget period. FORHP has developed a set of demographic and network measures to demonstrate the overall impact of the AHE track. Data collected from this report will be aggregated by HRSA. Upon award, recipients will be notified of specific performance measures required for reporting.

All awardees:

2) **Strategic Plan.** A strategic plan is required during the period of performance in the EHB. The strategic plan should be used as a tool to help the network establish its goals and objectives, identify priority areas, and solutions. It may also include an external environmental scan. Further information will be provided upon receipt of the award.

3) **Network Organizational Assessment.** A Network Organizational Assessment is required during the period of performance in the EHB. Further information will be provided upon receipt of the award.

4) **Grantee Directory and Source Book.** A Grantee Directory and Source Book is required during the period of performance in the EHB. Further information will be provided upon receipt of the award.

5) **Final Programmatic Report.** A Final Programmatic Report is required after the end of the period of performance in the EHB. The strategic plan should be used as a tool to help the network establish its goals and objectives, identify priority areas, and solutions. Further information will be provided upon receipt of the award.

Note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at 2 CFR § 200.340 - Termination apply to all federal awards effective August 13, 2020. No additional termination provisions apply unless otherwise noted.

VII. Agency Contacts

You may request additional information and/or technical assistance regarding business, administrative, or fiscal issues related to this NOFO by contacting:

Eric Brown
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
Phone: (301) 945-9844
Email: ebrown@hrsa.gov

You may request additional information regarding the overall program issues and/or technical assistance related to this NOFO by contacting:

Nkem Osian, MPH
Public Health Analyst
Attn: Rural Health Network Development Planning Program
Federal Office of Rural Health Policy
Health Resources and Services Administration
Phone: (301) 443-2751
Email: nosian@hrsa.gov

You may need assistance when working online to submit your application forms electronically. 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, 7 days a week, excluding federal holidays at:

Grants.gov Contact Center
Phone: 1-800-518-4726 (International callers dial 606-545-5035)
Email: support@grants.gov

Self-Service Knowledge Base

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). Always obtain a case number when calling for support. For assistance with submitting in the EHBs, contact the HRSA Contact Center, Monday–Friday, 7 a.m. to 8 p.m. ET, excluding federal holidays at:

HRSA Contact Center
Phone: (877) 464-4772 / (877) Go4-HRSA
TTY: (877) 897-9910
Web: http://www.hrsa.gov/about/contact/ehbhelp.aspx

VIII. Other Information

Technical Assistance

See TA details in Executive Summary.

Tips for Writing a Strong Application

See Section 4.7 of HRSA's *SF-424 Application Guide*.

Appendix A: Pre-Application Planning Advice

a. Successful applicants have shared that an effective strategy in their pre- application planning process was to involve all parties having a stake in their program. HRSA urges significant community involvement in the program from the very beginning. You should work closely with community representatives and organizations that will be affected by the programs or involved with its implementation.

    - Community involvement can be accomplished with town meetings, focus groups, surveys, and other appropriate techniques. This engagement will help identify and reach consensus on community needs that will be addressed by the program. Community representatives and participating organizations should also be involved in setting the specific goals for the program and in decisions on the allocation of award resources.

b. Programs that bring together multiple sources of support are encouraged. If other resources are available or anticipated (e.g., federal, state, philanthropic, etc.), it will strengthen the sustainability of the program. HRSA is interested in developing strategies to address the health care needs of underserved populations that can be adapted to other rural communities around the country.

