

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

Office of Rural Health Policy

Rural Health System Analysis and Technical Assistance Cooperative Agreement

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FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2012

Application Due Date: June 1, 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.*

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Authority: Section 711(b) of the Social Security Act, (42 U.S.C. 912(b))

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I. Funding Opportunity Description

1. Purpose

This announcement solicits applications for the Rural Health System Analysis and Technical Assistance (RHSATA) Cooperative Agreement. The purpose of the RHSATA Cooperative Agreement Program is to inform policy makers and rural health care providers about how changes in the health care delivery system may affect them, and to provide technical assistance to rural providers in identifying potential new approaches to health care delivery in their communities.

The health care delivery system is undergoing dramatic change, with an emphasis on finding new approaches and organizational frameworks to improve health outcomes, control costs, and improve population health. Financial incentives are changing from a focus on volume-based services to value-based services. There is a concurrent need to better measure and account for quality of care in all settings and improve transitions of care as patients move from one care setting to another. Advances in technology and new approaches to organizing care delivery are occurring quickly, with examples like the patient-centered medical home, accountable care organizations, and patient-safety organizations. Most early adopters have been large, urban-based integrated delivery systems. Less is known about how these changes and environmental factors will affect rural health care delivery systems. Early pilots and demonstrations supported by private foundations or the Centers for Medicare and Medicaid Services (CMS) focused largely on providers paid under traditional administered pricing systems and for whom quality indicators are well established. Because rural health care providers are often paid outside of the traditional prospective payment systems and fee schedules, there is less known about how new and emerging models might function in rural communities. As a result, policy makers and rural providers need to better understand the implications of new and emerging models for low-volume rural settings. Also, rural providers need to be supplied with the technical assistance and information necessary to take part in new and emerging pilots and demonstrations.

Specifically, the RHSATA Cooperative Agreement will:

- 1) Assess the distinct characteristics of the current rural health care delivery system;
- 2) Analyze recent rural and non-rural national, regional, State and local demonstrations and pilots, including those established under Section 434 of the Medicare Modernization Act of 2003 and Section 123 of the Medicare Improvements to Patients and Provider's Act of 2008, as amended, for key lessons learned that might inform future rural health policy development;
- 3) Conduct modeling of payment and quality proposals to inform rural health care policy makers and rural health care delivery systems and assess alternative ways of delivering services in rural communities;
- 4) Provide technical assistance to rural health care providers who are developing demonstrations and pilots that can help improve care coordination, enhance patient outcomes, and potentially lower health care costs; and
- 5) Promote key findings to stakeholder groups and public policy leaders.

The RHSATA awardee will conduct policy-oriented health services research and analysis on the current and emerging rural health care delivery system. The awardee will catalog key features of the current infrastructure (i.e. types of health care providers, locations, financial data, service

mix, etc.), as well as general information about the health status of rural populations. Therefore, applicants must demonstrate capabilities in manipulating and linking national data sets, and in performing complex financial and quality modeling for rural health care providers that takes into account the financial reimbursement systems under which they operate.

The RHSATA awardee will examine recent and emerging pilots and demonstrations to identify key lessons learned as well as barriers and policy challenges. This will include an assessment of the demonstrations funded under Section 434 of the Medicare Modernization Act of 2003 and Section 123 of the Medicare Improvements to Patients and Provider's Act of 2008, as amended, and their broad implications for the evolving rural health care delivery infrastructure.

The RHSATA Cooperative Agreement findings will inform national, State and regional policy makers and local officials, as well as rural health care providers. The findings and technical assistance will assist applicants for a variety of public and private pilots and demonstrations at the national, State and local levels, including programs funded under Section 330A of the Public Health Service Act.

2. Background

The RHSATA Cooperative Agreement program is authorized by Title VII, Section 711 of the Social Security Act, as amended.

HRSA's ORHP is the focal point for rural health activities within the U.S. Department of Health and Human Services (HHS). ORHP is statutorily required to advise the Secretary on the effects of current policies and proposed statutory, regulatory, administrative, and budgetary changes in the programs established under titles XVIII (Medicare) and XIX (Medicaid) on the financial viability of small rural hospitals, the ability of rural areas to attract and retain physicians and other health professionals, and access to (and the quality of) health care in rural areas. ORHP is also statutorily required to coordinate activities within HHS that relate to rural health care and provide relevant information to the Secretary and other agencies. In addition, ORHP is authorized to provide technical assistance and other activities as necessary to support activities related to improving health care in rural areas.

