

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

Office of Rural Health Policy
Office for the Advancement of Telehealth

Telehealth Resource Center Grant Program

Announcement Type: New
Announcement Number: HRSA-12-097

Catalog of Federal Domestic Assistance (CFDA) No. 93.211

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2012

Application Due Date: April 20, 2012

*Ensure your Grants.gov registration and passwords are current immediately!
Deadline extensions are not granted for lack of registration.
Registration may take up to one month to complete.*

Release Date: February 24, 2012
Issuance Date: February 24, 2012

Modified on 03/09/2012 to include technical assistance call information.

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Authority: §330I(d)(2) of the Public Health Service Act (42 U.S.C. 254c-14(d)(2), as amended by the Health Care Safety Net Amendments of 2002 (P.L. 107-251).

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I. Funding Opportunity Description

1. Purpose

This announcement solicits applications for the Telehealth Resource Center Grant Program (TRCGP). The purpose of the TRCGP is to support the establishment and development of Telehealth Resource Centers (TRCs). The TRCGP expects to create centers of excellence that expedite and customize the provision of telehealth technical assistance across the country, while at the same time working together to make available a wide range of expertise that might not be available in any one region. The TRCs provide technical assistance to health care organizations, health care networks, and health care providers in the implementation of cost-effective telehealth programs to serve rural and medically underserved areas and populations. The program seeks entities with proven successful records in providing technical assistance in the development of sustainable telehealth programs.

This funding cycle will support up to five Regional TRCs (RTRCs) serving as focal points for advancing the effective use of telehealth technologies in their respective communities and regions for clinical care. In addition, this funding cycle will support two National TRCs (NTRCs). They will have a national scope and will work with the RTRCs to support their efforts. One National TRC will focus on providing specialized technical assistance in telehealth technology. The other National TRC will focus on policy issues such as: physician and nurse licensure, credentialing and privileging, Medicare and Medicaid reimbursement, and private insurance payment policies.

It is the goal of OAT to have every state covered by a TRC. In this funding cycle, states that will not have coverage, and OAT seeks applicants for, include Alabama, Alaska, Arizona, California, Colorado, Idaho, Indiana, Illinois, Iowa, Louisiana, Michigan, Minnesota, Montana, Nebraska, Nevada, New Jersey, New Mexico, New York (Western, Central, and Southern), North Dakota, Ohio, Oregon, Pennsylvania, South Dakota, Texas, Utah, Washington, Wisconsin, and Wyoming.

OAT expects all funded TRCs to collaborate with each other, sharing expertise and resources, thereby creating a network of resource centers with the ample tools needed to meet the technical assistance demands in their respective regions and across the nation.

TRCs shall utilize grant funds to:

- A. provide technical assistance, training, and support, and providing for travel expenses for health care providers and a range of health care entities that provide or will provide telehealth services;
- B. disseminate information and research findings related to telehealth services;
- C. promote effective collaboration among telehealth resource centers;
- D. conduct evaluations to determine the best utilization of telehealth technologies to meet health care needs;
- E. promote the integration of the technologies used in clinical information systems with other telehealth technologies; and
- F. foster the use of telehealth technologies to provide health care information and education for health care providers and consumers in a more effective manner.

2. Background

Authorization for TRCGP comes from, §330I of the Public Health Service Act, as amended by the Health Care Safety Net Amendments of 2002 (P.L. 107-251). The Office for the Advancement of Telehealth (OAT) in the Office of Rural Health Policy (ORHP), Health Resources and Services Administration (HRSA), administers the program. Although authorized in fiscal year (FY) 2002, funds only became available in FY 2005, and the first cycle of three-year grants started in FY 2006.

As noted above, the TRCGP expands the availability of technical assistance in the development of telehealth services, leveraging the experience of mature telehealth programs with expertise in providing technical assistance. As such, applicants either must have a strong proven history in providing telehealth technical assistance services or must collaborate with programs that do. Consortium arrangements proposed must make available greater expertise to meet the telehealth technical assistance needs of the states the applicant proposes to serve.

Telehealth services employ electronic information and telecommunications technologies to support and promote long-distance clinical healthcare, patient and professional health-related education, public health, and health administration. Applicants applying for this opportunity should have expertise in telehealth services including Telehomecare services and “mHealth,” the use of handheld technologies to support or provide health care services.

II. Award Information

1. Type of Award

Funding will be provided in the form of a grant.

2. Summary of Funding

This program will provide funding during federal fiscal years 2012–2016. Approximately \$1,625,000 is expected to be available annually to fund five (5) RTRCs at a level of \$325,000 for a four-year project period. In addition, approximately \$600,000 is expected to be available annually to fund two (2) NTRCs at a level of up to \$300,000 each per year for a four-year project period. One NTRC will focus on telehealth technology (NTRC-T) and the other on policy issues (NTRC-P). The ceiling amount for the RTRCs is \$325,000 and the ceiling amount for the NTRCs is \$300,000.

The period of support may not exceed four years. Funding beyond the first year is dependent on the availability of funds for the Telehealth Resource Center Grant Program in subsequent fiscal years, satisfactory grantee performance, and a decision that continued funding is in the best interest of the Federal Government.

The first budget period will be for 12 months beginning September 1, 2012 and ending August 30, 2013.

III. Eligibility Information

1. Eligible Applicants

Nonprofit entities are eligible to apply. Faith-based, community-based, and tribal nonprofit organizations are also eligible. (Proof of non-profit status is required to verify eligibility.)

Distribution of Grants

Per Sec. 330I(j) of the PHS Act, in awarding these grants, HRSA will ensure, to the greatest extent possible, that equitable distribution occurs among the geographical regions of the United States. Therefore, TRCGP grantees awarded in 2010 and 2011 that were funded for multi-year project periods, will not be considered under this announcement. Any TRCGP grantees whose project periods end on August 31, 2012 are eligible to apply. As mentioned earlier, this announcement is seeking RTRC coverage over the following states: Alabama, Alaska, Arizona, California, Colorado, Idaho, Indiana, Illinois, Iowa, Louisiana, Michigan, Minnesota, Montana, Nebraska, Nevada, New Jersey, New Mexico, New York (Western, Central, and Southern), North Dakota, Ohio, Oregon, Pennsylvania, South Dakota, Texas, Utah, Washington, Wisconsin, and Wyoming. NRTC's will provide telehealth technology, as well as policy-related technical assistance to HRSA grantees as well as other rural and underserved communities.

Consultation with the State Office of Rural Health

Per Sec. 330I(g) of the PHS Act, to be eligible to receive a grant, an entity, in consultation with the appropriate State office of rural health or another appropriate State entity, shall prepare and submit an application, containing the following:

- (1) a description of the project that the eligible entity will carry out using the funds provided under the grant;
- (2) a description of the manner in which the project funded under the grant will meet the health care needs of rural or other populations to be served through the project, or improve the access to services of, and the quality of the services received by, those populations;
- (3) evidence of local support for the project, and a description of how the areas, communities, or populations to be served will be involved in the development and ongoing operations of the project;
- (4) a plan for sustaining the project after Federal support for the project has ended;
- (5) information on the source and amount of non-Federal funds that the entity will provide for the project;
- (6) information demonstrating the long-term viability of the project, and other evidence of institutional commitment of the entity to the project; and
- (7) in the case of an application for a project involving a telehealth network, information demonstrating how the project will promote the integration of telehealth technologies into the operations of health care providers, to avoid redundancy, and improve access to and the quality of care.

Consortium applications

The RTRCs and NTRCs can be collaborative organizations, composed of more than one entity, but only one entity can be the official applicant entity. All others are members of the consortium or network. For-profit and public entities may be part of a consortium, but cannot be the lead

applicant. Consortium members must have a proven history of collaboration together on common projects.

Applicants or their network partners must have experience in providing technical assistance related to the provision of telehealth services. Applicants applying for the NTRC-T must demonstrate sufficient long-term telehealth technology expertise in order to qualify. Likewise, those applicants applying for the NTRC-P must demonstrate long-term knowledge of policy issues facing telehealth, past and present.

2. Cost Sharing/Matching

Cost Sharing/Matching is not required for this program.

3. Other

Applications that exceed the ceiling amount of \$325,000 for RTRC or \$300,000 for NTRC, or fail to satisfy deadline requirements referenced in Section IV.3, will be considered “non-responsive” to the application requirements and will not be considered for funding under this announcement.

Applicants may only apply for one type of grant: RTRC, NTRC-P, or NTRC-T. The applicant must specify the type of grant for consideration on the SF-424 and state it clearly in the Project Abstract.