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

d. Applications that delay planning, consensus building and approval by appropriate network members until close to the application deadline may risk the appearance that the program does not have sufficient commitment by all network members. This weakness could jeopardize a positive review of the application. Assure your community and network members are involved from the start and final signatures are secured well before the application deadline. With the electronic submission process, signed copies of letters of commitment can be scanned for upload.

e. Prepare a complete budget for the full duration of your period of performance. Your budget narrative should explain how the funds will be spent. The budget narrative must link back to the activities of the proposed program.

f. Examples of planning activities within the legislative aim(s) #1, #2, and #3 are:

- **Aim #1: Achieve efficiencies**: Planning activities may include, but are not limited to:
    - Conducting a community health and/or provider needs assessments at the regional and/or local level:
        - Develop and implement a needs assessment in the community:
            a. Identify the most critical need of network members to ensure their viability:
        - Identify additional collaborating network members in the community/region;
        - Identify and develop a plan to address workforce issues; or
        - Identify financial resources or gaps available to support services.
    - Updating a health information technology plan, which helps to improve outcomes for rural patients, based on the current standards of care, reporting enhancements and/or capacity.
    - Identifying a plan for developing regional systems of care to better meet rural patient concerns.
    - Identifying opportunities for the network to better address regional and/or local population health needs.

- **Aim #2: Expand access to, coordinate, and improve the quality of basic health care services and associated health outcomes:** Planning activities may include, but are not limited to:
    - Developing a network business and/or operations plan, which may include:
        - A formal memorandum of agreement or understanding (MOA/MOU);
        - A shared mission statement;
        - A network/governance board or decision-making structure;
        - A set of network bylaws;
        - The roles and responsibilities of the network members or a business model.
    - Identifying the degree to which the network members are ready to integrate their functions and share clinical and/or administrative resources.
    - Assessing appropriateness/readiness for Patient Centered Medical Home accreditation.
    - Identifying strategies to communicate with the community about changes in the health care landscape and how to maintain access to viable health care services.
    - Developing a plan to expand the role of emergency medical services within the community, including loss of services as a result of a hospital closure/conversion.

- Developing a data use and sharing agreement to facilitate strategic and sustainability planning for the intervention.

- **Aim #3: Strengthen the rural health care system as a whole:** Planning activities may include, but are not limited to:
  - Identifying ways to encourage cross-organizational collaboration and leadership commitment.
  - Assessing the network's sustainability and viability.
  - Identifying and establishing ways to obtain regional and/or local community support/buy-in around the development of the network.
  - Identify a strategy to leverage broadband connectivity to support health information technology applications in rural communities.

Appendix B: Regular Network Planning Track and Advancing Health Equity (AHE)

Track Comparison Table

Program Name	Rural Health Network Development Planning Program	
Track Name	Regular Network Planning Track	AHE Track
Goal	(Purpose) To establish and/or improve local capacity in order to strengthen rural community health interventions and enhance care coordination.	(Purpose) To focus on collaboration between entities to establish or improve local capacity and care coordination among rural underserved communities.
Funding per Award	Up to $100,000 per year	Up to $100,000 per year
Estimated Number of Awards	Approximately 15 awards	No more than 5 awards
Required Focus Area(s)	(Abstract Heading Content) Must identify a focus area(s) based on community needs	(Abstract Heading Content) Health Equity
Network Partner Requirement	(Program Requirements and Expectations) Network must be comprised of at least three or more health care provider organizations. The applicant organization must have demonstrated experience serving, or the capacity to serve, rural underserved populations	(Program Requirements and Expectations) Network must be comprised of at least three or more health care provider organizations. The applicant organization must have demonstrated experience serving, or the capacity to serve, rural underserved populations. At least one network partner must have a demonstrated history of working with the identified underserved community, expertise in serving the identified underserved community, affiliation with the identified underserved community, etc.
Narrative Requirements	(Need) Those noted "All Applicants"	Those noted "All Applicants" and in addition: (Need) Barriers or challenges unique to the underserved community identified, including but not limited to, securing and

		maintaining community engagement and investment in the network, development of culturally and linguistically appropriate services, availability and scope of work of local organizations, local infrastructure, barriers to collecting and/or sharing data, historical trauma and distrust among the community to be served, etc., and any potential resolutions. A brief summary of how the network members were selected to be representative or meet the needs of the identified underserved community. This may include, but is not limited to, demonstrated history of working with the identified underserved population, expertise in serving the identified underserved community, affiliation with the identified underserved community, etc. Optional: the allocation a portion of funds and staff time to data collection if the identified underserved community does not have publicly available demographic or associated prevalence and incidence data. Justify the amount of funds and staff time as commensurate with the applicant organization's capacity for sustainability and strategic planning.