II. Award Information

1. Type of Award

Funding will be provided in the form of a cooperative agreement. A cooperative agreement, as opposed to a grant, is an award instrument of financial assistance where substantial involvement is anticipated between ORHP and the recipient during performance of the contemplated project.

In addition to the usual monitoring and technical assistance provided under the cooperative agreement, HRSA/ORHP responsibilities shall include:

- Collaborating in the planning and development of the RHSATA Cooperative Agreement research, modeling and analysis portfolio and the final selection of key areas of focus;
- Reviewing/commenting on the modeling methodology for testing alternatives to deliver health care in rural settings;

- Reviewing the process for how to provide direct technical assistance to rural health care delivery systems;
- Participating, as appropriate, in the planning and implementation of any meetings, training activities or workgroups conducted during the project period; and
- Consulting on design dissemination strategies of the research and analysis results to multiple audiences interested in rural health care delivery innovations in the form of policy briefs, journal manuscripts, presentations to policy makers, responses to health policy programs and experts, and presentations at national, State, and regional conferences.

The cooperative agreement recipient's responsibilities, in consultation with ORHP, shall include:

- Identifying key rural health policy issues and challenges to inform policy makers;
- Participating in the planning and development of the RHSATA Cooperative Agreement annual portfolio and the final selection of focus areas;
- Responding to ORHP requests, comments, and questions on a timely basis;
- Conducting policy-oriented analysis, research, and modeling on rural health systems and synthesizing the results into reports easily understood by a non-technical policy audience;
- Developing criteria relevant to this cooperative agreement that support selection of a limited number of rural health entities to receive technical assistance in preparing and/or applying for pilots or demonstrations;
- Working with rural health entities seeking to develop pilots and demonstration proposals;
- Timely submission of research products (policy briefs, monographs, etc.) for ORHP review; and
- Design and implementation of dissemination strategies of the RHSATA Cooperative Agreement results to multiple audiences interested in rural health issues in the form of policy briefs, journal manuscripts, presentations to policy makers, responses to health policy programs and experts, and presentations at national, State, and regional conferences.

2. Summary of Funding

The RHSATA Cooperative Agreement will provide funding during Federal fiscal years 2012-2014. Approximately \$600,000 is expected to be available annually to fund one (1) awardee. Applicants may apply for an amount up to \$600,000 per year. The project period is three (3) years. Funding beyond the first year is dependent on the availability of appropriated funds for the RHSATA Cooperative Agreement in subsequent fiscal years, awardee satisfactory performance, and a decision that funding is in the best interest of the Federal Government.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include public, private, and nonprofit organizations, including faith-based and community organizations, as well as Federally recognized Indian tribal governments and organizations.

Applicants must have experience in analyzing rural health issues, particularly in identifying emerging policy issues and developing rural delivery systems. The principal investigator should

have a doctoral degree and 5-10 years of work experience specific to rural health research and/or policy analysis. The principal investigator should have substantial expertise related to finance and quality measurement. In addition, the principal investigator and/or other personnel working on the project should have experience performing health system modeling. Such experience should be specific to the financial reimbursement mechanisms of rural health care providers and the distinct challenges related to quality measurement in rural settings. Applicants must have substantial experience working with complex national data sets pertinent to their proposal. Applications that fail to show such experience will not be competitive.

The applicant must also have the capacity to prepare and disseminate quality, timely policy analysis that informs policy makers of the needs of rural health care delivery systems regarding the design and implementation of health care policy. Applicants must demonstrate an ability to communicate the implications of national policies for rural health services and delivery to a variety of audiences in a number of settings, including meeting presentations and panel discussions.

2. Cost Sharing/Matching

Cost Sharing/Matching is not required for this program.

3. Other

Applications that exceed the ceiling amount of \$600,000 per year will be considered non-responsive and will not be considered for funding under this announcement. In addition, any application that fails to satisfy the deadline requirements referenced in *Section IV.3* will be considered non-responsive and will not be considered for funding under this announcement.

NOTE: Multiple applications from an organization are not allowable.