IV. Application and Submission Information

1. Address to Request Application Package

Application Materials and Required Electronic Submission Information

HRSA *requires* applicants for this funding opportunity announcement to apply electronically through Grants.gov. This robust registration and application process protects applicants against fraud and ensures that only authorized representatives from an organization can submit an application. Applicants are responsible for maintaining these registrations, which should be completed well in advance of submitting your application. All applicants *must* submit in this manner unless they obtain a written exemption from this requirement in advance by the Director of HRSA’s Division of Grants Policy. Applicants must request an exemption in writing from DGPWaivers@hrsa.gov, and provide details as to why they are technologically unable to submit electronically through the Grants.gov portal. Email must include the HRSA announcement number for which relief is sought, the organization’s DUNS number, the name, address, and telephone number of the organization and the name and telephone number of the Project Director as well as the Grants.gov Tracking Number (GRANTXXXX) assigned to the submission along with a copy of the “Rejected with Errors” notification received from Grants.gov. **HRSA and its Digital Services Operation (DSO) will only accept paper applications from applicants that received prior written approval.** However, the application must still be submitted by the deadline. Suggestion: submit application to Grants.gov at least two days before the deadline to allow for any unforeseen circumstances.

Note: Central Contractor Registration (CCR) information must be updated at least every 12 months to remain active (for both grantees and sub-recipients). As of August 9, 2011, Grants.gov began rejecting submissions from applicants with expired CCR registrations.

Although active CCR registration at time of submission is not a new requirement, this systematic enforcement will likely catch some applicants off guard. According to the CCR Website it can take 24 hours or more for updates to take effect, so ***check for active registration well before your grant deadline.***

An applicant can view their CCR Registration Status by visiting <http://www.bpn.gov/CCRSearch/Search.aspx> and searching by their organization's DUNS. The [CCR Website](#) provides user guides, renewal screen shots, FAQs and other resources you may find helpful.

Applicants that fail to allow ample time to complete registration with CCR and/or Grants.gov will not be eligible for a deadline extension or waiver of the electronic submission requirement.

All applicants are responsible for reading the instructions included in HRSA's *Electronic Submission User Guide*, available online at <http://www.hrsa.gov/grants/apply/userguide.pdf>. This Guide includes detailed application and submission instructions for both Grants.gov and HRSA's Electronic Handbooks. Pay particular attention to Sections 2 and 5 that provide detailed information on the competitive application and submission process.

Applicants are also responsible for reading the Grants.gov Applicant User Guide, available online at <http://www.grants.gov/assets/ApplicantUserGuide.pdf>. This Guide includes detailed information about using the Grants.gov system and contains helpful hints for successful submission.

Applicants must submit proposals according to the instructions in the Guide and in this funding opportunity announcement in conjunction with Application Form SF-424. The forms contain additional general information and instructions for applications, proposal narratives, and budgets. The forms and instructions may be obtained by:

- 1) Downloading from <http://www.grants.gov>, or
- 2) Contacting the HRSA Digital Services Operation (DSO) at: HRSADSO@hrsa.gov

Each funding opportunity contains a unique set of forms and only the specific forms package posted with an opportunity will be accepted for that opportunity. Specific instructions for preparing portions of the application that must accompany Application Form SF-424 appear in the "Application Format Requirements" section below.

2. Content and Form of Application Submission

Application Format Requirements

The total size of all uploaded files may not exceed the equivalent of 80 pages when printed by HRSA. The total file size may not exceed 10 MB. The 80-page limit includes the abstract, project and budget narratives, attachments, and letters of commitment or support. Standard forms are NOT included in the page limit. **We strongly urge you to print your application to**

ensure it does not exceed the 80-page limit. Do not reduce the size of the fonts or margins to save space. See the formatting instructions in Section 5 of the Electronic Submission User Guide referenced above.

Applications must be complete, within the 80-page limit, within the 10 MB limit, and submitted prior to the deadline to be considered under this announcement.

Application Format

Applications for funding must consist of the following documents in the following order:

SF-424 Non-Construction – Table of Contents

- 🔔 It is mandatory to follow the instructions provided in this section to ensure that your application can be printed efficiently and consistently for review.
- 🔔 Failure to follow the instructions may make your application non-responsive. Non-responsive applications will not be considered under this funding opportunity announcement.
- 🔔 For electronic submissions, applicants only have to number the electronic attachment pages sequentially, resetting the numbering for each attachment, i.e., start at page 1 for each attachment. Do not attempt to number standard OMB approved form pages.
- 🔔 For electronic submissions, no Table of Contents is required for the entire application. HRSA will construct an electronic table of contents in the order specified.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
Application for Federal Assistance (SF-424)	Form	Pages 1, 2 & 3 of the SF-424 face page.	Not counted in the page limit
Project Summary/Abstract	Attachment	Can be uploaded on page 2 of SF-424 - Box 15	Required attachment. Counted in the page limit. Refer to the funding opportunity announcement for detailed instructions.
Additional Congressional District	Attachment	Can be uploaded on page 3 of SF-424 - Box 16	As applicable to HRSA; not counted in the page limit.
Project Narrative Attachment Form	Form	Supports the upload of Project Narrative document	Not counted in the page limit.
Project Narrative	Attachment	Can be uploaded in Project Narrative Attachment form.	Required attachment. Counted in the page limit. Refer to the funding opportunity announcement for detailed instructions. Provide table of contents specific to this document only as the first page.
SF-424A Budget Information - Non-Construction Programs	Form	Pages 1-2 to support structured budget for the request of Non-construction related funds.	Not counted in the page limit.
Budget Narrative Attachment Form	Form	Supports the upload of Project Narrative document.	Not counted in the page limit.
Budget Narrative	Attachment	Can be uploaded in Budget Narrative Attachment form.	Required attachment. Counted in the page limit. Refer to the funding opportunity announcement for detailed instructions.
SF-424B Assurances - Non-Construction Programs	Form	Supports assurances for non-construction programs.	Not counted in the page limit.
Project/Performance Site Location(s)	Form	Supports primary and 29 additional sites in structured form.	Not counted in the page limit.
Additional Performance Site Location(s)	Attachment	Can be uploaded in the SF-424 Performance Site Location(s) form. Single document with	Not counted in the page limit.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
		all additional site location(s)	
Disclosure of Lobbying Activities (SF-LLL)	Form	Supports structured data for lobbying activities.	Not counted in the page limit.
Other Attachments Form	Form	Supports up to 15 numbered attachments. This form only contains the attachment list.	Not counted in the page limit.
Attachment 1-15	Attachment	Can be uploaded in Other Attachments form 1-15.	Refer to the attachment table provided below for specific sequence. Counted in the page limit.

- 🔔 To ensure that attachments are organized and printed in a consistent manner, follow the order provided below. Note that these instructions may vary across programs.
- 🔔 Additional supporting documents, if applicable, can be provided using the available rows. Do not use the rows assigned to a specific purpose in the program funding opportunity announcement.
- 🔔 Merge similar documents into a single document. Where several documents are expected in the attachment, ensure that you place a table of contents cover page specific to the attachment. The Table of Contents page will not be counted in the page limit.
- 🔔 Limit the file attachment name to under 50 characters. Do not use any special characters (e.g., %, /, #) or spacing in the file name or word separation. (The exception is the underscore (_) character.) Your attachment will be rejected by Grants.gov if you use special characters or attachment names greater than 50 characters.

Attachment Number	Attachment Description (Program Guidelines)
Attachment 1	Consortium Agreement: If the applicant is applying on behalf of a consortium of entities to be involved in the regional center, please list the members, with a key contact for each member of the consortium and contact information. Attach the detailed agreement among the participants that is signed by the appropriate authority (organizations CEOs or comparable authority) and highlights the organizational relationships within the consortium, the defined organizational role of each member in the proposed Telehealth Resource Center and the financial and personnel commitment of each member to the project.
Attachment 2	Staffing Plan and Job Descriptions of Key Personnel
Attachment 3	Biographical Sketches of Key Personnel
Attachment 4	Memoranda of Agreement (MOA) or Memoranda of Understanding (MOU) and Description(s) of Proposed/Existing Contracts/Sub-contracts
Attachment 5	List of Partners
Attachment 6	Organizational Chart
Attachment 7	Proof of Non-Profit Status
Attachment 8	Proof of Consultation with SORH or Other Appropriate Entity
Attachment 9	Summary Report (For competing continuations only)
Attachments 10-15	Other Relevant Documents (i.e., Letters of Support)

Application Format

i. Application Face Page

Complete Application Form SF-424. Prepare according to instructions provided in the form itself. Important note: enter the name of the **Project Director** in 8. f. “Name and contact information of person to be contacted on matters involving this application.” If, for any reason, the Project Director will be out of the office, please ensure their email Out of Office Assistant is set so HRSA will be aware if any issues arise with the application and a timely response is required. For information pertaining to the Catalog of Federal Domestic Assistance, the CFDA Number is 93.211.

DUNS Number

All applicant organizations (and sub-recipients of HRSA award funds) are required to have a Data Universal Numbering System (DUNS) number in order to apply for a grant or cooperative agreement from the Federal Government. The DUNS number is a unique nine-character identification number provided by the commercial company, Dun and Bradstreet. There is no charge to obtain a DUNS number. Information about obtaining a DUNS number can be found at <http://fedgov.dnb.com/webform> or call 1-866-705-5711. Please include the DUNS number in item 8c on the application face page. Applications **will not** be reviewed without a DUNS number. Note: A missing or incorrect DUNS number is the number one reason for applications being “Rejected for Errors” by Grants.gov. HRSA will not extend the deadline for applications with a missing or incorrect DUNS number. Applicants should take care in entering the DUNS number in the application.