Appendix C: Common Definitions

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

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

Direct Services – A documented interaction between a patient/client and a clinical or non-clinical health professional. Examples of direct services include (but are not limited to) patient visits, counseling, and education. This includes both face-to-face in-person encounters as well as non-face-to-face encounters.

Equipment – Tangible personal property that has a useful life of more than one year and a per-unit acquisition cost, which equals or exceeds the lesser of the capitalization level established by the non-federal entity for financial statement purposes, or $5,000. See 45 CFR 75.320.

Equity – The consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.[8]

NOTE: Addressing issues of equity should include an understanding of intersectionality and how multiple forms of discrimination impact individuals' lived experiences. Individuals and communities often belong to more than one group that has been historically underserved, marginalized, or adversely affected by persistent poverty and inequality. Individuals at the nexus of multiple identities often experience unique forms of discrimination or systemic disadvantages, including in their access to needed services.[9]

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[8] Executive Order 13985 on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government, 86 FR 7009, at § 2(a) (Jan. 20, 2021), https://www.govinfo.gov/content/pkg/FR-2021-01-25/pdf/2021-01753.pdf.

[9] *See* Executive Order 13988 on Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation, 86 FR 2023, at § 1 (Jan. 20, 2021), https://www.govinfo.gov/content/pkg/FR-2021-01-25/pdf/2021-01761.pdf.

Governing Board – A nonprofit board made up primarily of representatives of the organizations participating in the network, to ensure they control decisions regarding network activities, programmatic decisions, and finances. The body should include representation from **all** network member organizations. An already-existing nonprofit board of individuals convened for providing oversight to a single organization is **not** an appropriate board structure.

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

Health Information Technology – The electronic storage of records, electronic billing, electronic ordering of tests and procedures, and even a shared, interoperable network to allow providers to communicate with one another.

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

Hospital Closure – The cessation of general, short-term, acute inpatient care within the past three years.

Hospital Conversion – A former hospital that now provides a mix of health services, but no inpatient care. Converted facilities could provide urgent care, rehabilitation, primary care, skilled nursing care, etc.

Integrated Health Care Network – A formal organizational arrangement among at least three regional or local health care organizations that comes together to plan and develop strategies for improving health services in a community.

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

Network Director – An individual designated by the award recipient institution to direct the project or program being supported by the award. The Network Director is responsible and accountable to the recipient organization officials for the proper conduct of the project or program. The entity (organization) is, in turn, legally responsible and accountable to HRSA and HHS for the performance and financial aspects of the award

supported activity. The interim Network Director may be employed by or under contract to the award recipient organization. The permanent Network Director may be under contract to the award recipient and the contractual agreement must be explained.

Nonprofit – Any corporation, trust, association, cooperative, or other organization, not including IHEs, that:

(1) Is operated primarily for scientific, educational, service, charitable, or similar purposes in the public interest;
(2) Is not organized primarily for profit; and
(3) Uses net proceeds to maintain, improve, or expand the operations of the organization.

Notice of Award – The legally binding document that serves as a notification to the recipient and others that grant funds have been awarded, contains or references all terms of the award and documents the obligation of federal funds in the HHS accounting system.

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

Period of Performance – the time during which the non-Federal entity may incur new obligations to carry out the work authorized under the Federal award. The Federal awarding agency or pass-through entity must include start and end dates of the period of performance in the Federal award (see §§ 75.210(a)(5) and 75.352(a)(1)(v)).

Recipient – An entity, usually but not limited to non-federal entities, that receives a federal award directly from a federal awarding agency to carry out an activity under a federal program. The term recipient does not include sub recipients.