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. Your email must include the HRSA announcement number for which you are seeking relief, the organization's DUNS number, the name, address, and telephone number of the organization and the name and telephone number of the Project Director as well as the Grants.gov Tracking Number (GRANTXXXXXX) assigned to your submission along with a copy of the "Rejected with Errors" notification you 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 under 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, which 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 424 Research and Related (SF-424 R&R). 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 the SF-424 R&R 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. This 80-page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support. Standard forms are NOT included in the page limit. 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 R&R – 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
SF-424 R&R Cover Page	Form	Pages 1 & 2.	Not counted in the page limit.
Pre-application	Attachment	Can be uploaded on page 2 of SF-424 R&R - Box 20.	Not Applicable to HRSA; Do not use.
SF-424 R&R Senior/Key Person Profile	Form	Supports 8 structured profiles (PD + 7 additional)	Not counted in the page limit.
Senior Key Personnel Biographical Sketches	Attachment	Can be uploaded in SF-424 R&R Senior/Key Person Profile form. One per each senior/key person. The PD/PI biographical sketch should be the first biographical sketch. Up to 8 allowed.	Counted in the page limit.
Senior Key Personnel Current and Pending Support	Attachment	Can be uploaded in SF-424 R&R Senior/Key Person Profile form.	Not Applicable to HRSA; Do not use.
Additional Senior/Key Person Profiles	Attachment	Can be uploaded in SF-424 R&R Senior/Key Person Profile form. Single document with all additional profiles.	Not counted in the page limit.
Additional Senior Key Personnel Biographical Sketches	Attachment	Can be uploaded in the Senior/Key Person Profile form. Single document with all additional sketches.	Counted in the page limit.
Additional Senior Key Personnel Current and Pending Support	Attachment	Can be uploaded in the Senior/Key Person Profile form.	Not Applicable to HRSA; Do not use.
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 SF-424 R&R Performance Site Location(s) form. Single document with all additional site location(s).	Not counted in the page limit.
Other Project Information	Form	Allows additional information and attachments.	Not counted in the page limit.
Project Summary/Abstract	Attachment	Can be uploaded in SF-424 R&R Other Project	Required attachment. Counted in the page

Application Section	Form Type	Instruction	HRSA/Program Guidelines
		Information form, Box 6.	limit. Refer to funding opportunity announcement for detailed instructions.
Project Narrative	Attachment	Can be uploaded in SF-424 R&R Other Project Information form, Box 7.	Required attachment. Counted in the page limit. Refer to funding opportunity announcement for detailed instructions. Provide table of contents specific to this document only as the first page.
SF-424 R&R Budget Period (1-5) - Section A – B	Form	Supports structured budget for up to 5 periods.	Not counted in the page limit.
Additional Senior Key Persons	Attachment	SF-424 R&R Budget Period (1-5) - Section A - B, End of Section A. One for each budget period.	Not counted in the page limit.
SF-424 R&R Budget Period (1-5) - Section C – E	Form	Supports structured budget for up to 5 periods.	Not counted in the page limit.
Additional Equipment	Attachment	SF-424 R&R Budget Period (1-5) - Section C – E, End of Section C. One for each budget period.	Not counted in the page limit.
SF-424 R&R Budget Period (1-5) - Section F – K	Form	Supports structured budget for up to 5 periods.	Not counted in the page limit.
SF-424 R&R Cumulative Budget	Form	Total cumulative budget.	Not counted in the page limit.
Budget Justification	Attachment	Can be uploaded in SF-424 R&R Budget Period (1-5) - Section F - J form, Box K. Only one consolidated budget justification for the project period.	Required attachment. Counted in the page limit. Refer to funding opportunity announcement for detailed instructions. Provide table of contents specific to this document only as the first page.
SF-424 R&R Subaward Budget	Form	Supports up to 10 budget attachments. This form only contains the attachment list.	Not counted in the page limit.
Subaward Budget Attachment 1-10	Attachment	Can be uploaded in SF-424 R&R Subaward Budget form, Box 1 through 10. Extract the form from the SF-424 R&R Subaward Budget form and use it for each consortium/ contractual/subaward budget as required by the program funding opportunity announcement. Supports up to 10.	Filename should be the name of the organization and unique. Not counted in the page limit.
SF-424B Assurances for Non-Construction Programs	Form	Assurances for the SF-424 R&R package.	Not counted in the page limit.
Bibliography & References	Attachment	Can be uploaded in Other Project Information form, Box 9.	Optional. Counted in the page limit.
Facilities & Other Resources	Attachment	Can be uploaded in Other Project Information form, Box 10.	Optional. Counted in the page limit.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
Equipment	Attachment	Can be uploaded in Other Project Information form, Box 11.	Optional. Counted in the page limit.
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.
Other Attachments	Attachment	Can be uploaded in SF-424 R&R Other Project Information form, Box 12. Supports multiple.	Not Applicable to HRSA; Do not use.