Additionally, the applicant organization (and any sub-recipient of HRSA award funds) is required to register annually with the Central Contractor Registration (CCR) in order to do electronic business with the Federal Government. CCR registration must be maintained with current, accurate information at all times during which an entity has an active award or an application or plan under consideration by HRSA. It is extremely important to verify that your CCR registration is active and your Marketing Partner ID Number (MPIN) is current. Information about registering with the CCR can be found at <http://www.ccr.gov>.

ii. Table of Contents

Applications must be presented in the order of the Table of Contents provided earlier. Again, for electronic applications no table of contents is necessary, as it will be generated by the system. (Note: the Table of Contents are not in the page limit.)

iii. Budget

Complete Application Form SF-424A Budget Information – Non-Construction Programs provided with the application package.

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

NOTE: For a list of unallowable costs, please refer to Section IV.5. Funding Restrictions in this funding opportunity announcement.

Salary Limitation:

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

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

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

iv. Budget Justification

Provide a narrative that explains the amounts requested for each line in the budget. The budget justification should specifically describe how each item supports the achievement of proposed objectives. The budget period is for ONE year. However, the applicant **must** submit one-year budgets for each of the subsequent budget periods within the requested project period at the time of application. Line item information must be provided to explain the costs entered in the SF-424A form. Be very careful about showing how each item in the “other” category is justified. For subsequent budget years, the justification narrative should highlight the changes from year one or clearly indicate that there are no substantive budget changes during the project period. The budget justification **MUST** be concise. Do NOT use the justification to expand the project narrative.

Budget for Multi-Year Award

This announcement is inviting applications for project periods up to four (4) years. Awards, on a competitive basis, will be for a one-year budget period; although the project period may be for up

to four (4) years. Submission and HRSA approval of your Progress Report(s) and any other required submission or reports is the basis for the budget period renewal and release of subsequent year funds. Funding beyond the one-year budget period but within the four-year project period is subject to availability of funds, satisfactory progress of the grantee, and a determination that continued funding would be in the best interest of the Federal Government.

Include the following in the Budget Justification narrative:

IMPORTANT: The applicant must justify the specific costs as being reasonable, allowable, and allocable (necessary) to the proposed project.

Personnel Costs: Explain personnel costs by listing each staff member who is supported from funds, name (if possible), position title, percentage of full-time equivalency, and annual salary. Reminder: Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II or \$179,700. An individual's base salary, per se, is NOT constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to HRSA grants and cooperative agreements. Please provide an individual's actual base salary if it exceeds the cap. See the sample below.

Sample:

Name	Position Title	% of FTE	Annual Salary	Amount Requested
J. Smith	Chief Executive Officer	50	\$179,700*	\$89,850
R. Doe	Nurse Practitioner	100	\$75,950	\$75,950
D. Jones	Data/AP Specialist	25	\$33,000	\$8,250

*Actual annual salary = \$350,000

Fringe Benefits: List the components that comprise the fringe benefit rate, for example health insurance, taxes, unemployment insurance, life insurance, retirement plans, and tuition reimbursement. The fringe benefits should be directly proportional to that portion of personnel costs that are allocated for the project. If an individual's base salary exceeds the legislative salary cap, please adjust fringe accordingly.

Travel: List travel costs according to local and long distance travel. For local travel, the mileage rate, number of miles, reason for travel and staff member/consumers completing the travel must be outlined. The budget should also reflect the travel expenses associated with participating in meetings and other proposed trainings or workshops. **Funds must be budgeted for travel for a minimum of one (1) and up to three (3) individuals to attend up to four (4) annual meetings sponsored by OAT.**

Equipment: List equipment costs and provide justification for the need of the equipment to carry out the program's goals. Extensive justification and a detailed status of current equipment must be provided when requesting funds for the purchase of computers and furniture items that meet the definition of equipment (a unit cost of \$5,000 or more and a useful life of one or more years). **Expenditures to lease or acquire equipment are limited to 40 percent of the grant dollars.**

Supplies: List the items that the project will use. In this category, separate office supplies from medical and educational purchases. Office supplies could include paper, pencils, and the like; medical supplies are syringes, blood tubes, plastic gloves, etc., and educational supplies may be pamphlets and educational videotapes. Remember, they must be listed separately.

Contractual: Applicants are responsible for ensuring that their organization or institution has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts. Applicants must provide a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables. Reminder: recipients must notify potential sub-recipients that entities receiving sub-awards must be registered in the CCR and provide the recipient with their DUNS number.

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

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

Indirect Costs: Indirect costs are those costs incurred for common or joint objectives that cannot be readily identified but are necessary to the operations of the organization, e.g., the cost of operating and maintaining facilities, depreciation, and administrative salaries. **Under the TRCGP, indirect costs are limited to 15 percent of the grant dollars.** For institutions subject to OMB Circular A-21, the term "facilities and administration" is used to denote indirect costs. If an organization applying for an assistance award does not have an indirect cost rate, the applicant may wish to obtain one through HHS's Division of Cost Allocation (DCA). Visit DCA's website at: <http://rates.psc.gov/> to learn more about rate agreements, the process for applying for them, and the regional offices that negotiate them.

Per Section 330I(g)(5) of the Public Health Service Act (42 USC 254c-14), applicants must provide information on the source and amount of non-Federal funds that the entity will provide for the project. Please include this information in the budget narrative.

Program Income is defined as gross income—earned by a recipient, subrecipient, or a contractor under a grant—directly generated by the grant-supported activity or earned as a result of the award. Treatment of Program Income – Under the Telehealth Resource Center Grant Program, program income should be retained by the recipient and used for allowable project costs in accordance with the terms and conditions of the award to further eligible project or program objectives.

v. *Staffing Plan and Personnel Requirements*

Applicants must present a staffing plan and provide a justification for the plan that includes education and experience qualifications and rationale for time being requested for each staff

position. Position descriptions that include the roles, responsibilities, and qualifications of proposed project staff must be included in Attachment 2. Biographical sketches for any key employed personnel that will be assigned to work on the proposed project must be included in Attachment 3. When applicable, biographical sketches should include training, language fluency and experience working with the cultural and linguistically diverse populations that are served by their programs.

Full-Time Equivalent (FTE) Requirement: The staffing plan must budget for 1 FTE Program Director. If the proposed program director is not the Principal Investigator (PI), then the staffing plan must designate an individual as a full-time project director in addition to the PI.

vi. Assurances

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

vii. Certifications

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

viii. Project Abstract

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

Please place the following at the top of the abstract:

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

The project abstract must be single-spaced and limited to one page in length. Please provide approximately one paragraph for each of these areas:

PROBLEM: Briefly state the principal needs and problems that are addressed by the project.

GOAL(S) AND OBJECTIVES: Identify the major goal(s) and objectives for the project period.

METHODOLOGY: Describe the programs and activities used to attain the objectives. Comment on innovation, cost, and other characteristics of the methodology. This section describes the activities that have been proposed or are being implemented to achieve the stated objectives.

COORDINATION: Describe the coordination planned with appropriate national, regional, state and/or local health agencies and/or organizations in the area(s) served by the project.

EVALUATION: Briefly describe the evaluation methods used to assess program outcomes and the effectiveness and efficiency of the project in attaining goals and objectives.

ANNOTATION: Provide a three-to-five-sentence description of the project that identifies the project's purpose, the needs and problems, which are addressed, the goals and objectives of the project, the activities, which will be used to attain the goals and the materials that will be developed. **Applicants must also designate whether they are applying for an RTRC, NTRC-P or NTRC-T.**

ix. Project Narrative

Provide a comprehensive framework and description of all aspects of the proposed program. It should be succinct, self-explanatory and well organized so that reviewers can understand the proposed project. **Except for the "INTRODUCTION", the Project Narrative must focus on information relevant to the technical assistance related services provided by the TRC. Each section of the Project Narrative specifies a page limit for each section.**

Use the following section headers for the Narrative:

▪ **INTRODUCTION (4 PAGES MAXIMUM)**

Briefly describe the purpose of the proposed project. **The request for a Funding Preference should be included in this section.**

RTRCs: Each applicant must clearly describe how it proposes to establish a TRC that provides technical assistance to existing or developing telehealth networks. Briefly identify the region or states to be served, the market demand for technical assistance and summarize the services being proposed. If the applicant proposes a consortium, it should provide a clear rationale as to why a consortium is required. **Briefly state any previous experience associated with the TRCGP, if applicable.**

NTRCs: Each application must describe which type of NTRC (NTRC-P or NTRC-T) funding is being requested. The applicant must demonstrate what expertise they possess and how they will support RTRCs, rural organizations and HRSA grantees by providing technical assistance in telehealth technology and related policy issues at national and state levels.