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, HRSA uses 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. https://datawarehouse.hrsa.gov/tools/analyzers/geo/Rural.aspx

Rural Hospital – Any short-term, general, acute, non-federal hospital that is not located in a metropolitan county, is located in a RUCA type 4 or higher, or is a Critical Access Hospital.

State – Includes, in addition to the 50 states, the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, the U.S. Virgin Islands, and the Republic of Palau.

Telehealth – The use of electronic information and telecommunication technologies1 to support remote clinical services2 and remote non-clinical services[3]

1. *Telecommunication technologies* include but are not limited to: mobile health, video conferencing (with or without video), digital photography, store-and forward/asynchronous imaging, streaming media, wireless communication, telephone calls, remote patient monitoring through electronic devices such as wearables, mobile devices, smartphone apps; internet-enabled computers, specialty portals or platforms that enable secure electronic messaging and/or audio or video communication between providers or staff and patients not including EMR/EHR systems;
2. *Remote clinical services* include but are not limited to: telemedicine, physician consulting, screening and intake, diagnosis and monitoring, treatment and prevention, patient and professional health-related education, and other medical decisions or services for a patient;
3. *Remote non-clinical services* include but are not limited to: provider and health professionals training, research and evaluation, the continuation of medical education, online information and education resources, individual mentoring and instruction, health care administration including video conferences for managers of integrated health systems, utilization and quality monitoring;

NOTE: If a telecommunication technology, remote clinical or remote non-clinical service is missing, please reach out to your PO for further clarification.

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

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

Underserved Communities – Populations sharing a particular characteristic, as well as geographic communities, that have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life, as exemplified by the list in the preceding definition of 'equity.[10]

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

[10] Executive Order 13985, at § 2(b).

Appendix D: Performance Measures

Rural Health Network Development Planning Program
Performance Improvement and Measurement System (PIMS)

NOTE*:* The following measures are proposed, non- finalized, and are subject to change. They have been included to make applicants aware of the types of data reporting that may be required. HRSA will provide additional information upon award.

1	Identify the types and number of organizations in the consortium or network for your project.			
2	Total number of new member organizations that joined the consortium/network during this project period.			
3	Indicate the total number of full-member (all members that signed MOU, MOA, or letters of commitment) network meetings conducted during the reported budget year by meeting type.			
4	From the beginning of this budget year, assess the following overall Network activities (check one answer for each type of network activity):			
	Type of Network Activity	Increased	No Change	Reduced
	Financial Cost Savings			
	Access to Educational Opportunities			
	Access to Equipment			
	Access to Subject Matter Experts			
	Understanding of Community Health Needs			
	Staffing Capacity			
	Other (Please Specify):			
5	What area(s) was the network focusing on for this project period? (Check all that apply)			
6	How many activities from the project work plan were initiated by at least two or more network members?			

7	How many activities from the project work plan were completed by at least two or more network members?
8	What type of Network Planning activities were done during the project period?
9	Additional funding secured to assist in sustaining the network? Please provide the amount of additional funding that has already been secured during this current project period to sustain the program or network, as a result of leveraging the grant.
10	Estimated amount of cost savings due to participation in the network during this current project period
11	Sources of additional revenue (if applicable).
12	How many of the network members have provided the following in-kind services?
13	How many network policies or procedures were created during this budget period?
14	How many network policies or procedures were amended during this budget period?
15	How many network policies or procedures were implemented during this budget period?
16	As a result of being part of the network, how many network member organizations were able to integrate joint policies/procedures within their respective organizations during this budget period?
17	Will the activities of the Network/Consortium continue to operate after the federal grant funding period?
18	Does the network have a process or tool to assess effectiveness of network performance after the federal grant funding period? If yes, how will the network performance be assessed?
19	Does the network include a process or tool to assess effectiveness of network director (or the person tasked with leading the network)? If yes, how is the network director (or the person tasked with leading the network) assessed?
20	Did the network meet its program objectives outlined in the Network Planning grant work plan?