-  **To ensure that attachments are organized and printed in a consistent manner, follow the order provided below. Note that these instructions may vary across programs.**
-  Evidence of Non-Profit status and invention related documents, if applicable, must be provided in the other attachment form.
 -  Additional supporting documents, if applicable, can be provided using the available rows. Do not use the rows assigned to a specific purpose in the program funding opportunity announcement.
 -  Merge similar documents into a single document. Where several documents are expected in one attachment, ensure that you place a table of contents cover page specific to the attachment. 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	Tables, Charts, etc.
Attachment 2	Staffing Plan and Job Description for Key Personnel
Attachment 3	Letter of Agreement and/or Description(s) of Proposed/Existing Contracts (project specific)
Attachment 4	Project Organizational Chart
Attachments 5-16	Other Relevant Documents

Application Format

i. Application Face Page

Complete Standard Form 424 Research and Related (SF-424 R&R) provided with the application package. Prepare according to instructions provided in the form itself. For information pertaining to the Catalog of Federal Domestic Assistance, the CFDA Number is 93.155.

DUNS Number

All applicant organizations (and subrecipients of HRSA award funds) are required to have a Data Universal Numbering System (DUNS) number in order to apply for a grant or cooperative agreement from the Federal Government. The DUNS number is a unique nine-character identifier 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 5 on the application face page. Applications **will not** be reviewed without a DUNS number. Note: A missing or incorrect DUNS number is the number one reason for applications being “Rejected for Errors” by Grants.gov. HRSA will not extend the deadline for applications with a missing or incorrect DUNS number. Applicants should take care in entering the DUNS number in the application.

Additionally, the applicant organization (and any subrecipient of HRSA award funds) is required to register annually with the 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

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

iii. Budget

Please complete the Research & Related Budget form included with the application kit (Sections A – J and the Cumulative Budget) for each budget period. Upload the Budget Justification Narrative for the entire project period (all budget periods) in Section K of the Research & Related Budget Form. Following completion of Budget Period 1, you must click on the “NEXT PERIOD” button on the final page to allow for completion of Budget Period 2. You will repeat this instruction to complete Budget Period 3.

The Cumulative Budget is automatically generated and provides the total budget information for the three-year request. Errors found in the Cumulative Budget must be corrected within the incorrect field(s) in Budget Period 1, 2, or 3; corrections cannot be made to the Cumulative Budget itself.

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 his/her time to this award, the 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 will support the achievement of proposed objectives. The budget period is for ONE year. However, the applicant **must** submit one-year budgets for each of the subsequent budget periods within the proposed project period (three years) at the time of application. Line item information must be provided to explain the costs entered in the Research and Related budget form. Be very careful about showing how each item in the “other” category is justified. For subsequent budget years, the justification narrative should highlight the changes from year one or clearly indicate that there are no substantive budget changes during the project period. The budget justification **MUST** be concise. Do NOT use the justification to expand the project narrative.

Budget for Multi-Year Award

This announcement is inviting applications for project periods up to three (3) years. Awards, on a competitive basis, will be for a one-year budget period; although the project period may be for up to three (3) 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 three-year project period is subject to availability of funds, satisfactory progress of the awardee, and a determination that continued funding would be in the best interest of the Federal Government.

Include the following in the Budget Justification narrative:

Personnel Costs: Personnel costs should be explained by listing each staff member who will be supported, 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:

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

*Actual annual salary = \$350,000

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

Travel: List travel costs according to local and long distance travel. For local travel, the mileage rate, number of miles, reason for travel and staff member/consumers completing the travel should be outlined. The budget should also reflect the travel expenses associated with participating in meetings and other proposed trainings or workshops.