Legislative Funding Preferences – Applicants **MUST** state which legislative funding preference(s) they are requesting in this section of the narrative.

The law provides that a funding preference be granted to any qualified applicant that specifically requests the preference and meets the criteria for the preference. In awarding grants under subsection (d)(2) for projects involving TRCs, the Secretary shall give preference to an eligible entity that meets at least one of the following requirements:

- 1) Provision of Services: The eligible entity has a record of success in the provision of telehealth services to medically underserved areas or medically underserved populations.
- 2) Collaboration of Sharing Expertise: The eligible entity has a demonstrated record of collaborating and sharing expertise with providers of telehealth services at the national, regional, State, and local levels.
- 3) Broad Range of Telehealth Services: The eligible entity has a record of providing a broad range of telehealth services, which may include:
 - A variety of clinical specialty services;
 - Patient or family education;
 - Health care professional education; and
 - Rural residency support programs.

▪ ***NEEDS ASSESSMENT (5 PAGES MAXIMUM)***

RTRC: Outline the specific needs for technical assistance in the region(s) identified in the application. The needs assessment helps reviewers understand the basis for which the RTRC has selected targeted organizations to serve as well as awareness of the proposed activities identified to address potential barriers within the region and the market forces that would support a demand for the technical assistance services. Use and cite quantitative data to support the information provided. Applicants must provide documented evidence of the demand for the proposed RTRC technical assistance services from the community, end users, and potential beneficiaries including information about technical assistance services that may already be available. Applicants must document the current distribution of telehealth programs in the region.

Applicants must clearly address how they have or will initially assess the proposed coverage market and how they will track the market to address changes in the demand for the RTRC's services. In the description of demand, provide specifics as to the actual and potential relevant barriers in the service area that Telehealth projects face in the region (e.g., specific legislative or regulatory issues, specific reimbursement challenges, technical infrastructure challenges, and organizational challenges), and the technical assistance services needed to address these challenges.

NTRC: Outlines the critical telehealth policy barriers for the NTRC-P, and technology barriers related to effective telehealth programs for the NTRC-T. NTRC applicants should identify the market forces that would support a demand for policy barriers for the NTRC-P and technology the technical assistance services for the NTRC-T. Applicants must provide documented evidence of the demand for the proposed NTRC technical assistance services from RTRCs, rural communities, HRSA grantees. Additionally, NTRC applicants should include information about similar technical assistance services that may already be available.

Note: Applicants response should correspond with Review Criterion 1, "Need/Demand," in Section V.

▪ ***METHODOLOGY (10 PAGES MAXIMUM)***

All TRCGP applicants must address the challenges and barriers of implementation of the

proposed project in multiple states and with multiple partners, simultaneously. Applicants must identify the method of initial contact from communities and clients, through either web site or toll free number and **clearly describe their organization's readiness to implement the TRC within six months of award.** TRCs must provide the appropriate level of support to other telehealth programs. Evidence of an ability to share lessons learned with new and/or existing telehealth programs should also be included. The TRC also should facilitate the transfer of knowledge between telehealth programs and others in the field. OAT expects RTRCs track telehealth “Best Practices” in their region and NTRCs track “Best Practices” in their respective areas, nationally. Applicants must address the following:

- 1) providing technical assistance, training, and support for health care providers and a range of health care entities that provide or will provide telehealth services;
- 2) disseminating information and research findings related to telehealth services;
- 3) conducting evaluations and special projects to determine the best utilization of telehealth technologies to meet the health care needs in the region;
- 4) fostering the use of telehealth technologies to provide health care information and education for health care providers and consumers in a more effective manner.
- 5) clearly describing web site development and business development strategies that promote TRC services to entities within the region;
- 6) clearly describing methodology to track service utilization including categorizing the types of service, types of organizations requesting assistance and outcomes for all technical assistance provided; and
- 7) standardizing protocols for processing requests for technical assistance.

In addressing technical assistance and training, applicants must describe their current activities, success, and experience in the following areas:

- 1) telecommunications, industry standards, and technology assessment;
- 2) providing technical assistance at the local, regional, and national levels;
- 3) breadth of clinical services offered by their network and integration of clinical information systems;
- 4) ability to overcome reimbursement and other policy challenges to achieve sustainability of their networks;
- 5) comprehensive evaluation strategies and implementation as evidenced by publications, especially ones that address effectiveness, costs, and productivity;
- 6) maintaining a strong and efficient operational/management structure; and
- 7) developing and implementing strategic/business plans, including business plans for their own services.

Technical Assistance Delivery Mode: The applicant must identify the means by which clients will contact the organization for technical assistance. For each technical assistance service the applicant proposes to provide, it must clearly specify the ways it plans to deliver the services and how it will track the volume of services provided, the products or output of the service, and where appropriate, the outcome of the service. In general, there are three ways TRCs can provide services to their clients (Service Delivery Modes):

- **One-to-One:** One or more TRC staff members interact directly with an individual or a group of individuals representing a single organization.

- **Peer-to-Peer:** Arranging for a contacting entity with a particular interest to contact someone else outside of the contacted TRC to address a service need.
- **One-to-Many:** One or more TRC staff members interacting directly and simultaneously with a group of entities made up of individuals representing different organizations or organizational units.

Outreach Tools: For each technical assistance service, applicants must also describe the specific tools they are developing or using to provide assistance (e.g., webinars, toolkits, workshops, focus groups, conferences).

Specific Programmatic Services: Applicants must refer to the types of services or products that each TRC is developing to help a provider or a community with its strategic development or expansion of a telehealth program. The proposed technical assistance services must be clearly linked to the needs/demand identified above and must be consistent with the resources available.

- **RTRCs:** In addressing technical assistance and training, applicants should specifically address their plans to provide services in the following areas and identify the ways they plan to do so according to the three-service delivery modes described above (one-to-one, peer-to-peer, and one-to-many). These include:
 - 1) telecommunications, industry standards, and technology assessment;
 - 2) clinical services and integration of clinical information systems;
 - 3) reimbursement and other policy issues;
 - 4) evaluation (including collecting baseline data);
 - 5) operations/management; and
 - 6) strategic planning.

RTRCs funded must collaborate with other OAT-funded RTRCs and NTRCs to build on each other's expertise and collaborate to provide telehealth technical assistance as efficiently as possible across the nation.

- **NTRCs:** National TRC applicants must address how they plan to track their activities and effectively provide technical assistance across the nation to address a myriad of technological and policy challenges. NTRC applicants must also describe the delivery modes to be used for each service and the outreach tools to be used. In addition, the NTRCs need to effectively address how they plan to provide technical assistance to the RTRCs.
- **NTRC-P** applicants will address how they plan to provide technical assistance related to telehealth policy issues in the following areas:
 - 1) state and national telehealth credentialing and privileging issues including impact from Centers for Medicare and Medicaid Services (CMS) regulations and policies;
 - 2) legal and regulatory issues regarding e-Prescribing;
 - 3) Medicare and Medicaid reimbursement and their impact on telehealth;
 - 4) National Telecommunications implications for telehealth and the policies of the Federal Communication Commission's (FCC) National Broadband Plan;

- 5) state laws and licensure requirements; and
 - 6) state and national policies and initiatives regarding Electronic Health Records (EHRs).
- **NTRC-T** applicants will address how they plan to provide technical assistance related to telehealth in the following areas:
 - 1) requirements for specific technologies to be used for specific clinical applications;
 - 2) advances in m-Health including software and hardware;
 - 3) assessing organizations need for telehealth technology including specific cost effective solutions;
 - 4) multiple software systems and their application in EHRs (not specific product lines);
 - 5) provider and patient medical information and education;
 - 6) direct patient care and remote patient monitoring; and
 - 7) current data delivery mechanisms.

Note: the applicant’s response should correspond with Review Criterion 2, “Response,” in Section V.

▪ ***WORK PLAN (5 PAGES MAXIMUM)***

Applicants must describe the activities or steps that to be used to achieve each goal and objective proposed in the methodology section. A time line must be provided and include the following:

- 1) each activity proposed;
- 2) projected outcomes or volume expected or targeted;
- 3) responsible staff or the skill sets required to completed each activity; and
- 4) proposed start dates and end dates for completion for each task.

Also, applicants must describe, in detail, the technical assistance services they plan to provide, to whom they intend to provide it, and the available tools and resources to be used in providing those services. In addition, applicants must clearly address how they will assess the market for their services and how to track changes in that market.

Successful applicants will convince reviewers that they are capable of not only conducting the project, but also completing a thorough evaluation in the time period proposed. Applicants must present an implementation schedule that identifies major project tasks and milestones. In addition, they must describe in detail the technical approach employed in the project and how the various components will be organized and work together. **Applicants must explain how they will track utilization of their services, including the number of programs/providers that have used specific TRC services. More sophisticated outcome measures may include changes in the number of telehealth providers delivering telehealth services from a baseline period.**

In order to understand how TRC’s will build on existing resources, applicants must describe the expertise, resources, and services currently available to meet the project’s

objectives of providing technical assistance on a wide range of telehealth issues related to their project goals. With respect to dissemination, all applicants must demonstrate plans and capability for sharing best practices and lessons learned from its successes and failures.