Appendix E: Useful Resources

Several sources, including those listed below, offer data and information that will help you in preparing the application. Any source listed below does not constitute or imply an endorsement by HRSA or the U.S. Department of Health and Human Services. The views and opinions expressed in any referenced link or document do not necessarily reflect those of HRSA or the U.S. Department of Health and Human Services:

Academy for Health Services Research and Health Policy/ Robert Wood Johnson's Networking for Rural Health
Reference material available at the website, which includes:

- Strategic Planning for Rural Health Networks Website: https://www.ruralcenter.org/resource-library/report-strategic-planning-for-rural- health-networks
- Rural Health Network Profile Tool Website: https://www.ruralcenter.org/resource-library/rural-health-network-profile-tool
- The Science and Art of Business Planning for Rural Health Networks Website: http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.199.6566&rep=rep1&type=pdf
- Shared Services: The Foundation of Collaboration Website: https://www.ruralcenter.org/resource-library/shared-services-the-foundation-of-collaboration
- Formal Rural Health Networks: A Legal Primer Website: https://www.ruralcenter.org/resource-library/forming-rural-health-networks-a-legal-primer

Agency for Healthcare Research and Quality
Health Literacy Universal Precautions Toolkit
Website: https://www.ahrq.gov/health-literacy/improve/precautions/toolkit.html

Community Health Systems Development team of the Georgia Health Policy Center
Offers a library of resources on topics such as collaboration, network infrastructure and strategic planning.
Website: http://ruralhealthlink.org/Resources/ResourceLibrary.aspx

Department of Health and Human Services (DHHS)
Resource for Health Literacy
Website: https://health.gov/our-work/health-literacy/health-literate-care-model

Health Resources and Services Administration (HRSA)
Health Resources and Services Administration
Offers links to helpful data sources including state health department sites, which often offer data.
Website: http://www.hrsa.gov

HRSA Data Warehouse
View the abstracts of previous Network Planning Grant award recipients.
Website: https://data.hrsa.gov/tools/rural-health
Instructions: View Tools → Find Grants → Filter → Program Areas: Rural Health → Program Name: Rural Health Network Development Planning Program (P10) → Submit

Kaiser Family Foundation
Resource for data and information
Website: http://www.kff.org

Maternal and Child Health Data System
Offers data, sorted by state, on services to women and children
Website: https://mchb.tvisdata.hrsa.gov/

National Association of County and City Health Officials (NACCHO):
Provides a guide that demonstrates how building collaborations among local health departments, community health centers, health care organizations, offices of rural health, hospitals, nonprofit organizations, and the private sector is essential to meet the needs of rural communities.
Website:
http://www.naccho.org/topics/infrastructure/mapp/framework/clearinghouse/upload/MobilizingCommunityPartnerships_7-29.pdf

National Center for Health Statistics
Provides statistics for the different populations.
Website: http://www.cdc.gov/nchs/

Rural Health Research Gateway
Provides access to projects and publications of the HRSA-funded Rural Health Research Centers, 1997-present.
Website: http://www.ruralhealthresearch.org/

Technical Assistance and Services Center
Provides information on the rural hospital flexibility and network resource tools. Website: http://www.ruralcenter.org/tasc

Telehealth Resource Centers (TRCs)
The Federal Office of Rural Health Policy supports TRCs, which provide assistance, education and information to organizations and individuals who are actively providing or interested in providing medical care in remote areas.
Website: https://www.telehealthresourcecenter.org/

The Rural Health Information Hub (RHI Hub)
The RHI Hub is a national resource for rural health and human services information.
Website: https://www.ruralhealthinfo.org

- Rural Health Networks and Coalitions Toolkit: https://www.ruralhealthinfo.org/toolkits/networks

University of Minnesota (UMN) Rural Health Research Center
The HRSA-funded Rural Health Research Center at the University of Minnesota has conducted a number of policy briefs on the Rural Health Network Development Planning Program. Policy briefs include topics such as: barriers and facilitators of success, race and rurality, and trends in network focus areas.
Website: https://www.ruralhealthresearch.org/projects