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

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

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

subrecipients that entities receiving subawards must be registered in 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 which cannot be readily identified but are necessary to the operations of the organization, e.g., the cost of operating and maintaining facilities, depreciation, and administrative salaries. For institutions subject to OMB Circular A-21, the term "facilities and administration" is used to denote indirect costs. If an organization applying for an assistance award does not have an indirect cost rate, the applicant may wish to obtain one through HHS's Division of Cost Allocation (DCA). Visit DCA's website at: <http://rates.psc.gov/> to learn more about rate agreements, the process for applying for them, and the regional offices which negotiate them.

v. *Staffing Plan and Personnel Requirements*

Applicants must present a staffing plan and provide a justification for the plan that includes education and experience qualifications and rationale for the amount of time being requested for each staff position. Position descriptions that include the roles, responsibilities, and qualifications of proposed project staff must be included in Attachment 2. When applicable, biographical sketches should include training, language fluency and experience working with the cultural and linguistically diverse populations that are served by their programs.

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. Any organization or individual that is indebted to the United States, and has a judgment lien filed against it for a debt to the United States, is ineligible to receive a Federal grant. By signing the SF-424 R&R, the applicant is certifying that they are not delinquent on Federal debt, in accordance with OMB Circular A-129. (Examples of relevant debt include delinquent payroll or other taxes, audit disallowances, guaranteed and direct student loans, benefits that were overpaid, etc.). If an applicant is delinquent on Federal debt, they should attach an explanation that includes proof that satisfactory arrangements have been made with the agency to which the debt is owed. This explanation should be uploaded as **Attachment 5**.

viii. Project Abstract

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

Please place the following at the top of the abstract:

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

The project abstract must be single-spaced and limited to one page in length.

ix. Project Narrative

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

Use the following section headers for the Narrative:

- *INTRODUCTION (Linked to Review Criteria #2: RESPONSE)*
This section should briefly describe the purpose of the proposed project.
- *NEEDS ASSESSMENT (Linked to Review Criteria #1: NEED)*
This section outlines the need for the requested research and analysis of key policy issues affecting rural health care delivery and how the proposal meets that need. This section should help reviewers understand how policy makers and rural health care systems will be served by the proposed project. The narrative should clearly demonstrate a strong understanding of the distinct challenges facing rural providers and the people they serve, the associated contributing factors to the problems, and the subtleties of conducting rural-focused and financial and quality modeling.
- *METHODOLOGY (Linked to Review Criteria #2: RESPONSE)*
Propose methods that will be used to analyze rural health care policy issues. Activities should emphasize the changing rural environment, including, but not limited to, the following:
 1. Assess the distinct characteristics of the current rural health care delivery system;
 2. Analyze recent rural and non-rural national, regional, State and local demonstrations and pilots, including those established under Section 434 of the Medicare Modernization Act of 2003 and Section 123 of the Medicare Improvements to Patients and Provider's Act of 2008, as amended, for key lessons learned that might inform future rural health policy development;

3. Conduct modeling of payment and quality proposals to inform rural health care policy makers and rural health care delivery systems and assess alternative ways of delivering services in rural communities;
4. Provide technical assistance to a limited number of rural health care providers who are developing or applying for demonstrations and pilots that can help improve care coordination, enhance patient outcomes, and potentially lower health care costs; and
5. Promote key findings to stakeholder groups and public policy leaders.

- *WORK PLAN (Linked to Review Criteria #2: RESPONSE)*

Describe the activities or steps that will be used to achieve each of the activities proposed during the entire project period in the Methodology section. Use a time line that includes each activity and identifies responsible staff. In addition, explain how the proposal:

1. Will inform rural health care policy, including at the national, State, and local levels;
2. Demonstrates the strength and feasibility of the proposed methodology (appropriate qualitative/quantitative methodology and data sources, experienced personnel, etc.);
3. Exhibits a clear understanding of how emerging national health policy trends affect rural communities;
4. Demonstrates an understanding of how existing national data sources will enable the identification of the key research questions and assist in answering them;
5. Demonstrates the applicant's ability to conduct health systems modeling; and
6. Describes prior experience in communicating complex public policy issues to varied audiences in ways that identify the key rural concerns within the broader issue.