Note: Applicant’s response should correspond with Review Criterion 2 (Response), Criterion 4 (Impact) and Criterion 5, (Resources and Capabilities).

▪ *RESOLUTION OF CHALLENGES (4 PAGES MAXIMUM)*

Applicants must discuss challenges that may be encountered in designing and implementing the activities described in the Work Plan, and must outline the approaches that will be used to resolve such challenges. For example, some **RTRCs** may encounter difficulty in locally obtaining all of the expertise required to meet all of the demands of this program. In addition, a successful RTRC may actually be at risk of being "too successful" and not having the resources to meet the demand for technical assistance. Alternatively, in highly competitive environments, some RTRCs might encounter suspicion that they are using the TRC to garner more business for their institution, rather than being an objective resource for information and assistance. RTRCs will need to address how it will establish a business plan for its more customized services when it largely dealing with under-capitalized, less affluent communities. Determining the best strategy to achieve these objectives in light of limited resources is a challenge that is likely to be faced by applicants to these programs. NTRCs must address telehealth challenges on a national level.

Note: Applicant’s response must correspond with review criterion 5, “Resources and Capabilities,” in Section V-1.

▪ *EVALUATION AND TECHNICAL SUPPORT CAPACITY (7 PAGES MAXIMUM)*

Applicants must include a description of how they would establish a baseline level of activity and then measure performance. Wherever possible, propose quantitative analytic approaches. They should not merely focus on process measures, such as number of webinars, or number of requests for technical assistance, but also look at the outcomes of those services.

Applicants will describe how they will address client satisfaction, the efficiency and effectiveness of services provided by the TRC, and sustainability.

- **Satisfaction:** This refers to the degree TRCs can measure the positive impact they have on the providers and communities they are serving. Although generally subjective in nature, objective measures such as whether or not providers and communities who use the service once, return, or refer others to the TRC, are examples of the types of measures that can be used.
- **Efficiency:** This refers to both time (e.g., how long it takes to implement a service) as well as cost (e.g., what services are provided, at what cost. and to whom).
- **Effectiveness:** This refers to the impact of the services on the target audience of providers and communities. This also may incorporate measures or issues related to sustainability, for both the TRCs and the providers and communities seeking advice.
- **Sustainability:** This refers to the ability to continue providing services after the grant funds have ended. Applicants must discuss how they plan to evaluate potential revenue generation or assess the potential Return on Investment (ROI) for various

client groups, including internal cross-subsidization of services by their parent organization, based on measuring the value-added for their potential client base.

TRC applicants must provide clear documentation the ability to evaluate their own performance as well as to provide technical assistance in evaluation. As such, they must provide the following:

- 1) plans to document how the project is conducted so others may adapt or replicate it;
- 2) evaluation questions to measure the progress and performance of the TRC;
- 3) data collection plan;
- 4) resources allocated to evaluation and performance monitoring; and
- 5) the qualifications of any staff or external evaluators on the project.

Applicants must describe current experience, skills, and knowledge, including those of individuals on staff, in managing a telehealth network. They must also describe current experience in providing technical assistance to other networks, business/strategic planning, evaluation, telehealth policy activities in their region and state, educational outreach and information dissemination, and other relevant experience. Describe specific strengths that make the applicant uniquely qualified to work with the regions or states identified in the application. Applicants are encouraged to reference materials published and previous work of a similar nature.

RTRCs must demonstrate the experience necessary to provide an understanding of technological, clinical, educational, and administrative aspects of relevant telehealth services. Applicants must provide specific strategies for sharing lessons learned with new and/or existing telehealth programs. Strong skills in evaluation must be demonstrated, and the capacity to conduct an evaluation of the TRC is essential.

Applicants that are part of a telehealth service provider network must provide information regarding the number of participating sites in their networks, years of experience in providing telehealth services, and number of services provided, including annual volume of encounters/services provided. Applicants that do not directly provide telehealth services, but are part of a consortium with telehealth service networks, must provide this information based on the partner organizations in the consortium being proposed.

RTRCs should have expertise in the following areas and they should collaborate with other organizations in the region to address any of the thirteen (13) areas where the TRC is not an expert.

- 1) Developing organizational capacity to build Telehealth Networks
- 2) Developing and implementing Telehealth Programs
- 3) Provide Clinical Services using Telehealth
- 4) A wide range of Clinical Telemedicine Services
- 5) Telecommunications Technologies
- 6) Critical or Emergency Care
- 7) Residential Telehealth (home care)/Chronic Disease Management
- 8) Nursing Home/Inpatient Care
- 9) Distance Education and Training
- 10) Telehealth Technologies – Both Interactive and Store-and-Forward
- 11) mHealth – the use of mobile devices
- 12) Reimbursement

13) Evaluation

RTRCs must be able to assist programs in the region with diverse funding sources and therefore should have knowledge of diverse sources of funding, including federal, state and local governments, reimbursement from health insurance organizations, grants from private non-profit organizations, and donations from private donors must be demonstrated.

NTRC applicants should be able to document specialized expertise delivered nationally. The specific areas that NTRC-P and NTRC-T applicants must be address are listed in the “*METHODOLOGY*” section of this funding announcement. NTRC applicants must have an Evaluation Plan that measures the effectiveness of the proposed grant project. Applicants must demonstrate their staff has expertise in addressing the items set forward in the “*METHODOLOGY*” section.

Note: Applicant’s response should correspond with Review Criteria 3 (Evaluative measures), Criterion 4 (Impact), and Criterion 5(Resources/ Capabilities)

▪ *ORGANIZATIONAL INFORMATION (4 PAGES MAXIMUM)*

- Applicants must provide information on their current mission and structure, scope of current activities, and an organizational chart (**Attachment 6**), and describe how these contribute to the ability of the organization to become an RTRC or NRTC. Applicants must clearly describe the extent to which they involve representatives from the stakeholder communities and/or populations involved in both the design and operation of a TRC.
- Applicants must outline incentives and/or steps taken to include and sustain the involvement of a variety of community stakeholders. In addition, applicants must demonstrate the commitment of community partners to the long-term sustainability of the project after federal support of the project has ended. Evidence of this commitment might be shown by including information about other funding sources for the TRC, including in-kind resources, private donations, and other non-federal grant funds at either the state or local levels.
- **RTRC** applicants that are in consortia must provide information about how the various components will function as a center, with the roles and responsibilities of all components specifically addressed in the application. Consortia applicants must clearly demonstrate that they have collaborated before on **projects** and have strong prior working relationships. They must also have standard protocols throughout the consortia/network for receiving, tracking, data collection and follow-up for all technical assistance requests. Applicants must clearly describe their partnerships as an ongoing and integral part of project planning and operation, as appropriate. (List of Partners can be attached in **Attachment 5**). Equally important is the organization’s ability to be structured as a separate and distinct center -- an impartial source of technical assistance. As such, applicants need to emphasize their independence from any parent organization that is a provider of telehealth services and may be a **source of distrust** or competition by organizations seeking assistance from the TRC.
- Given the spectrum and scope of work required, extensive organizational skills are considered an essential characteristic for a TRC. Applicants must provide information

that demonstrates their ability to multi-task through experience of managing and running multiple projects, while adhering to the detail necessary for projects to run smoothly. They must also demonstrate how they have in the past, and plan in the future, met the needs of their organizations in areas such as training, evaluation, and patient care, while also meeting the increased demands of a TRC for technical assistance and other services from the field. Applicants must demonstrate their ability to track all technical assistance request and document outcomes resulting from services provided.

- **NTRC** applicants must demonstrate strong relationships with telehealth providers in collaborations to address technology (NTRC-T) and policy (NTRC-P) barriers to telehealth services in areas mentioned in the “**METHODOLOGY**” section of this funding announcement. Applicants must also demonstrate broad-based support across the nation for their application in terms of specific contributions to an NTRC. Applicants must clearly describe their partnerships as an ongoing and integral part of project planning and operation, as appropriate.

Note: Applicant’s response should correspond with Review Criterion 5 (Resources/Capabilities).

x. Attachments

Provide the following items to complete the content of the application. Note that these are supplementary in nature, and are not intended to be a continuation of the project narrative. Unless otherwise noted, attachments count toward the application page limit. **Each attachment must be clearly labeled.**

Attachment 1: Consortium Agreement

Provide the Consortium agreement and list of Consortium Members, including key contact name and information. If the applicant is applying on behalf of a consortium of entities to be involved in the regional center, list the members, key contact, and contact information. Attach the detailed agreement among the participants signed by the appropriate authority (organizations CEOs or equivalent authority) and highlights the organizational relationships within the consortium, the defined organizational role of each member in the proposed TRC, and the financial and personnel commitment of each member to the project. Consortium members must have a proven history of collaboration together on common projects. The agreement must reflect clear organizational relationships within the consortium and the defined organizational role of each member in the proposed RTRC or NTRC. A signature from each consortium member’s Chief Executive Officer (CEO) or equivalent is required.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel

Keep each Job Description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff.

Attachment 3: Biographical Sketches of Key Personnel

Include biographical sketches of personnel occupying the key positions described in Attachment 2, not to exceed two pages in length. In the event that a biographical sketch is included for an identified individual who has yet to be hired, include a letter of commitment from that person.

Attachment 4: Memoranda of Agreement (MOA) or Memoranda of Understanding (MOU) and Description(s) of Proposed/Existing Contracts/Sub-contracts.

Provide any documents that describe working relationships between the applicant organization and other agencies and programs cited in the proposal. Documents that confirm actual or pending contractual agreements must clearly describe the roles of the contractors/subcontractors and any deliverables. Contracts and Sub-contracts must describe contractor's roles, responsibilities, and qualifications. Salaries must be broken out, per person, with an identified person or persons responsible for oversight of the contractor. Letters of agreement must be dated and signed.

Attachment 5: List of Partners

Describe the agencies, organizations, or groups that are part of the project. Identify and define the work to be done by each agency supported by the project. Include name of organization, service(s) provided, number of clients served, and geographic areas served.

Attachment 6: Organizational Chart

Provide a one-page figure that depicts the organizational structure of the project, including subcontractors and other significant collaborators.

Attachment 7: Proof of Non-Profit Status

One of the following documents must be included to prove non-profit status:

- a) A copy of a currently valid IRS Tax exemption certificate;
- b) A statement from a state taxing body, State Attorney General or other appropriate state official certifying that the applicant organization has a non-profit tax status and that none of the net earnings will be accrued for any private shareholders or individuals.

Attachment 8: Proof of Consultation with State Office of Rural Health or Other Appropriate Entity

Provide a letter signed by an official at the appropriate State Office of Rural Health (or other appropriate state entity) certifying that the applicant organization consulted with them in preparation of the grant application.

Attachments 9 – 15: Other Relevant Documents

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

3. Submission Dates and Times

Application Due Date

The due date for applications under this funding opportunity announcement is **April 20, 2012 at 8:00 P.M. ET**. Applications completed online are considered formally submitted when the application has been successfully transmitted electronically by your organization's Authorized Organization Representative (AOR) through Grants.gov and has been validated by Grants.gov on or before the deadline date and time.

Receipt acknowledgement: Upon receipt of an application, Grants.gov will send a series of email messages advising you of the progress of your application through the system. The first will confirm receipt in the system; the second will indicate whether the application has been successfully validated or has been rejected due to errors; the third will be sent when the application has been successfully downloaded at HRSA; and the fourth will notify the applicant of the Agency Tracking Number assigned to the application.

The Chief Grants Management Officer (CGMO) or designee may authorize an extension of published deadlines when justified by circumstances such as natural disasters (e.g., floods or hurricanes) or other disruptions of services, such as a prolonged blackout. The CGMO or designee will determine the affected geographical area(s).

Late applications:

Applications not meeting the criteria above are considered late applications and will not be considered in the current competition.

4. Intergovernmental Review

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

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

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

5. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to four (4) years, at no more than \$325,000 per year for RTRCs and \$300,000 per year for each NTRC. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Government.

Per §330I(1) of the Public Health Service Act, funds under this announcement may not be used for the following purposes:

- To acquire real property;
- For expenditures to purchase or lease equipment to the extent that the expenditures would exceed 40% of the total grant funds;

- In the case of a project involving a telehealth network, to purchase or install transmission equipment (such as laying cable or telephone lines, or purchasing or installing microwave towers, satellite dishes, amplifier or digital switching equipment);
- To pay for any equipment or transmission costs not directly related to the purposes for which the grant has been awarded;
- To purchase or install general purpose voice telephone systems;
- For construction; or
- For expenditures of indirect costs to the extent that the expenditures would exceed 15% of total grant funds.

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

Per Division F, Title V, Section 503 of the Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011 (a) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself. (b) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government. (c) The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

Per Division F, Title V, Section 523 of the Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011, no funds appropriated in this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.

6. Other Submission Requirements

As stated in Section IV.1, except in very rare cases, HRSA will no longer accept applications in paper form. Applicants submitting for this funding opportunity are **required** to submit **electronically** through Grants.gov. To submit an application electronically, please use the APPLY FOR GRANTS section at <http://www.grants.gov>. When using Grants.gov applicants will be able to download a copy of the application package, complete off-line, and then upload and submit the application via the Grants.gov site.

It is essential that applicant organizations **immediately register** in Grants.gov and become familiar with the Grants.gov site application process. If registration is not completed, applicants will be unable to submit an application. The registration process can take up to one month.

To successfully register in Grants.gov, it is necessary that you complete all of the following required actions:

- Obtain an organizational Data Universal Numbering System (DUNS) number.
- Register the organization with Central Contractor Registration (CCR).
- Identify the organization's E-Business Point of Contact (E-Biz POC)
- Confirm the organization's CCR "Marketing Partner ID Number (M-PIN)" password.
- Register and approve an Authorized Organization Representative (AOR).
- Obtain a username and password from the Grants.gov Credential Provider.

Instructions on how to register, tutorials and FAQs are available on the Grants.gov web site at <http://www.grants.gov>. Assistance is also available 24 hours a day, 7 days a week (excluding federal holidays) from the Grants.gov help desk at support@grants.gov or by phone at 1-800-518-4726. Applicants should ensure that all passwords and registration are current well in advance of the deadline.

It is incumbent on applicants to ensure that the AOR is available to submit the application to HRSA by the published due date. HRSA will not accept submission or re-submission of incomplete, rejected, or otherwise delayed applications after the deadline. Therefore, applicants are urged to submit applications in advance of the deadline. If an application is rejected by Grants.gov due to errors, it must be corrected and resubmitted to Grants.gov before the deadline date and time. Deadline extensions will not be provided to applicants who do not correct errors and resubmit before the posted deadline.

If, for any reason, an application is submitted more than once prior to the application due date, HRSA will only accept the applicant's last validated electronic submission prior to the application due date as the final and only acceptable submission of any competing application submitted to Grants.gov.

Tracking your application: It is incumbent on the applicant to track their application using the Grants.gov tracking number (GRANTXXXXXXXX) provided in the confirmation email from Grants.gov. More information about tracking an application can be found at <https://apply07.grants.gov/apply/checkAppIStatus.faces>. Be sure the application is validated by Grants.gov prior to the application deadline.

V. Application Review Information

1. Review Criteria

Procedures for assessing the technical merit of applications have been instituted to provide for an objective review of applications and to assist the applicant in understanding the standards against which each application will be judged. Critical indicators have been developed for each review criterion to assist the applicant in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. Review criteria are outlined below with specific detail and scoring points.

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

Criterion 1: NEED (10 points)

Reviewers will assess the extent to which applicants display a clear understanding of the needs of the region for Telehealth technical assistance services.

- The extent to which the application demonstrates the availability and sophistication of telehealth services within the proposed region.
- The extent to which the application provides sufficient evidence of the demand for the proposed TRC technical assistance services from the community, end users, and potential beneficiaries.
- The extent to which applicants provide quantitative data supporting an understanding of the market demand for their services, which could be based on experience, market surveys, or other tools for assessing service demand.
- The extent to which the application adequately addresses the actual and potential relevant barriers in the service area that Telehealth projects face in the region (e.g., specific legislative or regulatory issues, specific reimbursement challenges, technical infrastructure challenges, and organizational challenges).
- The extent to which the application demonstrates how applicants track the market to address changes in the demand for the TRC's services.
- For NTRC, applicants must specify the major policy (NRTC-P) and technology (NRTC-T) challenges facing the telehealth community, both at the federal, state, and regional levels.

Criterion 2: RESPONSE (25 points)

Approach

Reviewers will identify the extent to which the proposed project displays a realistic, feasible approach to providing technical assistance, training, and support for health care providers that plan or are developing telehealth services. Successful applicants are expected to provide strong, relevant and appropriate data to document the unique qualifications the organization possesses that are vital to meeting the challenges to the deployment of telehealth services that the region

faces, including how the organization plans to address such challenges and identify the current distribution of telehealth programs in region. Based on documentation provided by the applicant, reviewers will assess the ability of the proposed TRC to assist start-up organizations in their effort to establish a telehealth program, and serve as a resource for existing telehealth programs regarding changes in technology or other issues affecting telehealth in a state or a region. For NTRC applicants, the extent applicants can support TRCs on a national level.

Methodology

Reviewers will assess the appropriateness of activities proposed in light of the technical assistance needs in the region and **the specificity** with which the applicant proposes to address the major programmatic services and technical assistance delivery.