- *RESOLUTION OF CHALLENGES (Linked to Review Criteria #4: IMPACT)*

Discuss challenges that are likely to be encountered in designing and implementing the activities described in the work plan, and approaches that will be used to resolve such challenges. Specifically:

1. Demonstrate an understanding of rural data analysis and research project uses to inform diverse audiences of policy makers of the needs of rural health care delivery systems.
2. Propose a well-designed, achievable and coherent work and dissemination plan that aligns with national health policy trends, while taking into account the particular infrastructure challenges of rural areas.
3. Establish the feasibility and effectiveness of plans for dissemination of project results to reach the project's target audiences.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY (Linked to Review Criteria #3: EVALUATIVE MEASURES)*

Describe experience, skills, and knowledge, including individuals on staff, materials published, and previous work related to national rural health policy analysis. As appropriate, describe the strategy to collect, analyze and track data to measure process and impact/outcomes and explain how the data will be used to inform program development and service delivery. Provide evidence of an extensive library of data sets related to the topic of concentration.

1. Proposes a feasible and effective method to monitor and evaluate the project results.

2. Proposes an evaluation plan that is logical, technically sound, and practical, and is able to yield meaningful findings about key areas of project process and outcome.

▪ **ORGANIZATIONAL INFORMATION** (Linked to Review Criteria #5: **RESOURCES/CAPABILITIES**)

Provide information on the applicant organization's current mission and structure, scope of current activities, and an organizational chart, and describe whether and how these contribute to the ability of the organization to perform the program requirements and meet expectations. Specifically:

1. Explain how project personnel are qualified by training and/or experience to implement and carry out the project.
2. Describe organizational capabilities and availability to fulfill the requirements of the proposed project.
3. Provide evidence of an extensive library of data sets related to the topic of concentration and the extent to which these data sets: a) have been geo-coded to produce analyses for a variety of rural definitions, b) may be updated via established purchasing plans, and c) include up-to-date lists of the current health care providers in rural communities and their proximities to other sources of care.

x. Attachments

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

Attachment 1: Tables, Charts, etc.

To give further details about the proposal (e.g., Gantt or PERT charts, flow charts, etc.).

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel

Keep each job description to one page in length. Include the role, responsibilities, and qualifications of proposed project staff.

Attachment 3: Letters of Agreement and/or Description(s) of Proposed/Existing Contracts (project specific)

Provide any documents that describe working relationships between the applicant organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the contractors and any deliverable. Letters of agreement must be dated.

Attachment 4: Project Organizational Chart

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

Attachment 5-15: Other Relevant Documents

Include here any other documents that are relevant to the application, including letters of support.

Include only letters of support that specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.). Letters of 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 June 1, 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 that do not meet the criteria above are considered late applications and will not be considered in the current competition.

4. Intergovernmental Review

The RHSATA Cooperative Agreement 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's process used under this Executive Order.

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

5. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to three (3) years, at no more than \$600,000 per year. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project objectives, and a determination that continued funding would be in the best interest of the Federal Government.

Funds under this announcement may not be used for other ORHP or HRSA Programs.

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 you will be able to download a copy of the application package, complete it off-line, and then upload and submit the application via the Grants.gov site.

It is essential that your organization **immediately register** in Grants.gov and become familiar with the Grants.gov site application process. If you do not complete the registration process you will be unable to submit an application. The registration process can take up to one month.

To be able to successfully register in Grants.gov, it is necessary 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, you are urged to submit your application in advance of the deadline. If your application is rejected by Grants.gov due to errors, you must correct the application and resubmit it 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 by using the Grants.gov tracking number (GRANTXXXXXXXX) provided in the confirmation email from Grants.gov. More information about tracking your application can be found at <https://apply07.grants.gov/apply/checkApplStatus.faces>. Be sure your application is validated by Grants.gov prior to the application deadline

V. Application Review Information

1. Review Criteria

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

Review Criteria are used to review and rank applications. The Rural Health Systems Analysis and Technical Assistance Cooperative Agreement has six (6) review criteria:.

Criterion 1: NEED (25 points) (Linked to Needs Assessment in Program Narrative)

- The extent to which the proposal:

- Clearly demonstrates a strong understanding of the distinct challenges facing rural providers and the people they serve, the associated contributing factors to the problems, and the subtleties of conducting rural-focused and financial and quality modeling.
- The strength of the proposed approach to meet program need.