Resolution

Reviewers will assess the extent to which applicants clearly and effectively address the challenges outlined in the “Resolution of Challenges” sections of this funding announcement. Reviewers will assess the applicant's ability to engage in meaningful local and regional collaborations (and in the case of NTRCs, national partnerships/collaborations) to pursue their objectives and overcome the challenges that may arise as evidenced by past collaborations and those planned for the TRC. Reviewers will examine the extent to which any partners proposed integrate into the operation of the TRC. They will also assess the applicants experience and proposed strategies for sharing and disseminating lessons learned from the experience of existing or emerging telehealth programs and services. In addition, reviewers will assess the extent to which applicants have involved representatives from the communities or populations served in the design and operation of the TRC. Successful applicants will have specifically identified all partners and their roles/responsibilities in the project.

Work Plan

The reviewers will assess the strength of proposed work plans that demonstrate a realistic approach in addressing a myriad of requests for services in the face of limited resources and other challenges likely faced in establishing a TRC. The clarity and feasibility of set of milestones and timetable to establish the TRC and implement proposed programs will be evaluated. Reviewers will assess the extent to which the applicant has provided strong analytic support, including quantitative data, with estimated volume of services anticipated in the first year.

Reviewers will also assess whether work plans reflect a realistic strategy for implementing and evaluating their TRC in the project period proposed. Assessments will include the applicant’s approach to tracking the cost and utilization of their services to build a base for a robust sustainability/business plan for their center.

Criterion 3: EVALUATIVE MEASURES (20 points)

Reviewers will assess the degree to which applicants can effectively monitor and evaluate the project results. Evaluative measures must assess: 1) to what extent the program objectives were met, and 2) to what extent those objectives can be attributed to the project.

For **RTRCs**, strong applications will demonstrate extensive experience in providing and evaluating telehealth services, as evidenced by the size of the program, the years of experience in providing services, and publications/documents demonstrating experience in evaluation in the

areas outlined under “Evaluation and Technical Support Capacity.” Reviewers will evaluate the strength of the following:

- Plans to document how the project is conducted so others may adapt or replicate it;
- Evaluation measures to assess the progress and performance of the TRC;
- Data collection plan; including providing evaluation findings at the end of Year One.

For **NTRC-P**, strong applications will provide evidence of extensive experience in evaluating National and state policies that address the wide range of issues identified in this funding opportunity announcement under “*METHODOLOGY*”.

For **NTRC-T**, strong applications will provide evidence of extensive experience in evaluating national technology innovations that address the wide range of issues identified in this funding opportunity announcement under “*METHODOLOGY*”.

Criterion 4: IMPACT (15 points)

For **TRCs**, the reviewer will assess the extent to which the applicant identifies specific approaches to assessing the impact of its services on improving access to telehealth services, the quality of those services, or reducing barriers to implementing those services. Reviewers will examine the organization's plan for disseminating and sharing lessons learned and best practices through its technical assistance activities. (**RTRC** applicants should address the degree to which the project activities are replicable in other regions of the nation.) Reviewers will assess the extent to which sustainability of the TRC, once federal support for the project has ended, is incorporated into the work plan.

Reviewers will also examine the extent to which NTRC applicants have the experience at the national, state, and regional level in addressing Telehealth policy (NRTC-P) or Telehealth Technology (NRTC-T) issues, with success, measured by impacts on those issues or policies.

Criterion 5: RESOURCES/CAPABILITIES (20 points)

The reviewers will identify the extent to which project personnel are qualified by training and experience to implement and carry out the establishment and implementation of a TRC, including specific areas of expertise outlined in the "Evaluation and Technical Support Capacity" section. Clinical, technical, evaluation/research, and administrative/organizational qualifications of the proposed personnel will be carefully evaluated in light of the requirements of this program. Reviewers will assess:

- The capabilities of the applicant organization, quality and availability of facilities, and personnel to fulfill the needs and requirements of the proposed project.
- The applicant's past performance which demonstrates the ability to plan rapidly, implement and support several institutions in several regions simultaneously.

Specifically, for **RTRCs**, reviewers will examine:

- The extent to which the applicant has demonstrated success in implementing and evaluating telehealth networks and success in integrating technology within its own

parent organization, including activities in the area of developing interoperable medical information systems.

- The extent to which the applicant has demonstrated adequate human and organizational resources allocated to evaluation and performance monitoring, based on the qualifications of the staff or external evaluators on the project, as well as the organizational history of the applicant in conducting such evaluations.
- The extent to which the applicant has demonstrated its ability to provide technical assistance and leadership to rural and underserved communities.

Reviewers will evaluate the depth and breadth of the experience of **NTRC-P and NRTC-T** applicants based on their current portfolio and the extent to which they have provided technical assistance to a wide range of groups, in which the groups continue to employ them.

Reviewers will assess **NTRC-P** proposed technical assistance related to telehealth in the following areas:

- State and national telehealth credentialing and privileging issues including impact from Centers for Medicare and Medicaid Services (CMS) regulations and policies; and issues regarding e-Prescribing;
- Medicare and Medicaid reimbursement and their impact on telehealth;
- National Telecommunications implications for telehealth and the policies of the Federal Communication Commission's (FCC) National Broadband Plan;
- State laws and licensure requirements; and
- State and national policies and initiatives regarding Electronic Health Records (EHRs).

Reviewers will assess **NTRC-T** applicants on how they will provide technical assistance related to telehealth in the following areas:

- Requirements for specific technologies to be used for specific clinical applications;
- Advances in m-Health including software and hardware;
- Assessing organizations need for telehealth technology including specific cost effective solutions;
- Multiple software systems and their application in EHRs (not specific product lines);
- Provider and patient medical information and education;
- Direct patient care and remote patient monitoring; and
- Current data delivery mechanisms.

Criterion 6: SUPPORT REQUESTED (10 points)

Reviewers will assess the reasonableness of the proposed budget for the four-year project period in relation to the objectives, the complexity of the activities, and the anticipated results.

Reviewers will examine the budget narrative to determine if justification was provided for each line item and explains all costs entered into the SF424A budget form.

The evaluation will be based on the extent to which the budget, including the cost projections for years 2 through 4, and budget justification:

- Is realistic and justified in terms of the project goal(s), objectives, and proposed activities.

- Demonstrates the budgeted costs are realistic, necessary, and justifiable to implement and maintain the project, including the human and technical infrastructure.
- Demonstrates realistic, necessary, and justifiable full-time equivalents (FTEs) and expertise necessary to implement and maintain the project.
- Is complete and detailed in supporting each line item and allocating resources.
- Is realistic with regard to technical costs of hardware and software, and telecommunication charges.
- Conforms to the use of grant dollars permitted by the grant program.

The review will be based on the applicant’s budget information provided in Section IV.2.iii, including the Budget Justification in section IV.2iv.

2. Review and Selection Process

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

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

Funding Preferences

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

“In awarding grants under subsection (d)(2) for projects involving telehealth resource centers, the Secretary shall give preference to an eligible entity that meets at least one (1) of the following requirements:”

- 1) Provision of Services: The eligible applicant has a record of success in the provision of telehealth services to medically underserved areas or medically underserved populations.
- 2) Collaboration and Sharing of Expertise: The eligible applicant has a demonstrated record of collaborating and sharing expertise with providers of telehealth services at the national, regional, State, and local levels.

- 3) **Broad Range of Telehealth Services:** The eligible applicant has a record of providing a broad range of telehealth services, which may include-
- A variety of clinical specialty services;
 - Patient or family education;
 - Health care professional education; and
 - Rural residency support programs.

Please note: Any TRC applicant that meets one of the funding preference requirements should clearly state that they are requesting a funding preference and provide the basis for that assertion. (See Section IV. ix. Project Narrative)

Funding Special Considerations

To the extent possible, RTRC grants will be awarded in states that will not be covered by an RTRC at the end of the current funding period: Alabama, Alaska, Arizona, California, Colorado, Idaho, Indiana, Illinois, Iowa, Louisiana, Michigan, Minnesota, Montana, Nebraska, Nevada, New Jersey, New Mexico, New York (Western, Central, and Southern), North Dakota, Ohio, Oregon, Pennsylvania, South Dakota, Texas, Utah, Washington, Wisconsin, and Wyoming.

3. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of September 1, 2012.

VI. Award Administration Information

1. Award Notices

Each applicant will receive written notification of the outcome of the objective review process, including a summary of the expert committee's assessment of the application's strengths and weaknesses, and whether the application was selected for funding. Applicants who are selected for funding may be required to respond in a satisfactory manner to Conditions placed on their application before funding can proceed. Letters of notification do not provide authorization to begin performance.

The Notice of Award sets forth the amount of funds granted, the terms and conditions of the award, the effective date of the award, the budget period for which initial support will be given, the non-federal share to be provided (if applicable), and the total project period for which support is contemplated. Signed by the Grants Management Officer, it is sent to the applicant's Authorized Organization Representative, and reflects the only authorizing document. It will be sent prior to the start date of September 1, 2012.

2. Administrative and National Policy Requirements

Successful applicants must comply with the administrative requirements outlined in 45 CFR Part 74 [Uniform Administrative Requirements for Awards and Subawards to Institutions of Higher Education, Hospitals, Other Nonprofit Organizations, and Commercial Organizations](#) or 45 CFR Part 92 [Uniform Administrative Requirements For Grants And Cooperative Agreements to State, Local, and Tribal Governments](#), as appropriate.