Criterion 2: RESPONSE (25 points) (Linked to Methodology and Work Plan in Program Narrative)

- The extent to which the proposal:

- Appropriately responds to the “Purpose” included in the program description;
- Will inform rural health care policy, including at the national, State, and local levels;
- Demonstrates the strength and feasibility of the proposed methodology (appropriate qualitative/quantitative methodology and data sources, experienced personnel, etc.);
- Exhibits a clear understanding of how emerging national health policy trends affect rural communities;
- Demonstrates an understanding of how existing national data sources will enable the identification of the key research questions and assist in answering them;
- Demonstrates the applicant’s ability to conduct health systems modeling; and
- Describes prior experience in communicating complex public policy issues to varied audiences in ways that identify the key rural concerns within the broader issue.

Criterion 3: EVALUATIVE MEASURES (10 points) (Linked to Evaluation and Technical Support Capacity in Program Narrative)

– The extent to which the applicant:

- Proposes a feasible and effective method to monitor and evaluate the project results.
- Proposes an evaluation plan that is logical, technically sound, and practical, and is able to yield meaningful findings about key areas of project process and outcome.

Criterion 4: IMPACT (10 points) (Linked to Resolution of Challenges in Program Narrative)

– The extent to which the applicant:

- Establishes the feasibility and effectiveness of plans for dissemination of project results to reach the project’s proposed national target audiences.
- Demonstrates an understanding of rural data analysis and research project uses to inform diverse audiences of policy makers of the needs of rural health care delivery systems.

- Proposes a well-designed, achievable and coherent work and dissemination plan that aligns with national health policy trends, while taking into account the particular infrastructure challenges of rural areas.

Criterion 5: RESOURCES/CAPABILITIES (20 points) (Linked to Organizational Information in Program Narrative)

- The extent to which the applicant demonstrates:

- Project personnel are qualified by training and/or experience to implement and carry out the projects.
- Organizational capabilities and availability to fulfill the needs and requirements of the proposed project are described in detail and appropriate.
- Evidence of an extensive library of data sets related to the topic of concentration and the extent to which these data sets:
 - have been geo-coded to produce analyses for a variety of rural definitions,
 - may be updated via established purchasing plans, and
 - include up-to-date lists of the current health care providers in rural communities and their proximities to other sources of care.

Criterion 6: SUPPORT REQUESTED (10 points)

- The reasonableness of the proposed budget for each year of the project period in relation to the objectives, the complexity of the research activities, and the anticipated results. This includes the extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- Strength of the budget justification in documenting logically, and in adequate detail, how each line item request (such as personnel, travel, equipment, supplies, information technology, dissemination of research results, purchase of data sets, and contractual services) supports the objectives and activities of the proposed project.

2. Review and Selection Process

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

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

3. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of 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 merits 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 its 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/hhsgrantspolicy.pdf>. The general terms and conditions in the HHS GPS will apply as indicated unless there are statutory, regulatory, or award-specific requirements to the contrary (as specified in the 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 quarterly basis. For multi-year awards: Submission and HRSA approval of your Progress Report(s) triggers the budget period renewal and release of subsequent year funds. This report has two parts. The first part demonstrates grantee progress on program-specific goals. The second part collects core performance measurement data including performance measurement data to measure the progress and impact of the project. Further information will be provided in the award notice.

3) **Final Report(s).** 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 subaward of \$25,000 or more in Federal funds and executive total compensation for the recipient's and subrecipient's five most highly compensated executives as outlined in Appendix A to 2 CFR Part 170 (FFATA details are available online at <http://www.hrsa.gov/grants/ffata.html>). Competing continuation awardees, etc. may be subject to this requirement and will be so notified in the 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:

Carolyn Cobb
Grants Management Specialist
HRSA Division of Grants Management Operations, OFAM
5600 Fishers Lane, Room 11A-02
Rockville, MD 20857
Telephone: (301) 443-0829
Fax: (301) 594-4073
Email: CCobb2@hrsa.gov

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

Aaron Fischbach
Public Health Analyst
Attn: Rural Health Systems Analysis and Technical Assistance Cooperative Agreement
Office of Rural Health Policy, HRSA
5600 Fishers Lane, Room 5A-05
Rockville, MD 20857
Telephone: (301) 443-5487
Fax: (301) 443-2803
Email: afischbach@hrsa.gov

Applicants may need assistance when working online to submit their application forms electronically. Applicants should always obtain a case number when calling for support. For

assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, seven days a week, excluding Federal holidays at:

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

VIII. 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>.