HRSA grant and cooperative agreement awards are subject to the requirements of the HHS Grants Policy Statement (HHS GPS) that are applicable based on recipient type and purpose of award. This includes, as applicable, any requirements in Parts I and II of the HHS GPS that apply to the award. The HHS GPS is available at <http://www.hrsa.gov/grants/>. The general terms and conditions in the HHS GPS will apply as indicated unless there are statutory, regulatory, or award-specific requirements to the contrary (as specified in the Notice of Award).

Trafficking in Persons

Awards issued under this funding opportunity announcement are subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to <http://www.hrsa.gov/grants/trafficking.html>. If you are unable to access this link, please contact the Grants Management Specialist identified in this funding opportunity to obtain a copy of the Term.

Smoke-Free Workplace

The Public Health Service strongly encourages all award recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. Further, Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care or early childhood development services are provided to children.

Cultural and Linguistic Competence

HRSA programs serve culturally and linguistically diverse communities and multiple cultures. Although race and ethnicity are often thought to be dominant elements of culture, HRSA funded programs embrace a broader definition to include language, gender, socio-economic status, sexual orientation and gender identity, physical and mental capacity, age, religion, housing status, and regional differences. Organizational behaviors, practices, attitudes, and policies across all HRSA-supported entities respect and respond to the cultural diversity of communities, clients and students served. HRSA is committed to ensuring access to quality health care for all. Quality care means access to services, information, materials delivered by competent providers in a manner that factors in the language needs, cultural richness, and diversity of populations served. Quality also means that, where appropriate, data collection instruments used should adhere to culturally competent and linguistically appropriate norms. For additional information and guidance, refer to the National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS) published by HHS and available online at <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>. Additional cultural competency and health literacy tools, resources and definitions are available online at <http://www.hrsa.gov/culturalcompetence> and <http://www.hrsa.gov/healthliteracy>.

Healthy People 2020

Healthy People 2020 is a national initiative led by HHS that sets priorities for all HRSA programs. The initiative has four overarching goals: (1) attain high-quality, longer lives free of preventable disease, disability, injury, and premature death; (2) achieve health equity, eliminate disparities, and improve the health of all groups; (3) create social and physical environments that promote good health for all; and (4) promote quality of life, healthy development, and healthy behaviors across all life stages. The program consists of over 40 topic areas, containing measurable objectives. HRSA has actively participated in the work groups of all the topic areas

and is committed to the achievement of the Healthy People 2020 goals. More information about Healthy People 2020 may be found online at <http://www.healthypeople.gov/>.

National HIV/AIDS Strategy (NHAS)

The National HIV/AIDS Strategy (NHAS) has three primary goals: 1) reducing the number of people who become infected with HIV, 2) increasing access to care and optimizing health outcomes for people living with HIV, and 3) reducing HIV-related health disparities. The NHAS states that more must be done to ensure that new prevention methods are identified and that prevention resources are more strategically deployed. Further, the NHAS recognizes the importance of early entrance into care for people living with HIV to protect their health and reduce their potential of transmitting the virus to others. HIV disproportionately affects people who have less access to prevention, care and treatment services and, as a result, often have poorer health outcomes. Therefore, the NHAS advocates adopting community-level approaches to identify people who are HIV-positive but do not know their serostatus and reduce stigma and discrimination against people living with HIV.

To the extent possible, program activities should strive to support the three primary goals of the NHAS. As encouraged by the NHAS, programs should seek opportunities to increase collaboration, efficiency, and innovation in the development of program activities to ensure success of the NHAS. Programs providing direct services should comply with federally-approved guidelines for HIV Prevention and Treatment (see <http://www.aidsinfo.nih.gov/Guidelines/Default.aspx> as a reliable source for current guidelines). More information can also be found at <http://www.whitehouse.gov/administration/eop/onap/nhas>.

Health IT

Health information technology (Health IT) provides the basis for improving the overall quality, safety and efficiency of the health delivery system. HRSA endorses the widespread and consistent use of health IT, which is the most promising tool for making health care services more accessible, efficient and cost effective for all Americans.

Related Health IT Resources:

- [Health Information Technology \(HHS\)](#)
- [What is Health Care Quality and Who Decides? \(AHRQ\)](#)

3. Reporting

The successful applicant under this funding opportunity announcement must comply with the following reporting and review activities:

a. Audit Requirements

Comply with audit requirements of Office of Management and Budget (OMB) Circular A-133. Information on the scope, frequency, and other aspects of the audits can be found on the Internet at http://www.whitehouse.gov/omb/circulars_default.

b. Payment Management Requirements

Submit a quarterly electronic Federal Financial Report (FFR) Cash Transaction Report via the Payment Management System. The report identifies cash expenditures against the

authorized funds for the grant or cooperative agreement. The FFR Cash Transaction Reports must be filed within 30 days of the end of each calendar quarter. Failure to submit the report may result in the inability to access award funds. Go to <http://www.dpm.psc.gov> for additional information.

c. **Status Reports**

1) **Federal Financial Report.** The Federal Financial Report (SF-425) is required within 90 days of the end of each budget period. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically through EHB. More specific information will be included in the Notice of Award.

2) **Progress Report(s).** The awardee must submit a progress report to HRSA on a semi-annual basis. The reports are as follow:

(1) The Non-Competing Continuation Progress Report (NCCPR) will cover the period of September 1st through February 28th and will be due each April 1st. The NCCPR will double as an application for continued funding for the next budget period and a progress report detailing performance over the previous 6 months.

(2) The End of Year Progress Report will cover the period of March 1st through August 31st and will be due each October 1st. At the conclusion of the project, the End of Year Report will serve as the Final Progress or Close-Out Report.

In the NCCPR, grantees will identify specific activities or goals to be accomplished in the next fiscal year that are different from the previous year's application. This portion triggers the budget period renewal and release of subsequent year funds. Grantees will demonstrate their ability to meet program specific goals and provide Performance Measurement data measuring the progress and impact of the project in both the NCCPR and End of Year Progress Report.

Please note: OAT is in the process of developing performance measures for the TRCs. Any TRCs that are funded in response to this announcement will be expected to provide performance evaluation measures via the Electronic Handbook. Further information will be provided in the award notice. The reports will be submitted in a format specified by OAT.

(3) Submit **Data Collection and Evaluation.** The grant recipient will participate in joint data collection/evaluation efforts as required by the Office for the Advancement of Telehealth.

(4) **Final Report.** A final report is due within 90 days after the project period ends. The final report collects program-specific goals and progress on strategies; core performance measurement data; impact of the overall project; the degree to which the grantee achieved the mission, goal and strategies outlined in the program; grantee objectives and accomplishments; barriers encountered; and responses to summary questions regarding the grantee's overall experiences over the entire project period. The final report must be submitted on-line by awardees in the Electronic Handbooks system at <https://grants.hrsa.gov/webexternal/home.asp>.

d. Transparency Act Reporting Requirements

New awards (“Type 1”) issued under this funding opportunity announcement are subject to the reporting requirements of the Federal Funding Accountability and Transparency Act (FFATA) of 2006 (Pub. L. 109–282), as amended by section 6202 of Public Law 110–252, and implemented by 2 CFR Part 170. Grant and cooperative agreement recipients must report information for each first-tier sub-award of \$25,000 or more in federal funds and executive total compensation for the recipient’s and sub-recipient’s five most highly compensated executives as outlined in Appendix A to 2 CFR Part 170 (FFATA details are available online at <http://www.hrsa.gov/grants/ffata.html>). Competing continuation awardees, etc. may be subject to this requirement and will be so notified in the Notice of Award.

VII. Agency Contacts

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

Hazel N. Booker
Grants Management Specialist
Attn.: HRSA Division of Grants Management Operations, OFAM
Parklawn Building, Room 11A-02
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-4236
Fax: (301) 443-6686
Email: nbooker@hrsa.gov

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

Monica M. Cowan
Public Health Analyst, Office for the Advancement of Telehealth
Attn: Funding Program
Office of Rural Health Policy, HRSA
Parklawn Building, Room 5A-55
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-0076
Fax: (301) 443-1330
Email: Monica.Cowan@hrsa.hhs.gov

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

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

VIII. Other Information

Technical Assistance Webcast Conference Call

The Office of Rural Health Policy will hold a technical assistance call on **Thursday, March 15, 2012 at 2:00 P.M. EST** to assist applicants in preparing their applications. The toll-free number to call in is **1-877-918-9240**. The Passcode is **6500094**. For your reference, the Technical Assistance call will be recorded and available for playback within one hour of the end of the call and will be available until April 20, 2012 11:59 PM (CT). The phone number to hear the recorded call is: 1-888-473-0136.

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

IX. Tips for Writing a Strong Application

A concise resource offering tips for writing proposals for HHS grants and cooperative agreements can be accessed online at:

<http://www.hhs.gov/asrt/og/grantinformation/apptips.html>.